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Feature Article

The specialized role of the RN in the Program of All-inclusive Care for the Elderly (PACE) interdisciplinary care team

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ABSTRACT

There is an increasing volume of literature supporting the Program of All-inclusive Care for the Elderly (PACE) as an innovative model of health care delivery for frail seniors. Registered Nurses (RN) hold an essential position among the PACE interdisciplinary teams (IDT) which serve as the foundational practice approach to patient care. There are currently 97 PACE programs in 31 states. Federal and respective state laws provide comprehensive specifications for IDT composition, minimum qualification of team members and services provided. The role of the RN is not fully defined beyond the requirement of periodic assessments. The intent of this study was to explore and describe the role of the nurse in PACE and to compare nursing care delivery models. Focused interviews and survey results show great variation in nursing roles as well as some common themes among nursing leaders for the vision of PACE nurses.

Introduction

The Program of All-inclusive Care for the Elderly (PACE), a Medicare and Medicaid provider, is an innovative model of health care delivery for frail seniors. The PACE program is centered on the belief that the well-being of older adults and their families can be improved by serving them in community settings.[1,2] According to the National PACE Association keeping the PACE newsletter volume 13, issue 11 dated November 22, 2013, there are currently 97 PACE programs in 31 states providing services to older adults who are eligible by medical frailty for nursing home placement in a community setting of their choice. Federal and respective state laws explicitly require a specific staff composition for the PACE interdisciplinary team (IDT), minimum qualifications of team members and services to be provided. The IDT is at the core of the PACE model. Morning IDT meetings are a daily standard in these organizations. Despite this interdisciplinary focus, the role of the Registered Nurse (RN) is not defined, by regulation, beyond the requirement that they are part of the IDT and provide periodic assessments.[3]

The provision of health care is a complex process based on costs, resources, patients' acuity, delivery settings, staff competency and education. Nursing care delivery models describe the structure, organization and type of health care worker utilized to provide nursing care to patients. Effective and efficient systems have been redesigned and debated for decades. Traditional nursing care delivery models include functional nursing (staff are assigned responsibility for tasks, not individual patients), team nursing (RN leader and ancillary staff care for a defined group of patients) and total patient or primary care (one RN has sole responsibility for several patients), among others.[4] A more recent care delivery model is nursing care management which provides a continuum of health care services for defined groups of patients.[5] Innovation, quality care and resource stewardship are primary for PACE organizations. As the number of PACE organizations has grown, more attention has been placed on the role, growth and development of the PACE nurse. The National PACE Association (NPA) Nursing Consortium was established in 2011. The focus of the consortium was to share information on geriatric nursing clinical practices, the provision of care for complex frail elders in community settings, role differentiation for the nurse in PACE organizations, staffing and models of nursing care delivery.

Although, a considerable amount of research has been published in the past 20 years about the PACE model,[1,6–8] very few

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publications address nursing care in PACE.[9,10] No research was found with a specific focus on PACE nursing models, roles or the impact of nursing care within the program. The intent of this study was to understand the nursing care delivery models, the role of nurses in PACE and to explore the use of nurse sensitive quality measures in these settings.

The details of the PACE model of care

PACE serves individuals who are age 55 or older, certified by their state to need skilled nursing care. With an interdisciplinary team of health professionals, including nurses and aides, more than ninety percent of PACE participants successfully reside in a community setting.[2] Nursing has been an essential component of PACE programs since their inception, more than twenty years ago. Registered Nurses (RN) and Licensed Practical/Vocational Nurses (LPN/LVN) are employed in many PACE sites, including clinics, day centers, community care and residential facilities. In addition to the Nurse, the Personal Care Assistant (PCA) role is required to be part of the PACE (IDT) by federal regulation. The PCA position is staffed by certified nursing aides (CNA), certified medication aides (CMA) or non-certified aides. PCAs perform a variety of tasks, including support for the health care provider or nurse.

Methods

This descriptive exploratory study consisted of an online structured survey of nurses, including both qualitative and quantitative data. We invited nurse leaders in all PACE organizations throughout the United States to complete an online survey and seven PACE nurse leaders were interviewed with a focused survey by telephone. The study was submitted and approved by the Providence Health & Services Regional Institutional Review Board in Portland, Oregon.

A non-probability purposive sample from all PACE sites was chosen for the online survey. The National PACE Association provided names and email contact information for leaders of nurses at all PACE organizations across the country. An introductory letter inviting leaders to participate in the study was sent, via email, prior to the distribution of the survey. All PACE organizations in existence at the time of the survey in June 2011 were invited to participate. The survey was sent electronically, via SurveyMonkey, and closed after six weeks. All data were in aggregate form to protect confidentiality and anonymity and stored in a locked file cabinet accessible only by the principal investigator.

Samples

A total of 79 nurses were invited to participate in the online survey and among these 45 (57%) responded. In addition, seven national PACE nursing leaders were invited to participate in focused telephone interviews on the topic of nursing care delivery models. These leaders were chosen by a network sampling method based on PACE colleague recommendations, their active participation in the new National PACE Association nursing consortium, geographic representation or by their own request.

Instruments

Online survey

The survey included binary, multiple choice and open ended questions. In addition to descriptive information about the PACE programs, including number of years in existence, number of clinical sites, urban versus rural location and census, participants were asked to complete a 32 item survey. The survey was developed based on a review of the literature related to PACE organizations and clinical practice. The survey questions focused on the type of roles, services and activities performed by nurses and PCAs in PACE. Pilot testing of the survey at one PACE organization was done to assess clarity and content validity.

Focused interviews

Seven nursing leaders were invited and participated in the focused interviews over a period of six months (July to December 2011). These individuals represented organizations located in the Northeast, South, Southeast, Midwest, West coast and New England. The organizations each had 100–1100 participants, one to eight health centers and had been in existence 3–40 years (median = 15 years). The interviews began with open ended questions related to the current nursing care delivery model, nursing roles and quality indicator benchmarking. The interviews were approximately thirty minutes in length.

Analysis

Descriptive analyses of the online surveys were done to describe the sample and Pearson correlations were performed to consider bivariate relationships between multiple variables, including size and age of organizations. Two online surveys were removed from the analysis: one because the number of reported participants (2673) exceeded the highest census of any PACE site at that time (2292) and another that did not complete the form using SurveyMonkey.

Descriptive data provided from the open ended question responses in focused telephone interviews with PACE nurse leaders were analyzed using constant comparisons and grouped into categories.[11] Codes were grouped and defined based on the similarities and differences of responses. Coding was performed separately by the first two authors and results were compared for reliability and validity. Themes and summaries were compiled, interpreted and compared to the online survey results by the first author.

The credibility of the data was addressed by a review of findings with PACE nursing leaders from various PACE organizations and a discussion at the National PACE Association nursing symposium in October 2011.

Results

PACE nursing survey

Site descriptives

The census range for the sites included in the online survey was approximately 40 enrollees to more than 2000 enrollees. Slightly less than half (47%, $N = 21$) of responding nurses care for participants in one location only and 43% ($N = 19$) of the organizations have two to four locations. Only 11% ($N = 5$) of survey responders have five or more service locations in their organization. None of the organizations have been in existence less than one year; 45% ($N = 20$) of the organizations have been in existence from one to ten years and 55% ($N = 24$) have existed for more than 10 years. The vast majority (84%, $N = 38$) classified their centers as urban, 9% ($N = 4$) as rural and 7% ($N = 3$) have both urban and rural locations.

Organizations reported that their participants lived in a variety of settings: residential care or assisted living facilities (80%, $N = 35$), adult care homes (40%, $N = 18$), retirement communities (32%, $N = 14$) and 95% ($N = 42$) of the responding organizations indicated that at least some of their participants were in skilled nursing facilities. Overall, however, the majority of the participating PACE organizations (98%, $N = 43$) cared for people in their own private home with family, and 93% ($N = 41$) have participants living alone