

Preface

Care of Older Adults



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The changing face of America's older adults is having a profound impact on health care generally, and on the shape of nursing practice, education, and research, in particular. With 13% of the population currently at least 65 years old, and with 20% of the population expected to be at least 65 years old by 2030, providing care to older adults is now the health care systems' "core business" [1]. Over the past 20 years, there has been shift in how nursing practice, education, and research are addressing the emerging health care needs of an aging society.

Of greatest concern in terms of health care needs are the growing numbers of people who reach advanced old age. Currently, half the people who reach age 65 can expect to live at least an additional 20 years. In 2002, of 280.3 million Americans, 12.6% of people were at least 65 years old; 6% were at least 75 years old; 1.6% were at least 85 years old, and 76,000 were centenarians [2]. It is the very old who are more likely to experience the physical, functional, and cognitive frailties that associated with old age.

This growing older population requires health care services to address chronic rather than acute care needs. Lunney et al [3] suggest that, other than the 7% of older adults who experience sudden death, most older adults have a trajectory of chronic illness before death. Of particular concern are the 30% of adults age 85 and older with dementia.

In projecting future health care needs of a growing older population, even if older adults are healthier as they live into advanced old age, there is evidence that they will experience some period of functional decline before death [4]. Of the expected additional 13 years of life expectancy for people in good health at age 70, 5.3 years (on average) will be spent in functional declines that occur as a result of chronic illness, and 0.7 years will be spent in institutional long-term care. People who already have functional declines at age 70 can expect 8.6 years of functional decline [4]. Already, deaths from chronic illnesses occur primarily in older adults: 83% from cardiovascular disease, 70% from cancer, and 88% from cerebral vascular accident [5].

Health policy makers and providers have been slow to acknowledge that older adults represent the “core business” of health care. Yet data regarding the preponderance of ambulatory, hospital, and home care use are indisputable. In ambulatory care, older adults represent 63% of oncology specialty encounters, 60% of visits to cardiologists, and 52% of visits to urologists and ophthalmologists. In hospitals, older adults represent 48% of hospital days, 65% of all hospital discharges for heart disease (73% of discharges for congestive heart failure (CHF)), 55% of discharges for malignant neoplasms, 90% of discharges for cerebral vascular accidents (CVAs), and 46% of patients in critical care for a variety of ailments. In home care, the fastest growing area of health care, older adults represent 80% of all visits. In 1995, the nation’s 5600 Medicare-certified agencies made over 38 million home visits to 1.6 million Medicare beneficiaries; 52% of these were nursing visits [6]. In nursing homes, 85% of all residents are at least 65 years old. On any given day, over 1.7 million older persons are cared for in 16,700 long-term care facilities. One in three Americans will spend some time in such a facility before death; 1% of persons aged 65 and older but 19% of persons aged 85 and older currently reside in a long-term care facility [7].

Despite recognized standards for best practice in care of older adults [8–11], most older people receive care that falls below accepted quality care standards [12–14]. Logically, the demographic imperative of aging adults should have a profound impact on the preparation and practice of health care professionals generally, and nurses in particular. One would expect that every nurse who cares for an older adult would be able to demonstrate competency to deliver such care. Yet, with a few notable exceptions, limited attention has been paid to how care is delivered to older adults or the competency of health care professionals to deliver that care.

This issue summarizes models for nursing education and care delivery that address the chronic physical, functional, and cognitive changes experienced by many older adults. It also examines two areas of critical need that are the focus of this issue of *Nursing Clinics of North America*: the need for every nurse who cares for older adults to be competent in aging, and the emerging science regarding care of older adults with dementia.

Nurse competence to provide optimal care to older adults

Over 30 years ago, initial efforts to address the nursing needs of older adults focused on preparing geriatric nurse specialists: geriatric nurse practitioners and clinical specialists. More recently, as older adults' needs for nursing care have overwhelmed the health care system, and as substantial efforts have failed to attract sufficient numbers of nurses to choose geriatric nursing, nursing has refocused its attention away from preparing geriatric nurse specialists and toward assuring that all generalist and advanced practice nurses who care for older adults have the requisite knowledge and competency to deliver quality care.

Gerontologicalizing the practicing nurse

The first section of this issue addresses the needs of all nurses who care for older adults to have basic geriatric competencies as a way to assure that older adults experience appropriate nursing care. Virtually all nurses in the course of their careers care for older adults: providing preventive and wellness programs; helping patients manage multiple chronic conditions and deal with increased mental and physical frailty; and facilitating a peaceful death. It is, therefore, imperative that these nurses have basic competence to deliver care to older adults.

The Nurse Competence in Aging Project (NCA), featured in this issue of *Nursing Clinics of North America*, targets practicing nurses, specifically the 400,000 registered nurses (RNs) who belong to specialty nursing associations. These professional nurses have expertise in areas such as oncology, emergency room, rehabilitation, and intensive care that have a direct impact on older adults. An initiative of the American Nurses Association in a strategic alliance with the American Nurses Credentialing Center and The John A. Hartford Foundation Institute for Geriatric Nursing at New York University (Hartford Institute), and funded by Atlantic Philanthropies, Inc., NCA offers an opportunity to make substantial inroads into gerontologizing practicing nurses. The articles in this section provide an overview of the NCA project and specific examples from four nursing specialties: oncology, critical care, cardiology, and home care.

Gerontologicalizing generalist nursing education

Over the past 6 years, extensive efforts have been directed at assuring geriatric competency in all students who graduate from a BSN program [15,16]. Recent findings [17,18] suggest that BSN programs have made substantial improvements in their curricula, in required geriatric courses, and in the number of faculty prepared in geriatrics. Working collaboratively with The American Association of Colleges of Nursing (AACN), the Hartford Institute has developed geriatric competencies and curriculum materials for BSN programs (www.hartfordign.org). Funding of over \$35 million from the John A.

Hartford Foundation has expanded AACN initiatives, fostered development of academic centers of excellence, and funded pre- and postdoctoral scholarships, thus positioning geriatrics as a substantial area of future research and practice within nursing [19].

Gerontologicalizing the preparation of advanced practice nurses

For almost 35 years, nursing focused on meeting the needs of older adults by seeking to prepare a cadre of advanced practice geriatric nurse specialists. Numerous studies have underscored the national imperative for advanced practice nurses prepared to care for America's older adults [20,21].

Advanced practice geriatric nurses have achieved an impressive record in their successful collaboration with physicians and social workers, recognition of their practice by payers, including Medicaid and Medicare, and their role as faculty in advanced practice geriatric nursing programs. Advanced practice geriatric nurses have been shown to assure quality care to older people and significantly improve health outcomes in ambulatory [11], acute [22,23], institutional long-term care [24–26], and as members of interdisciplinary teams across health care settings [27].

Yet, despite a 30-year effort on the part of academic and professional nursing organizations [9,28,29] and substantial federal support for training, the number of advanced practice geriatric nurses remains very small. Sixty-three programs graduate a mean of three students annually [9,30]. In a conversation with Mary Smolenski from the American Nurses Credentialing Center in 2004, since 1991, only approximately 4200 nurses nationally have been certified by the ANCC as advanced practice geriatric nurses (3400 gerontologic nurse practitioners (GNPs), 800 geriatric clinical nurse specialists (GCNS)).

Given the failure to attract sufficient nurses to the specialization of geriatrics, there is a growing appreciation within nursing that adult, family practice, and other advanced practice nurses represent an untapped pool of health care providers for older adults. Currently, approximately 12,500 nurses are ANCC certified as advanced practice adult practitioners, and 24,400 are advanced practice nurses certified in family practice [29]. It is highly likely that the practice of these advanced practice nurses involves the care for large numbers of older adults.

New initiatives are underway to introduce concepts of best practice in geriatric care into advanced practice nursing educational curriculum [30]. These initiatives include the development of nationally recognized competencies in geriatrics for all programs preparing advanced practice nurses likely to work with older adults (adult, family, women's health, community health, critical care, and psychiatric advanced practice nurses); the development of curriculum materials, ongoing professional education; and a push to encourage the creation of programs for adult, family, women's health, community health, critical care, and psychiatric advanced practice

nurses to acquire certification in geriatric nursing as a second credential to their existing area of specialization.

The specific needs for nursing care of older adults with dementia

The emerging state of the science about care of older adults with dementia is the second focus of this issue of *Nursing Clinics of North America*. The specialized needs for nursing care for older adults with dementia long has been recognized and has been a focus of nurse researchers. Emerging research suggests that dementia not only exerts a direct effect on the health of older adults but that it compounds negative outcomes for older adults who have chronic illness coupled with dementia.

A disease of advanced old age, 30% of people over the age of 80 have dementia. In long-term care facilities, over 50% of residents are thought to have dementia [31]. The predominant form of dementia is Alzheimer's disease, followed by multi-infarct dementia. Early data suggest that older adults with both a chronic illness and dementia are particularly at risk for untoward outcomes related to disease management and hospitalization. Patients with dementia and chronic disease have been shown to have significantly longer lengths of hospital stays (LOS) as compared with older adults with chronic disease alone (Alzheimer's Association, unpublished data, 2001). For example, the LOS of older adults with chronic obstructive pulmonary disease (COPD) only is 121 days per 1000 patients as compared with older adults with both COPD and dementia, who have a LOS of 361 days per 1000 patients (Alzheimer's Association, unpublished data, 2001).

The articles in this section provide a comprehensive overview of the state of the science on older adults with dementia. The section examines in greater depth what is known about older people with both a medical condition and dementia, and explores the emerging role of genetics in shaping care for patients with dementia. The section then addresses clinical issues of critical concern to nurses caring for patients with dementia: assessment and management of pain, minimizing the use of restrictive devices, and issues of feeding and hydration.

Summary

The evidence of the past 20 years suggests that geriatric nursing will be a force for continued improvements in care to older adults over the next decade. There is good evidence that, in the future, older adults are more likely to be cared for by a nurse who has received special preparation in geriatrics. The movement toward assuring geriatric competencies for all practicing nurses should help assure geriatric competence in the future nursing workforce. Expanded efforts hold promise in increasing the number

of nurses prepared with geriatric specialization above the current level and assuring that adult, family, and psychiatric advanced practice nurses will complete their academic programs with a strong preparation in geriatric nursing. These efforts also should serve to assure geriatric capacity in nurses working with older patients who have comorbidities such as heart disease, cancer, and neurological disorders and dementia.

The establishment of Centers for Geriatric Nursing Excellence (<http://www.gerontologicalnursing.info/>) and programs to support pre- and post-doctoral fellowships in geriatric nursing (www.hartfordign.org; AAN) are instrumental in assuring a pipeline of well-prepared academic nurses who can sustain programs of geriatric research and educate the next generation of geriatric nursing leaders. Of special note is the past and current commitment of geriatric nurses to tackle difficult but exceptionally meaningful issues that impact profoundly on the health and quality of life of older adults, for example elder mistreatment [32], the decision-making capacity of cognitively impaired elders [33], and pain assessment and management [26,34]. Continued support from the National Institutes of Health will be crucial if geriatric research is to continue to grow and flourish and provide the necessary knowledge for best care practices to the growing older population.

Acknowledgments

The authors wish to acknowledge the able assistance of Brenda Rodriguez, Malvina Kluger, and Amy Berman in preparing this manuscript.

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