

CLAUDIA J. BEVERLY, PhD, RN, FAAN
ASSOCIATE DIRECTOR, DONALD W. REYNOLDS CENTER ON AGING
DIRECTOR, JOHN A. HARTFORD FOUNDATION
CENTER FOR GERIATRIC NURSING EXCELLENCE and
ASSOCIATE PROFESSOR, COLLEGE OF NURSING,
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Before the United States Senate Special Committee on Aging
The shortage of geriatric-trained health care professionals
February 27, 2002

Mr. Chairman, members of the Senate Special Committee on Aging, thank you so much for the opportunity to speak to you today about the shortage of geriatric-trained health care professionals this country is currently experiencing. I believe I am uniquely qualified to discuss this issue not only because of my affiliation with the Donald W. Reynolds Center on Aging but also as a member of the National Advisory Council for Nursing Education and Practice in the Division on Nursing, Bureau of Health Professions in the Department of Human Services, Vice Chair for programs in the Department of Geriatrics, College of Medicine, at the University of Arkansas for Medical Sciences and as a leader in developing interdisciplinary care delivery models for older adults for the past twenty-five years.

I will focus my remarks today on the shortage of geriatric-trained health care professionals from both a personal and professional perspective as it relates to the effects of the shortage on patient care, and to make recommendations for improving the situation. My remarks will specifically focus on the shortage of geriatric-trained nurses and other geriatric trained providers and the need for increased interdisciplinary teams.

First, I want to applaud the Senate for passing the *Nurse Reinvestment Act* (S. 1864), introduced by Senators Barbara Mikulski D-MD, Tim Hutchinson R-AR, John Kerry, D-Mass and James Jeffords, R-VT, by unanimous consent without amendments and the House of Representatives for passing *Nurse Reinvestment Act* (H.R. 3487), introduced by Representatives Bilirakis, R-FL, Capps D-CA, Delly R-NY, by voice vote. This legislation is an excellent beginning for addressing the critical nursing shortage facing this country today and in the near future. I am particularly excited about selected sections in the Senate version that will provide funding for individuals pursuing nursing education and the provision that they may work off their loan/scholarship in geriatric practice settings including nursing homes, hospice, and home health care agencies. Another section will provide grants for nurse training in long-term care for the elderly in which funds may be used to train faculty, provide continuing education, develop 'stand alone' courses and to provide for the cost of training.

BACKGROUND

Older adults and their families receive care across a continuum of settings. These settings include home, nursing home, hospitals, sub-acute care, clinics and assisted living environments. Nursing care is the backbone of care provided in each of these environments, and each requires nurses prepared at various levels, including licensed practice nurses, registered nurses prepared at associate degree, diploma, and baccalaureate levels, advanced practice nurses at the masters and doctoral level, and doctorally prepared nurse researchers.

This country is challenged to prepare geriatric practitioners in all disciplines and particularly in nursing at all levels as we face the burgeoning number of older adults over the next twenty years. This

shortage has the most critical impact in long-term care settings, the hospital, and in other settings that include the home and in-patient hospice. The shortage is twofold: the number of individuals entering the health care disciplines is diminishing on an annual basis and is most pronounced in nursing; the shortage also relates to availability of individuals with appropriate training and expertise to meet the health care needs of society

Many studies exist today that demonstrate residents in nursing home and hospitalized patients have better health care outcomes in institutions with higher staffing levels and higher rates of registered nurses in the staffing mix. (Network, Inc., 2000; U.S. Agency for Health Care Policy and Research, 1998) I focus the rest of my comments on the impact the shortage has on patients in nursing homes, hospitals and the home. The last section consists of the need for interdisciplinary practice and education and I will conclude with general comments about the shortage in nursing.

Nursing Home

Nursing home care accounts for 12% of health-care expenditures in the United States and yet has improved relatively little over the past decade despite many quality improvement initiatives. Efforts to improve the quality of care and resident outcomes in nursing homes are constantly of concern to state and federal regulators, nursing home providers, nursing home advocacy groups, families, and health policy researchers. The response of state and federal regulators has been to develop numerous and elaborate regulations to protect the public and assure minimal standards of quality. This effort has resulted in making the nursing home industry the second most regulated in the country. Despite these efforts, quality problems flourish and patient outcomes remain poor in nursing homes throughout the country.

I could cite many instances of poor patient outcomes in a nursing home but have chosen to describe one such care problem that was directly related to lack of registered nurses and other licensed nurses who had received geriatric education. Mr. Smith was ninety-one years old and entered a home in July without any signs of decubitus ulcers. In the following January, he died as a result of a systemic infection from twenty-six decubitus ulcers. A close scrutiny of his medical record revealed that staffing was not according to the regulations, there were numerous missed doses of antibiotics and parenteral feeding, nurses rarely changed dressings as ordered, and he was severely dehydrated. While these outcomes may seem uncommon, negative outcomes seem to be the norm in many of these settings.

Patient care outcomes in this instance and as well as others have been influenced by many factors and include the following:

- Care is primarily provided by Certified Nursing Assistants (CNAs) who are only required by Federal regulations to have no more than seventy-five hours of training and are paid a minimum wage. Two-thirds of the states in this country do not require more than those required nationally.
- The staff mix often includes one registered nurse who focuses primarily on the overwhelming number of forms required by the numerous regulations. These Registered Nurses have little time to assess patients and oversee care of patients in the facility even though they are responsible for all nursing care twenty-four hours a day, seven days a week. Most of these registered nurses have no geriatric education in their background, are associate degree or diploma prepared and do not have leadership and management skills.
- Current reimbursement does not allow the advanced practice nurses to be employed by the institution if reimbursement for care is sought. Current research had demonstrated that increased presence of the geriatric nurse practitioner has a very positive impact on patient outcomes. (Rantz, 2001, Shaughnessy, 1995) Additionally, Medicare regulation limits the scope of practice of the advanced practice nurse such as stating that only a physician may perform the initial history and physical exam.

- The licensed practical nurses who are responsible for supervising the work of the CNA, have no management training, no specific geriatric content, and most often spend their time providing medications and treatment often leaving CNAs unsupervised.
- Difficulty in the recruitment and retention of CNAs continues to be a major factor in having adequately prepared individuals at the bedside. Staff turnover currently ranges from 49 to 143% with some reports as high as 500%. (National Citizens' Coalition for Nursing Home Reform, 2001, Cohen-Mansfield, 1997) Recruitment and retention are expected to become more difficult as competition to hire entry-level workers among companies has increased. Many CNAs leave to take other jobs that are less physically demanding and emotionally draining. (Reinhard & Stone, 2001)
- Adding to the woes of retention of CNAs is the lack of attention to workloads. A time and motion study conducted for HCFA (2000) concluded that a minimum of two hours of CNA time is needed per day per resident just to provide adequate care. Nearly 92% of U. S. nursing homes fall below this standard and nearly half would have to increase staffing by 50% or more.
- The amount and way we pay for long-term care are probably inadequate to support a work force sufficient in numbers, skills, and stability to effectively care for increasingly frail elders. (IOM, 2001)
- Recruitment and retention of nurses at all licensure levels to nursing homes is difficult to pay and working environment when compared with other practice settings.

We would not be witness to the egregious health outcomes aforementioned if we had nursing staff trained in geriatrics, care assessment and management skills, a staff mix that reflected increased numbers of registered nurses and the presence of a collaborative practice team consisting of at least a geriatrician and a geriatric nurse practitioner. Therefore, I urge the Committee to consider the following recommendations:

- We need to assure that a portion of funds from the *Nurse Reinvestment Act*, once signed into law, (1) are dedicated to CNAs and other levels of nurses in geriatrics through career ladder grants that provide scholarships for nurses desiring a career in geriatric nursing; and (2) contain a loan repayment program that includes sites in which geriatric nurses practice.
- Expand Medicare regulations that will, at a minimum, expand the scope of advanced practice nurses to allow provision of history and physicals during the first twenty-four hours by the advanced practice nurse and change the requirement that the MD and advanced practice nurse alternate visits
- We applaud the Nurse Reinvestment Act with respect to Long Term Care. The legislation provides for 90% Medicaid match for nurse aide training and competency evaluation programs and Medicare reimbursement for skilled nursing facilities that provide nurse training as part of a hospital training program. However, I urge the committee to use findings from studies that have clearly demonstrated positive patient outcomes when the nursing staff mix is changed. (Rantz, et. Al., 1996, Reinhard & Stone, 1999, Shaughnessy, P. et al, 1995.)
- The Baby Boom generation is not going to tolerate the current conditions found in long-term care. They are already experiencing the crisis in this setting through their parents. I urge the Committee to examine ways in which emerging successful models of care delivery in long term care such as the Wellspring Model (Reinhard & Stone, 2001), Aging in Place (Marek & Rantz, 2000). and Evercare (Bell, 2001) can be replicated in other parts of the country through waivers or through demonstrations. A description of each model is included in your materials. I believe that the cost effectiveness and positive patient outcomes already realized in these models will reduce litigation and thus the horrendous cost associated with mal-practice insurance.

- Provide funds to the Division on Nursing in the Bureau of Health Professions, U. S. Department of Health and Human Services to increase knowledge and skills in geriatrics leadership, management, and regulatory issues experienced in nursing homes in the baccalaureate program in Colleges of Nursing.

Hospitals

Much has been written about the critical need for nurses in the hospital setting. I want to highlight just a few concerns that relate to care of older adults. Few nurses in the country receive geriatrics/gerontology in their curriculum. If this content is included in their program of study it is most often only at the baccalaureate level and higher. This dearth of content and skills in caring for the older adult is critical because approximately 40% and higher of hospital patients are 65 and older at any given time. A second concern relates to a lack of understanding of how to care for the older adult and often leads to a poor retention rate of nurses caring for the older adult in hospitals. Many nurses lack understanding about older adults and the complexity of care required, the length of time to recuperate, the need to assist the individual to maintain a high level of function during the acute illness, and the longer time it takes the older adult to accomplish tasks.

The shortage of nurses has reached crisis proportions in hospitals. As a result, hospitals are being forced to close units. This results in more frequent closure of the emergency room due to lack of beds for admission. This affects the older adult who must be admitted from the nursing home or home. Lack of immediate care often results in a more complex hospitalization once this occurs.

I urge the Committee to consider these following recommendations:

- Participate in the work being led by the American Nurses Association and the American Hospital Association that is designed to increase licensed nurses in the hospital setting to ensure nurses trained in geriatrics.
- Promote the development of Acute Care of the Elderly units in each academic health science hospital that is designed to embrace interdisciplinary practice and a high focus on intense rehabilitation during the acute phase of the illness.
- Encourage demonstration models that will address quality indicators and best practices in care of the hospitalized older adult.

Home Care

The majority of older adults, by choice, receive care in the home. Often this care is provided by informal caregivers that include family, a significant other or friends. Home care is probably one of the most neglected setting of care in that minimal education standards for home workers do not exist. Most often home workers have received most of their experience through other practice settings such as nursing homes or hospitals. Few programs exist that specifically train in-home workers. As this country struggles with shortage of health care providers, we must embrace models of care delivery in the home such as the Age in Place Model being implemented under the direction of Karen Marek in Missouri, community nursing organizations, and collaborative practice models that provide primary care in the home.

Geriatric/Gerontology Education

We continue to experience a paucity of programs in all health care disciplines that include geriatric/gerontology knowledge and skills in their curriculum. Geriatrics has not been a priority in medical schools and only recently have we begun realizing a more widespread inclusion of gerontology in Colleges of Nursing across the country. Our health care system has primarily focused on high technology, acute care with little interest in or emphasis on chronic disease or the problems of

the elderly. The most glaring omission has been the study of cognitive impairment in the elderly. The incidence of cognitive impairment in those 65+ is about 12%. This increases to 40% by age 80-85.

I do believe that nursing has led all disciplines to this point in developing programs of study in gerontology and clinical care models. Until recently, this work has occurred in isolation across the country. I am delighted to report that the John A. Hartford Foundation, Inc. has been a leader in providing funding to support geriatric/gerontology in medicine, social work and most recently nursing. The Foundation has committed over \$34 million over the next five years to prepare a cadre of academic geriatric nurse practitioners. I have included a document in which each program is described and the amount of funding allocated. Of particular note is the development of five Centers of Geriatric Nursing Excellence located geographically across the country and seven Nursing School Geriatric Investment programs. These programs are expected to increase the number of nurses prepared in geriatrics.

One of the most significant threats to increasing the number of nurses in this country is the availability of faculty. The American Association of Colleges of Nursing (AACN) warns that faculty shortages are leading to declining nursing school enrollments. The AACN's 2000-2001 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing Survey reported that nursing schools turned away almost 6,000 qualified students due to an inadequate supply of faculty and budget restraints. Many factors account for the faculty shortage: aging of the existing faculty workforce, time and money required for advanced degrees, and the salary disparity between practice and teaching often being \$20,000 to \$25,000 less for faculty.

(www.nursezone.com/stories/SpotlightOnNurses.asp?articleID=8373)

Interdisciplinary Education And Practice

The Donald W. Reynolds Foundation awarded UAMS a \$28.5 million grant to establish the Donald W. Reynolds Department of Geriatrics and to build a Center on Aging to house its programs. Construction began on the 96,000 square foot facility in July 1998 and was completed September, 2000. The mission of the Center on Aging is to promote functional independence in the elderly and to prepare for the aging of the baby boom generation through the delivery of world class interdisciplinary clinical care, cutting edge research on aging, innovative education programs for health care professionals and the general public and influencing public policy on aging issues.

The centerpiece of the Reynolds Center on Aging is the Reynolds Senior Health Center which now sees over 18,000 clinic visits annually. The priority of the clinic is to deliver care to a relatively healthy older adult in order to promote successful aging through diet, exercise, stress management and screening. The evaluation and management of older persons is offered through a team of health care providers including geriatricians, geriatric nurse practitioners, nurses, pharmacists, social workers, dietitians and rehabilitation specialists. A major focus is the care of patients with memory loss. The clinic is funded by Medicare as a hospital-based out-patient clinic and receives a facility fee as well as a professional fee.

Using this team approach, we also provide care in the hospital, long-term care settings, in-patient hospice setting, and in the home. Most recently, because of the high success of our Reynolds Center on Aging, the State of Arkansas has begun contributing \$2 million in tobacco settlement funds to rural aging programs. By the middle of 2003, we will have developed seven satellite Centers on Aging in seven geographic locations in the state. We will partner with the local community, hospital, and the Area Health Education Center to develop a primary care clinic and an education program that targets older adults, their families, the community, health care providers and students of the health care disciplines.

The Lawrence H. Schmieding Foundation has committed over \$15 million over the next twenty years to increase access to quality geriatric interdisciplinary health care and to educate health care providers, students of health care disciplines, older adults and their families, and the community at large about aging and the problems associated with the aging process. The education focus in this center is to increase geriatric expertise of registered nurses, other health professionals especially physicians and home care workers. This program was a direct result of the lack of trained home workers available to Mr. Schmieding to care for his brother who had Alzheimers Disease and was cared for in the home.

We believe that interdisciplinary models of care delivery provide for comprehensive care planning and assist individuals to access quality health care and better identify the resources that will assist them to remain in the least restrictive environment. Geriatrics is a discipline that best embraces interdisciplinary practice, however, principles of interdisciplinary practice are taught usually only as an elective. Because of the shortage of geriatricians, geriatric nurse practitioners and other health care providers prepared in geriatrics and interdisciplinary team practice, I urge the committee to consider the following recommendations:

- Interdisciplinary education is not mandatory in curricula of students enrolled in the health care disciplines. The Veterans Administration has historically provided leadership through the Interdisciplinary Geriatric Training, but not all students in the health care disciplines realize this experience. Understanding principles of interdisciplinary practice is essential in the field of geriatrics/gerontology. Make interdisciplinary education a requirement in the curriculum of health care providers and require both theory and practice learning opportunities for all participating disciplines.
- Develop models of care delivery that engage the community, older adults, government and academic partnerships.
- The Federal Government must continue its commitment to geriatric education through greater opportunities for training.

I want to close by presenting comments about nursing in general and the impact on trained geriatric nurses. The average age of a nurse today is approximately 45 and we are witnessing a decreased number of men and women choosing nursing as a career. The American Nurses Association predicts the shortage will reach crisis proportions by 2007. Many factors account for this shortage but most notably, modest pay (according to the National Sample Survey of Registered Nurses, the actual average pay is a little over \$6,000 over a twenty year career), low status in the medical hierarchy, difficult working conditions and the responsibility of overseeing increasing numbers of unprepared unlicensed health care workers in hospitals and nursing homes.

I urge consideration of the following recommendations:

- The Senate and House of Representatives need to immediately appoint a Conference Committee to work out the differences in the *Nurse Reinvestment Act (NRA)*, which both Houses have passed and are S. 1864 and H.R. 3487.
- Individuals wishing to enter the nursing profession often do not because of financial reasons. Further, individuals who do achieve basic training often do not have the financial means to continue their professional development. The *Nurse Reinvestment Act* provides beginning funding to address this problem. I urge funding that will specifically target those nurses who choose to study geriatrics.
- Fund the Division on Aging, Bureau of Health Professions so that colleges of nursing will include identified geriatric curriculum in all levels of education.