

The Coalition of Geriatric Nursing Organizations

*Representing
28,700 Nurses*

American Academy
of Nursing (AAN)
Expert Panel on
Aging

•

American Assisted
Living Nurses
Association
(AALNA)

•

American
Association for Long
Term Care Nursing
(AALTCN)

•

American
Association of Nurse
Assessment
Coordinators
(AANAC)

•

Gerontological
Advanced Practice
Nurses Association
(GAPNA)

•

Hartford Institute for
Geriatric Nursing
College of Nursing
New York University

•

National Association
of Directors of
Nursing
Administration in
Long Term Care
(NADONA/LTC)

•

National
Gerontological
Nursing Association
(NGNA)

caring with one voice

COALITION COORDINATOR: Sarah Burger, RN, MPH, FAAN
Email address: sgburger@rcn.com

Coalition of Geriatric Nursing Organizations (CGNO) 2010 Annual Report

Introduction:

With the support of the Hartford Institute for Geriatric Nursing (HIGN) at the College of Nursing New York University, eight geriatric Nursing organizations representing more than 28,000 nurses, have collaboratively spoken with one voice, since 2001, in the policy arena of health care as the Coalition of Geriatric Nursing Organizations (CGNO). The eight organizations include: The American Academy of Nursing, Expert Panel on Aging (AAN, EOA); American Assisted Living Nurses Association (AALNA); American Association for Long Term Care Nursing (AALTCN).; The American Association of Nurse Assessment Coordinators (AANAC); National Association of Directors of Nursing Administration in Long Term Care Administrations (NADONA); Gerontological Advance Practice Nurses Association (GAPNA); National Gerontological Nurses Association (NGNA) and the Hartford Institute. Reaching the decade mark of CGNO activity, each participating organization responded to a survey to identify successes, barriers and strategies to surmount them, relevance of CGNOs current purpose/mission, and identification of draft goals to guide the next phase of CGNO work. This report refers to some of the results from that survey as they impact our growth and vision. Discussion of the ten year survey results is described under “next steps” at the conclusion of this report.

Collaborating organizations

Since 2009, the CGNO has had included the Nurse Executive Council (NEC), a forum and voice of nursing leadership in twenty-eight post acute and long term care multi-facility, for profit and non-profit, nursing home companies. The NEC is not a membership organization, leveraging their expertise as a forum and voice for nursing leadership in 28 post acute long term care multi-facility, for profit and non-profit , nursing homes companies. They engage in CGNO activities by responding to requests for support. The NEC is assisting in promoting the AACN/HIGN Webinar specifically developed for nursing homes as part of the Commonwealth Fund supported project, Nursing Homes as Clinical Placement Sites for Nursing Students. Sigma Theta Tau International (STTI), the honor society of nursing, requested membership in the CGNO. Since they are not a nursing organization focused primarily on geriatric nursing, the CGNO established a unique and important relationship by our participation on the STTI Steering Committee for their Center for Nursing Excellence in Long-Term- Care, which is concentrating their efforts in three areas: The Geriatric Nursing Leadership Academy(GNLA), speakers bureau, and

Web site: www.hartfordign.org

Coordinated by: Sarah Burger • The Hartford Institute for Geriatric Nursing
New York University, College of Nursing
726 Broadway, 10th fl., New York, NY 10003

Contact: Mathy Mezey at Tel: 212.998.5337 • Fax: 212.995.4770 • mathy.mezey@nyu.edu

building and implementing the professional nurse practice model in long term care settings. STTI efforts to improve gerontological nursing are supported by the CGNO. This collaboration expands the CGNO's horizons as the STTI is international in scope as the name implies. www.nursingsociety.org.

Geropsychiatric Nursing Collaborative, a project of the American Academy of Nursing, is another important alliance, without formal ties, but an understanding that our work is mutually beneficial. Given the 2008 Federal requirement for parity between physical and mental health expenditures, that is reflected in the Affordable Care Act of 2010 (ACA), there may be opportunities for strengthening mental health services for elders across the continuum of care. The Collaborative reviews materials such as the HIGN/AACN Nursing Homes as Clinical Placement Sites for Nursing Students, a project endorsed by the CGNO. Notices of Collaborative meetings, events and publications are shared with the CGNO. Geropsychstrategy@lists.upenn.edu.

Changes at Hartford Institute bring new opportunities

Tara Cortes, PhD, RN, was appointed as the Executive Director of HIGN in June, 2010. The Institute will continue to focus on its core areas of practice, education, research and policy/advocacy. Her predecessor, Mathy Mezey is continuing as the Associate Director and Director for Education; Liz Capezuti is the Co-Director of the Hartford Institute and Director of Research; Marie Boltz is the Director of Practice and Tara will be the lead for the policy initiatives. Ethel Mitty, Malvina Kluger and Sarah Burger will continue their work at HIGN and with the CGNO. The CGNO will continue to be an integral group for the Hartford Institute. For example, HIGN will seek CGNO advice as it plans to move the NICHE program, www.NICHEProgram.org, which provides principles and tools to stimulate a change in the culture of hospitals to achieve patient-centered care for older adults, to organizations across the care continuum, including long term care.

CGNO Policy Activity

Ageing Workforce and The Future of Nursing Institute of Medicine (IOM) Reports

Two IOM reports, the 2008, *Retooling for and Aging America*, and the 2010 *The Future of Nursing*, provide the platform for many of the CGNO policy activities. Activities surrounding the 2008 report are a continuation of those described in the CGNO 2009 Annual Report.

The Eldercare Workforce Alliance (EWA), www.eldercareworkforcealliance.org a 2008 coalition of twenty-eight national organizations representing professionals, consumers and direct care workers, continues its work on workforce issues in preparation for the looming doubling of people over the age of 65 by 2030 to 70 million (IOM, *Retooling for an Aging America*). EWA activity pressured and educated members and staff of Congress to include issues that would implement the 2008 IOM report, *Retooling for An Aging America* in the provisions of the Affordable Care Act (ACA). EWA advocated for these three areas: Direct Care Workforce, Health Professions, Workforce Analysis and Long Term Services and Supports. The ACA

reflects EWAs concentrated activity on workforce issues with the inclusion of many sought after provisions.

Direct care workers are officially recognized as part of the national health care workforce within the National Healthcare Workforce Commission:

- ACA authorizes \$10 million over 3 years for training including a requirement for a pay back of two years working in chronic care;
- Mandatory funding of \$15 million over 3 years for a Direct Care Demonstration Grant, including a national panel of workforce experts to develop competencies;
- Community Living Assistance Supports and Services Act (CLASS ACT-part of AC) **includes** a personal care attendant's workforce advisory panel.

Recapping the major **health professions provisions**, ACA includes:

- Authorization of \$10.8 million over 5 years for Geriatric Education Centers supplemental for training in geriatrics, chronic care management and long term care for faculty;
- Expansion of Academic Career Awards to new disciplines including nursing;
- Geriatric career incentive awards program for nurses and other professionals;
- Eligibility for traineeships expanded to include APNs.

Workforce Analysis is strengthened by establishment of the National Health Care Workforce Commission, already mentioned, which strengthens data collection and analysis including recruitment and retention. The ACA codifies and expands the National Health Care Workforce Analysis.

The CLASS Act includes the "Direct Care Worker Panel" to advise the Secretary of Health and Human Services on issues surrounding workforce: numbers, training, oversight etc. Related to long term care supports and services is the "Independence at Home Demonstration, utilizing MD/APN collaboration to improve health outcomes. Interdisciplinary Training is included, using shared savings as an incentive.

Capitol Hill visits are an effective strategy for EWA; one funder, Atlantic Philanthropies, explicitly promotes lobbying activity. The John A Hartford Foundation, also a funder, supports educational Capitol Hill visits. EWA explicitly sends interdisciplinary teams to Capitol Hill where the Congressional staff are astonished and encouraged by the collaboration of such diverse groups representing multiple professions, workers, and consumers. The CGNO responds very well when asked for nurse volunteers to visit Congresspersons and/or their staff. EWA builds in training prior to the visits, which has been an excellent opportunity for practitioners, who after all, have the stories, to get mentored in the capitol hill experience.

Endorsements

Multi/interdisciplinary Geriatric Core Competencies: An active role of the CGNO is to endorse appropriate products or activities of a variety of organizations. For example, another group that emerged to implement the IOM workforce report was the Partnership in Health and Aging at the American Geriatrics Society, formed in 2008, an active coalition of 32 healthcare

professional organizations who care for older adults. Their task was to develop a core set of interdisciplinary geriatric competencies. Each one of the CGNO participating organizations is a member and worked on the project. A few contributed to the development process and each CGNO endorsed the final set of competencies.

www.americangeriatric/files/documents/health_care_pros/PHA_Multidisc_competencies.pdf

The next steps are to disseminate the document and develop teaching strategies.

Culture Change Nursing Competencies: A recommendation for the development of culture change competencies (CCC) was made in the Issues paper, *Nursing Home Culture Change: Overcoming Barriers, Advancing Opportunities*,

http://hartfordign.org/policy/position_papers_briefs/, an outcome of a meeting of 31 interdisciplinary experts in 2009, including representatives from each CGNO, called jointly by HIGN and the Pioneer Network (PN) and funded by the Commonwealth Fund, to explore nursing's role in culture change. The PN, with funding from the Commonwealth Fund, joined with HIGN to implement the recommendation for competency development. Sixteen culture change nurse practitioner experts identified thirty-nine culture change competencies (CCCs), subsequently winnowed to ten by the experts and the project committee. The CGNO edited and approved the culture change competencies (CCC) for nursing home nurses that were announced via a press release in April 2010. A comprehensive dissemination plan is ongoing, including an article for a nursing journal about the project, which will be written in 2011 by the project committee. www.pioneernetwork.net/data/documents/tencompetenciesreport0510.pdf

The Future of Nursing: Leading Change, Advancing Health The second IOM report of interest is *The Future of Nursing: Leading Change, Advancing Health*. The announcement and WEBCAST (<http://iom.edu/reports/2010/the-future-of-nursing-leading-change-advancing-health/report-release.aspx>) on October 5th of 2010 was the occasion for a day long celebration of the bold recommendations by over 2300 nurses on-line as well as hundreds in the room at DC's National Press Club. The major elements of the report include :

- Nurses should practice according to the full extent of their education and skill level from hospital nurses to nurse practitioners;
- Educational opportunities should be seamless so nurses achieve higher levels of education;
- Nursing is a full partner with physicians and others in the redesign of the health care system and need to be leading the discussion; and
- Better data and data collection for planning workforce policy.

RNs are the largest workforce in healthcare (HRSA 2010) and has to take on new roles. A CGNO representative was in attendance and asked if the reports were complimentary. Panelists said they had all read *Retooling for an Aging America* and agreed the two reports were congruent.

As always, the report is the easy part, the challenge is to implement the recommendations, making use of those parts of the ACA that are congruent with the data. The Robert Wood Johnson Foundation has set aside financial support for implementation for this work and the AARP's Center to Champion Nursing in America (CCNA). Nursing leaders recognize the necessity for "implementation architecture" to support action. AARP's CCNA will host a joint

meeting with the Champion Nursing Coalition, a group of non nursing organizations supporting implementation of the IOM nursing recommendations. The CGNO has representation in this leadership group. A broad spectrum of organizations with a stake in ensuring all Americans have access to a highly skilled nurse when and where they need one convened at AARP in Washington on January 31. A small example of the consistency of attention to the IOM Nursing Report is the American Academy Nursing , Expert Panel on Aging. A task force on the IOM report will develop strategies for increasing geriatric nursing leadership at the local, state, and national levels.

CGNO Quality Initiatives Supporting Quality Care for Older Adults

Advancing Excellence in America's (AEC) Nursing Homes

The AEC was founded in 2006 for the express purpose of improving the quality of care in America's Nursing homes through the collaborative efforts of consumers, providers, professionals, direct care workers, Federal government agencies (including CMS) and funders. Using the Institute for Health Care Improvement (IHI), whose director, Donald Berwitz, is now the director of the Center for Medicare and Medicaid Services, the AEC has built an organization based on Local Area Networks of Excellence in the states that work directly with the nursing homes to improve care. Incorporated in 2010, as The Advancing Excellence in Long Term Care Collaborative. Seven CGNO organizations are in the workgroup. (AALNA does not participate as the campaign does not cover assisted living). CGNO participants remain on the Board of Directors of the newly formed corporation. Funding includes a generous grant from the Commonwealth Fund, CMS, and contributions from board members and others.

Phase two of the AEC campaign began in 2009 (www.nhcampaign.org.) with 42 percent (more than 6600) of Medicare and Medicaid-certified nursing homes participating voluntarily in the campaign. The first model, Local Area Network of Excellence(LANE), in the United States was the work of AAN, Expert Panel on Aging (EPoA) representative, Claudia Beverly, and her colleagues at the University of Arkansas for Medical Science Arkansas who were also the first to obtain 100% participation of their homes. Nurses are the leaders. Deb Bakerjian, GAPNA's representative, is currently chairperson of the Clinical Assistance Workgroup, which develops the materials for the AEC campaign website. www.nhqualitycampaign.org . Media plays an important role in publicizing the campaign. Robin Remsburg, the NGNA representative, chairs the "Spread the Word Campaign," designed to meet the need for more academically oriented articles. This effort is supported by a small grant from the Commonwealth Fund. The AEC board member nurses are preparing an article for a peer-review nursing journal. All CGNO organizations are on more than one AEC committee.

Nursing has been an effective partner in the AEC campaign, in part, because HIGN has provided a virtual home from which to work on long term care nursing issues. The CGNO coordinator organizes and prepares the agenda for the AEC nursing meeting held in the hour and a half prior to the four face- to -face AEC board meetings in Washington each year. That time together has been a key to our united voice in AEC as nursing professionals as well as working collaboratively with each of the other AEC organizations. In 2011, the nursing representative

from the Veterans Administration (Christa Hijlo) and the American College of Health Care Administrators (Marrianna Grachek) will join the AEC nursing group.

CGNO Collaboration/support

Webinars for Schools of Nursing and Nursing Homes HIGN, in collaboration with the American Association of Colleges of Nursing (AACN), developed six web-based modules for the purpose of strengthening schools of nursing's use of nursing homes for undergraduate and graduate students clinical placements. These modules strongly support the use of nursing homes that have committed themselves to culture change practices. The CGNO endorsed these modules and are helping to disseminate their availability. The sixth module is particularly for nursing homes to prepare their readiness as a clinical site for the benefit of the students. The AEC has endorsed this module and will help promote the modules and an accompanying webinar to their participating nursing homes. (http://hartfordign.org/education/Baccalaureate_education/).

Bill of Rights for Hospitalized Older Adults HIGN developed a bill of rights for hospitalized older adults to help both patients and providers to understand older patients' concerns and expectations of care and communication. The CGNO endorsed the Bill of Rights. An article, A Bill of Rights for Hospitalized older Adults : Proposed Language from NICHE* and the CGNO**. has been accepted for publication (Journal of Nursing Administration, March 2011) that will acknowledge CGNO support.

CGNO Collaboration/support with other organizations

The American Medical Directors Association (AMDA) asked the CGNO for nurses to become reviewers for their Clinical Guidelines. Deb Bakerjian from GAPNA agreed to review the first clinical guideline in March 2010 on Stroke, Depression, Falls and Infection. Other volunteer nurses were recruited from GAPNA to assist in these reviews.

Campaign for Better Care (CBC), funded by the Atlantic Philanthropies and a participant in EWA, held a press conference at the Press Club that was attended by CGNO coordinator who subsequently sent a report to all CGNO /participating organizations. CBC is led by the National Partnership for Women & families, Community Catalyst, The Leadership Conference on Civil and Human Rights and the National Health Law Program working to ensure that health reform makes a lasting impact and improves the way we deliver health care so that it will finally work for most vulnerable among us.

Quality Care Coalition for Patients in Pain (QCCPP) brought attention to Congress of the effects on residents' pain control when the Drug Enforcement Administration (DEA) precipitously began enforcing an antiquated rule that required a physician to be in control of schedule II and III medications. CGNO was kept apprised and received website address for the survey of (negative) effects on residents, nurses, physicians and pharmacists in 46 states.

The CGNO signed on to a letter from the American Academy of Home Care Physicians to CMS IFR, regarding the Face-to-Face Requirement for Home Health Certification, in support of better utilization of Advance Practice Nurses for patients/ clients receiving skilled nursing services

CGNO Regulatory Contributions:

CGNO is represented on Center for Medicare and Medicaid Services (CMS) Workgroup to redesign the nursing home form # 671 used to collect data about professional and direct care staff during the federally required annual survey. While new nursing categories could not be added at this time (such as different designations for nurses of different certifications) for computer programming reasons, a broad coalition talked about the need for such changes in the future.

CGNO was asked explicitly by Tom Kress, Office of Survey and Certification at CMS/CMCS regarding their “Payroll-based Staffing Project” to define three categories of worker: Non-certified Nursing Assistant; Wound Care Nurse, Infection Control Nurse. Follow through in 2011.

Publications specifically Involving the CGNO

The Nursing Administration Quarterly Issue on Aging (Vol. 34, No 2, 2010) included two articles with CGNO collaboration: Mitty, Resnick, Allen, Bakerjian, Hertz, Gardner, Rapp, Reinhard, Young and Mezey, *Nursing Delegation and Medication Administration in Assisted Living* (five CGNO authors,) and Beverly, Burger, Maas, Sprecht, *Aging Issues: Nursing Imperatives for Healthcare Reform* included list of the CGNO organizations as an appendix.

CGNO Presence at Nursing Events

- The CGNO was represented at a number of events. A press briefing for the RWJ opinion survey on nurses, a precursor to the RWJ IOM report previously mentioned was held in Washington at the Press Club on January 25th. The report received wide press attention and is an excellent tool for nurses, including nurses caring for older adults, to know that the public trusts nurses, but does not see them as exerting enough influence on changes in the health care system. (www.rwjf.org/pr/product.jsp?id=54350)
- Nursing Alliance for Quality Care (NAQC) at George Washington University; Board Meeting attended by CGNO Coordinator sent report about the NAQC “strategic and collaborative effort by the nation’s most prestigious nursing organizations, consumer groups and other stakeholders to bring a unified voice to the profession of nursing and strengthen its ability to influence quality related health reform.”
<http://www.gwumc.edu/healthsci/departments/nursing/naqc/>
- The Nursing Community, (www.thenursingcommunity.org) under the aegis of AACN is a forum of national professional nursing organizations that seeks to build consensus and advocate on a wide range of nursing and health care issues. GAPNA and AANAC are voting members. HIGN attends monthly meetings and tracks their activities especially on funding Titles VII/VIII nursing programs for the purpose of sharing the information with non-member CGNO organizations.

Next Steps

In preparation for the CGNO’s 10th anniversary in 2011, the participants were sent a survey to provide guidance for planning the next few years’ goals. All the organizations responded in a timely manner and very thoughtfully. They were asked about three major sets of questions:

1. The relevance of the “Purpose” of the organization as stated on the HIGN website.

2. Identification of success, barriers, and recommended changes for CGNO activity

3. Identification of the effectiveness of various collaborative groups

The results were collated and sent to the participating organizations along with supporting documents: Summaries of the two pertinent IOM report on *Retooling for an Aging America* and *The Future of Nursing*; the Pioneer Network Culture Change Nurse Leader competencies; description of the HIGN/AACN web-based modules description for increasing the use of nursing homes as clinical sites; list of organizations with which some or all of CGNO have relationships – with each other and with external advocacy organizations.

A follow up conference call, held in the fall of 2010, elicited support for expansion and more precision in the CGNO mission statement and goals, especially in light of the ACA and the IOM report activity. Those will be under review by each organization in 2011. The CGNO organizations requested regular telephone conversations. They wanted the CGNO website updated more frequently and the annual report posted there. There was little support for expanding organizational ties to other collaboratives even in the face of implementation of the ACA. The next steps will be to achieve consensus on the mission and goals and quickly develop strategies to achieve the goals to guide activity in the next few years, with the assistance of the CGNO Coordinator.

Web site: <http://www.hartfordign.org/advocacy/cgno/>

Coordinated by: Sarah Burger • The Hartford Institute for Geriatric Nursing
New York University College of Nursing
726 Broadway, 10th fl., New York, NY 10003

Contact: Tara Cortes at Tel: 212.992.9416 • Fax: 212.995.4770 • Hartford.IGN@nyu.edu