

# The Coalition of Geriatric Nursing Organizations

*Representing  
28,700 Nurses*

American Assisted  
Living Nurses  
Association  
(AALNA)

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American  
Association for Long  
Term Care Nursing  
(AALTCN)

•

AANAC  
American  
Association of Nurse  
Assessment  
Coordination

•

Gerontological  
Advanced Practice  
Nurses Association  
(GAPNA)

•

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*

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## The Coalition of Geriatric Nursing Organization's 2014 Annual Report

### Introduction

Coalition of Geriatric Nursing Organizations (CGNO) members include over 28,700 nurses who provide care to older adults and chronically ill individuals in a variety of settings, including nursing homes, assisted living, home care, and hospitals. CGNO is also the premier geriatric-nursing voice for national policy makers. CGNO nurses are practitioners, administrators, educators, RNs or licensed practical/vocational nurses (LP/VNs), and researchers, including those who have PhDs or are advanced practice registered nurses (APRNs).

### CGNO Participating Organizations

American Assisted Living Nurses Association (AALNA)
American Association for Long Term Care Nursing (AALTCN)
American Association of Nurse Assessment Coordination (AANAC)
Gerontological Advanced Practice Nurses Association (GAPNA)
Hartford Institute for Geriatric Nursing (HIGN)
National Association of Directors of Nursing Administration in Long Term Care (NADONA/LTC)
National Gerontological Nursing Association (NGNA)

Since its inception in 2001, the CGNO has evolved to “put politics and egos aside to commit to a greater good . . . not only to each other but for the specialty that we will leave better than we found it” (AALTN pers. email, 12/22/14). Only that trust and cooperation allows the CGNO to leverage our collective strengths to create a healthcare environment for older adults that is accessible and reflects person-centered care, quality outcomes, and evidence-based practice across all settings. Within that mission, the CGNO works to advocate, educate, and inform for quality and safety for a diverse and aging population in a way that every nurse practices to his or her full scope of practice.

### CGNO Action to Improve Staffing in Nursing Homes

To improve staffing in nursing homes, the CGNO has acted on multiple fronts, including introduction of a 24-hour RN staffing bill; expansion of support for the CGNO nursing home staffing and assisted living recommendations for a minimum nursing staffing of 4.1 hours per resident day (HPRD); advancement of payroll-based

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staffing by the Centers for Medicare & Medicaid Services (CMS); and movement toward a stakeholder consensus conference on nursing. Collaborating in this effort was The National Consumer Voice for Quality Long-Term Care (CV), the national voice representing consumers on nursing home staffing, which enabled the CGNO to expand efforts markedly, as CV was beginning a two-year staffing campaign.<sup>1</sup> In addition, collaboration with the American Academy of Nursing, whose 2,100 fellows are the nation's most accomplished leaders serving the public to advance health policy<sup>2</sup>, provided a platform from which to review nursing home staffing for the purpose of making recommendations to CMS.

## **Introduction of the 24-hour RN staffing bill**

The Omnibus Budget Reconciliation Act of 1987, known as the Nursing Home Reform Law, requires an RN only eight hours a day and can employ a "licensed nurse" the other sixteen hours. A licensed nurse includes both an RN who has two or more years of education and has passed the RN licensure exam, and an LPN/LVN who has one year of education and has passed the LPN/LVN licensing exam. The RN has assessment, surveillance, and clinical skills, unlike the LPN/LVN. In addition, by licensure, the RN is able to perform assessments, whereas the LPN/LVN cannot. Staff are the major cost in nursing homes; thus, many nursing homes hire the less well-paid LPN/LVNs for evenings and nights.

Today's residents are older and frailer and have more chronic conditions than those in 1987. For example, in one seven-year period, residents' ability to perform activities of daily living (e.g., eating, bathing, dressing, toileting) increased from 4 (on a scale of the least impaired 1 to the most impaired 5) in 2005 to 4.14 by 2012.<sup>3</sup> Due to the increased resident dependence and complexity, RN assessment, surveillance, and direct care are needed on evenings and nights; yet staffing has not changed significantly in recent decades.<sup>4</sup> Robyn Grant (CV) made a presentation to the Democratic Seniors Task Force to gather support for a bill. Congresswoman Jan Schakowsky (D-IL), educated in over twenty Hill visits by CV/CGNO and by the American Nurses Association (ANA), was receptive to the need for a change in the law. House Bill 5373, introduced on July 31, 2014, requires an RN 24 hours a day, a legislative improvement to nursing home care for the first time in 27 years.

The National Hartford Center of Gerontological Nursing Excellence (NHCGNE), a collaborative between the coordinating center at the Gerontological Society of America (GSA) and the Centers of Geriatric Nursing Excellence at a few dozen nursing schools gave strong support to H.R. 5393. In addition, the *American Journal of Nursing* editor Maureen Shawn Kennedy, MA, RN, wrote a forceful editorial entitled "*Nursing Homes: A Misnomer*," with a subtitle that tells all: "These facilities need actual nurses and better staffing regulations."<sup>5</sup> AALTCN, NGNA, GAPNA, AALNA, HIGN, and AANAC wrote a strong letter of thanks and support to the *Journal*, which will be published in February of 2015.

In the fall, the CV/CGNO collaborative together visited or contacted major industry leaders—American Medical Directors Association (AMDA), LeadingAge (LA), American Health Care Association (AHCA), American College of Health Care Administrators (ACHCA), and National Association of LTC Administrator Boards (NAB)—to discuss the need for better RN staffing on evenings and nights. All acknowledged the challenge and requested that waiver language be included in House Bill 5373, especially for rural and, sometimes, inner-city facilities. This

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information has been relayed to Congresswoman Schakowsky's staff. CGNO representatives, while not favoring waivers, know that such an exception might be necessary in a few geographical locations.

## **Expanding support for CGNO nursing home and assisted living staffing recommendations**

The 2013 CGNO Annual Report included an extensive discussion of the need for improved/safe staffing in nursing homes and assisted living as well as evidence in support of the recommendations, which include an RN around the clock; a minimum of 4.1 hours per resident day (HPRD) of direct care, depending on the acuity of the residents; a director of nursing (DON) with either a bachelor's degree or certification in nursing administration, and with no waivers for the DON position for nursing homes.<sup>6</sup>

A CGNO nurses' survey of AANAC, AALTCN, NADONA, and NGNA members from February 14 to March 7, 2014, found, on the basis of a quartile analysis, that those facilities reporting more than 4.0 HPRD were significantly more likely to agree that RN staffing and staffing levels are generally adequate in their facilities. The purpose of the study was to have practicing nurses inform the CGNO/CV discussions with legislators.<sup>7</sup>

In January the CV/CGNO coalition visited CMS's Thomas Hamilton, director of survey and certification, and his staff to present the recommendations and to answer their questions. CMS responded by explaining that their current programs on dementia care and antipsychotics will have greater impact than increasing staffing. They indicated that the present staffing measures were not reliable.

Subsequently, the CV/CGNO coalition made over twenty joint visits to congressional offices of both parties, explaining the need for increased staffing in nursing homes. Every congressional staff member was receptive to the message and received a copy of the recommendations. In addition, AANAC prepared state sheets that included the number of nursing homes, the number of older persons, and the state staffing and how it differed from the CGNO recommendations. These, too, were very well received. Finally, we reminded congressional staff of the CGNO work with CMS on staffing by sending them the evidence for 24-hour RN staffing from 2012, 2013 comments on the Conditions of Participation and the thank-you note.<sup>8</sup>

The CGNO approached the ANA, representing the interests of 3.1 million nurses, for support of the staffing recommendations for nursing homes and assisted living, including the 4.1 HPRD. The ANA board of directors approved the CGNO recommendations in time to announce that fact at the November CV annual meeting, the focus of which was "4.1: It Can Be Done." While meeting with the industry leaders on the 24-hour RN staffing bill mentioned above, CV/CGNO championed the full nursing home and assisted living recommendations. The CV/CGNO will continue to seek interdisciplinary support for the recommendations.

## **Advancement of payroll-based staffing**

Another important issue presented both to CMS in January and during the congressional visits was implementation of payroll-based staffing required by the Nursing Home Transparency and Improvement Act, sponsored in 2009 by Senators Grassley (R-IA) and Kohl (D-WI) and incorporated into the Affordable Care Act of 2010 for implementation by 2012. CMS, prior to the passage of this act, had conducted research and feasibility studies and used the system in the

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Medicare Value-Based Purchasing Project, reporting regularly to a stakeholder group. At the time for implementation, all action stopped, including meeting with the stakeholder group. The CMS Five-Star Quality Reporting System<sup>9</sup> uses highly unreliable, unaudited, self-reported yearly staffing data on CMS's website.<sup>10</sup>

Consumers, professionals, payors, and researchers need reliable staffing data to test models of care as envisioned by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT ACT), which included \$11 million to implement the payroll system by 2016. At that time, the Five-Star Quality Reporting System will report payroll-based staffing on its website. Education of Congress was very important for this favorable outcome.

## **CGNO proceeds on a stakeholder consensus conference**

One of the "Next Steps" in the 2013 annual report recommended revisiting the 2000 consensus meeting report, *Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities*.<sup>11</sup> This report is the first peer-reviewed article recommending 4.13 HPRD staffing in nursing homes. While CMS acknowledges the 4.1 HPRD standard as necessary for the four- or five-star quality rating, they do not acknowledge it as a minimum necessary for a one-star rating. Hundreds of peer-reviewed articles have been written since 2001 on the relationship of nurse staffing to quality, yet no clear picture emerges to support RNs or a particular ratio in nursing homes.<sup>12</sup>

In October, the CGNO consulted with CMS director Marilyn Tavenner on the plan to hold a stakeholder consensus conference including nursing home researchers to develop strategies to influence nursing home policy. With staff from Baltimore attending by video, the CGNO agreed that the conference work should support and advance the goals around chronic-care coordination, decreased use of expensive acute-care resources, and less antipsychotics use. The HIGN, with the help of CGNO, is writing a grant to the Agency for Healthcare Research and Quality. Dr. Shari Ling, Deputy Chief Medical Officer, Center for Clinical Standards and Quality, provided introductions to many federal agencies that might support this effort, such as Administration for Community Living (ACL), Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration (HRSA). They were very helpful in identifying other important outcomes of interest to CMS, such as dementia, end-of-life care, and pain.

Concurrently, the American Academy of Nursing, through its Expert Panel on Aging, the working group of the academy that makes recommendations to the academy on transforming healthcare, will be devoting this year to exploring ways to standardize the process of determining staffing models related to the function and acuity of the long-term care resident and to quality outcomes that will influence public policy. This work will undergird the stakeholder consensus conference.

## **CGNO Collaborates to Strengthen the Geriatric Workforce**

### **Strengthening Titles VII and VIII**

The CGNO is an active member of the Eldercare Workforce Alliance (EWA), which is funded by the John A. Hartford Foundation and Atlantic Philanthropies and whose 30-member interdisciplinary organizations collaborate on gerontological workforce recommendations from the 2008 Institute of Medicine (IOM) report, *Retooling for an Aging America*.<sup>13</sup> EWA uses established issue papers on the geriatric workforce to help legislators understand the gulf between the availability of a geriatrically trained workforce and the provision of services for the 10,000 baby boomers who retire

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each day. This year EWA added state-specific issue briefs (<http://www.eldercareworkforce.org/research/issue-briefs/research:state-briefs/>), which include data on Titles VII and VIII funding, family caregivers, and Administration on Aging (AoA) family support, as well as the number of geriatricians. CGNO can use these with state and federal legislators. The result for 2015 appropriations was a small increase in Title VIII, for nursing, and Title VII, for other professions. ACL family caregiver support programs remained stable.

Supporting these appropriation requests, EWA held two congressional briefings, entitled “It Takes a Team: What We Will Need to Meet Needs of Older Adults and Their Family Caregivers.” The first one, in the Senate in October, included Tara Cortes, the CGNO representative from HIGN, who spoke on home care.<sup>14</sup> The second one, held in December, was for the House staff.

The CGNO has a vital interest in EWA’s efforts to make geriatrics part of primary care, just as pediatricians are always included in lists of primary care providers, allowing eligibility for certain grants and CMS payment. To this end, EWA provided report language for the Labor-HHS appropriators this year. While EWA’s language was not included, HRSA responded to last year’s request to report on ways in which geriatrics is included in training programs. The report was completed and EWA is responding with ideas about ways to strengthen geriatric training. HRSA changed its name this year to the Bureau of Health Workforce, and EWA will continue its education about including geriatrics as a part of primary care.

EWA has developed legislation to modernize HRSA Titles VII and VIII geriatric training programs that are little or no cost. Champion of elderly causes, representative Jan Schakowsky (D-IL) will introduce the legislation in 2015.

AANAC, GAPNA, and NGNA are members of the Nursing Community, a coalition of 61 national organizations, committed to improving the health and health care of our nation by collaborating to support RNs and APRNs. Their work supports increased Title VIII funding and complements EWA’s efforts.

## **CGNO support for other geriatric workforce initiatives**

**Fair Labor Standards Act (FLSA)** for home care workers was supposed to be implemented by the Department of Labor (DOL) in January of 2015, with enforcement in seven months. EWA wrote strong letters of support to Secretary Burwell urging the DOL to meet the implementation timetable. The end of the year brought very disappointing news for home care workers, as a federal judge struck down the regulation at the request of the Home Care Association of America and other groups. The CGNO must continue to support EWA action in 2015 to put FLSA protections for home care workers back on track.

**CMS’s Dually Eligible Programs.** Integrating both Medicare and Medicaid funding, the state Managed Care Demonstration Plans care for the nation’s sickest individuals, including over five million vulnerable older people and just under that number of people with disabilities. These programs also depend on the geriatric expertise of professionals, direct-care workers, and families as they seek care. EWA, in collaboration with Community Catalyst, a 15-year-old organization working with consumers in 40 states to ensure they can influence officials and providers at the state and local levels, developed an extensive toolkit for duals advocates. This assists them to know what questions to ask, what answers to demand, and what outcomes are important to them. CGNO

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suggestions for geriatric nursing were incorporated into the toolkit, and a video of geriatric interdisciplinary care is being made to accompany it. GAPNA helped find a nurse to collaborate with the Michigan duals demonstration. (See

[http://www.eldercareworkforce.org/files/DUALS/EWA\\_Duals\\_Toolkit - FINAL v1 - October 2014.pdf](http://www.eldercareworkforce.org/files/DUALS/EWA_Duals_Toolkit_-_FINAL_v1_-_October_2014.pdf).)

**The Advanced Care Aide** The CGNO nursing group (AALNA, HIGN, and NGNA) provided geriatric nursing content on the Advanced Care Aide paper, which was finished and published by EWA in time to be presented at an IOM webinar workshop in the fall.<sup>15</sup> The National League for Nursing (NLN), an organization of nursing faculty and educational leaders dedicated to excellence in nursing education, provided expert advice that there is no conflict between the advanced care aides' and licensed practical/vocational nurses' scopes of practice. The Advanced Care Aide paper will be published in the American Geriatrics Society (AGS) *Annals of Long-Term Care*, which has a circulation of 48,000.

## **Enhancing the voice of geriatrics: EWA's Communication Collaborative (CC)**

All are welcome to participate in the CC noontime telephone meeting on the first Tuesday of every month. In addition to its public policy work, the CC provides a weekly update of all meetings, funding opportunities, news stories, journal articles, member meetings, and new research. For example, at the CGNO's request, CC published AAN's "Choosing Wisely," an ABIM Foundation initiative of evidence-based issues that providers and patients should question. Four of the five AAN submissions were related to care of older adults: Don't let older adults lie in bed during their hospital stay; don't use physical restraints; don't wake the patient for routine care unless the patient's condition specifically requires it; and don't place or maintain a urinary catheter in a patient unless there is a specific reason to do so.<sup>16</sup>

The purpose of the CC is to magnify the collaborative voice of EWA within our own network as well as among the broader public. In 2014 EWA placed public service announcements with the National Basketball Association and at the Indy 500, for a total audience of over two million. EWA accompanied the ads with follow-up attendee interviews about the care of older adults, which were filmed for future use. Exposure through Twitter and Facebook exposed over 75,000 individuals in one three-month period. Journalists on *The NewsHour* have given EWA reports exposure. AANAC, AALTC, ALNA, and NGNA responded prolifically when asked by NPR for movies and websites on aging.

## **CGNO Partners to Improve Long-Term Care**

**Advancing Excellence Campaign (AE)** (<https://www.nhqualitycampaign.org>). The mission of AE is to improve care for residents and staff in America's nursing homes. CGNO active participants from NGNA, GAPNA, NADONA, and HIGN are working on goals such as infection, pressure ulcers, and medications, including antipsychotics. HIGN works with the AAN Expert Panel on Aging representative on the goals of staff stability and consistent assignment. Those facilities that are active participants must choose two goals, one clinical (pain, pressure ulcers, infections, mobility, medications) and one organizational (staff stability, consistent assignment, hospitalizations, person-centered care), and enter data monthly. Those who sign up but do not participate are called "registrants." The issue of entering data for six months remains of concern, as expressed by a wide variety of new AE members who attend face-to-face meetings.

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Nursing homes are still in a learning curve of seeing the value of using data to make performance improvement corrections.

The website data is excellent, directed by Adrienne Mihelic at CMS's Quality Improvement Organization, Telligen.<sup>17</sup> A total of 636 nursing homes have entered data for six months. The majority of states have 80% registration rates. California, Texas, and New York are outliers, with very few joining. States requiring pay for performance, such as Ohio, enter data in greater numbers. Carol Scott, director of the Local Area Networks for Excellence, the work horse of the campaign, visits many of the states and speaks very well about the campaign at national meetings. The AE goals can no longer be compared with the CMS five-star measures, because the data collected is different from the measures.

It is hoped that the AE system of corporate sponsors (one at \$50,000; four at \$10,000; one at \$30,000) will grow in order to sustain the organization as the Commonwealth funding terminates. A new partnership between AE and Hallmark Business Connections allows nursing homes and others to set up an account and order monetary and non-monetary cards and gift certificates for staff recognition. This ties in well with the goal of staff stability.

Alice Bonner is putting together nine short, related videos for each of the nine goals with the remaining Commonwealth money.

**Partnership to Improve Dementia Care.** This effort began in response to the 2011 report from Health and Human Services Office of Inspector General, entitled *Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents* (<http://oig.hhs.gov/oei/reports/oei-07-08-00150.asp>), which revealed that 83% of these drugs were used off-label and 88% were given in contradiction to the FDA's black-box warning of danger to residents living with dementia. The drugs were costing CMS \$63 million a year. CMS started the National Partnership to Improve Dementia Care in Nursing Homes to decrease the use of antipsychotics. (The website includes links to Survey & Certification Letters and other materials, including CMS News Releases, and asks that questions be directed to [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov).)

The webpage is <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html>.) While the campaign has made very slow progress, decreasing from 23.9% in 2011 to 19.4% in the third quarter of 2014, the CGNO believes a stabilized staff would assist the process. AHCA reports a 50% turnover in nurse staffing.<sup>18</sup> Related to antipsychotics use, the CGNO, after study of the issue by NGNA, AALTCN, and AANAC, supports a CV bill to require informed consent by residents prior to being prescribed antipsychotics. The bill will have to be reintroduced in the 2015 Congress. (See <https://www.govtrack.us/congress/bills/112/s3604/text>.)

**AARP Campaign for Action** (<http://campaignforaction.org/news/health-care-executives-other-stakeholders-join-effort-put-nurses-governing-boards>). Supported by the Robert Wood Johnson Foundation, the campaign is devoted to implementing the 2010 IOM *Future of Nursing* recommendations. A primary activity of the State Action Coalitions is to increase the number of nurses on boards. To date, the Action Coalitions have placed 268 nurses on mostly hospital boards. The CGNO and the AAN Expert Panel on Aging agree with the recommendation but would like to promote the activity on long-term care boards of directors. NADONA has already taken the lead on

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this issue with AARP. Nursing homes particularly need a larger representation from nurse leaders to unite nursing with value-based purchasing.

## **Partnership for Health in Aging (PHA)**

([http://www.americangeriatrics.org/about\\_us/partnership\\_for\\_health\\_in\\_aging](http://www.americangeriatrics.org/about_us/partnership_for_health_in_aging)). PHA, located at the American Geriatrics Society, has 21 members, including each of the CGNO participating organizations. The CGNO has endorsed the PHA multidisciplinary competencies and position statement on interdisciplinary-team training. None of the CGNO was able to attend the face-to-face meeting this year; however, Tara Cortes and colleagues from HIGN presented at the Gerontological Society of America's PHA symposium in November on "The Interdisciplinary Teamwork Training and Practice in Geriatrics: Challenges and Opportunities for the Future."

**Observation Coalition.** The CGNO supports the coalition of 24 organizations that is addressing the CMS policy denying nursing home residents access to the SNF benefit, which requires an inpatient three day hospital stay. Hospitals categorize patients' hospitalizations as observation stays, which do not count for the SNF benefit. If the CMS hospital Recovery Auditors declare that a patient is admitted incorrectly, then the hospital is denied payment for the stay, so there is an incentive to use observation stays. There is bipartisan support for a bill that would count observation stays as time for the three-day SNF stay.<sup>19</sup>

## **Organizations Seek CGNO Assistance**

**American Geriatrics Society (AGS)** asked the CGNO to nominate our colleague, Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, AGSF, for the AGS's prestigious Dennis W. Jahnigen Memorial Award for outstanding leadership training students in geriatrics. Mathy Mezey, director emeritus of HIGN, wrote the nominating letter. Ellen Flaherty, in internal medicine and geriatrics at Dartmouth-Hitchcock Medical Center in New Hampshire, and Keela Herr, chair of adult gerontology at the University of Iowa, wrote supporting letters. Despite having been warned by AGS that it often took two years to win the award, Barb was such a good candidate that she won the first year. She will receive her award in 2015. As one CGNO member said about the nomination, "I know Barb and have had the privilege of working with her on a few projects. I not only respect her professionally, but love her assertive, 'take no bullshit' attitude. She certainly deserves this honor and her hard work for AGS reinforces that."

**Patient-Centered Outcomes Research Institute (PCORI)** (<http://www.pcori.org>). The Affordable Care Act of 2010 included a provision for an independent, nonprofit health research organization, which would be funded through a tax on health insurers. This fund is now at \$650 million a year. PCORI is dependent on participation of all stakeholders, including consumers, providers, professionals, and others. The CGNO was invited to a nurses' roundtable in January. There were about 30 nurses present, most of them from hospitals or research institutions. The purpose of the meeting was to urge nurses to become involved as reviewers of grants, seekers of grants, and listeners at listening sessions across the nation. Each representative had an opportunity to talk about gaps in research. The CGNO spoke of poor nursing home staffing and the need for research such as has been done for nurse staffing in hospitals. The CGNO talked about funding the consensus conference on nursing home staffing referred to on page 5 and was told by PCORI staff that such funding was recently added to their grant making.



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**American Nurses Association** (ANA) (<http://www.nursingworld.org/>). In addition to supporting the CGNO staffing recommendations and the 24-hour staffing bill, ANA seeks the advice of the CGNO on long-term care requests from CMS and the National Quality Forum (NQF). For instance, the CGNO responded to one request by reaching out to Mary Ellen Dellefield at the San Diego VA to be on the CMS Technical Expert Panel for Assessment of CMS Quality and Efficiency Measures in preparation for a measures report every three years.

Early in the year, a nursing expert seat became available for the post-acute care/long-term care NQF on the Measures Application Partnership, but the CGNO could not find a candidate quickly enough. There is a beneficial exchange between ANA and the CGNO on long-term care opportunities, such as commenting on CMS regulations, which is very difficult to do. The two organizations share announcements, news reports, and research.

**Eldercare Workforce Alliance.** The John A. Hartford Foundation has been the major funder of EWA since its inception in 2009. The foundation not only provides funding but is also an excellent steward of their programs. The CGNO depends on collaborative work to magnify our voice, and it is a great honor to write a letter of support to the foundation to continue EWA programs for another year. Each CGNO participating organization contributes to the work of EWA.

## **CGNO Publication**

AANAC and NADONA were founding members of the Advancing Excellence in America's Nursing Homes Campaign in 2006. Other CGNO organizations attended the IOM kick-off and immediately saw an opportunity for nurses to contribute to such an endeavor. The story of nursing's important role in AE is told in "Gerontological Nursing Leadership in the Advancing Excellence Campaign: Moving Interdisciplinary Collaboration Forward" by Deb Bakerjian (GAPNA), Charlotte Eliopoulos (AALTCN), Diane Carter (AANAC), Robin Remsburg (NGNA), Claudia Beverly (AAN) and Sarah Burger (HIGN). This was published online on June 23, 2014, in *Geriatric Nursing*.

## **Conclusion and Next Steps**

2014 was historic, with the introduction of House Bill 5373. Introduced by Jan Schakowsky and informed by the CGNO, CV, and ANA, this bill requires that there be a registered nurse 24 hours a day in our nation's nursing homes. For the first time since the passage of the Omnibus Budget Reconciliation Act of 1987, the CGNO can sense an opportunity to collaborate on more than one front to improve nurse staffing in nursing homes. To do that, the CGNO will have to use every ounce of its considerable talent as well as be mindful of the challenges facing a mature organization.

### **Next Steps:**

- As the work of the CGNO expands, leadership on issues is spreading across the organizational representatives. Here are a few examples: NGNA managed the issue of support of CV's antipsychotics bill; AALTCN took leadership on a coalition working on the Conditions of Participation; AANAC often provides logistical and consistently provides financial support; AALNA leads on assisted living issues; NADONA often finds us experts from their wide network, and educates AARP and others about having nurses on LTC boards of directors; HIGN and GAPNA take the leadership on issues of scope of practice and home care. The CGNO thrives as leaders step forward.
- The CGNO who are members of AAN must make an appointment with the AAN board of directors and chief operating officer to forge a partnership that strengthens both groups. The CGNO's governance is such that all participating organizations can opt out of any policy
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decision. The CGNO will work so that AAN is able to find a way to support geriatric nursing through participation in the CGNO, the leading voice for geriatric nursing.

- While the CGNO concentrated its efforts on increasing nursing home staffing in 2014, the next year should see an effort to support legislative and regulatory opportunities on scope-of-practice issues in gerontological long-term care nursing. From assisted living and home care to nursing homes, the practice issues are the same: too few highly trained geriatric nurse practitioners in the face of the tsunami of elders needing care. Progress on scope-of-practice issues has the potential to mitigate this challenge.
- The CGNO would benefit from revisiting the present goals as a precursor to planning/strategizing for the next five years. The CGNO should discuss when, if, and how to influence and/or respond to regulatory issues, such as NQF measure development, CMS policies, and IOM-relevant issues. Updating the websites of all the participating organizations to maximize the CGNO voice should be part of the ongoing planning.
- House Bill 5373 is now House Bill 592 in the 114th Congress. The CGNO will have to greatly enlarge the organizational support for the bill as well as find cosponsors. As the National Hartford Center of Gerontological Nursing said: Send us a letter to sign and we will try to help you find 100 cosponsors. That is indeed the challenge for the CGNO with our partners CV and ANA.
- The CGNO should look for opportunities to have geriatric nurses serve on the boards of directors of organizations involved in long-term care.

## Endnotes

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