Geriatric Nursing in Nursing Homes
Initial Results from the Nursing Home Collaborative

Building on the generous support of the John A. Hartford Foundation and the American Academy of Nursing’s Coordinating Center for Building Academic Geriatric Nursing Capacity, the Hartford Centers of Geriatric Nursing Excellence (HCGNEs) at the University of Arkansas for Medical Sciences; the University of California, San Francisco; The University of Iowa; Oregon Health & Science University; and the University of Pennsylvania joined forces with partners in nursing home provider, regulatory, advocacy, and payer groups in 2006. Their goal was to address how increasing the expertise, authority, and accountability of RNs in nursing homes can enhance the quality of care and quality of life for individuals receiving care in our nation’s approximately 16,000 nursing homes (American Health Care Association, Reimbursement and Research Department, 2007). This joint venture was named the Nursing Home Collaborative and was funded in 2007 by Atlantic Philanthropies with a generous planning year grant to develop an action plan for achieving nursing excellence in nursing homes. The work of the Centers for Medicare & Medicaid Services and the Advancing Excellence in America’s Nursing Homes Campaign, as well as the recommendations of the recent Institute of Medicine, Committee on the Future Healthcare Workforce for Older Americans (2008) report attest to the timeliness of the Nursing Home Collaborative and to Atlantic Philanthropies’ investment.

A first important step in this planning year was to conduct a comprehensive review of the literature in seven major areas related to geriatric nursing in nursing homes: staffing, development of geriatric nursing expertise, use of advanced practice nurses (APNs), leadership, human resource management practices, quality improvement processes, professional nursing practice models, and the legal framework for nursing home regulation. Authors used the Rating Scale for Level of Evidence from Melnyk and Fineout-Overholt (2004). Thanks to the diligent efforts of each of the five HCGNEs and the support of the Research in Gerontological Nursing editor, Dr. Kathleen Buckwalter, we are able to share this important set of literature reviews together in this issue with the exception of an excellent article by Dr. Josephine Gittler, which, because of space constraints, will appear in the October 2008 issue. Our hope is that these reviews will provide guidance for actions designed to enhance nursing care in nursing homes and will inspire the current and next generation of geriatric nurse researchers to further advance the knowledge base in each of these areas.

Our colleagues from nursing and other disciplines created an impressive body of research and other literature related to geriatric nursing in nursing homes. The HCGNEs did an excellent job of summarizing this literature, providing directions for future research, and guiding an action plan for the Nursing Home Collaborative. These literature reviews make it clear that when there are adequate numbers of RNs who are equipped with geriatric nursing knowledge and skills, individuals receiving care in nursing homes experience better clinical outcomes and achieve a better quality of life. It is also clear that when APNs provide care or consultation in nursing homes, clinical outcomes are better, and there are fewer emergency department visits and hospitalizations.

Therefore, we must be even more diligent about preparing a cadre of RNs who are skilled at the basic and advanced levels to deliver nursing care in nursing homes, and we must advocate for adequate RN staffing and the use of APNs in these settings. When RNs are highly skilled in leadership and use progressive human resource practices, such as consistent nursing assignments, costly turnover of licensed and unlicensed staff is unmistakably reduced. We must therefore provide leadership training programs...
that prepare nurses for these important leadership and management roles. To achieve quality of care and life for nursing home residents and to sustain this quality, these programs must contain certain key components, such as an interdisciplinary team and feedback processes. Thus, it is important that academic programs and continuing education programs prepare RNs to lead effective and sustainable quality improvement activities.

Finally, and fundamental to each of the above, it is also understandable that when RNs have authority and accountability for their practice through a professional nursing practice model, the results are improved clinical outcomes, lower turnover, and increased job satisfaction. Thus, we must ensure the nursing practice environment within nursing homes supports this practice model. The HCGNEs, other schools and colleges of nursing, and professional organizations have a critical role in preparing RNs with the requisite basic and advanced clinical and leadership skills to guarantee that they are ready to assume accountability and authority for their nursing home practice.

Despite this impressive body of research, there is still a critical need for studies that examine the balance of the cost of the education and staffing that is required for quality care with the value of the resultant improved quality outcomes and reduced turnover. These data are needed to create the business case for quality nursing care. With this business case in hand, RNs and others will be better equipped to advocate for needed resources in their nursing homes and their corporations, as well as within the policy arena. As we prepare and mentor the next generation of nurse researchers, my hope is that there will be an growing cadre of geriatric nurse researchers who are well versed in cost-effectiveness analysis, facile at collaborating with health care economists and nursing home spokespeople, and well prepared to provide additional data to support a convincing business case for quality nursing care in nursing homes.

REFERENCES


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