



# Hawai`i State Center for Nursing

## HSCFN APRN SUBCOMMITTEE

### 2011 SURVEY<sup>1</sup> OF HEALTH CARE SETTINGS

**Purpose:** Hawai`i APRNs continue to face many challenges in their practice settings amidst the opportunities within healthcare reform. National research findings show that APRNs provide high quality and cost-effective health care. However, very little data exists as to why APRNs continue to face the practice barriers in Hawaii or the perceived value of APRNs to Hawai`i's employers.

The Hawai`i State Center for Nursing APRN Subcommittee (Subcommittee) surveyed nursing facilities and assisted living facilities to determine the number of facilities that utilize APRNs and gather their perceptions, opinions, beliefs and attitudes towards utilization of APRNs.

**Rationale:** Hawai`i has the fastest growing aging population in the Nation, as well as, the highest longevity rate. Nursing facilities have been impacted by a 3% cut in Medicaid and an 11% cut in Medicare reimbursement. Many of the facilities in rural settings are faced with physician shortages; lack of medical specialists; and have difficulty in recruiting "home grown"<sup>2</sup> health care workers.

The Assisted Living Facilities (ALFs) are primarily private pay, except for two that are approved to accept Medicaid Waiver clients. These settings have been affected by the economic downturn.

Hawai`i is recognized by the federal government as a region which is medically underserved. This provider gap, which is especially felt in nursing facilities and ALFs, could be filled by qualified APRNs.

There are currently fifty-one (51) nursing facilities in the State. Forty-seven (47) are Medicare/Medicaid Certified, in addition to having State licensure. The other three (3) are only State licensed. The facilities with Medicare /Medicaid certification are able to receive Medicare and Medicaid reimbursement for resident care and services provided.

**Sample:** Fifty (50)<sup>3</sup> nursing facilities with a total capacity of 4,149 beds were surveyed. These facilities provide both short and long term care as well as nursing services, statewide. One of the facilities is part of a Continuing Care Residential Community (CCRC) and is located on Oahu. It is dually licensed as an ALF and a nursing facility.

<sup>1</sup> Survey developed by Dianne Okumura and Sister Alicia Lau

<sup>2</sup> Workers who would potentially remain in Hawaii and practice in their local areas and less likely to relocate to other areas in the Nation or foreign countries.

<sup>3</sup> At the time of the survey only 50 NFs were licensed and/or certified and eligible for the survey.

Additionally, a total of ten (10) ALFs were surveyed. ALFs consist of residents who are independent; who require assistance/services/care to maintain their independence; and some who require the level of care of nursing facility residents.

**Method:** A survey tool (attached) was developed and distributed in May, 2011, to the 50 nursing facilities and 10 ALFs within the State through the organizations that the facilities belong to, i.e., the Healthcare Association of Hawaii and the Hawaii Long Term Care Association. Eleven (11) or 19% of the facilities responded to the survey with five (5) or 46% of the 11 located on the neighbor islands. The respondents have bed capacities that range from 30 through 288 with neighbor island bed capacities ranging from 66 to 134 and Oahu from 30 to 288. Neighbor island respondents are located on Hawaii Island, Maui and Kauai.

**Data Collection:** The goal of the survey was to obtain information on the numbers of facilities currently utilizing APRNs; what they perceive to be benefits and limitations in utilizing APRNs; and what changes they envision are needed to allow for the full utilization of APRNs.

**Results:** The results of the survey (attached) indicate that facilities view the APRN as :

1. A part of their team,
2. Readily available to their residents and staff which assists in prompt completion of necessary paper work, responses to inquiries, timely orders for medically necessary medication or treatments
3. Able to provide thorough assessments and quality care to residents
4. Assets to the work environment
5. Effective in educating staff and residents
6. Instrumental in the reduction of pressure ulcers, infection control monitoring, and risk management
7. Effective in increasing collaboration with physician groups

Some challenges which limit the use of APRNs are:

1. Inability to conduct some assessments due to restrictions in federal regulations and corresponding state requirements,
2. Difficulties with orders for narcotics due to misinformation regarding APRN prescriptive authority laws

Facilities would like to see APRNs do the following:

1. Everything that the MD is able to do including psychiatric consults

2. Able to practice to the full scope of their education and training regardless of whether they are hired by a facility or not

Differences were not apparent in the survey responses in terms of facility size, location of the facility or between the ALFs and nursing facilities.

**Limitations:** The primary focus of this survey was nursing facilities and ALFs, but it is unclear whether responses/data would have been significantly different if the focus had been broadened to include hospitals, as well. However, of the 11 respondents four (4) are facilities which are attached to an acute hospital. Two of the respondents are ALFs with some residents at the nursing facility level of care. Although there did not appear to be a difference in the responses received, the results were inconclusive.

Three of the survey questions were objective, but the last question required a subjective response. The question was, "Ideally, in a nursing home setting, we would like to see APRNs do the following: ". It was designed to solicit responses that may help to identify other APRN barriers that may need further research by the Subcommittee.

**Discussion:** To date, the Subcommittee is unaware of the existence of other surveys of APRN utilization in Hawai'i health care settings which can be used to compare the findings of this survey.

**Implications for APRN research and breaking down barriers to practice:** Study of the initial survey results will help the Subcommittee to determine if there is a need for further investigation and specifically where the problem lies. The results, however, do provide the committee with an overview of the challenges nursing facilities are currently facing and the need to continue advocacy for changes in regulations; the need to educate laypersons of the level of training and education APRNs are currently required to have; and the need to educate health care facilities on the appropriate utilization of APRNs.

Note: Informal discussions have been held with the two Medicaid Managed Care Plans with the Hawaii Long Term Care Association which generated some interest in learning more about the utilization of APRNs especially relating to potential cost savings.