

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
(AALTCN)

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AANAC
American Association
of Nurse Assessment
Coordination

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Gerontological
Advanced Practice
Nurses Association
(GAPNA)

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Hartford Institute
for Geriatric Nursing
College of Nursing
New York University

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

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National
Gerontological
Nursing Association
(NGNA)

caring with one voice

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

2013 Annual Report

This report honors Ethel Mitty, RN, EdD who died April 29th 2013.
Ethel always edited this report and contributed her wisdom to
the work of the CGNO for over a decade.

Introduction

Nationally, the Coalition of Geriatric Nursing Organizations (CGNO) is the voice for geriatric nursing in the public policy arena. The eight organizations with more than 28,500 nurses represents the diversity of nursing roles including certified nursing assistants,(CNAs), Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Advance Practice Nurses (APRNs) and PhD's in research, education and practice and includes: The American Academy of Nursing (AAN); American Assisted Living Nurses Association (AALNA); American Association for Long Term Care Nursing (AALTCN); American Association of Nurse Assessment Coordination (AANAC); The National Association of Directors of Nursing Administration in Long Term Care (NADONA); Gerontological Advance Practice Nurses Association (GAPNA); National Gerontological Nurses Association (NGNA) and the John A. Hartford Institute for Geriatric Nursing (HIGN). Three of the organizations change their representative every two years and we welcomed Tara Cortes, representing AAN, Mary Rita Hurley, President of NGNA's Board, and Lisa Byrd, President of GAPNA's Board. This diversity in membership and gerontological practice allows the CGNO to leverage our collective strengths to create a health care environment for older adults that is accessible and reflects person centered care, quality outcomes and evidence based practice across all settings. CGNO work addresses two goals: to advocate, educate, and inform for quality and safety for a diverse and aging population and to advocate, educate, and inform so that every nurse practices to his/her full scope of practice.

CGNO and Long Term Care Policy

CGNO Nominates Diane Carter (AANAC) as a Long Term Care Commissioner

The American Taxpayer and Relief Act repealed the Affordable Care Act's long term care insurance plan, The CLASS Act, and established a 15 member Long Term Care Commission (LTCC) that was charged with developing viable programs and a financing system within a six months time frame. The CGNO agreed that Commission decisions would be enhanced by geriatric nursing participation and nominated Diane

Carter. The Eldercare Workforce Alliance (EWA), a coalition of 29 interdisciplinary organizations collaborating to improve the workforce for elders, notified the CGNO of the opportunity, provided the details for sending in the nomination, and followed up with a letter of support from 29 long term care organizations. The CGNO made White House Contacts to gather support for Diane. AANAC was able to obtain six letters to Senator Rockefeller, one to Speaker Boehner, one to minority leader Pelosi, nine to Senator McConnell, and three to Senator Reid who were among leaders selecting the commission members. While there was no nurse among those chosen for the LTCC, the CGNO sent letters to each of the commissioners and posted comments on the website for the six months of the LTCC existence. The CGNO attended two of the LTCC hearings, at which there was no opportunity for public comments. Thus, the CGNO submitted written recommendations to the LTCC, which included ways to avoid hospitalizations and poor outcomes by increasing the numbers of RNs; request reference to RNs and LPNs separately in legislative and regulatory language; increase the numbers and mix of staff in Assisted Living; and support of Title VIII funding for geriatric nurse education. The CGNO also recommended data collection, and an increase in training and supervision. Since the LTCC could not agree on financing issues, they generated a majority and a minority report in September of 2013, which included some CGNO recommendations. The majority report addresses the lack of LTCSS data collection and recommends that the Federal Government (CMS, HRSA, and DOL) establish such a system. They recommend changing RN scope of practice to permit delegation to CNAs who have adequate training. Both reports address the need for training and turnover reduction. There has been some follow up in public policy circles to the LTCC reports. The CGNO attended an AARP Forum on Capitol Hill in October entitled, "Solutions for Modernizing Medicaid: Putting Home and Community Based Services on Equal Footing with Nursing Homes." The CGNO asked a question with the response by the three LTCC commissioners present who recommended Nursing Home eligibility in home care as was one way to obtain good data on cost comparisons.

CGNO Supports a Strengthened Geriatric Workforce

EWA professionals, providers, family caregivers, consumers and direct care worker representatives collaborate to implement the recommendations of the 2008 Institute of Medicine (IOM) report, *Retooling for an Aging America*." Supported by the John A. Hartford Foundation and participant contributions, the CGNO participation in EWAs engine, the Public Policy Committee, is mutually advantageous. For the CGNO, EWA operates at a high level of efficiency and effectiveness and is like having two full time staff members- even though they serve 29 member organizations. The CGNO comments on and votes to approve the well researched Issue papers, used on Capitol Hill as well as on the website, <http://www.eldercareworkforce.org>, including this year's briefs on Sequestration, Care Coordination, the Long Term Care Commission, National Health Service Corps, Caring for Dually Eligible Persons, 2014 Appropriations as well as updates of Title VII and VIII. The CGNO has also voted to approve legislation such as H 2504 The Home Health Care Planning Improvement Act of 2013 designed to improve access to home care for Medicare beneficiaries and continuing support for the S 2504 Positive Aging Act to improve mental health services for elders across the continuum. 2013 was not an opportune time for these bills to move forward, should legislation begin to move EWA with the CGNO is ready.

Following the IOM report on *The Mental Health and Substance Abuse Workforce for Older Adults: In Whose Hands?*, the Senate Finance Committee requested information on how to improve mental health for older persons. The CGNO turned to our colleagues in the Geropsychiatric Nursing Collaborative (GNC) to provide appropriate content to the EWA letter to Chairman Max Baucus and Ranking Member, Orrin Hatch emphasizing integrated care (including the Coordinated Care Issue Brief) and ways to improve access with emphasis on Increasing Title VII and VIII Geriatric Health Professions Programs. The results of that work may become apparent in 2014.

EWA succeeded in helping to preserving and increasing Title VIII geriatric nursing funds. The CGNO represented geriatric nursing on Capitol Hill visits with EWA, visiting Senate appropriators from IA, VT, KY, GA, NH, and MD in hopes that they would not decrease support for geriatric education. The American Psychological Association also accompanied us and we were able to provide real examples of daily care needs and educate Senate staff on why geriatric knowledge is important on every care team. In November, the CGNO visited budget committee staff with EWA covering Washington State as well as Hester Gramando at the Office of Management and Budget to educate about Title VIII. Ms Gramando requested information on the extent of geriatric content in bachelors and community college nursing programs, The CGNO working with AACN reported that all bachelors programs included some geriatric content. There is no published information on the success of the Advancing Care Excellence for Seniors (ACES) programs by the National League for Nursing (NLN). When the opportunity provided an opening, the CGNO followed up the visits by sending the nursing home and assisted living staffing recommendations papers to staff members. EWAs efforts were rewarded in the Omnibus Package of January 2014 with a 2.7% increase for Title VIII Comprehensive Geriatric Education Program.

CGNO Improves the Advanced Care Aide Paper, which builds on the ACA provision to address “innovation” in the workforce. The white paper is nearing completion for use in public policy. AALNA, HIGN, and AAN provided comments to improve education, training and supervision of this new care position in the latest version. This is the third year, the CGNO has provided support and definition to the new position in home care. An IOM Workgroup may consider the issue in 2014.

CGNO supports Fair Labor Standards Act (FLSA) coverage of home care workers, which was promulgated in response to intensive joint efforts by EWA members in 2012 and 2013 to amend the uncovered companionship exemption workers. Implementation will begin in 2015. The Department of Labor has held informational sessions across the country available to CGNO members. Fifteen states already have minimum wage and overtime protections for home care workers; now they will receive it everywhere.

Administration on Aging (AoA) reauthorization: The bill passed out of Senate Finance and included language adding “geriatrics, gerontology after pediatrics for Title VIII 8081 on Primary Health Services. Unfortunately reauthorization did not occur in 2013 and awaits action in 2014.

CGNO leverages workforce message through EWA Communication Collaborative(CC) The CGNO joined the newly formed CC, which meets monthly, to provide expanded tools to bring geriatric nursing's workforce message to a wider audience including expanded press relationships, reframed monthly newsletter, social networking, and expanded weekly newsletter. There are over 400 press contacts. All CGNO participants are invited to share information. CGNO participants are listed as experts in long term care workforce. EWA is expanding its social media lists, also used to reach journalists. Every Friday, EWA organizations are invited to submit their social media Tweets etc for distribution. HIGN has taken advantage of this opportunity.

CGNO Action to Improve Nursing Homes

Advancing Excellence Campaign (AEC): (www.nhqualitycampaign.org) is a non-profit organization which began in 2006 as a collaborative of 30 organizations including professionals, providers, consumer, direct care worker associations, government agencies that seek to improve the quality of care and life for nursing home workers and residents. This year, the CGNO organizations, except for AALNA, were active in the workgroups that developed the nine new quality goals in two categories. The process goals include, Improving Staff Stability, Increasing Use of Consistent Assignment, Increasing Person Centered Care Planning and Decision Making, and Safely Reducing Hospitalizations. The clinical goals include Using Medications Appropriately, Increasing Resident Mobility, Preventing and Managing infections safely, Reducing the Prevalence of Pressure Ulcers and Decreasing Symptoms of Pain. The excellent evidence based resources are free to users. AEC has been supported by the Commonwealth Fund since its inception in 2006 as well as member contributions. While 9000 nursing homes (over half) participate in the campaign, data entry on the old and new goals is of concern. At the suggestion of geriatric nurses who reported that knowledge about the campaign was not evident in the homes they visited, the AE board of directors agreed to develop and implement an Engagement Survey to discern obstacles and opportunities for moving the campaign forward. The survey was developed by the GAPNA representative with help from the Agency for Healthcare Research Quality (AHRQ) and implementation was chaired by the HIGN representative. The results indicated that the information was useful; however, only 12.5% had downloaded any of the resources in the last three months due to time and competing programs such as corporate requirements, CMS National Nursing Home Quality Care Collaborative and Improving Dementia Care. AEC responded by developing a strategic plan that included a new Quality Assurance and Performance Improvement (QAPI) workgroup to enhance coordination with CMS, which is chaired by the AAN representative. The plan incorporated many suggestions from the survey into the Local Area Networks of Excellence (LANE), which are primarily state based activities.

Sigma Theta Tau International (STTI) <http://www.nursingsociety.org> The Enhancing Clinical Leadership in Long Term Care (ECLLTC) is a program supported by STTI for the purpose of developing a nurse leadership program for nursing homes. CGNOs collaboration with STTI made a very important contribution by identifying the competencies essential for nurse leaders in nursing homes, the work of one of the three workgroups set up in 2013. NGNA chaired the Competencies work group. A second workgroup chaired by HIGN identified curricula

elements based on the competencies and Marketing was chaired by AANAC. Marketing used these competencies to develop a survey for nurse leaders in nursing homes, which when completed showed that most nurse leaders are comfortable with their knowledge, except about culture change, and were not inclined to spend time or resources to obtain more knowledge through a nurse leadership program. A report of the activities is being written for publication. ECLLTC will continue the collaboration by conference calls in 2014.

Conditions of Participation (COP)

http://hartfordign.org/uploads/File/CGNO/CGNO_ANACCommentsCMS.pdf

The COP are the requirements established by CMS, the Federal Agency that sets requirements for nursing homes to implement the provisions of the Nursing Home Reform Act of 1987 (NHRA), specifically 42 CFR& 483, Subpart B (See Annual Report 2012). The CGNO jointly with the American Nurses Association (ANA), representing 3.1 million nurses responded to CMS request for changes stakeholders wanted in the COP requirements. This historic CGNO/ANA alliance provided the evidence for changes in RN staffing to a full time RN on the premises twenty-four hours a day and an RN Director of Nurses (DON) without the current waivers. This year, CMS requested an update of the evidence for an RN around the clock. AAN, EPoA developed a white paper with additional evidence which was again submitted to CMS by CGNO/ANA jointly. The additional evidence included concern that LPNs used at night by most nursing homes are practicing beyond their scope of practice.(Corrazinni 2011) A comparison of the hospital and nursing home literature showed that higher RN use was associated with better outcomes and low staff stability and high use of agency staff were correlated with poorer outcomes. (Castle 2007)

The CGNO Develops and Promotes Nursing Home and Assisted Living Staffing Recommendations

Recommendations: Since many of our partner organizations such as Advancing Excellence in Nursing Homes (AE), where a survey of primarily professional nursing identified lack of time to use the free resources as a reason for not engaging in AE, Sigma Theta Tau International (STTI), where a survey of RN leaders in nursing homes, expressed a weak need and support for leadership training among DONs, and The Center for Medicare and Medicaid Services (CMS), where there has been action on the request for 24 hour RN staffing in nursing homes even after being addressed or recommended by three IOM reports (1986,1996, 2001), the CGNO concluded that a major obstacle to improve quality of care was insufficient numbers and skill mix of nursing staff. The day to day challenges for professional nursing and those they supervise is fractured and the 50% nursing turnover untenable. The CGNO used CMS' own research (CMS 2001) for the recommendation of 4.1 hours per resident day (hprd), which is also used in the CMS 5-star system as the maximum (CMS 2013) rather than for the minimum (1 star). The assisted living recommendations are based on increased resident acuity, maintaining resident satisfaction, and scope of practice issues for RNs. The CGNO is open to comments and incorporated those from the American Medical Directors Association (AMDA). The CGNO would also like support for the recommendations from other organizations/stakeholders. (see attachment for recommendations)

CGNO and the National Consumer Voice for Quality Long Term Care(CV) jointly recommend four priority staffing issues The CGNO and the CV, who represent most of those who work in and all of those who live in nursing homes, have collaborated to promote policy interactions with two branches of government, the executive and the legislature. Since accurate data is the basis for payment and research, the most important issue is implementation of the Affordable Care Act (ACA) provision requiring collection of nursing home staffing information using a payroll reporting system (Title VI, Subtitle B, Part 1, Section 6106 of the Act, entitled *Ensuring Staffing Accountability*). Correctly, CMS is very concerned that the self reported staffing data is inaccurate and provides misinformation for consumers on the 5-star website as well as discrediting many of the staffing research, particularly RN staffing. CMS has developed the system, done a mini-local trial (notes from Leading Age) and used it in a Pay for Performance (P4P) study, the results of which have not been made public.

The other three issues stem from the CGNO recommendations for nurse staffing in nursing homes: a registered nurse shall be present in the nursing home 24 hours a day for oversight of resident care, resident assessment, supervision of licensed nursing staff, and delegation to certified nursing assistants; a registered nurse shall serve as the Director of Nursing and waivers of this requirement shall not be permitted; the hours of direct nursing care for each resident shall be at least 4.1 hours per resident day with a minimum of 30% of these hours shall consist of care provided by licensed nurses and administrative RN positions such as the Director of Nursing and Assistant Director of Nursing shall not be counted as direct nursing hours for resident care. The joint CGNO/CV effort on the four issues will be implemented in 2014.

Collaborators invite the CGNO to participate

The Patient Centered Outcomes Research Institute, (PCORI) <http://www.pcori.org> is a public private partnership established by the ACA to help people and their caregivers make informed health decisions. PCORI has already made 279 awards totaling 464 million in patient centered comparative research including chronic diseases. Every project must make a difference in patients' lives. PCORI invited the CGNO to meet with the Engagement Team of Greg Martin and Christine Konopka. Tara Cortes represented CGNO at a PCORI meeting on Transitional Care. Sarah Burger attended a Board of Governors meeting at which agenda's are set. PCORI appears to be very welcoming and transparent in their operation and has invited the CGNO to participate in a national nurse meeting in 2014.

American Nurses Association cooperation. ANA asked CGNO for candidates on various long term care public policy opportunities such as the National Quality Forum (NQF) Alzheimers and Related Disorders Measures Priorities Steering Committee . Two excellent candidates, Lisa Byrd (GAPNA) and Yael Zweig (HIGN) were submitted. Yael was appointed. Other opportunities included Measure Applications Partnership (MAP) asking for public comment on measures. The CGNO was unable to respond. ANA asked the CGNO to become an Institutional Member to formalize the working relationship and pay for their staff time. The cost is \$2000. and prohibitive for the CGNO.

AARP Campaign for Action The Champion Nursing Council of AARPs Center to Champion Nursing meeting showed increased activity midyear. Continued funding by the Robert Woods

Johnson Foundation has enabled them to make \$150,000 in grants to 20 states. Most State campaigns are working on academic progression. Dashboard indicators, track RNs in leadership positions on hospital boards, interdisciplinary educational courses, scope of practice map, and data collection which are colorful and easy to read.

<http://campaignforaction.org/sites/default/files/Dashboard%20Integration-WebMarch2014.pdf>

Pioneer Network(PN) www.pioneernetwork.org The PN seeks to make culture change principles and practices a reality in nursing homes and the CGNO has been on the stakeholder interdisciplinary steering committee for the “National Learning Collaborative, Using the MDS 3.0 as the Engine for Individualized Care.” Working over eighteen months with 49 nursing homes in nine states, the project operationalized four organizational practices consistent assignment, huddles, CNAs involvement in care planning, and quality improvement closest to the resident. The CGNO supported the proposal for Phase II or dissemination of the results of phase I; however, that was not funded. The PN is using some of those materials in collaboration with AEC.

CGNO related Publications

At the very beginning of 2013, Geriatric Nursing published, *Nurse Competencies for person-centered care in nursing homes*, by Chris Mueller, Sarah Burger, Joanne Rader and Diane Carter. This project and article were based on the recommendation to develop nurse based culture change competencies in the issue paper, *Nurses Involvement in Culture Change: overcoming Barriers, Advancing Opportunities* (WWW.HIGN.org) from 2009.

The third edition of the Encyclopedia of Eldercare, edited by Elizabeth Capezuti et al for Springer Publishing became available in 2013 and included chapters by three CGNO nurses: Wellspring by Charlotte Eliopoulos; Culture Change by Sarah Burger and Barbara Frank and, for the first time, a chapter on the CGNO was included, written by Sarah Burger with the help of many others.

Six CGNO nurses who were the original representatives to the AEC campaign, wrote an article illustrating how collaboration overcame many obstacles in the path that led to an appreciation of nursing’s contribution to successful eldercare in America’s nursing homes. This article has been accepted for publication by the peer reviewed journal, Geriatric Nursing. The authors are: Deb Bakerjian (GAPNA), Charlotte Eliopoulos (AALTCN), Diane Carter (AANAC), Robin Rensburg (NGNA), Claudia Beverley (AAN), and Sarah Burger (HIGN).

In 2013, Joanne Rader, Sarah Burger, Christine Mueller and Diane Carter wrote a chapter on Nursing and Culture Change for an updated and expanded edition of Culture Change in Elder Care. The first volume, Culture Change in Elder Care, edited by Judah L. Ronch PhD, and Audrey S. Weiner, D.S. W., M.P.H, was published in 2013. The Nursing and Culture Change chapter was included in the second volume, Making Sense of Culture Change in Elder Care includes “how to” for professionals.

Summary and Next steps:

CGNO actions in 2013 are congruent with the 2010 IOM *Future of Nursing: Leading Change, Advancing Health* recommendations by nominating a CGNO geriatric nurse for the Long Term

Care Commission, developing long term care staffing recommendations when the obstacles for moving forward seem insurmountable and expanding our collaboration with consumers so that we represent most of those who live and work in nursing homes –powerful partnership in educating CMS and Capitol Hill. The year 2014 promises many opportunities for action on further implementation of ACA such as chronic care and for advancing geriatric nursing working with CGNOs many collaborators. In order to maintain the momentum of 2013 in the coming year, the CGNO recommends some next steps to gain support for our positions, take advantage of initiatives that come before the coalition, and revisit the scope of practice goal.

Next steps:

- The majority of CGNO’s joint efforts address the goal of advocating, educating and informing for quality and safety for a diverse and aging population. The second goal, to advocate, educate and inform so that every nurse practices to his/her full scope of practice might be revisited to set some benchmarks for 2014 activities.
- CMS, ANA, EWA and other organizations ask for experts in various geriatric expert panels, content experts and IOM or NQF opportunities. The CGNO often runs out of time to meet those requests. Developing a list of experts who can be ready quickly might improve the CGNO response rate in areas as widespread as immunizations, case coordination, person-centered care, and health outcomes.
- Health care is at once changing rapidly and slowly lumbering along toward an improved system of chronic care. Other professions such as social work are working with health plans to be the care coordinator. Geriatric Nursing should be on those teams.
- In 2013, Mathy Mezey, Tara Cortes, Diane Carter and Sarah Burger met to discuss revitalizing the 2000 consensus meeting and report, *Experts Recommend Minimum Nurse Staffing standards for Nursing Facilities* in the United States, which is the first peer reviewed article suggesting a 4.13 staffing minimum for nursing homes. Alice Bonner, formerly the director of the Nursing Homes Division at CMS and now in a new position at Northeastern School of Nursing, suggested putting together a stakeholder group to find consensus on research criteria for nursing home staffing. AHRQ and other funding might be applicable to such a project. 2014 might be a good time to advance this idea further.
- Complete a yearly review of Washington public policy organizations that CGNO might want to join, especially if they do not have geriatric nursing representation.
- Sarah Burger reports on CGNO activity at the Gerontological Society of America’s Geropsych Nursing Breakfast and the AAN Expert Panel on Aging. Other CGNO organizations might be able to devote five or ten minutes at their annual meetings on the CGNO and receive feedback/ideas for action.

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