

# The Coalition of Geriatric Nursing Organizations

*Representing  
28,700 Nurses*

American Academy  
of Nursing (AAN)  
Expert Panel on  
Aging

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American Assisted  
Living Nurses  
Association  
(AALNA)

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American  
Association for Long  
Term Care Nursing  
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Advanced Practice  
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National  
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**COALITION COORDINATOR:** Sarah Burger, RN, MPH, FAAN  
**Email address:** [sgburger@rcn.com](mailto:sgburger@rcn.com)

**To:** CGNO

**Date:** March 18, 2010

**From:** Sarah Burger

**Re:** CGNO Year End Report, January 1, 2009 – December 31 2009

## Introduction

The Coalition of Geriatric Nursing Organizations (CGNO), supported by the Hartford Institute for Geriatric Nursing, seeks to speak with one voice on policy and practice issues that affect elders wherever they may receive their care. The CGNO includes eight geriatric nursing organizations whose memberships include over 28,000 geriatric nurses. The eight organizations include: The Hartford Institute for Geriatric Nursing (HIGN); The American Academy of Nursing, Expert Panel on Aging (AAN, EoA); The American Association of Nurse Assessment Coordinators (AANAC); National Association of Directors of Nursing Administration in Long Term Care (NADONA); Gerontological Advance Practice Nurses Association (GAPNA); The National Gerontological Nurses Association (NGNA); The American Assisted Living Nurses Association (AALNA); and the American Association for Long Term Care Nursing (AALTCN) ([www.HartfordIGN.org](http://www.HartfordIGN.org)). The members of each organization differ by specialty, vision and goals, their respective values and missions are markedly congruent, thus capable of expediting joint activities. In September 2009, the CGNO welcomed a collaborative relationship with the Nurse Executive Council (NEC). Unlike the participating CGNO, the NEC is not a membership organization; however, it provides a forum and voice for nursing leadership in twenty-eight post acute and long term care multi-facility, for-profit and non-profit, nursing home companies.

## Policy and Practice Activities

### *Institute of Medicine (IOM) Geriatric Workforce Recommendations*

The IOM Committee on the Future of the Health Care Workforce for Older Americans report, *Retooling for an Aging America: Building the Healthcare Workforce*, provided evidence of the paucity of current and future health care workforce trained to care for elders and the doubling of the elder population who will need professional healthcare and support services by 2030. As the IOM report makes clear, the only way to reduce the gap between healthcare that will be needed and healthcare that can be provided is for “the public” to learn the basics of care giving for older adults. There will never be enough paid (ie, formal) caregivers to meet present and future needs.

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

Contact: Mathy Mezey at Tel: 212.998.5337 • Fax: 212.995.4770 • [mathy.mezey@nyu.edu](mailto:mathy.mezey@nyu.edu)

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CGNO Role: The CGNO has been very involved in collaboratives (Eldercare Workforce Alliance and Partnership for Health in Aging) that seek to implement some of the IOM geriatric workforce recommendations. Examples of these recommendations include: “All licensure, certification, and maintenance of certification for health care professionals should include demonstration of competence in the care of older adults as a criterion; Public and private payors should provide private incentives to increase the number of geriatric specialists in all health professions.. The IOM committee wisely obtained funding commitments for dissemination and follow up activities.

### ***Eldercare Workforce Alliance (EWA)*** [www.eldercareworkforcealliance.org](http://www.eldercareworkforcealliance.org)

The Eldercare Workforce Alliance (EWA) is a broad-based coalition of 29 national healthcare organizations, representing consumers, family caregivers, direct care workforce, and healthcare professionals, to address present and future healthcare workforce issues, based on the recommendations of the Institute of Medicine Report, *Retooling for an Aging America.*”

The EWA mission is to “address our nation’s worsening eldercare crisis the Alliance will build a caring and competent eldercare workforce, joining in partnership with older adults, their families and other unpaid caregivers-to provide high quality, culturally sensitive, person-directed, family-focused care , and improve the quality of life for older adults and their families.”

CGNO Role: The CGNO is an active member of EWA. Membership responsibilities include annual dues of \$250.00 from each of the eight organizations and participation in both committee work and in the activities of the larger EWA organizational community. Sarah Burger, RN, C; MPH; FAAN (HIGN) represents the CGNO at EWA meetings. Marianne Shaughnessy, PhD, CRNP, (GAPNA) attends the meetings whenever possible and in place of Sarah Burger when needed.

The CGNO participates on the EWA Public Policy Committee, which meets every two weeks to develop the EWA’s substantive policy agenda, building on the work of the three initial work groups (Professional, addressing recruitment, retention, training and compensation of professionals; Direct Care, addressing these issues for both the direct care and unpaid caregivers, and Models of Care, seeking ways to provide well-coordinated, person directed and family focused services across the health continuum) to present to the entire EWA for action and approval. For every regulatory or legislative action, each CGNO votes whether to approve or not. Despite the fact that many of these votes have a quick turn-around;, the CGNO has been very responsive. The CGNO also helped craft the EWA policy brief on Title VIII of the Public Health Act that includes nursing program support.

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Ethel Mitty, EdD, RN, (AALNA) and Sherrie Dornberger, RNC, CDONA, FACDONA (NADONA/LTC) have been active on the Models of Care committee which developed principles for EWA to use in deciding what chronic care models to support legislatively or in regulation. The CGNO supports those models that are interdisciplinary rather than only focused on one profession. Many CGNO members commented on the principles as they were developed. The final version will be sent to the CGNO by the models committee for approval when completed.

Advocacy is a strong part of EWA activities. On September 14, two CGNO representatives, Donna Theisen (CA) (from GAPNA) and Eleanor Incalcaterra (NJ)(from NGNA) visited Capitol Hill with EWA representatives from 23 states to express their concern about inadequate federal efforts to develop and maintain a workforce that is competent to care for our nation's growing aging population. The group further reinforced its message with a full-page ad in *Roll Call*, a publication targeted to Capitol Hill.

While the final Senate and House health care bills failed to include certain provisions championed by the EWA, legislators were urged to retain and include provisions that focus on developing and maintaining the eldercare workforce in the final health reform bill. EWA specifically called on Congress to retain provisions in the Senate HELP Committee's Affordable Choices Act and the House Tri-Committee's America's Affordable Choices Act of 2009, and to enact health reform legislation that:

Supports health professionals  
Supports the direct-care workforce  
Supports older adults remaining independent in the home  
Supports personal care attendants

The EWA further urged Congress to add provisions that would:

- \* Provide loan forgiveness for professional training in geriatrics and gerontological specialties
- \* Increase the federal match for all home and community-based services funded under Medicaid.

EWA is preparing an Omnibus Workforce Bill organized around three fronts: direct care workers, professional workers, and family caregivers. This work began in 2009 and will continue in the early months of 2010.

The CGNO has a united and independent voice in EWA as the only geriatric nursing voice and work in concert with the American Academy of Nursing, the American Nurses Association and AARPs Center on Nursing.

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## **Partnership for Health in Aging (PHA)** [www.healthinaging.org](http://www.healthinaging.org)

In June 2008, the American Geriatrics Society (AGS) convened a meeting of 24 organizations representing healthcare professionals who care for older adults, to discuss how they could work together to advance recommendations from the 2008 Institute of Medicine Report, *Retooling for an Aging America: Building the Health Care Workforce*, and to create a common voice to advocate for geriatrics training and practice issues.

CGNO Role: All the CGNO organizations were invited to the organizing meeting. This meeting led to the development of a loose coalition, the Partnership for Health in Aging (PHA), which identified as its first action step the development of a set of core geriatrics competencies that are relevant to, and can be endorsed by, all health professional disciplines.

Representatives on the workgroup are from AGS, The American Physical Therapy Association (APTA), American Society of Consultant Pharmacists (ASCP), American Occupational Therapy Association (AOTA), American Dietetic Association (ADA), National Association of Social Workers (ASCW), American Psychological Association (APA), American Association of Physician Assistants (AAPA), American Dental Association (ADA), American Academy of Family Physicians (AAFP), and two CGNO representatives, Charlotte Eliopoulos, (AALTCN) and Ethel Mitty (HIGN).

The workgroup developed a set of 23 competencies over six domains: Health promotion and patient/client safety; Evaluation and assessment; Care planning and coordination across the care spectrum (including end of life care); Interdisciplinary and team care; Caregiver support; and Healthcare systems and benefits. Each of the CGNO has had an opportunity to comment on these competencies that are still in the approval process.

## **Advancing Excellence Campaign (AEC)** [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

Originated in 2006, the AEC is a coalition of 28 healthcare organizations representing consumers, providers, government agencies, funders, direct care workers, and professionals, that seek to help nursing homes provide excellent quality of care and life for nursing home residents and those who care for them. Mary Jane Koren, MD, MPH Assistant Vice President of the Commonwealth Fund, is the chair of the Steering committee.

CGNO Role: this is the third year that CGNO participants have taken a leadership position in the Steering committee, the workhorse of the AEC. In 2009, CGNO nurses chaired the Technical Assistance Workgroup (program implementation- Charlotte Eliopoulos AALTCN),

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the Goals committee (choosing and describing the goals for the second campaign –Deb Bakerjian – GAPNA); and Spread the Word committee (Writing a series of papers for professional journals about the campaign-Robin Remsburg – NGNA).

During phase I of the two year campaign (from 2007 to 2009), 43% of the nation’s nursing homes voluntarily joined the campaign and chose three goals among eight goals; at least one of the selected goals had to be an organizational goal, such as consistent assignment. Measured against those nursing homes that did not join the campaign, the participants achieved higher quality outcome measures especially if they set targets to achieve for the selected quality measures. The completion of phase I was an opportunity for the campaign to review its successes and to reorder and update the eight goals for the start of phase II of the campaign. Each nursing home was required to sign up again and choose goals. The phase II organizational goals are: Staff turnover, Consistent assignment and Resident, family and staff satisfaction. The phase II clinical goals include: Restraints, Pressure ulcers, Pain, and Advance care planning. The campaign met the goal of having 5000 nursing homes sign up for phase 2 by January 31, 2010. All CGNO are posting electronic AEC newsletters, special announcements [e.g. quarterly campaign results based on CMS data?] and working with the AEC recruitment and communications committee to assure continued success in meeting the campaign goals for increasing nursing home participation and working toward meeting the eight goals.

PHASE 1 GOALS	PHASE 2 GOALS
1. Pressure Ulcers	1. Staff Turnover
2. Restraints	2. Consistent Assignment
3. Pain (long-stay)	3. Restraints
4. Pain (short-stay)	4. Pressure UlcerS
5. Target Setting	5. Pain (long and short-stay)
6. Resident/Family Satisfaction	6. Advance Care Planning
7. Staff Turnover	7. Resident/Family Satisfaction
8. Consistent Assignment	8. Staff Satisfaction
 <a href="http://www.nhqualitycampaign.org">www.nhqualitycampaign.org</a>	

Funding for the campaign comes from multiple sources; however, the Commonwealth Fund has provided a steady base on which to build other resources. Each Steering Committee organization, excepting government agencies, contributes both financially and by voluntary efforts. CMS provides support through the Colorado Quality Improvement Organization

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(QIO), which provides website and statistical assistance.

During Phase I, education of the nursing home staff successfully used Webinars, which drew 5-8000 nursing home staff from across the country for each webinar. The substantive content for the webinar are compiled by the Steering committee members: Claudia Beverly, Deb Bakerjian, Charlotte Eliopoulos, and Robin Remsburg. Due to high cost of Webinars, other methods are being explored including greater use of the Local Area Networks of Excellence (LANEs). The LANEs are primarily state based collaboratives that support nursing home recruitment, goal setting and technical assistance. Staff in Washington supports the campaign and LANE development.

## **Other CGNO Geriatric Nursing Activities**

**Quality Care Coalition for Patients in Pain (QCCPP)** [www.ascp.com](http://www.ascp.com) : the primary concern of this coalition is timely, legal and effective treatment of pain by working with the Food and Drug Administration (FDA) and the Drug Enforcement Agency (DEA). The latter agency has been taking enforcement action against RNs treating pain unless a doctor's order is literally, physically at the dispensing pharmacy. Established in 2009, the Quality Care Coalition is working with both agencies to come to some understanding which will serve the needs of nursing home residents. Carolyn Auerhahn (GAPNA) is the CGNO representative.

**Gerontological Society of America (GSA) Interest Group on Research in Long Term Care Administration.** This research group is sharing projects and planning a symposium at the next meeting of the GSA. Chris Mueller (AAN, Expert Panel on Aging) is chair of the **research** group **and**, with other CGNO members, brings the CGNO perspective.

**Pioneer Network (PN)** [www.pioneernetwork.net](http://www.pioneernetwork.net). The CGNO currently participates in three projects with the PN. The first project implements a recommendation made in the 2008 Issues Paper, "Nurses Involvement in Culture Change: Overcoming Barriers, Seizing Opportunities." to identify culture change nursing competencies. Joanne Rader, Sarah Burger and Diane Carter, working with the CGNO and the PN are well on the way to having those ready for dissemination. **In a** second project, the PN and CGNO developed consumer materials and an educational program on culture change that are being tested in three states. The HIGN is the lead on a third project with the American Association of Colleges of Nursing **and** with PN involvement to advance culture change nursing homes as exemplary and desirable clinical training sites for undergraduate and graduate nursing students.

**American Association of Homes and Services for the Aging (AAHSA) Workforce Talent Cabinet: Building Workforce Initiatives** [www.aahsa.org](http://www.aahsa.org). AAHSA is a national association representing 5000 not for profit nursing homes, retirement communities, assisted living residences and senior housing. The Cabinet was charged with developing a

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vision of the aging services workforce and a plan to meet future needs.

**CGNO Role:** Sarah Burger represented the HIGN/CGNO on this Cabinet. With 37 members representing diverse long term care constituencies, the Talent Cabinet met for a year and a half to work on an action plan for long term care competencies for professionals and direct care workers. These competencies will be developed and disseminated. Advocacy issues are an integral part of this work.

## **Nursing Issues across the Continuum**

**AARP Champion Nursing Council** [www.championnursing.org](http://www.championnursing.org) : Nursing leaders from major organizations provide policy information and assist in data sharing about nursing workforce.

**CGNO Role:** Sarah Burger represents the CGNO on the Council. This group informs the Institute of Medicine, "Future of Nursing" in which the IOM committee will conduct a major study with the goal of producing a "transformational" report on the future of nursing. It will develop a set of "bold recommendations, to address issues in acute care, community, public, primary, and long-term care and nursing education. Three public hearings have been held, one on each of the above topics, on Oct. 19<sup>th</sup> in Los Angeles, Dec 3, 2009 in Philadelphia, and Feb 22, 2010 in Houston. Claudia Beverly, AAN EoA spoke at the hearing on long term care.

**Nursing Alliance for Quality Care (NAQC)** [www.naqc.org](http://www.naqc.org) : This alliance is an outgrowth of an American Academy of Nursing (AAN) initiative regarding quality care. The NAQC is located at George Washington University Department of Nursing Education in the School of Medicine and Health Sciences. (GWU) and supported by the RWJF to design and promote national policies that reflect nursing's contribution to quality. This project will specifically engage in activities on performance measurement and public reporting with the Long Term Quality Alliance (LTQA) and the National Quality Forum (NQF).

**CGNO Role:** The CGNO will attend the launch in February 2010 and work with them to assist and inform about issues in geriatric nursing.

**Long Term Quality Alliance (LTQA)** [www.ltqa.org](http://www.ltqa.org): One of three quality alliances at Washington's Brookings Institution. This alliance will concentrate on identifying and developing quality measures for long term supports and services (a broader and more accurate description of long term care) in coordination with the National Quality Forum (NQF). The LTQA is a membership organization as is the NQF, which determines health care quality measures

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## **Publications Specifically Involving CGNO**

*Nursing Administration Quarterly Issue on Aging:* The CGNO was contacted by the editor to contribute articles. Two were accepted: "Nursing Delegation and Medication Administration in Assisted Living" and "Opportunities for Elder Health in the Obama Administration." (In Press)

*Policy, Politics, and Nursing Practice:* Bourbonniere, M; Mezey, M; Mitty, E., et al., (2009). Expanding the knowledge base of Resident and Facility Outcomes of Care Delivered by Advance Practice Nurses in Long Term Care, 10 (1), 64-70.

## **Regulatory Contributions of CGNO**

CMS Workforce Task Force is moving forward on electronic reporting of payroll data as the basis of the staffing data for CMS. The CGNO assisted in a review CMS Form 671 for nursing changes.

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