

## **Invited Testimony to the National Commission for Quality Long Term Care**

**Susan C. Reinhard, RN, PhD  
Professor and Co-Director  
Rutgers Center for State Health Policy**

**January 26, 2007**

Good morning. I commend this Commission's focus on the long term care workforce and thank your co-leaders, Commissioners Bob Kerrey and Newt Gingrich, for inviting my testimony today. You already have a comprehensive report prepared by the Institute for the Future of Aging Services, so in my brief comments I will highlight a few key issues, mainly on the registered nurse workforce and family caregivers.

I am a nurse who specializes in long term care practice, education, research and policy—with an emphasis on bridging all four areas across a range of long term care settings (nursing homes, assisted living, day care, home care). Through funding from the Centers for Medicare & Medicaid Services (CMS), I currently lead technical assistance to states that are developing ways to permit “Money to Follow the Person”. As you know, CMS will be granting \$1.75 billion over the next 5 years for more states to offer older adults and people with disabilities choices for supportive long term care services. I just convened state policy leaders in 15 states who are developing the programs, policies and financing to support these people in all of the community-based long term settings that people may choose. These state leaders also want to make sure that those who choose to remain in a nursing home have excellent options for that care as well.

Nurses are a core part of these services across all of these long term care settings. You have heard about the nursing shortage, problems with recruitment and retention, and the need to improve the relationship between nurses and direct care workers—and I

would add the relationship between nurses and family caregivers. For your deliberations this afternoon, I offer my three main messages:

- First, we need more nurses to be sure, and the need for more nurses in long term care is particularly compelling. But you cannot keep beating the drum to get more people to sign up to become a nurse and then turn those new recruits away because there is no one to teach them. We must address the nurse faculty workforce crisis now.
- Second, we must seek a return on our investment in educating more people to become nurses. We need to get more nurses to stay in nursing. In long-term care, work environment issues are paramount and we absolutely can do many things to improve those environments.
- Third, nurses and all those involved in long term care workforce deliberations must do all that they can to keep the backbone of this workforce strong. We must systematically assess and address the needs of family caregivers.

### **Educating the Educators: Nurse Faculty Workforce**

According to the American Academy of Nursing's (AAN) Committee on the Preparation of the Nursing Workforce convened in 2006, the nursing faculty pipeline problem is the heart of the growing nursing shortage.<sup>1</sup> National and state-based efforts to increase the number of applicants to nursing schools are succeeding, but the number of nursing faculty to meet that demand is not keeping pace. In fact, without immediate attention to this shortage, the situation will significantly worsen as faculty retirements

---

<sup>1</sup> Chaired by Drs. Brenda Cleary, North Carolina Center for Nursing, Executive Director, and Margaret McClure, former New York University Medical Center's nursing chief executive officer, and one of the founders of the Magnet Recognition Program under the Academy's leadership.

escalate. The nursing shortage does not stem from a lack of applicants to nursing programs, but rather a lack of masters and doctorally prepared nurses to teach these students.

In my opinion, it is a national embarrassment that last year alone we turned away more than 41,000 qualified applicants to baccalaureate and graduate nursing programs because of a shortage of faculty and budget constraints in our nation's colleges of nursing.<sup>2</sup> These are 41,000 qualified applicants—every year—turned away. In my state, more than half of the qualified applicants turned away were not even placed on a waiting list. How can we tolerate this waste of talent? How can we accept this when the National Commission on Nursing Workforce for Long-term Care estimated that 96,000 nurses are needed just to fill current nursing home vacancies, never mind the current and future shortfalls in home health, assisted living, and other settings?

It seems to me that we have to do something about this absurd situation immediately. The imperative to address the nursing faculty workforce is clear. We cannot continue to focus our energies on attracting more qualified people into the nursing profession and then turn them away because we do not have sufficient faculty and other resources to educate them.

We need to act fast because our current nursing faculty is aging and the pipeline to replace them is woefully inadequate. Like the rest of the nation, the average age of faculty in my state (New Jersey) is 55,<sup>3</sup> and they retire at about 62 years.<sup>4</sup> Nursing

---

<sup>2</sup> American Association of Colleges of Nursing (2006). *Nursing Faculty Shortage Fact Sheet*. Washington, DC: Author.

<sup>3</sup> Dickson, G. & Flynn, L. (2006). *New Jersey's Educational Capacity*. Newark, New Jersey: New Jersey Collaborating Center for Nursing.

<sup>4</sup> Berlin, L.E. & Sechrist, K.R. (2002). The shortage of doctorally prepared faculty: A dire situation. *Nursing Outlook* 50(2), 50-56.

faculty retirements are expected to peak in the next two to three years, making the pipeline problem particularly urgent because it takes considerable time to prepare faculty. It takes a long time because nurses do not consider nursing education careers early on and then they go to graduate school on a part-time basis for years, often because they cannot afford to go full time. That is why it takes them almost 16 years from the beginning of their masters program to the completion of their doctorate.<sup>5</sup> By the time they complete their doctoral degrees, they are on average 46 years old! That is 13 years older than those who complete doctorates in other disciplines.

There is a compelling need to invest in preparing a strong, vibrant nursing faculty workforce that is committed to educating nurses in how to care for older adults and people of all ages who have long-term care needs. We need to encourage nurses to consider academic life, enter graduate programs at an earlier age, and commit to geriatric nursing education. We can go a long way toward that goal by funding federal traineeships that were plentiful in the 1970s but are woefully inadequate now.

In your deliberations this afternoon, I recommend that you develop strategies to increase and target funding for specific sections of the Nursing Workforce Development Programs under Title VIII of the Public Health Service Act.

- **Provide at least another \$106 million with dedicated funds for long-term care.** (The Tri-Council for Nursing has extensive data to support and refine this recommendation and budget estimate.)
- Within this \$106 million increased allocation, triple the number of federal traineeships offered through the **Advanced Nursing Education** program for those nurses who will pursue a graduate degree, a pre-requisite to the

---

<sup>5</sup> Berlin. & Sechrist. (2002).

nurse faculty role and other crucial advanced practice roles in long-term care. Fiscal Year 2005 funding was under \$17 million. **I am recommending an additional \$34 million**, with a substantial part of this increase dedicated to traineeships for nurses preparing for advanced degrees in geriatric nursing.

- Within this \$106 million increased allocation, triple the number of grants awarded to schools of nursing through the **Nurse Faculty Loan Program**; stipulate that at least one-third of them go to nurses who will commit to a career in geriatric nursing education. Fiscal Year 2005 funding was under \$5 million. **I am recommending an additional \$10 million**, with a substantial part of this increase dedicated to preparing geriatric nursing faculty.
- Within this \$106 million increased allocation, triple the funding to the **Nursing Loan Repayment and Scholarship Programs** and stipulate that at least one-third is dedicated to nurses who will choose long term care. Fiscal Year 2005 funding was \$31.5 million. **I am recommending an additional \$62 million.**

I have received very recent news that the Robert Wood Johnson Foundation (RWJF) is prepared to invest in initiatives to get more nurses into the faculty pipeline to teach our future nurses. But the RWJF Board, headed by former Governor Thomas Kean who is well known to the co-leaders of this Commission, would see this strategic philanthropic investment as a partnership with federal and state government. The nursing shortage is a public health crisis that must be addressed by governments charged with

protecting the public's safety. There are eager partners but I urge you to seriously consider ways to jumpstart solutions with these partners.

### **Create Environments that Help Attract and Retain Nurses in LTC**

Nurses who work in settings like nursing homes and assisted living have expressed their desire to work more collaboratively with frontline workers, but are thwarted by the workplace demands that drain their time and energy. Many of these frustrations can be addressed if we provide new models, and create leadership opportunities for nurses to create and sustain the needed changes.

Let me give one concrete example. Last year, I interviewed nurses who dedicated considerable time to learn ways to coach attendants in a more supportive approach. They came back from their training and said: "How can I find the time to even talk to the aides when I get to work... when the first thing I have to do is face the mega morning medication pass?" What they desire is support to simplify the routine of spending the first several hours "pouring and passing" the hundreds of pills for residents to take at breakfast. They want to work with physicians and administrators to reduce the number of unnecessary medications that are prescribed, spread out those medications throughout the day, and work with their State Boards of Nursing to develop sound policies to let them delegate some of these tasks to trained aides so they themselves can spend more time leading the effort to create more person-centered care environments. And, they want the opportunity to collaborate with other nurses who want to lead this kind of culture change across the country.<sup>6</sup>

---

<sup>6</sup> Reinhard, S. & Reinhard, T. (2006). *Scanning the Field: Nursing Leadership in Long-term Care*. Washington, DC: Institute for the Future of Aging Services.

We can do much to improve the work environment and provide forums for this critical nursing leadership to develop and spread. When you convene in closed session this afternoon, please consider the following ideas:

- Fund descriptive studies of how the work is performed now in various settings to help guide practical and beneficial changes in simplification and more efficient and effective deployment of staff.
- Create effective leadership development programs for nurses and provide peer-mentoring opportunities for them to share how they are advancing significant changes in their work environments.
- Fund demonstration and evaluation of promising work re-designs, such as simplification of the medication delivery process and nurse delegation to attendants.

### **Systematically Assess and Address Family Caregiver Needs**

Nurses and other health care professionals need to seriously acknowledge that most long-term care is provided by families and friends. We all say we know this. But we do so little to really talk to them and find out what they need—as providers who often give care that would make nursing students tremble, and as clients themselves who need support before they burn out or get ill themselves. As the nation moves toward a “Money Follows the Person” policy that I enthusiastically embrace, it is even more critical to raise the concerns of family caregivers who so often make it possible for individuals to choose non-institutional settings for their long term care. Briefly, I would recommend that you consider the following:

- Support for initiatives that bring nurses, social workers, and other professional together to identify practical strategies for how they can better support family caregivers across all settings, particularly as individuals who need ongoing care transition between settings—from hospitals to home care.
- Mandate that caregiver assessments and support be incorporated in Medicaid home and community-based waiver policies, especially in the Money Follows the Person and Rebalancing Demonstration Program enacted by Congress and implemented by the Centers for Medicare & Medicaid Services.

### **Closing Comments**

I know you have many ideas to consider and appreciate the opportunity to contribute to your deliberations. In closing, I urge you to have a strong, direct nursing presence in forums that address LTC quality. There is substantial expertise that nurses from the American Academy of Nursing and the Hartford Geriatric Centers of Geriatric Nursing Excellence can offer. Please let me know if there is anything more I can do to support your efforts. I would be happy to answer any of your questions.