

Outcomes and lessons learned from the John A. Hartford Foundation Building Academic Geriatric Nursing Capacity Initiative Centers of Geriatric Nursing Excellence

G. J. Huba, PhD

Claire M. Fagin, PhD, RN, FAAN

Patricia D. Franklin, RN, MSN

Donna I. Regenstreif, PhD

This article uses data and conclusions from the independent evaluation of the John A. Hartford Foundation Geriatric Nursing Initiative (HGNI). The purpose of the evaluation was to systematically examine the activities of the John A. Hartford Foundation Centers of Geriatric Nursing Excellence (HCGNE or Center), their outcomes, and early impact during their first four years of funding. Each of the Centers built strong programs with an emphasis on developing an expanded cadre of future geriatric nursing leaders to expand academic geriatric nursing capacity and ultimately the size and quality of the general workforce in geriatric nursing. In the course of building the five HCGNEs, a national network of geriatric nursing training and research programs evolved. The core of this network was a collaborative group of key geriatric nursing leaders who then developed local and national linkages to several hundred other Schools of Nursing and healthcare facilities. This article describes the key strategies, implementation methods, and policy development tools that have been shared across the network. As the Initiative enters its second five-year period of operation, a number of Inter-Center Initiatives are planned that will combine the strengths of collaborating HCGNEs and key, linked, strategic partners to build further infrastructure in support of an

expanded and higher-quality geriatric nursing workforce to provide better care.

THE JOHN A. HARTFORD FOUNDATION CENTERS OF GERIATRIC NURSING EXCELLENCE

As described earlier in this issue,¹ in January 2001 the John A. Hartford Foundation (JAHF) funded five Schools of Nursing in research-intensive universities as Hartford Centers of Geriatric Nursing Excellence (HCGNE or Center). These Centers are part of the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative, which was developed to advance the field of geriatric nursing. The Hartford Foundation used a highly competitive application process to select schools that were robust in faculty talent in geriatric nursing and were geographically and programmatically diverse. The five HCGNEs were created to build a critical mass of geriatric nursing activity and expertise around the areas of education, training, research, clinical practice, policy, and regional and national collaboration.

EVALUATION DATA AND EVALUATION DOMAINS

This article is derived from data collected by The Measurement Group as part of the national independent evaluation^a of the John A. Hartford Foundation Geriatric Nursing Initiative (HGNI) and represents program activities for the first 3½ years of the Hartford Centers of Geriatric Nursing Excellence grant (January 1, 2001

^aData sources include self-administered electronic surveys submitted to The Measurement Group as part of the cross-cutting evaluation of the HGNI every six months, narrative summaries that provide an update on grant activities and goals submitted every six months to the Hartford Foundation, and any additional materials produced that inform the evaluation or provide evidence of project progress, including interview transcripts and meeting notes.

G. J. Huba is the President of The Measurement Group and lead evaluator for the Hartford Geriatric Nursing Initiative, Culver City, CA. **Claire M. Fagin** is the former Director of the Hartford Building Academic Geriatric Nursing Initiative portion of the Hartford Geriatric Nursing Initiative, New York, NY.

Patricia D. Franklin is the Coordinator of the Hartford Building Academic Nursing Initiative, American Academy of Nursing, Washington, DC.

Donna I. Regenstreif is an independent consultant in gerontology/geriatrics education, services and philanthropy, Jensen Beach, FL.

Reprint requests: G. J. Huba, PhD, The Measurement Group, 5811A Uplander Way, Culver City, CA 90230.

E-mail: ghuba@TheMeasurementGroup.com

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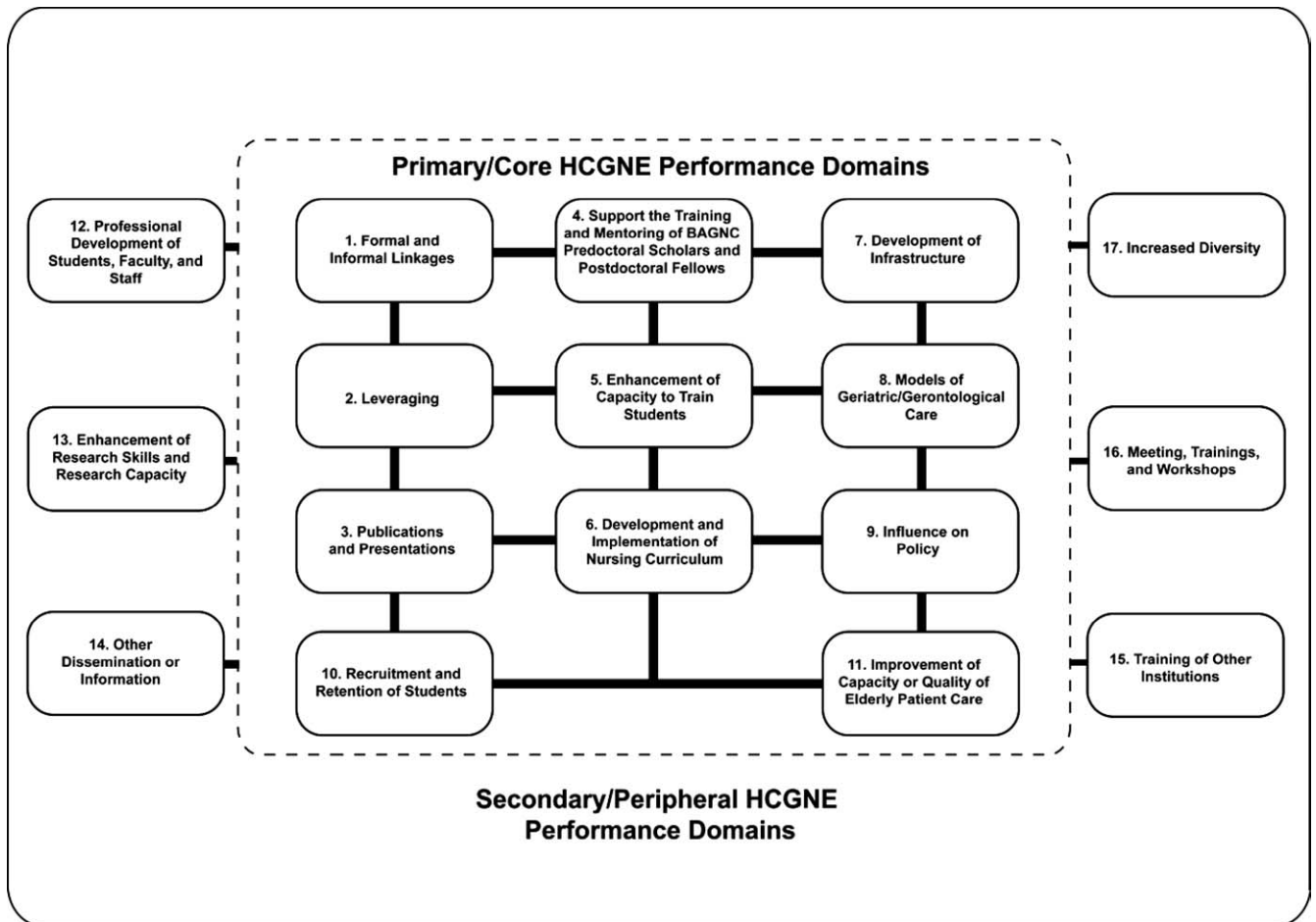


Figure 1. Primary/Core HCGNE Performance Domains and Secondary/Peripheral HCGNE Performance Domains.

through June 30, 2004) as well as supplemental data about the remainder of 2004.^b

In deciding how to document and characterize the progress, outcomes, and impact of the HCGNEs, a consensus process was conducted in which the five HCGNE Directors, the Director of the Building Academic Geriatric Nursing Capacity Program, representatives of the John A. Hartford Foundation staff, and the Lead Evaluator met repeatedly over a year to select and define a series of performance domains and develop a common definition of each. Figure 1 lists the domains used to evaluate the HCGNEs.

In this article, we summarize the results from the ongoing independent evaluation conducted by The Measurement Group. As context, it is important to

^bSignificant portions of this article, as well as the empirical data used in the other articles in this special issue of *Nursing Outlook*, are derived from an interim evaluation report on this Initiative: Huba GJ, Quach LB, Melchior LA (2005). *Interim Conclusions from the Cross-Cutting Evaluation of the Hartford Centers of Geriatric Nursing Excellence*. Contributors to this evaluation at The Measurement Group include G. J. Huba, PhD, Lisa A. Melchior, PhD, and Le B. Quach, MPH, with the assistance of Emmeline Chuang, BA, Fred Loya, BA, Maya Melczer, BA, and Jennifer Ricards, BA.

recognize that the favorable conclusions presented here are largely those of the independent evaluator (GJH) and the staff of The Measurement Group before the development of this special issue and that, although given context here in terms of the larger volume, were not influenced by either programmatic staff (CMF, PDF) or Hartford Foundation staff (DIR) represented on this article as coauthors. A much longer version of the methods and results from the independent evaluation is available on the Internet at <http://www.GeriatricNursing.info>.

DATA ANALYSIS STRATEGIES

All data—evaluation summaries, narrative reports, meeting notes, and other supplemental information—were assembled by The Measurement Group in a text database and analyzed using the NVIVO 2.0 computer program. Both semiautomated keyword-based and manual coding systems were developed and used to analyze the text database. The entire coding system includes 45 themes, 265 automated keyword searches, and 2375 distinct groupings of categories or items. Quantitative data were analyzed in SPSS (SPSS, Inc., Chicago, IL).

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