

Hartford Centers of Geriatric Nursing Excellence

A Component of the Building Academic Geriatric Nursing Capacity Initiative

Interim Conclusions from the Cross-Cutting Evaluation

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¹ This report was prepared by George J. Huba, Ph.D.; Le B. Quach, MPH; and Lisa A. Melchior, Ph.D.; with contributions from Emmeline Chuang, B.A.; Fred Loya, B.A.; Aaron Griffith, M.A.; and Maya Melczer, B.A.; as one part of the evaluation of the John A. Hartford Foundation's Geriatric Nursing Initiative. The overall design for this portion of the evaluation was developed by the Staff of The Measurement Group.

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Executive Summary/Conclusions

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This report covers the activities of the five Hartford Centers of Geriatric Nursing Excellence (HCGNEs) funded by the John A. Hartford Foundation between January 1, 2001 and June 30, 2004. After a careful and competitive selection process, five Schools of Nursing were selected for recommendation for funding by Foundation Staff and outside consultants, with the Trustees of the John A. Hartford Foundation subsequently funding the programs. The selected Schools of Nursing include the Oregon Health and Science University, the University of Arkansas for Medical Sciences, the University of California at San Francisco, the University of Iowa, and the University of Pennsylvania. The initial funding cycle for these Centers continues through December 31, 2005. The programs were designed to build academic geriatric nursing capacity by providing enriched and increased opportunities for training, research, clinical model development, and policy development for nurses who would develop into leaders in the next generation of geriatric nursing; it was envisioned that this new cadre of leaders would subsequently expand and enhance the ability of a number of institutions beyond the Hartford Centers of Geriatric Nursing Excellence to produce high-quality geriatric nurses and geriatric nurse leaders. The model for enhancing training, research, policy development, and practice opportunities within the field of geriatric nursing by establishing Centers of Excellence was adapted from prior work by the John A. Hartford Foundation and others.

We conclude from all data available that the Hartford Centers of Geriatric Nursing Excellence Initiative has been exceptionally successful, with the overall achievements of the grantees far exceeding what might have been expected at the funding levels provided by the Foundation. The expected *long-term* outcomes of a greatly expanded, better-trained workforce in geriatric nursing that provides better patient care, will *necessarily* occur at full strength a number of years in the future – primarily because it takes many years for scholars to be trained and assume new positions of leadership and for research programs to reach their full term and inform policy and impact patient care. However, the short-term outcomes and impact of the program after only four years fully support a conclusion that continuing funding for the current Hartford Centers of

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Geriatric Nursing Excellence will allow the program to achieve the full set of desired outcomes on or ahead of a reasonable schedule. *For its funding level, this program is an exceptional one that has greatly exceeded reasonable expectations. We judge that there will be an exceptional level of return from the investment of the Foundation in this program.*

For this report compiled during the Fall of 2004, data were available to the evaluation team covering activities between January 1, 2001, at the start of funding for the five Centers, and June 30, 2004. During the first 42 months of operation, the Hartford Centers of Geriatric Nursing Excellence made significant progress in bringing issues related to developing a large cadre of current and future leaders in geriatric nursing to the forefront of attention locally, regionally, and nationally.

- All five HCGNEs conducted significant activities in the areas of enhancing clinical practice methods and standards, improving educational methods for geriatrics, increasing the information available to others through traditional and innovative dissemination methods, developing practice standards and best practices for the care of older adults, expanding programmatic research, developing models of care, and addressing policy issues. *The activities have been systematic and of exceptional quantity. The activities supported under this grant program are of the highest quality. Most importantly, many of the activities would not have occurred if the five Schools of Nursing had tried to support them through typical local, fragmented, and partial federal funding. The John A. Hartford Foundation funding has provided for unique, integrated, and exceptionally productive activities typically not supported with other kinds of funding.*
- All five HCGNEs utilized methods of internal infrastructure development, linkages to other entities, innovative technologies, mentoring and expert consultations, enhanced human resources, and innovative methods of program implementation to achieve the greatest possible short-term outcomes from their programmatic efforts. These “Center infrastructure” activities supported by the John A. Hartford Foundation have been ones not typically supported either by dedicated School of Nursing funds or by the large federal grants these HCGNEs are capable of obtaining. *The John A. Hartford Foundation funds unique activities that serve to knit disconnected partial funding streams together into integrated geriatric nursing Centers of Excellence, and it is unlikely that any of these Centers would exist in such a highly cohesive form with such exceptional productivity were Hartford Foundation funds to be withdrawn.*
- In total, the five HCGNEs formed at least 317 different, significant linkages with other entities in order to advance their programs. These linkages include 206 significant programmatic linkages with other universities or centers, 63 linkages to service providers, 16 linkages to governmental entities, and 32 linkages to “other” types of agencies. In many cases, these linkages are broad, formalized through memoranda of understanding, and will probably last for many years if continuing support for the Centers is made available. Individually, the linkages are primarily regional, but because the five HCGNEs tend to evolve common policies and programs, the overall network is national. *Collectively, the Hartford Centers of Geriatric Nursing Excellence is a national program that impacts the practice of academic geriatric nursing and the training for future leaders in almost all areas of the United States. Academic programs are tightly linked to important service provider networks. Senior leaders in this field and other allied medical fields recognize the HCGNE program, along with the Hartford Institute for Geriatric*

Nursing, as among the most important integrated efforts to enhance the field of geriatric nursing.

- Over the 42-month period from January 2001 through June 2004, the HCGNEs reported receiving total new funding from other sources – primarily federal research and training grants – in the aggregate of \$29,320,706. The HCGNEs have indicated that it is relatively unlikely that \$9,100,156 of these funds, moderately likely that \$6,522,312 of these funds, and likely that \$11,481,086 of these funds would have been received without John A. Hartford Foundation funding. The HCGNEs were unable to estimate the likelihood of receiving \$2,217,152 of these funds without HCGNE funding. *At the minimum, the John A. Hartford Foundation funding leveraged approximately \$9M in outside funding. Using a somewhat less stringent criterion for attributing the facilitating effects of the HCGNE award on acquiring outside funding, it may be estimated that as much as \$18M in outside funding was obtained at least in part because of the HCGNE program. Most importantly, the additional funds obtained from leveraging the designation as an HCGNE or using HCGNE resources to prepare proposals are ones that tend to be different from the usual federal research funding the same nursing leaders have sought in the past; the newer grants tend to be more integrative and more focused on long-term training and care models than those previously sought by the same individuals. The amounts of extra integrated funding generated through the HCGNE funding are extremely large, and most importantly have enabled senior nursing leaders to take a much broader, educational and policy-oriented approach to their field. Additionally, the John A. Hartford Foundation funding of the Centers allows a number of federal and other grants to be administered in an integrated way that increases the effects of each one.*
- In the first 42 months of the HCGNE program, the HCGNEs published 161 journal articles, book chapters, or books at least partially supported by the HCGNE funding. Among the topics represented are 17 publications on Alzheimer's disease or dementia, 12 on caregiving, 11 on disease management, 18 on long-term care, 13 on healthcare policy, 12 on pain management, and 11 on research methods. These numbers reflect a high level of publication activity. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been achieved under highly categorical and fragmented traditional federal research funding. We expect the broad emphasis to increase in the future.*
- Over the 42-month period from January 2001 through June 2004, HCGNE faculty and students presented 332 papers at professional meetings including 42 papers at the Gerontological Society of America Meetings. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been attempted under highly categorical and fragmented traditional federal research funding. Importantly, a large number of the presentations have included discussions of how to develop state-of-the-art geriatric nursing programs using the Hartford Centers of Geriatric Nursing Excellence as prototypes.*
- In the first 42 months of the HCGNE program, the HCGNEs enhanced their capacity to train students by implementing 14 new research training programs and 12 new educational tracks; enhancing 13 existing programs or tracks; and developing 34 new clinical practicum sites in a variety of settings. *These numbers are extremely large and reflect the high level of HCGNE activity in this area. It appears that much of this work would have not been done without the John A. Hartford Foundation funding.*

- In the first 42 months of the HCGNE program, the five HCGNEs developed, revised, and/or implemented a variety of nursing curricula, including 22 programs or tracks, 6 clinical courses, 8 web-based courses, 6 interdisciplinary courses, and 7 courses related to geriatric nursing or other aspects of care. *It appears that much of this work would have not been done without the John A. Hartford Foundation funding.*
- Together, the five HCGNEs have provided support, training, and mentoring for 45 (of a total 82) John A. Hartford Academic Scholars. *In a separate analysis of the Hartford Pre-doctoral, Post-doctoral, and MBA Scholars program, it was found that the Scholars affiliated with HCGNEs exhibit higher levels of professional and leadership development than Scholars not affiliated with HCGNEs. This demonstrates the value of HCGNEs and their effectiveness in developing the next cadre of geriatric nurse leaders.*
- Collectively, the five HCGNEs hired 12 new faculty members with an interest in geriatrics and 11 new project staff members. *Funding from the John A. Hartford Foundation has helped create an important staffing infrastructure for the HCGNEs.*
- In the initial 42 months of their funding, the five HCGNEs developed and disseminated 61 models for geriatric/gerontological care, including 8 geropsychiatry models; 16 end-of-life, palliative care, or long-term care models; 13 integrated models; 7 transitional care models; and 17 models related to other types of care. *These numbers are extremely large, and reflect the high level of HCGNE activity in this area; the funding from the John A. Hartford Foundation has supported a broader interest and emphasis on models of care than would have possible with highly categorical and fragmented traditional federal research funding.*
- During the first 42 months of their programs, the five HCGNEs formed or served on 26 committees designed to improve the quality of care or training in geriatric nursing, provided 7 testimonies or consultations, and participated in 29 policy research or education projects.
- While the Hartford Centers of Geriatric Nursing Excellence were each quite successful, the program does support five quite distinct programs, each with different strengths. Each HCGNE provides an alternate model that other Schools of Nursing may wish to follow when establishing their own Geriatric Nursing Centers to best meet local needs. The diversity of approaches among the funded Schools of Nursing is an important part of the program. Among the key strengths of the five different Hartford Centers of Geriatric Nursing Excellence are the following:
 - **Oregon Health and Science University.** The program at OHSU, in addition to enhancing and maintaining exceptional training and research activities, provides a model for integrating academic faculty members and key local providers in a Best Practices Initiative. The model uses consensus building and organizational development methods to move results about the best patient care methods from careful research studies into large (statewide) healthcare organizations, while at the same time integrating graduate training programs into the process. A second process – developing a large regional consortium of Schools of Nursing that train geriatric nurses – has been developed and administered by OHSU and then turned over to its member institutions. *The John A. Hartford Foundation funding permitted this group of academic geriatric nursing leaders to focus on the best possible methods for*

enhancing large local provider networks to institutionalize best practices throughout the State. Foundation funding also permitted the same organizational development methods of agenda setting, consensus development, and knowledge dissemination to be used to start and support a regional network of Schools of Nursing that will enhance geriatric nursing training in the Pacific Northwest.

- **University of Arkansas for Medical Sciences.** The program at UAMS is broadly based and heavily influences the practice of geriatric nursing in the State of Arkansas and the South through its provider networks, as well as integrating geriatric nursing programs at a large number of regional Schools of Nursing. An exceptional cadre of nationally prominent research and education leaders has implemented programs to make research findings and treatment models available to the largest local groups of providers. These important translational activities are supported and enhanced greatly by a very mature philosophy of developing organizational infrastructure and maximizing the contributions of all participants. Additionally, strong institutional linkages with other Schools of Nursing have been formed to enhance geriatric nursing research and training throughout the Southern states. *The John A. Hartford Foundation funding permitted this group of nursing leaders to greatly expand their capacity to build large knowledge dissemination, coordination, and training networks that enhance both local services and the ability of other regional Schools of Nursing to train future geriatric nursing leaders.*
- **University of California, San Francisco.** The program at UCSF has addressed the recruitment of future geriatric nursing leaders who can meet the needs of an exceptionally diverse local population with innovative and effective methods for identifying new talent and motivating potential students to take the necessary steps to become the leaders of the next generation. Simultaneously, greatly enhanced training and research opportunities have been provided for the expanded student cohorts. A key component of the UCSF HCGNE model is the development of interdisciplinary gerontological learning and research opportunities. UCSF has mastered the extremely difficult task of attracting key nursing stakeholders back into an academic program, helping them redefine their careers, and helping them integrate fully with the larger community of geriatric nursing and gerontology leaders. The UCSF HCGNE demonstrates tremendous skill and success in presenting and disseminating information about their Center and its programs in ways appropriate for student recruitment, and has used this effectively as a tool for forwarding its goals of expanding and integrating its academic and research programs. *The John A. Hartford Foundation funding permitted this group of nursing leaders to build a more integrated program that greatly increased its ability to attract and train future geriatric nursing leaders.*
- **University of Iowa.** The program at the University of Iowa is an exceptionally deep one with a very broad and well-defined vision of how to best impact the overall field of geriatric nursing both locally and nationally. Iowa has implemented an exceptional model of using strategic thinking and planning to simultaneously impact a very large number of areas of geriatric nursing training and practice. Centerpieces of the Iowa efforts include the Regional Training Consortium, a national network of Schools of Nursing conducting research on geriatric nursing models, and the ability of the College of Nursing to work with state politicians and department heads to influence policy. The Center's progress is extremely broad and deep. *The John A. Hartford*

Foundation funding permitted this highly proactive group to formalize plans and implement a multi-faced approach to enhancing the field. The results from this group illustrates the extra value of providing funds to encourage careful planning and implementation to enhance long-term and wide spread change. The efforts of the Center are extremely strategic, comprehensive, and effective.

- **University of Pennsylvania.** The program at the University of Pennsylvania combines large cadres of highly prominent geriatric nursing researchers, major university clinics, exceptionally qualified graduate and undergraduate geriatric nursing students, numerous off-campus practice sites, and prominent policy researchers. The University of Pennsylvania is an exceptional model of how greatly enhanced outcomes can occur when an effective infrastructure is provided for supporting and integrating state-of-the-art, but fragmented, research, clinical, training, and policy programs into a true Center where ideas can be shared, joint programs can be developed, common agenda can be set, and consensus can be achieved. *The John A. Hartford Foundation funding supported state-of-the-art facilities and permitted a group of exceptional faculty and student talents to become better integrated into a Center where common priorities could be set and acted upon, and the impact of the work consequently increased greatly.*
- An “ideal” Center of Geriatric Nursing Excellence model is evolving from the diversity of the approaches used in the five Centers; the model is potentially transportable to many other Schools of Nursing that wish to improve their geriatric nursing programs. Collectively within the five HCGNEs, there have been breakthroughs in innovative models for recruiting students and faculty, methods for the internal organization and support of a Center within Schools of Nursing of differing sizes and extant infrastructure, sustained organizational and professional development of students and faculty, effective techniques for strategic planning and policy development, innovative practice research and the dissemination of findings to provider groups and other Schools of Nursing, creating linkages among Schools of Nursing to further a common geriatric nursing agenda, and the development of collaborative research and student practicum opportunities with practice settings. The model will be transportable to other Schools of Nursing. *The Hartford Model of a Center of Geriatric Nursing Excellence has developed much more rapidly and with greater impact than would have been reasonably predicted at the start of this program.*
- The Foundation’s funding of the Building Academic Geriatric Nursing Capacity Coordinating Center at the American Academy of Nursing has greatly added to the value of its investments in the Hartford Centers of Geriatric Nursing Excellence. The Coordinating Center enhances the productivity and effectiveness of Hartford Centers of Excellence individually and as a group by guiding the formation and orientation of the HCGNE program and providing the administrative support and leadership to facilitate sharing of information and promote synergy among HCGNEs. *The contribution of the Coordinating Center on the HCGNE program has been described in greater detail in a separate report to the Foundation.*
- Overall, the Hartford Centers of Geriatric Nursing Excellence have demonstrated levels of achievement that greatly exceed what might have been reasonably expected for their funding levels. The exceptional achievements of these Centers derive, in no small part, from a group of highly motivated and creative Center Directors and Administrators who

are expert at making small amounts of “unrestricted” funds go a long way, by using them to integrate, supplement, and enhance resources that could be stitched together from fragmented, categorical sources of funding such as federal research grants and restricted School of Nursing resources. It is clear that the funds received from the John A. Hartford Foundation during the first four years were the minimum necessary to obtain such large results. *For future years, or in future funding cycles, it is recommended that the Foundation consider the funding levels of the first four years as a baseline that should be considered for supplementation if additional resources are available.* Should it be necessary to cut funding levels of the Centers in future years because of the Foundation’s priorities or commitments, it is possible that they will slip below a level of sustainability that could significantly impact their potential viability and decrease the levels of achievement from those of the first four years. Should funding levels be reduced for individual Centers, we strongly recommend that “discretionary items” in budgets (such as seed funding for pilot research, and stipends for consultants and students) be cut before central infrastructure items (Administrator salaries, communication and coordination costs, travel to HCGNE Director meetings, clerical support). *The Centers need to maintain their current levels of staff, material, and communications infrastructure to remain Centers of Excellence; such infrastructure expenses usually cannot be obtained from other funding sources.*

- We believe that the great productivity and creativity shown by the HCGNEs is a direct consequence of the fact that the John A. Hartford Foundation selected five exceptional Schools of Nursing to be designated as Centers as Excellence and then permitted the Center Directors and the Director of the Coordinating Center to evolve the five programs to best meet local needs and capitalize on local strengths, while at the same time sharing information actively among the program participants. The Foundation chose to permit the individual HCGNEs to each evolve to best use local strengths with a minimum of active management on the part of Foundation staff; it our observation that this model – while obviously not always possible with all grantees in all initiatives – is an excellent one for the group of very senior professionals funded as key faculty in the Hartford Centers of Geriatric Nursing Excellence. It is recommended that the Foundation main such a model in future funding cycles.

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Part I: Introduction 3

- A. The Hartford Centers of Geriatric Nursing Excellence 3**
- B. Evaluation Data and Evaluation Domains 3**
- C. Data Analysis Strategies 8**
 - i. Domains of Enhancement 8**
 - ii. Methods of Enhancement 9**

Part II: Overall Efforts of the Hartford Centers of Geriatric Nursing Excellence..... 11

- A. General Areas of Impact and Methods of Implementation 11**
- B. Key Domains of Activities..... 16**
 - i. Formal and Informal Linkages 16**
 - ii. Leveraging 32**
 - iii. Publications and Presentations 35**
 - iv. Support for the Training and Mentoring of John A. Hartford Foundation Pre- and Post-Doctoral Nursing Scholars..... 37**
 - v. Enhancement of Capacity to Train Students 38**
 - vi. Development and Implementation of Nursing Curriculum 41**
 - vii. Development of Infrastructure..... 44**
 - viii. Models for Geriatric/Gerontological Care 47**
 - ix. Influence on Policy 50**
 - x. Recruitment and Retention of Students 53**
 - xi. Improvement of Capacity or Quality of Elderly Patient Care 55**
 - x. Additional Domains of Activities..... 57**

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Part III: Summary of Individual Hartford Centers of Geriatric Nursing Excellence.....	61
A. Introduction	61
B. Oregon Health and Science University School of Nursing	61
C. University of Arkansas for Medical Sciences College of Nursing	62
D. University of California at San Francisco School of Nursing	62
E. University of Iowa College of Nursing	63
F. University of Pennsylvania School of Nursing	63
Part IV: Conclusions	65
Appendix I: Hartford Centers of Geriatric Nursing Excellence Evaluation Report Form	Error!
Bookmark not defined.	
Appendix II: Coding System for Hartford Centers of Geriatric Nursing Excellence	Error!
Bookmark not defined.	
Appendix III: Number of HCGNEs Reporting Different Levels of Activities, Outcomes, and Lessons Learned for Evaluation Domains	Error!
Bookmark not defined.	
Appendix IV: Complete Bibliography of Publications Reported By HCGNEs	Error!
Bookmark not defined.	
Appendix V: Summary of Hartford Centers of Geriatric Nursing Excellence Activities in Evaluation Domains	Error!
Bookmark not defined.	
i. Professional Development of Students, Faculty, and Staff	Error!
Bookmark not defined.	
ii. Enhancement of Research Skills and Research Capacity	Error!
Bookmark not defined.	
iii. Other Dissemination of Information.....	Error!
Bookmark not defined.	
iv. Training of Other Institutions	Error!
Bookmark not defined.	
v. Meeting, Trainings, and Workshops	Error!
Bookmark not defined.	
vi. Increased Diversity	Error!
Bookmark not defined.	
Appendix VI: Individual Hartford Centers of Geriatric Nursing Excellence Progress towards Accomplishing Hartford Centers of Geriatric Nursing Excellence Goals.	Error!
Bookmark not defined.	
Appendix VII: Individual Hartford Centers of Geriatric Nursing Excellence Web-based Activities	Error!
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Part I: Introduction

A. The Hartford Centers of Geriatric Nursing Excellence

In January 2001, the John A. Hartford Foundation funded five Schools of Nursing in research-intensive universities as Hartford Centers of Geriatric Nursing Excellence (HCGNEs). The Hartford Centers of Geriatric Nursing Excellence are part of the Building Academic Geriatric Nursing Capacity Initiative which attempts to respond to the needs of the field of geriatric nursing. The Foundation utilized a highly competitive application process to select schools that were geographically and programmatically diverse. These 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. The five HCGNEs are located at:

- Oregon Health and Science University School of Nursing;
- University of Arkansas for Medical Sciences College of Nursing;
- University of California at San Francisco School of Nursing;
- University of Iowa College of Nursing; and
- University of Pennsylvania School of Nursing

B. Evaluation Data and Evaluation Domains

This report is derived from data collected by The Measurement Group as part of the national independent evaluation of the John A. Hartford Foundation Geriatric Nursing Initiative and represents program activities for the first 3½ years of the Hartford Centers of Geriatric Nursing grant [January 1, 2001 through June 30, 2004].

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Table 1 lists data sources used to compile this report. The data sources include:

- *Evaluation surveys*: self administered electronic surveys submitted to The Measurement Group as part of the cross-cutting evaluation of the HGNI every six months (a copy of the evaluation survey tool is included as Appendix I);
- *Narrative reports*: narrative summaries that provide an update on grant activities and goals submitted every six months to the Hartford Foundation; and
- *Other sources of data*: any additional materials produced that inform the evaluation or provide evidence of project progress, including interview transcripts and meeting notes.

Table 1. Data Sources Used to Compile the Hartford Centers of Geriatric Nursing Excellence Interim Evaluation Report

Data Source	Period of Report
Evaluation Survey	<ul style="list-style-type: none"> • January 2001-June 2001 • July 2001-December 2001 • January 2002-June 2002 • July 2002-December 2002 • January 2003-June 2003 • July 2003-December 2003 • January 2003-June 2004
Narrative Report	<ul style="list-style-type: none"> • January 2001-June 2001 • July 2001-December 2001 • January 2002-June 2002 • July 2002-December 2002 • January 2003-June 2003 • July 2003-December 2003 • January 2003-June 2004
Other Sources of Data	<ul style="list-style-type: none"> • HCGNE Grant Proposal • Monthly Update (June 2001) • Monthly Update (July 2001) • Monthly Update (August 2001) • Monthly Update (September 2001) • Monthly Update (October 2001) • Summary of HCGNE Successes, Obstacles, Lessons Learned, and Wishes (2002 Stakeholder Meeting) • Notes from site visits to all five HCGNEs in 2001 • Notes from Advisory Committee Meetings in 2002, 2003, and 2004 • Transcriptions of interviews conducted in May and June 2004 by Dr. George Huba of The Measurement Group • Notes from periodic communications with key HCGNE staff

Table 2 lists the domains used to evaluate HCGNE activities and progress, and provides definitions for each. These survey domains are derived from a consensus process between the evaluator, the HCGNEs, the Building Academic Geriatric Nursing Capacity Coordinating Center Director, and other key stakeholders. The survey domains used in the evaluation of the HCGNEs represent a subset of all domains used for the overall evaluation of the Hartford

Geriatric Nursing Initiative. The data are collected for all programs of the Geriatric Nursing Initiative. Of the 20 survey domains, 10 were selected for special emphasis in the main body of this report. These domains were selected as being the most central to the goals of the Hartford Initiative and the HCGNEs. Domains selected for special emphasis in this report appear in bold face in Table 2. Data for the remaining areas are summarized in Appendix V.

Table 2. Definitions of Measurement Domains Used in the Evaluation of the John A. Hartford Centers of Geriatric Nursing Excellence⁵

Domain	Definition of Domain
Enhanced Capacity to Train Students in Geriatric/Gerontological Nursing	This domain refers to an increase in the opportunities (slots) available to train students for different degrees related to geriatric nursing or an improvement in existing training slots so as to make them more appropriate for such training. Capacity increase needs to be differentiated from developing curricula or retaining students. The key defining characteristic for this domain is that a larger number of students at various levels can be trained for professional degrees or practice careers in geriatric nursing.
Recruitment and Retention of Geriatric/Gerontological Nursing Students	This domain refers to methods and techniques for recruiting additional students into programs related to geriatric nursing careers and/or retaining students within such programs.
Nursing Curriculum Development and Implementation Activities	This domain refers to specific examples of curriculum development and implementation for geriatric nursing or gerontology courses whether offered in class, on the Internet, or through other means.
Internal Infrastructure Development Activities to Support the Preparation of Geriatric/Gerontological Nurses	This domain refers to the development of relatively permanent structures in the HCGNE's larger institution to support the preparation of geriatric nurses. Such changes may be structural (organizational) ones in the institution such as new across-department collaborations, or informational or attitudinal.
Development of Models for Geriatric/Gerontological Care	This domain refers to the development of (evidence-based) models for geriatric care and the implementation and testing of these models.
Influences on Policy for Services to the Elderly	This domain refers to the participation of project staff in activities designed to change/develop local, state, or national policy on care for the elderly.
Improvement of Capacity for, or Quality of, Elderly Patient Care	This domain refers to specific activities that directly improve elderly patient care or increase the number of treatment slots available to the elderly.
Specific Professional Accomplishments (Papers, Presentations, Internal or External Funding)	This domain refers to traditional academic indicators of professional accomplishments including papers, chapters, and books published; presentations at professional meetings; submission-receipt of additional grant funds based on work started with JAHF support.
Formal or Informal Linkages to Further Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to formal or informal linkages that the project has made to further geriatric nursing practice, research, or training.
Leveraging of the JAHF Grant/Designation	This domain refers to the ways in which the project may have used its designation as a JAHF Center of Geriatric Nursing Excellence to receive additional funding, influence policy, or improve the status of geriatric nursing programs.

⁵ Bolded domains are discussed in the main section of this report while the remaining domains are discussed in Appendix V.

Table 2 (continued). Definitions of Measurement Domains Used in the Evaluation of the John A. Hartford Centers of Geriatric Nursing Excellence

Domain	Definition of Domain
Project Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing	This domain refers to specific activities conducted on behalf of the project or in which the project participates that help the faculty, staff, and/or students associated with the project develop lasting professional skills related to geriatric nursing. This domain does not include the development of research skills.
Development of Project Faculty, Staff, Students Research Skills and Research Capacity	This domain refers to specific activities conducted on behalf of the project or in which the project participates that help the faculty, staff, and/or students associated with the project develop lasting research skills.
Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to information dissemination about the project, research findings, and models from the projects or using alternative methods to traditional academic publications.
Awards/Recognitions from Other Organizations Resulting from JAHF-Sponsored Work	This domain refers to awards or recognitions that may be made of the JAHF-sponsored work conducted by the project.
Project Involvement in the Professional Training of Other Institutions Related to Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to the involvement of the project in training or sharing its expertise with other institutions. This excludes specific short workshops or trainings or meetings which are reported in Domain 16.
Meetings/Trainings/Workshops Held to Promote Geriatric/Gerontological Nursing	This domain refers to specific, time-limited workshops, trainings, or meetings held by the project to promote issues in geriatric nursing models of care, research, training, or education.
Strategies for Dealing with Increasing Diversity among Student, Professional, Patient Populations	This domain refers to strategies that have been developed to encourage the full participation of diverse groups of nursing students and professionals in the appropriate care of diverse groups of older adults, or in research on these populations.
Changing Status of Academic and Practitioner Geriatric/Gerontological Nursing	This domain refers to a view, on the part of the HCGNE, that there is a changing status for the academic or practitioner geriatric/gerontological nurse.
Collaborations with Other JAHF-Sponsored Programs in Geriatric/Gerontological Nursing	This domain refers to formal and informal connections among this project and other JAHF-sponsored programs in geriatric nursing.

This report focuses on a total of 11 core HCGNE performance domains, including the 10 survey domains highlighted in Table 2 and an additional domain about supporting the development of the Building Academic Geriatric Nursing Capacity Initiative. These 11 primary or core performance modules comprise the major foci of the HCGNE program. Six additional less relevant, though important, secondary or peripheral performance domains are also discussed in this report. However, activities and outcomes from these domains are discussed in a more summary way. Figure 1 is a representation of the 11 primary (core) and 6 secondary (peripheral) HCGNE performance domains.

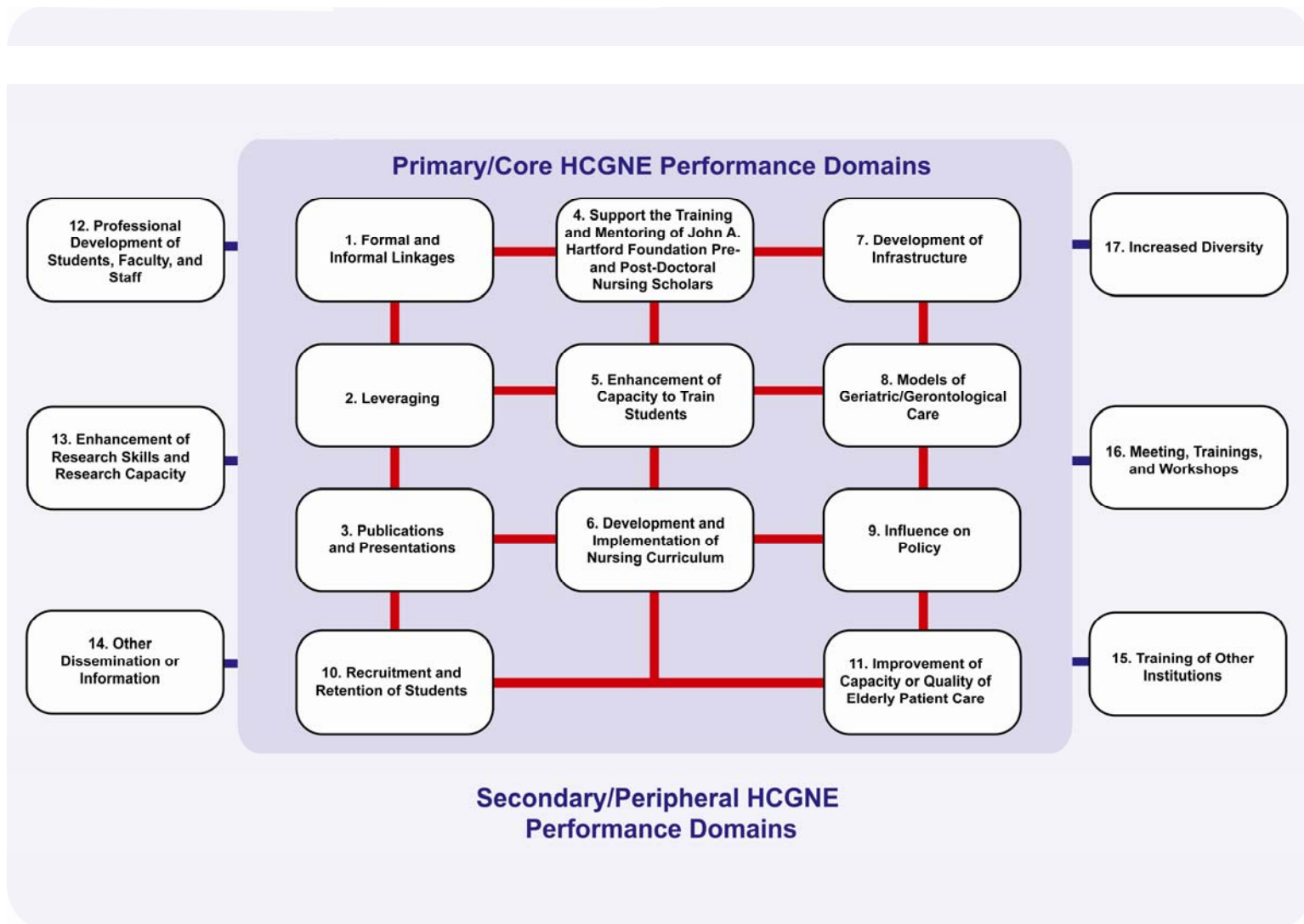


Figure 1. Primary/Core HCGNE Performance Domains and Secondary/Peripheral HCGNE Performance Domains

C. Data Analysis Strategies

All data – evaluation reports, narrative reports, meeting notes, and other supplemental information – were assembled in a text database and analyzed using the NVIVO 2.0 computer program. Both semi-automated keyword-based and manual coding systems were developed and used to analyze the text database. The entire coding system, which includes 45 themes, 265 automated keyword searches, and 2375 distinct groupings of categories or items used to analyze and synthesize qualitative materials in NVIVO 2.0, is presented in Appendix II. The majority of the coding system was developed to address key questions and issues identified in collaboration with Foundation staff and HCGNE Directors.

Two complementary approaches were used to code the data. A semi-automated keyword-based coding system was developed and assays were performed in the text database to identify and code paragraphs in which relevant text appeared. Additionally, information was also manually coded using NVIVO. Manual coding requires the analyst to read over materials and highlight text that should be coded. Manual coding was used to identify text about broad concepts that are not easily recognized using a set of automated keyword searches. Text was also manually coded for identifying information, such as the time period or HCGNE.

All coded sections were inspected and verified using the expert judgment of The Measurement Group staff to ensure that they matched the intended construct. Definitions for each of the domain subcategories in the coding scheme were discussed and parameters for relevant types of content were defined.

Paragraphs that did not meet the pre-defined content parameters were manually “uncoded.” When a paragraph is “uncoded,” the paragraph is no longer identified by the computer program as relevant to the subcategory. As a result, only paragraphs containing appropriate content remain. We strongly believe that this time-consuming task of reviewing all codes significantly improved the validity of the data coding.

In addition, quantitative ratings from the evaluation forms were maintained and analyzed in SPSS for Windows 12.0.

Tables 3a and 3b show two major coding schemes used for all narrative data. The categories were identified based on preliminary analyses of over 360 more narrowly defined categories.

i. Domains of Enhancement. The first scheme, shown in Table 3a, describes seven broad categories of “**Enhancement Domains**” undertaken by the HCGNEs. These categories are intended to broadly summarize major activities conducted by the HCGNEs to enhance and expand the field of geriatric nursing. This first coding scheme include enhancements in clinical practice, education/training methods, knowledge dissemination, practice standards and best practices, programmatic research and opportunities for students to participate in research, model development, and policy change. These enhancement domains were the key focus areas of HCGNE activities and impact, and correspond closely with the goals of the HCGNE program.

Table 3a. Definitions of Categories of Enhancement Domains

Coding Area	Definition of Domain or Method
Domains of Enhancement	<ul style="list-style-type: none"> • Clinical Practice: Practice of treating or caring for older adults in a clinical setting. • Education/Training Methods: Tools, curricula, classes, or strategies used to educate or train nurses or nursing students at all levels. • Knowledge Dissemination: Academic and non-academic means of disseminating information related to geriatric nursing or the Hartford Geriatric Nursing Initiative. • Practice Standards/Best Practices: Development or establishment of practice standards and the implementation of best practices. • Programmatic Research and Research Opportunities: Involvement in geriatric nursing research activities or the development of research opportunities to train faculty and students in geriatric nursing research. • Model Development: Development of geriatric nursing models of care, models of education/training, or research. • Policy: Activities intended to affect policy relevant to geriatric nursing.

ii. Methods of Enhancement. The second coding scheme, shown in Table 3b, describes six broad categories of “**Enhancement Methods**” used by the HCGNEs. These categories are intended to broadly summarize the major methods or strategies used by the HCGNEs in implementing their activities. These categories include infrastructure development, linkages or networking, use of innovative technology, mentoring-expert guidance-consulting, enhanced human resources, and other innovative methods of implementation. These enhancement methods are broad implementation strategies used by the HCGNEs across all domains of activity.

Table 3b. Definitions of Categories of Enhancement Methods

Coding Area	Definition of Domain or Method
Method for Enhancement	<ul style="list-style-type: none"> • Infrastructure Development: Activities to build the capacity to support and/or accomplish HCGNE goals. Areas of infrastructure development include development in facilities, personnel, or student populations. • Linkage/Networking: Linkages, partnerships, or collaborations with other individuals, programs, or institutions around furthering the goals of the Hartford Geriatric Nursing Initiative. • Use of Innovative Technology: Development or use of innovative technology in any grant-related activity. • Mentoring/Expert Guidance/Consulting: Providing one-on-one or personal input for the purpose of educating, training, or guiding other students, faculty, staff, or institutions in the development of geriatric nursing careers or programs. • Enhanced Human Resources: Activities to build the professional and leadership skill of project faculty or staff. • Innovative Methods of Implementation: Strategies to implement programs and enhancements of geriatric nursing practice, education/training, research, or policy.

The data collected from the five HCGNEs represent a rich description of very broad, and at the same time intensive, efforts to influence the training of future leaders in the field of academic geriatric nursing. While there are literally hundreds of individual nuggets of information about these innovative efforts to be found in the remaining pages of this report, it is suggested that the reader focus on the sweeping innovative vision shown collectively by this highly successful group of grantees. As an Initiative, the program has been exceptionally productive and has had broad national impact.

Part II: Overall Efforts of the Hartford Centers of Geriatric Nursing Excellence

As a group, the five Hartford Centers of Geriatric Nursing have had a large impact on geriatric nursing and geriatric nursing education during their first four years. The HCGNEs have developed programs designed to broadly affect the areas of education, practice, policy, and research, and have disseminated these models widely. As a result, the early effects of the HCGNEs' work have been felt by students, faculty, consumers, providers, and practicing nurses. Additionally, HCGNE programs are usually multi-faceted and long-term in scope. The evaluation developed a set of domains to help categorize and understand these activities. These domains were discussed and presented in the "Evaluation Data and Evaluation Domains" section earlier in this report.

This section of the report includes **highly-selected exemplars** from key evaluation domains. These expanded descriptions are designed to illustrate the range of activities and accomplishments of the five HCGNEs as a group. *The examples chosen should not be used to compare HCGNEs to one another; this is especially true for Tables 4 and 5.* Less extensive summaries of the other domains of activities are presented in Appendix V.

A. General Areas of Impact and Methods of Implementation

All five HCGNEs have had significant impacts upon the field of geriatric nursing. The HCGNEs' work is most apparent in the areas of making enhancements to clinical practice; improving or developing education and training methods; disseminating knowledge related to care of older adults; developing and implementing practice standards; developing and implementing best practices; conducting research in the area of geriatrics/gerontology; expanding opportunities for students to participate in research; developing, testing, and implementing of models of care; and affecting policy. A highly-selected set of exemplars of activities enhancing major areas of geriatric nursing are presented in Table 4.

A variety of implementation strategies were developed and utilized by the HCGNEs to reach their goals. The most commonly used methods include developing infrastructure; creating linkages and networks; using innovative technology; contributing expertise as mentors, experts, or consultants; enhancing human resources; and creating innovative methods of implementation. A highly-selected set of exemplars of methods used by each of the five HCGNEs to make enhancements in the field of geriatric nursing are shown in Table 5.

In addition to implementing programs and innovations in the key areas described in Tables 4 and 5, all five HCGNEs reported numerous activities across all 18 evaluation domains listed in Table 2. All HCGNEs provide descriptions of all activities pursued in each evaluation domain for each six-month reporting period. Reports of corresponding outcomes and lessons learned are also provided. In many cases, more than five activities, outcomes, and lessons learned were reported for each domain by each HCGNE. Appendix III provides a summary of the number of HCGNEs reporting different levels of activities, outcomes, and lessons learned in each of the seven six-month periods included in this report.

Table 4. Highly-Selected Exemplars of Hartford Centers of Geriatric Nursing Excellence Activities to Enhance Geriatric Nursing

Areas of Enhancement	Exemplars of Domains for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Clinical Practice	<ul style="list-style-type: none"> Collaborated with a major treatment provider to develop skin care consultation in long-term care and improve the cost effectiveness of wound care. 	<ul style="list-style-type: none"> Established Rural Centers of Excellence in Geriatrics that function as hospital-based outpatient clinics under Medicare. 	<ul style="list-style-type: none"> Created a Young Gerontological Nurse Clinical Program to provide selected undergraduates with 1-2 years of intensive geriatric clinical experience in an elder care facility. 	<ul style="list-style-type: none"> Launched a national clinical demonstration project to prove the effectiveness of the APN specialist transitional care model across various integrated health systems. 	<ul style="list-style-type: none"> Implemented a clinical practice site for nurse practitioner student residencies in a propriety nursing home.
Education/Training Methods	<ul style="list-style-type: none"> Developed a BS to MS/PhD fast track program. 	<ul style="list-style-type: none"> Developed the Southern Geriatric Nursing Certificate Program to prepare nursing faculty from the southern region in geriatric nursing by web-based course design, and delivery. 	<ul style="list-style-type: none"> Implemented new required geriatric didactic and elective practicum curricula for all undergraduate students. 	<ul style="list-style-type: none"> Developed an international exchange program with the Hong Kong School of Nursing to promote aging and nursing cross-cultural independent study opportunities. 	<ul style="list-style-type: none"> Developed a new three-year MS curriculum track in gerontology geared towards working nurses.
Knowledge Dissemination	<ul style="list-style-type: none"> Co-sponsored a presentation with local coalition on best practices in mental health geared towards faculty in the region. 	<ul style="list-style-type: none"> Designed an HCGNE poster for distribution at HCGNE-sponsored events. 	<ul style="list-style-type: none"> Developed a chapter on Innovative Nursing Models of Long-term Care. 	<ul style="list-style-type: none"> Designed a user-friendly HCGNE web site to provide real-time access to recruitment information and to provide student researchers and clinicians with easy access to research and evidence-based best practices. 	<ul style="list-style-type: none"> Held an evening leadership seminar for students to discuss nursing issues and disseminate findings from a statewide survey of nursing homes.

Table 4 (continued). Highly-Selected Exemplars of Hartford Centers of Geriatric Nursing Excellence Activities to Enhance Geriatric Nursing

Areas of Enhancement	Exemplars of Domains for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Practice Standards/Best Practices	<ul style="list-style-type: none"> • Provided coaches as part of a statewide initiative to change the existing “behavioral management” culture to one of person-centered care. 	<ul style="list-style-type: none"> • Implemented best practices in Falls Prevention at the Senior Health Clinic. 	<ul style="list-style-type: none"> • Developed, disseminated, and tested Evidence-Based Practice protocols for long-term care nurses and staff. 	<ul style="list-style-type: none"> • Presented geriatrics education and training materials at a faculty “Teaching Swap” to build geriatric nursing best practice curriculum nationally. 	<ul style="list-style-type: none"> • Used evidence-based practice to reduce the incidence of patient falls and severity of fall-related injury in California hospitals.
Programmatic Research and Research Opportunities	<ul style="list-style-type: none"> • Developed a research project related to pain management for geriatric patients in intensive care units. 	<ul style="list-style-type: none"> • Continued Geriatric Grand Rounds to provide a weekly series of interdisciplinary research presentations for faculty, students, and staff. 	<ul style="list-style-type: none"> • Implemented the Regional Research Summer Scholars Program to increase the number of nurses and/or faculty with gerontologic research training. 	<ul style="list-style-type: none"> • Initiated research collaboration on the transfer of cognitively impaired nursing home residents and a “transition” program to reduce residents’ stress. 	<ul style="list-style-type: none"> • Established an Advisory Committee and initiated individual meetings with researchers to develop gerontological interdisciplinary research.
Model Development	<ul style="list-style-type: none"> • Created a Best Practices partnership model that tailors research-based innovations to the ‘real life’ constraints of the organizations involved. 	<ul style="list-style-type: none"> • Developed and tested a model of clinical care promoting functional independence in Senior Health Centers in the state. 	<ul style="list-style-type: none"> • Collaborated with others to develop a model of case management to enhance services to elders in their homes. 	<ul style="list-style-type: none"> • Developed a model of APN specialist transitional care to improve post-discharge outcomes among a vulnerable patient group. 	<ul style="list-style-type: none"> • Collaborated with other professional schools to create a model interdisciplinary curriculum for doctoral students in gerontological nursing.
Policy	<ul style="list-style-type: none"> • Worked on a statewide initiative to change the existing ‘behavioral management’ culture in Senior and Persons with Disabilities licensed facilities. 	<ul style="list-style-type: none"> • Tracked the cost of operating Rural Centers of Excellence in Geriatrics, which could impact policy at the national level. 	<ul style="list-style-type: none"> • Communicated with state aging agencies and policy makers to share best practices and discuss the cost benefits of nursing for elders. 	<ul style="list-style-type: none"> • Funded pilot study on “Medicare Payments to APN Nurses Following the Balanced Budget Act of 1997” to propose changes to the payment system. 	<ul style="list-style-type: none"> • Faculty published a paper to be used as the consumer guide to policy action by the National Citizens Coalition for Nursing Home Reform.

Table 5. Highly-Selected Exemplars of Methods Used by Hartford Centers of Geriatric Nursing Excellence for Enhancement

Methods Used for Enhancement	Exemplars of Methods Used for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Infrastructure Development	<ul style="list-style-type: none"> Added a new faculty member to the Geriatric Best Practices Initiative (BPI) team, which seeks to address key clinical issues in the care of elders through partnership with major care providers. 	<ul style="list-style-type: none"> Recruited an educational director for one of seven planned Rural Centers of Excellence to oversee initiatives related to care of older adults. 	<ul style="list-style-type: none"> Identified and added six additional collaborating practicum sites. 	<ul style="list-style-type: none"> Increased the Center's faculty affiliation by recruiting an associate faculty member with expertise in palliative care research and curriculum development. 	<ul style="list-style-type: none"> Recruited a new gerontological faculty and HCGNE staff member, increasing the program's capacity to train more students.
Linkage/Networking	<ul style="list-style-type: none"> Developed new contacts with two regional health providers to explore potential partnerships in dementia care best practices and wellness in the aging force. 	<ul style="list-style-type: none"> Hosted a coalition that brought together 21 nursing colleges in the southern region to discuss geriatric nursing issues and design a plan to implement geriatric curricula in all BSN programs. 	<ul style="list-style-type: none"> Collaborated with other regional colleges to develop a "Tuition Sharing Program" for web-based and distance learning courses. 	<ul style="list-style-type: none"> Collaborated with the University of Hong Kong to develop a nursing research-based practice consultation service with the Hospital Authority. 	<ul style="list-style-type: none"> Partnered with a long-term care facility to design the curriculum for a new MS program geared towards working nurses.
Use of Innovative Technology	<ul style="list-style-type: none"> Produced a recruitment videotape for the BS to MS/PhD program. 	<ul style="list-style-type: none"> Developed a website that utilizes the GetCare information system to assist older and disabled adults locate supportive services and resources to continue living in the community. 	<ul style="list-style-type: none"> Offered web-based grantsmanship courses targeted at junior faculty in regional consortium schools. 	<ul style="list-style-type: none"> Provided a web cast of the kickoff event for the Marian S. Ware Alzheimer Program, which advocates progress in medical research and treatment for Alzheimer's disease. 	<ul style="list-style-type: none"> Developed a website to provide consumers with previously unavailable information on quality indicators in California nursing homes.

Table 5 (continued). Highly-Selected Exemplars of Methods Used by Hartford Centers of Geriatric Nursing Excellence for Enhancement

Methods Used for Enhancement	Exemplars of Methods Used for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Mentoring/Expert Guidance/Consulting	<ul style="list-style-type: none"> Developed a mentoring program in the BS to MS/PhD fast track program to pair students and mentors according to mutual interest. 	<ul style="list-style-type: none"> Implemented an annual HCGNE Research Scholars Program to select one faculty research scholar at .5 FTE and mentor them in research. 	<ul style="list-style-type: none"> Increased the mentoring grants for Regional Consortium members to enable more junior/senior faculty mentoring relationships. 	<ul style="list-style-type: none"> Developed an executive mentorship program to increase the pool of MSN and PhD graduates poised to assume executive leadership positions in gerontology. 	<ul style="list-style-type: none"> Hosted evening leadership seminars featuring prominent guest speakers to provide students with an opportunity to learn about leadership in presence.
Enhanced Human Resources	<ul style="list-style-type: none"> Held two HCGNE staff retreats to facilitate discussion and reflection among project members. 	<ul style="list-style-type: none"> Designed and implemented an annual three-day Summer Grant Writing course for faculty that includes funding priorities in the field. 	<ul style="list-style-type: none"> Facilitated the attendance of two faculty to the NYU Gerontology Curriculum Workshop with the expectation that they would share with other faculty and lead the development of the undergraduate gerontology curricula. 	<ul style="list-style-type: none"> Sponsored faculty attendance at the JAHF leadership conference. 	<ul style="list-style-type: none"> Established the Geriatric Education Center to address faculty and curriculum development needs in geriatrics and unmet needs for geriatric education among health care professionals in northern California.
Innovative Methods of Implementation	<ul style="list-style-type: none"> Developed a seminar series as part of the Summer Postdoctoral program to enhance fellows' understanding of the research areas within gerontological nursing. 	<ul style="list-style-type: none"> Employed four Geriatric Nurse Practitioners to teach GNP students in the geriatric clinical sites, which allows for interaction and evaluation of student progress and issues by the GNPs. 	<ul style="list-style-type: none"> Formed a faculty committee to develop a proposed program to fast-track BSN students through doctoral training in gerontology nursing science. 	<ul style="list-style-type: none"> Developed a Comprehensive Minority School of Nursing Directory to identify potential scholarship candidates and augment the School's minority recruitment efforts. 	<ul style="list-style-type: none"> Encouraged recruitment by assisting doctoral program applicants with their goal statements, offering information on classes and financial aid, and meeting individually with prospective students.

B. Key Domains of Activities

Collectively, the five HCGNEs had an impact upon the training of geriatric nurses and the field of geriatric nursing in numerous ways. Areas of activity where HCGNEs have distinguished themselves or made a large difference are highlighted in this section. The areas of influence (domains) include: formal and informal linkages, leveraging of the Hartford grant designation, publications and presentations, enhancements in capacity to train students, development of geriatric nursing curriculum, development of infrastructure, development of models of care, influence on policy, recruitment and retention of students, and improvement of capacity or quality of elderly patient care. Other areas are discussed in a broader way in Appendix V.

Information for all domains is generally presented in terms of “Activities,” “Outcomes,” and “Lessons Learned.” This format corresponds to evaluation reporting forms where information is categorized by HCGNEs into appropriate categories. As will be seen, the majority of HCGNE activity and outcome data are blinded and presented in aggregate. However, in situations where the data are extremely distinct, such as when describing linkages or citing public information such as publication references, individual HCGNEs may be identified. Individual HCGNEs are also identified in data summaries that demonstrate the unique flavor and contributions of each of the five distinct Centers.

i. Formal and Informal Linkages. Linkages were made between HCGNEs and other institutions for the purpose of advancing training, practice, research and policy around geriatric nursing. Linkages were a key strategy utilized by the HCGNEs in improving care for older adults throughout the nation and increasing the science in the field of geriatric nursing. A summary of the number of linkages made by each HCGNE is presented in Table 6a. A list of all institutions with whom the five HCGNEs have made linkages with is presented in Table 6b.

- Forming linkages expanded the HCGNEs’ network of influence and collaborators, and allowed them to build their internal infrastructure to further increase training of geriatric nurses. **Over the first 3½ years, the HCGNEs have formed or strengthened linkages with a total of 317 other institutions, including other Universities or Centers, providers, and government or policy-related institutions.**
- **The most commonly reported outcomes of the linkages include increases in student practicum sites, collaborative research opportunities, recruitment prospects, and HCGNE visibility.**
- Linkages were made between the five HCGNEs and other institutions for the purpose of advancing training, practice, research and policy activities around geriatric nursing to improve the care of older adults throughout the nation. Primarily, the HCGNEs reported that they learned that developing and sustaining linkages are extremely time-consuming and often do not yield desired outcomes. However, the HCGNEs also indicated that the development of linkages and partnerships are essential for promoting nursing leadership and research to a wide international audience. Lastly, through linkages with the Long Term Care industry, the HCGNEs learned of the staffing shortages and the lack of options for in-home care of the elderly.

Table 6a. Number of Linkages Between HCGNEs and Other Institutions

Type of Linkage	HCGNE					Total
	OHSU	UAMS	UCSF	U of Iowa	U of Penn	
Other University or Center	23	83	15	39	46	206
Provider	5	26	4	16	12	63
Government or Policy	1	4	1	8	2	16
Other	2	4	4	9	13	32
Total	31	117	24	72	73	317

Table 6b. Description of Linkages Between HCGNEs and Other Institutions

Linkages with other Hartford-funded programs are denoted by an asterisk (*).

Type of Linkage	Description of Linkage
Oregon Health and Science University	
Other University or Center (Linked to Oregon Health and Science University)	<ul style="list-style-type: none"> • Biomedical Information and Communication Center at Oregon Health and Science University: Supported web-based information dissemination on family caregiving support and resources. • Center for Healthy Aging at Oregon Health and Science University: Pursued joint mentorship and research initiatives. • Center for Symptom Management in Life-Threatening Illness at Oregon Health and Science University: Co-mentored a post-doctoral fellow, co-sponsored a visiting scholar lecture, and pursued joint research initiatives. • Holgate Center: Identified new areas of research, evaluated "real-life" interventions, and disseminated best practices. (partner in the Best Practices Initiative) • Idaho State University: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Klamath Regional Rehabilitation Center: Acted as a pilot site to test the web-based Wound Care Consultation Tool and the procedures for using it. • Linfield College: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Michigan State University: The HCGNE hosted two of their professors and senior researchers as visiting scholars. • Montana State University: The HCGNE hosted and trained faculty from this University as a summer post-doctoral fellow. Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Pacific Lutheran University: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Seattle Pacific University: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Southwest Missouri State University: The HCGNE hosted and trained faculty from this University as a summer post-doctoral fellow. • University of Arkansas for Medical Sciences*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of California at San Francisco*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Participated in a Luncheon Round Table at the Western Institute of Nursing hosted by the University of California at San Francisco and Oregon Health and Science University. (HCGNE, AACN Curriculum School)

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to Oregon Health and Science University)	<ul style="list-style-type: none"> • University of Iowa*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Hosted Cornelia Beck as a consultant and lecturer. (HCGNE, AACN Curriculum School) • University of Massachusetts Medical School Worcester, Massachusetts: The HCGNE hosted and trained faculty from this University as a summer post-doctoral fellow. • University of Oregon, Ashland, School of Nursing: The HCGNE provided assistance in developing and implementing a HRSA-funded project to enhance the geriatric clinical experiences for students in their senior year. • University of Pennsylvania*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Hosted Lois Evans as a visiting scholar. (HCGNE) • University of Portland: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • University of Washington, Bothell: The HCGNE hosted and trained a scholar from this University as a summer post-doctoral fellow. Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • University of Washington, Seattle*: Participated in Best Practice Initiative work. Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence, AACN Curriculum School, NSGIP) • Walla Walla University: Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence) • Washington State University: Participated in Best Practices Initiative work. The HCGNE hosted and trained faculty from this university as a summer post-doctoral fellow. Explored issues in preparing the next generation of geriatric nurses. (academic partner in the Northwest Coalition for Geriatric Nursing Excellence)
Provider (Linked to Oregon Health and Science University)	<ul style="list-style-type: none"> • Asante Health System in Oregon: Conducted collaborative projects and created potential partnerships around the areas of wellness and the aging work force. • CareOregon: Co-sponsored a conference to disseminate best practices information. (local Medicaid Managed Care insurer) • Kaiser Permanente: Identified new areas of research, evaluated “real-life” interventions, and disseminated best practices. (partner in the Best Practices Initiative) • Portland Veterans Affairs Medical Center: Identified new areas of research, evaluated “real-life” interventions, and disseminated best practices. (partner in the Best Practices Initiative) • Providence Milwaukee Hospital: The HCGNE provided consultation and training to the NICHE staff on issues related to dementia and delirium.
Government or Policy (Linked to Oregon Health and Science University)	<ul style="list-style-type: none"> • Oregon Senior and Disabled Services Division: Co-sponsored the “Joyful Compassionate Care” conference to change the culture in long-term care to one of person-centered care. Identified new areas of research, evaluated “real-life” interventions, and disseminated best practices. (partner in the Best Practices Initiative)
Other (Linked to Oregon Health and Science University)	<ul style="list-style-type: none"> • Benson High School: Recruited students for the certified nursing assistant program at the Holgate Center. • Oregon Technical Assistance Corporation: The HCGNE assisted in the preparation of the grant. (Oregon Better Jobs Better Care Demonstration Grant grantee)

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
University of Arkansas for Medical Sciences	
Other University or Center (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Alzheimer’s Disease Core Center: Established a center within the university to provide a shared resource to facilitate and enhance Alzheimer’s disease research and education at University of Arkansas for Medical Sciences, nationally and internationally. • Arkansas Aging Institute: Served as one of seven Rural Centers of Excellence in Geriatrics. • Arkansas Area Health Education Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Arkansas State University-Jonesboro: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Arkansas State University-Mountain Home: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Arkansas State University-Wynne: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Arkansas Tech University: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Auburn University – Montgomery: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Baylor University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Bella Vista Senior Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Binghamton University: Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Carson-Newman College: Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Center on Aging: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. Includes seven Centers on Aging throughout Arkansas. • Clayton College: Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Clemson University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Community Health Centers of Arkansas: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Delta Area Health Education Center: Served as one of seven Rural Centers of Excellence in Geriatrics. Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. Includes two sites. • Duke University: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • East Carolina University, NC: Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Emory University: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools)

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Florida International University School of Nursing: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Fort Smith: Served as one of seven Rural Centers of Excellence in Geriatrics. • Geriatric Research and Education Clinical Center: Developed the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Hartford Institute for Geriatric Nursing*: Sent HCGNE faculty to Hartford NYU Curriculum with Best Practices conference. • James Madison University: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Louisiana State University Health Sciences Center: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • Marymount University: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Medical University of South Carolina: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • Middle Tennessee State University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Missouri Southern State University: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • North Arkansas Tech: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Northwest Arkansas Community College: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Oregon Health and Science University*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE) • Phillips Community College: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Prairie View A&M College of Nursing: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Reynolds Center on Aging: Collaborated with partners to develop seven Rural Centers of Excellence in Geriatrics. Also provided a site to implement and evaluate the Falls Prevention Program, and provide didactic and clinical instruction to baccalaureate and GNP students. • Schmieding Center for Senior Health: Served as one of seven Rural Centers of Excellence in Geriatrics. • Shenandoah University: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Shepherd's Center in Little Rock and North Little Rock: HCGNE faculty presented on a Falls Prevention Program. • South Arkansas Center on Aging: Collaborated to develop an integrated model of care delivery. • South Arkansas Senior Health Center: Established an interdisciplinary team in this primary health clinic for the area. Served as one of seven Rural Centers of Excellence in Geriatrics. • South Central Center on Aging – Pine Bluff: Served as one of seven Rural Centers of Excellence in Geriatrics.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Southeast Missouri State: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Southwest Baptist University: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Spalding University: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Tennessee State University School of Nursing: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Texarkana Regional Center on Aging: Served as one of seven Rural Centers of Excellence in Geriatrics. • Texas A&M University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • Texas Christian University Harris School of Nursing in Fort Worth: The HCGNE mentored a Hartford scholar from this University. • Texas Christian University: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • Texas Tech University Health Sciences Center: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • Troy State University School of Nursing: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • Tuskegee University*: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools, AACN Curriculum School) • University of Alabama at Birmingham: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Arkansas for Medical Sciences-Hope: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of Arkansas for Medical Sciences-Little Rock: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of Arkansas-Fort Bluff: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of Arkansas-Monticello: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of Arkansas-Pine Bluff: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of California at San Francisco*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Central Arkansas: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • University of Central Florida: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • University of Florida: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Indianapolis: Participated in the 2003 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • University of Iowa*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Kentucky: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Maryland*: Participated in a consortium of southern regional schools to develop plans for collaboration in education and leadership around geriatric nursing. (AACN Curriculum School) • University of Memphis: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • University of Michigan*: Enhanced the level of expertise for the development of geropsychiatric content in the University of Arkansas for Medical Sciences GNP program. (AACN Curriculum School, NSGIP) • University of Mississippi Medical: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of North Carolina at Greensboro*: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools, AACN Curriculum School) • University of North Carolina-Chapel Hill*: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools, NSGIP) • University of Oklahoma Health Sciences Center: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Pennsylvania*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE) • University of South Florida: Participated in the 2002 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Southern Mississippi: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. • University of Tennessee Health Science Center: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • University of Texas Health Science Center-Houston*: Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools, NSGIP) • University of Texas Pan-American: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • University of Virginia*: Participated in the Southern Geriatric Nursing Certification Program, a model program designed to recruit and train nurse faculty at all levels in geriatric nursing. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools, AACN Curriculum School) • Virginia Commonwealth University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. • West Virginia University: Participated in the 2003 Geriatric Nursing Program Proposal Workshop-a five day workshop in preparing program proposals in gerontology hosted by the HCGNE. Developed plans for collaboration in education and leadership around geriatric nursing. (partner in the consortium of southern regional schools) • Wright State University: Participated in the 2001 Geriatric Nursing Program Proposal Workshop, a five day workshop in preparing program proposals in gerontology hosted by the HCGNE.
Provider (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Advance Care Hospital: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Area Agency on Aging of Southwest Arkansas: Established an integrated system of home, community-based and institutional services. • Baptist Health: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Bowker House Retirement Community: Presented information about falls among the elderly to community residents. • Campus Towers Retirement Community: Presented information about falls among the elderly to community residents. • Central Arkansas Veterans Administration Hospital: Acted as a site to conduct testing on exercise intervention in persons with mild to moderate dementia. Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Heritage House Retirement Community: Presented information about falls among the elderly to community residents. • Hot Springs Medical Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Jefferson Comprehensive Care System Inc: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. Includes four clinical sites. • Levi Hospice: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. Includes three sites. • Medical Center of South Arkansas: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • North Arkansas Regional Medical Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Ozark Health Medical Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Park Hill Retirement Community: Presented information about falls among the elderly to community residents. • Pleasant Hills Retirement Community: Hosted a HCGNE Speakers Bureau and made five presentations to the clients. • Schmieding Mt. Home: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • South Arkansas Area Agency on Aging: Developed an integrated model of care delivery. • South Arkansas Health Education, Living and Life Options (SA-HELLO): Worked to establish an integrated system of home, community-based and institutional services. • St. Michael's Senior Health: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • St. Vincent Health System: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Provider (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • University Mall Walkers Retirement Community: Presented information about falls among the elderly to community residents. • Veteran Affairs Medical Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Virginia Geriatric Research and Education Clinical Center: Held a monthly interdisciplinary HCGNE research presentation series attended by physicians, fellows, residents, nurses, PhDs, pharmacists, and social workers. • White River Medical Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • White River Rural Health Center: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Willow House Retirement Community: Presented information about falls among the elderly to community residents.
Government or Policy (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Arkansas Department of Health, CDC: Participated in the Arkansas Geriatric Education, Mentors, and Scholars (AR-GEMS I and II) program. • Arkansas Department of Human Services, Division of Aging and Adult Services: Worked to collaboratively establish an integrated system of home, community-based and institutional services. • State of Arkansas Medicaid Office and the Division on Aging and Adult Services: Worked to collaboratively develop an integrated model of care delivery. • State of Arkansas Office of Long-term care and Other Stakeholders: Worked to collaboratively develop process indicators for behavior management and psychotropic medication prescriptions.
Other (Linked to University of Arkansas for Medical Sciences)	<ul style="list-style-type: none"> • Arkansas Association Directors of Nursing in Long-term care: Learned more about certification for the Directors of Nursing in nursing homes. • Arkansas Health Care Association: Collaborated on a falls project and provided the HCGNE with representation from the nursing home industry about long-term care legislative issues. Also developed continuing education programs for all levels of nursing personnel. (an advocacy group for owners of more than 95% of the licensed long-term care facilities in Arkansas) • Robert Wood Johnson Foundation: Worked to develop an integrated model of care delivery. • UAMS Aging Units: Held a monthly interdisciplinary HCGNE research presentation series attended by physicians, fellows, residents, nurses, PhDs, pharmacists, and social workers.
University of California at San Francisco	
Other University or Center (Linked to University of California, San Francisco)	<ul style="list-style-type: none"> • California Medical Review, Inc.: Hartford scholar and faculty provided consultation on the development of the learning package and outcome criteria on pressure ulcers as part of their statewide initiative on "Quality of Care in California Nursing Homes." • Center for Research and Innovation in Patient Care: Worked together to expand the CalNOC program. • Dominican University: The HCGNE held a recruitment event there. • Hartford Institute for Geriatric Nursing*: Hosted one on the Institute's Hartford Scholar to provide research experience at the HCGNE. • Northern California Geriatric Education Center: Established and developed this center to provide education and training in geriatrics for health professionals. An HCGNE Hartford Scholar is an Advisory Board member.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of California, San Francisco)	<ul style="list-style-type: none"> • Oregon Health and Science University*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Participated in a Luncheon Round Table at the Western Institute of Nursing hosted by the University of California San Francisco and Oregon Health and Science University. (HCGNE) • Queensland University of Technology, Australia: Hosted a representative as visitor and guest speaker at UCSF. The HCGNE also provided consultation to the School Of Nursing. • Sanford Center on Aging, University of Nevada, Reno: Collaborated to study nurse practitioners in home health care. • University of Arkansas for Medical Sciences*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of California at Berkeley: Collaborated with the Joint Medical Program to increase geriatric content in the classroom in one-third of the case studies. Co-sponsored an "Interdisciplinary Seminar on Aging" conference. • University of Hawaii at Manoa: The HCGNE co-mentored a Hartford Scholar from the University. • University of Iowa*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Pennsylvania*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Co-authored a proposal on gero-oncology with faculty at the University of Pennsylvania. (HCGNE) • University of Utrecht, the Netherlands: Gave a presentation. • University of Washington*: Discussed ideas for collaboration on projects in gerontological nursing clinical practice and research. (AACN Curriculum School, NSGIP)
Provider (Linked to University of California, San Francisco)	<ul style="list-style-type: none"> • Laguna Honda Hospital: Conducted recruitment activities to increase the number and diversity of gerontological advanced practice nurses. • Moffitt Long Hospital: Expanded the Nurses Improving Care for Health System Elders (NICHE) program. • Salem Lutheran Home: Increased geriatric content in the classroom in one-third of the case studies. (continuing care facility) • UCSF Medical Center Nurse Education and Training Program: Raised awareness about the work of the Center and recruited students from Moffitt Long Hospital for the University of California San Francisco's program.
Government or Policy (Linked to University of California, San Francisco)	<ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services: Presented a video satellite broadcast on the factors contributing to dehydration and how the condition can be prevented to staff on the Department of Health in all 50 states responsible for evaluating the quality of care in nursing homes.
Other (Linked to the University of California, San Francisco)	<ul style="list-style-type: none"> • California Nursing Outcomes Coalition Partners to Reduce Patient Falls Project: Established and expanded the program. • Corporate businesses in the community: Raised in-kind donations for special events. • Elder Care Alliance: Co-sponsored an "Interdisciplinary Seminar on Aging" conference. • School of Dentistry: Provided geriatric nursing students with an interdisciplinary collaborative program and gave these students the knowledge and skills to conduct interdisciplinary gerontological research.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
University of Iowa	
Other University or Center (Linked to University of Iowa)	<ul style="list-style-type: none"> • Alcorn State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Aurora University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Chicago State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Duke University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Geriatric Education Center: Expanded student experience and multi-disciplinary opportunities, and added expertise in training for long-term care staff. • Gonzaga University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Illinois State University*: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program, AACN Curriculum School) • Indiana University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Iowa Center on Aging: Expanded student experience and multi-disciplinary opportunities, and added expertise in training for long-term care staff. • Iowa Geriatric Education Center on Aging and the Aging Studies: Disseminated information through joint programming to health-care professionals, staff, elders, families, organizations. • Iowa Geriatric Education Center: Worked to collaboratively disseminate and test the "Family Involvement in Care" evidence-based practice protocol. • Kent State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Northern Illinois University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Oregon Health and Science University*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE) • Purdue University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Saint Louis University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program)

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Iowa)	<ul style="list-style-type: none"> • Southern University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • University in South Korea: The HCGNE hosted and trained faculty in geriatric nursing from the University of South Korea. • University of Arkansas for Medical Sciences*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Arkansas: Participated in the Summer Scholars Seminar hosted by the HCGNE. • University of California at San Francisco*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Collaborated with UCSF on the Americans with Disabilities Act (ADA) grant at Iowa to develop the “Live Alone” tool. (HCGNE, AACN Curriculum School) • University of Illinois – Chicago*: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program, AACN Curriculum School) • University of Indiana at Kokomo: Participated in the Summer Scholars Seminar hosted by the HCGNE. • University of Kansas: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • University of Melbourne in Australia: Learned about translational research. • University of Minnesota*: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program, NSGIP) • University of Missouri-Columbia*: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program, AACN Curriculum School) • University of Missouri-Kansas City: Participated in the Summer Scholars Seminar hosted by the HCGNE. • University of Missouri-St. Louis: Participated in the Summer Scholars Seminar hosted by the HCGNE. • University of Nebraska: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • University of Pennsylvania*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE) • University of San Diego: Participated in the Summer Scholars Seminar hosted by the HCGNE. • University of Tennessee-Knoxville: Participated in the Summer Scholars Seminar hosted by the HCGNE.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Iowa)	<ul style="list-style-type: none"> • University of Virginia*: Developed a web-based post masters GNP. (AACN Curriculum School) • University of Wisconsin-Madison: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Washington University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Wayne State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program) • Wichita State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. • Winona State University: Participated in the Summer Scholars Seminar hosted by the HCGNE. Developed gerontological nursing intervention research of senior and junior scientists to achieve a greater variety of content and methods expertise in gerontological nursing research, gain access to more heterogeneous elderly subjects, and facilitate multi-site studies. (partner in the Regional Training Core program)
Provider (Linked to University of Iowa)	<ul style="list-style-type: none"> • Administrators of Assisted Living Facilities: Provided training in order to help administrators attain voluntary certification through state nursing home organization. • Atrium Village, Hills: Conducted an in-service to provide professional development of long-term care facility professionals. • HomeSafe: Provided the School of Nursing students with a clinical practicum site. • Liberty Country Living: Provided students with a clinical practicum site. • Long-term care facilities statewide: Identified which facilities used best practices and which facilities wanted to use them. Discussed the mutual benefits of partnering, improved student practicum experiences, and assisted settings with best practices. • Mercy Medical Center in Mason City, Iowa: Helped establish an Acute Care of the Elderly (ACE) unit and provided nurse leadership for geriatric best practices. • Methodist Hospital System, Omaha, Nebraska: Helped establish an Acute Care of the Elderly (ACE) unit and provided nurse leadership for geriatric best practices. • Rural PACE in Iowa: Participated in the development of the program to increase options of care for rural elders. • Systems Unlimited: Worked to further enhance knowledge of special needs clients by providing staff training and training materials. • University of Iowa Hospitals and Clinics: Worked to collaboratively develop and implement HomeSafe, an entrepreneurial nurse case-management practice to support and assist elders living alone at home. Developed and implemented a geropsychiatric nursing inpatient unit of excellence and established a helpline for advice on the care of elderly in in-patient units.
Government or Policy (Linked to University of Iowa)	<ul style="list-style-type: none"> • Community Aging Services: Collaborated to improve the care of elders by making referrals. • Iowa Department of Elder Affairs: Worked to improve care of elders and influence health policy. • Iowa Department of Inspections and Appeals: Provide on-site training to long-term care facility staff to further staff knowledge and empower them to deliver quality care to elders in long-term care facilities. • Long-term Care Rules Committee for the State of Iowa: HCGNE Director and staff worked with legislators and testified at four hearings to design policy and rules that will enable innovative models of care to be tested and utilized.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Government or Policy (Linked to University of Iowa)	<ul style="list-style-type: none"> • Senator Grassley, US Congress: Worked to improve care of elders and influence health policy. • Senator Harkin, US Congress: Worked to improve care of elders and influence health policy. • State Nursing Home Surveyors: HCGNE faculty gave a presentation on interventions for incontinence, hydration interventions and outcomes. • Vicki Lensing, State Representative: Worked to improve care of elders and influence health policy.
Other (Linked to University of Iowa)	<ul style="list-style-type: none"> • Ageing Studies Program: Expanded student experience and multi-disciplinary opportunities. Added expertise in training for long-term care staff. • College of Public Health: Worked to foster interdisciplinary research, discussed joint programs and collaborated with health economists, health policy faculty and statisticians. • GNIRC/HCGNE Regional Research Consortium: Worked to increase training of geriatric nursing researchers and faculty geriatric research and provide greater evidence for geriatric nursing practice to benefit elders. • Iowa Assisted Living Association: Extended the influence of JAHF and University of Iowa College of Nursing. • Iowa Health Care Association: Extended the influence of JAHF and University of Iowa College of Nursing. • Iowa Health Care Association: The association purchased a web-based continuing education module on care of persons with dementia and its associated continuing education recording system for nursing assistants. • Lone Tree Nursing Home: Conducted a pilot study on “the Effects of Staff Education Intervention on Staff and Resident Outcomes.” • University of Iowa College of Dentistry: Expanded student experience and multi-disciplinary opportunities, and added expertise in training for long-term care staff. • University of Iowa Family Practice, Audiology Department: Expanded student experience and multi-disciplinary opportunities, and added expertise in training for long-term care staff.
University of Pennsylvania	
Other University or Center (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • Abramson Center for Jewish Life, The Polisher Institute: Established a direct linkage with a research based long-term care facility. • Brown University School of Medicine, Department of Community Health: Hosted University guest for a discussion on health policy issues. • Brown University’s Center for Gerontology and Health Care Research: Provided dual mentorship for a Hartford scholar. • Building Interdisciplinary Geriatric Care Centers, Rand/JAH: The Director served on the National Advisory Panel to promote and share HCGNE expertise in interdisciplinary work. • Burapha University, Thailand: Conducted a series of faculty meetings to provide the university with a curriculum overview of gerontological and adult nurse practitioner programs and research. • Center for Health Outcomes and Policy Research: Provided a partnership infrastructure to increase the number of minority nurse researchers and the amount of health disparity studies. (member of the Hampton-Penn Center for Health Disparities) • Center for Urban Health Research: Provided a partnership infrastructure to increase the number of minority nurse researchers and the amount of health disparity studies. (member of the Hampton-Penn Center for Health Disparities) • Dana Farber Cancer Institute: Selected HCGNE faculty and staff as 2003 Frances Donovan Nurse Scholars to give presentations on patient safety issues.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • Delaware Valley Geriatric Education Center, Institute on Aging University of Pennsylvania: Collaborated to produce the Teaching and Learning to Care for Long-Term Care Modular Instruction Series for Staff Development. • Emory University: Pursued joint research on transitional care. • Fukui Prefectural University, Japan: Provided consultation on geriatric curriculum. • Hampton University School of Nursing: Provided a partnership infrastructure to increase the number of minority nurse researchers and the amount of health disparity studies. (member of the Hampton-Penn Center for Health Disparities) • Hartford Institute for Geriatric Nursing*: Gave a presentation at the Nurses Improving Care for Health System Elders (NICHE) Leadership Conference. • Hartford Institute for Geriatric Nursing*: Promoted specialty nursing association participation in the Nurse Competence in Aging Project. HCGNE faculty was appointed to the Institute's Advisory Committee. • Institute on Aging: Partnered in research initiatives. • Karolinska Institute, Sweden: Consulted about curriculum related to specific course content for undergraduate, graduate and doctoral studies with specific focus on gerontology and oncology clinical practices. Worked collaboratively on the Swedish National Cancer Society research grant. • Leonard Davis Institute of Health Economics: Worked to promote collaborative scholarship in health care through formal partnerships within the same university among the clinical, management, and social sciences. • Mahidol University, Thailand: Shared nursing curriculum and discussed U. Penn's GNP program and engage JAH scholars with the Thai program. • Massachusetts General Hospital and Brigham and Women's Hospital: HCGNE Faculty/Staff were selected as 2003 Frances Donovan Nurse Scholars gave presentations on patient safety issues. • Massachusetts General Hospital Institute for Health Professions: HCGNE Faculty/Staff were selected as 2003 Frances Donovan Nurse Scholars gave presentations on patient safety issues. • New Jersey Department of Health Senior Services: Discussed a program of falls research for Hartford post-doctoral scholar and to explore possible HCGNE faculty collaborative research opportunities. • North Center-Flint Hills Area Agency on Aging: Worked on an initiative to develop an 18-county community based strategic plan that examines transitional care practice models. • Oregon Health and Science University*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. • Oxford Brookes University, School of Health and Social Care: Supported efforts to build a student exchange program and helped build U. Penn's geriatric-nursing expertise in an international arena. • Penn's Geriatric Education Center: Developed palliative care, falls, and behavioral health training modules, which will be featured and marketed on the web. • People's Emergency Center: Provided consultation services to address the long-term antecedents and crises precipitated by homelessness and its effects on women and children. • Philadelphia Corporation of Aging: Promoted collaborative research related to community based care data. • Polisher Research Institute Abramson Center for Jewish Life: Expanded the School of Nursing's research capabilities. • RAND/Hartford Center for Interdisciplinary Geriatric Health Care Research: Participated in studies related to end-of-life and mental health. • Saint Anselm College's Continuing Nursing Education Program: Gave a key-note presentation at a conference focused on Enhancing Outcomes of Care for Vulnerable Older Adults. • School of Medicine Center of Excellence for Patient Safety Research and Practice: Helped faculty and students identify future joint research opportunities.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Other University or Center (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • Tokyo Medical and Dental University: Hosted faculty members as visitors to Penn, discuss research and analysis methods. • University in Taiwan: HCGNE faculty served as an international mentor to the faculty. • University of Arkansas for Medical Sciences*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Bremen, Germany: Exchanged ideas and compared the state of gerontological nursing between these two schools and discuss possible Penn-Euro faculty exchange program. • University of California at San Francisco*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. Co-authored a proposal on gero-oncology with UCSF faculty. (HCGNE, AACN Curriculum School) • University of Hong Kong: Collaborated to provide a comparative course on views of aging and treatment and student exchange program. • University of Iowa*: Developed and pursued synergistic activities between HCGNEs to forward the goals of the Hartford Geriatric Nursing Initiative. (HCGNE, AACN Curriculum School) • University of Maine: HCGNE faculty provided consultation on an NIH grant proposal. • University of New Hampshire: Pursued joint research on transitional care. • University of Pennsylvania: Pursued joint research on transitional care. • University of Pittsburg School of Nursing: Pursued collaborative research opportunities. Facilitated a Hartford scholar application and provided mentorship for current scholar. • University of Pittsburgh, School of Nursing: Conducted joint education efforts for faculty and nurses. • Vine Memorial Baptist Church, Philadelphia PA: Partnered in an interdisciplinary palliative care community initiative. • WHO International School of Nursing Center: Collaboratively developed a process to discuss and promote initiatives to establish a world-wide reach for gerontological research, practice, and education.
Provider (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • Aetna Corporation: Partnered to translate an advanced nurse practitioner transitional care model into clinical practice. • Alpha Scientific: Discussed potential partnership linkages for a scholarship endowment, Gerontologic Nursing Consultation Services (GNCS) for medical devices, and clinical placement for students. • Beverly Enterprise Nursing Home Network: Supported a collaborative research agenda in nursing homes. • Evercare: Promoted opportunities for clinical placements and graduate GNP employment. • General Management Services, LLC: Pursued possible donations for geriatric research and scholarship support. • Joan Karnell Cancer Center of the Pennsylvania Hospital: Presented models of practice related to coping with cancer. • Local Hospice Organizations: Enhanced end-of-life opportunities for student clinical placement and future research. • Maine Telemedicine Service: Provided consultation on an NIH grant proposal. • Medford Leas Continuing Care Retirement Community and Friends Retirement Association: Created opportunities for student experience and research. • Mt. Sinai Medical Center: Gave a presentation to promote evidenced-based practice knowledge to an academic health center. • Spaulding Rehabilitation Hospital: Selected HCGNE faculty and staff as 2003 Frances Donovan Nurse Scholars to present on patient safety issues. • University of Pennsylvania Health System: Explored common areas of research interest regarding falls, delirium and restraint use.

Table 6b (continued). Description of Linkages made between HCGNEs and Other Institutions

Type of Linkage	Description of Linkage
Provider (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • Institute on Aging Academic Long-Term Care Network: Pursued research collaboration efforts. • Institute on Aging: HCGNE faculty members appointed to the Advisory Board.
Other (Linked to University of Pennsylvania)	<ul style="list-style-type: none"> • American College of Physicians - American Society of Internal Medicine Foundation: Discussed potential collaborative initiatives. • Association of Rehabilitation Nurses: Delivered a conference presentation to promote evidence based care. • Family Practice and Counseling Network, Abbottsford Family Practice and Counseling: Promoted evidenced-based practice. • Healthy in Philadelphia Initiative: Advanced the translation of knowledge and evidenced-based research. • Multinational Association of Supportive Care in Cancer Consensus Conference: Disseminated evidence-based clinical practice guidelines and research recommendations developed at Penn Nursing. • National Kidney Foundation of Singapore: Developed research partnerships and clinical/administrative internships. • North Center-Flint Hills Area Agency on Aging: Developed an 18-county community based strategic plan that examines transitional care practice models. • Penn Nursing Network Consulting/Gerontologic Nursing Consultation Service (GNCS): Disseminated research into practice. • Penn Nursing Network: Demonstrated the applicability of transitional care models that integrate hospital and community. • Philadelphia Corporation on Aging: Provided access to community based population for research. • Philadelphia Region American Council on Education Network: HCGNE faculty gave a featured presentation on nursing care of older cancer patients and the role of their caregivers. • Visiting Nurses Association of Greater Philadelphia: Worked to demonstrate the applicability of transitional care models that integrate hospital and community care. • WHYY (the public broadcasting station serving greater Philadelphia) End-of-Life and Caregiving Coalition "Community Cares" partnership: Assisted the Center to strengthen linkages between practice researchers and community practitioners.

Note: *Indicates a linkage with another Hartford-funded program. Presentations at other Universities or Institutions were not included unless they were explicitly classified as linkage activities by the HCGNE in the evaluation report form.

ii. Leveraging. The HCGNEs leveraged their designation as Hartford Centers of Geriatric Nursing Excellence to obtain additional funding, influence policy, and improve the status of their geriatric nursing programs. The leveraging component of the Hartford grant is unique because it defines Hartford funding and programs not as end results, but as building blocks for further development and sustainable activities. Over the first 3½ years of funding, all of the HCGNEs leveraged their original Hartford funds into additional resources. Although funding was the primary object of leveraging, the HCGNEs also leveraged their Hartford designation to obtain benefits such as faculty release time, the use of space, and other resources.

A summary of the additional funds leveraged by the HCGNEs in each six-month period of their grants and the reported likelihood that the Schools of Nursing would have received the funds without the HCGNE designation or HCGNE resources is presented in Table 7. Figure 2 illustrates the total reported amount of funds leveraged, and the likelihood that these funds would have been received without Hartford support. Table 7 and Figure 2 probably *underestimate* the actual amount of funds leveraged, as schools tend to underreport the amount of funds leveraged.

- **In the first 3½ years of operation as Hartford Centers of Geriatric Nursing Excellence, the five schools received approximately \$4.5 million of Hartford funds and reported that they generated over \$29.3 million in additional funds, of which between \$9 and \$18 million would probably not have been received without the John A. Hartford Foundation support.**
- Each of the HCGNEs leveraged its designation as a Hartford Center of Geriatric Nursing Excellence to obtain additional funding, influence policy and improve the status of its geriatric nursing program. In general, the HCGNEs indicated that they learned Hartford resources allowed for the promotion of geriatric education and the expansion of outreach projects to other philanthropic organizations which provide additional funding. Additionally, HCGNEs observed that it is important to leverage research expertise to meet a broad range of research agendas.

Table 7. Reported Funding/Leveraging Amounts for All HCGNEs (January 2001-June 2004)

Total funding amounts represent funds that the five HCGNES reported that they received in each of the seven six-month periods. Funded amounts are aggregated across the five HCGNES and are non-overlapping.

Funding reported by rated likelihood of receiving funds <i>without</i> HCGNE designation	Funded Amount
January 2001 through June 2004	
Not likely at all (<10%)	\$2,480,064
Minimally likely (10-25%)	\$6,620,092
Moderately likely (26-74%)	\$6,522,312
Very likely (75-90%)	\$8,651,077
Extremely likely (>90%)	\$2,830,009
Unspecified	\$2,217,152
Total	\$29,320,706
January through June 2001	
Not likely at all (<10%)	\$7,500
Minimally likely (10-25%)	\$0
Moderately likely (26-74%)	\$0
Very likely (75-90%)	\$73,346
Extremely likely (>90%)	\$0
Unspecified	\$0
Total	\$80,846
July through December	
Not likely at all (<10%)	\$4,915,968
Minimally likely (10-25%)	\$0
Moderately likely (26-74%)	\$0
Very likely (75-90%)	\$1,315,333
Extremely likely (>90%)	\$0
Unspecified	\$1,000,000
Total	\$7,231,301

Table 7 (continued). Reported Funding/Leveraging Amounts for All HCGNEs (January 2001-June 2004)

Total funding amounts represent funds that the five HCGNES reported that they received in each of the seven six-month periods. Funded amounts are aggregated across the five HCGNES and are non-overlapping.

Funding reported by rated likelihood of receiving funds <i>without</i> HCGNE designation	Funded Amount
January through June 2002	
Not likely at all (<10%)	\$0
Minimally likely (10-25%)	\$500,000
Moderately likely (26-74%)	\$904,000
Very likely (75-90%)	\$2,198,744
Extremely likely (>90%)	\$2,592,014
Unspecified	\$2,217,152
Total	\$8,411,910
July through December 2002	
Not likely at all (<10%)	\$139,644
Minimally likely (10-25%)	\$2,113,529
Moderately likely (26-74%)	\$12,000
Very likely (75-90%)	\$2,586,952
Extremely likely (>90%)	\$0
Unspecified	\$0
Total	\$4,852,125
January through June 2003	
Not likely at all (<10%)	\$1,013,098
Minimally likely (10-25%)	\$1,983,133
Moderately likely (26-74%)	\$2,261,408
Very likely (75-90%)	\$1,831,229
Extremely likely (>90%)	\$0
Unspecified	\$0
Total	\$7,088,868
July through December 2003	
Not likely at all (<10%)	\$275,627
Minimally likely (10-25%)	\$1,811,651
Moderately likely (26-74%)	\$2,329,391
Very likely (75-90%)	\$50,000
Extremely likely (>90%)	\$149,995
Unspecified	\$0
Total	\$4,616,664
January through June 2004	
Not likely at all (<10%)	\$1,051,695
Minimally likely (10-25%)	\$211,779
Moderately likely (26-74%)	\$1,015,513
Very likely (75-90%)	\$1,984,152
Extremely likely (>90%)	\$88,000
Unspecified	\$0
Total	\$2,366,987

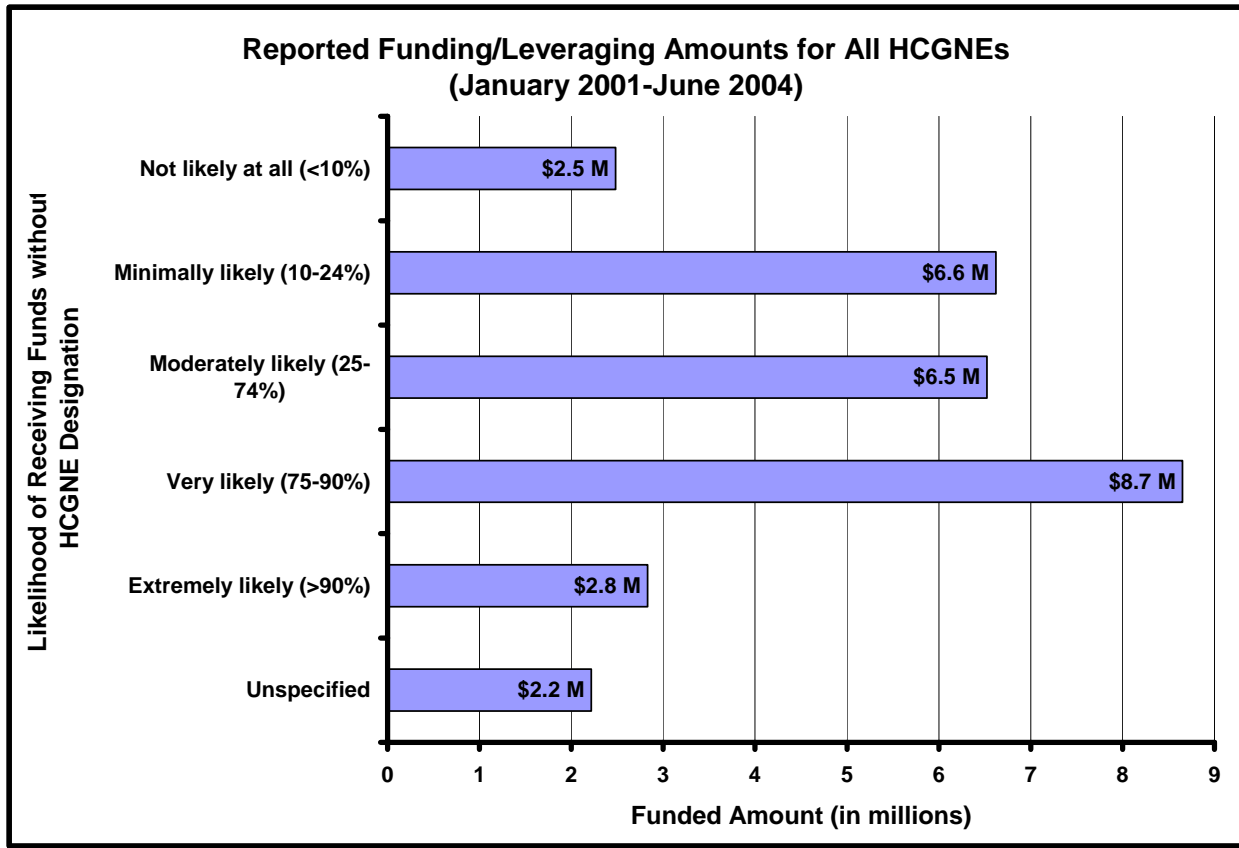


Figure 2. Total Reported Funding/Leveraging Amounts for All HCGNEs

iii. Publications and Presentations. As with any academic Centers of Excellence, first-rate research and wide-spread information dissemination are key components of HCGNE activities. These activities represent an emphasis on research and the HCGNEs' success in training and collaborating with a cadre of productive researchers. The publications and presentations also serve to advance information about the Hartford Geriatric Nursing Initiative and its outcomes, disseminate research findings relevant to care and services for older adults, and highlight issues of training and education. The HCGNEs' efforts in this area have impacted the science and training in geriatric nursing and provided professional development experience for junior faculty and students in the field.

A summary of publications by topic area is presented in Table 8. A complete bibliography of HCGNE Publications is included in Appendix IV; the bibliography includes all publications reported by the HCGNEs as published (or in press) that were supported or partially supported by Hartford Foundation funding. All of these publications were also included in our summaries.

- **Since the HCGNEs were funded in 2001, the five HCGNEs have published 161 journal articles, books, or book chapters at least partially supported by John A. Hartford Foundation funding.**
- The three topics with the highest number of publications are long-term care and end-of-life care (with 18 publications), Alzheimer's or dementia (with 17 publications), and health policy or administration issues (with 13 publications).

Table 8. Number of JAHF-Supported Publications Reported by the HCGNEs (January 1, 2001 – June 30, 2004)

Topics	HCGNE					Total
	A	B	C	D	E	
Alzheimer's/Dementia	1	2	2	9	3	17
Caregiver Issues	2	4	1	4	1	12
Disease Management	1	3	3	0	5	11
Geropsychiatry	3	3	1	2	2	10
Long-term care and End-of-life Care	1	6	9	1	1	18
Models of Care	0	2	0	1	1	4
Nurse Training	1	4	2	1	3	10
Pain Management	0	9	0	3	0	12
Policy	2	0	8	0	3	13
Pressure Ulcers	0	1	2	0	3	6
Prevention	1	0	1	1	0	3
Research Methods	1	4	1	1	4	11
Transfer of Care	0	0	0	0	8	8
Other	0	5	5	4	12	26
Total	13	43	35	27	46	161

Note. Three of the publications were authored by 2 HCGNEs and appear in more than one column. The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

The HCGNEs also made a number of presentations at local and national conferences. In aggregate, the five HCGNEs made 338 presentations during the first 3½ years of their funding. The number of presentations further demonstrates the importance of research and knowledge dissemination in the work of the HCGNEs. A summary of JAHF-supported presentations given by each HCGNE is presented in Table 9.

- A large portion of the HCGNE presentations are given at interdisciplinary geriatric conferences. **During the last three (2001, 2002, 2003) Gerontological Society of America Conferences (GSA), the five HCGNEs made a total of 42 presentations.**

Table 9. Number of JAHF-Supported Presentation Reported by HCGNEs (January 1, 2001 – June 30, 2004)

Type	Number of Presentations Reported					Total
	A	B	C	D	E	
Gerontological Society of America	5	3	15	10	9	42
Other	29	71	63	78	49	290
Total	34	74	78	88	58	332

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

iv. Support for the Training and Mentoring of John A. Hartford Foundation Pre- and Post-Doctoral Nursing Scholars. The HCGNEs have demonstrated their success as training grounds for the next cadre of geriatric nurse scholars. This success is especially apparent in its ability to train and mentor the Hartford Geriatric Nursing Initiative's Building Academic Geriatric Nursing Capacity's Pre- and Post-Doctoral Scholars. Each of the HCGNEs supported an average of 9.4 Scholars over their first 3½ years of funding. Several of the Hartford Scholars are supported jointly with other HCGNEs or Schools of Nursing.

- A parallel evaluation of the Hartford Scholars program reveals that the HCGNEs provide excellent environments for academia, research, and leadership development. **Scholars at HCGNEs demonstrate high levels of professional development and leadership activities. Scholarly mentoring and training at the HCGNEs tends to be significantly better than at other participating Schools of Nursing.**
- **Collectively, the five HCGNEs hired 12 new faculty members with an interest in geriatrics and 11 new project staff members. Funding from the John A. Hartford Foundation has helped to create an important staffing infrastructure for the HCGNEs.**

Table 10. Number of Hartford Academic Scholars Supported or Mentored by Hartford Centers of Geriatric Nursing Excellence

HCGNE	Number of Hartford Pre and Post Doctoral Scholars Supported					Number of Scholars Shared Between HCGNEs	Total Number of Unique Scholars
	A	B	C	D	E		
2001 Scholars	1	0	2	1	2	0	6
2002 Scholars	1	4	3	0	2	0	10
2003 Scholars	2	5	1	4	3	0	15
2004 Scholars	3	0	6	2	5	2	16
Total Scholars	7	9	12	7	12	2	45

Note: A number of scholars were supported or mentored by more than one school and are counted once in each of the institutions. The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

v. Enhancement of Capacity to Train Students. Capacity enhancement is defined as an increase in the number of training opportunities or an improvement in the quality of existing opportunities to train students in geriatric nursing. The enhancement of capacity to train students is one of the central goals of the HCGNE programs and works towards meeting the need for increased numbers of well trained geriatric nurses. All of the HCGNEs reported enhancing their capacity to train students in geriatric nursing.

A summary of major capacity enhancement outcomes reported by the HCGNEs is presented in Table 11a.

- Major project outcomes reported by the HCGNEs include the development and revision of nursing programs and tracks, and the formation of new clinical sites. The HCGNEs also experienced significant increases in adult and geriatric nurse practitioner student enrollment.

Table 11a: Enhancement of Capacity to Train Students in Geriatric/Gerontological Nursing – Summary of Key Outcomes

Outcomes	HCGNE					Total
	A	B	C	D	E	
New Research Training Programs	1	3	2	5	3	14
New Educational Tracks	2	5	2	3	0	12
Enhanced Programs or Tracks	4	3	0	3	3	13
New Clinical Sites	5	15	0	7	7	34

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

The number of activities, outcomes, and lessons learned reported by all HCGNEs related to enhancing capacity to train students during each six-month reporting period is shown in Table 11b. A highly-selected set of exemplars, outcomes, and lessons learned is shown in Table 11c.

- **The most commonly reported capacity enhancement strategy involved the development or revision of curricula to include geriatric competencies. All of the HCGNEs implemented new curriculum or tracks; 3 of the 5 HCGNEs incorporated a greater emphasis on gerontology into existing courses; all of the HCGNEs worked to recruit and retain students in their programs; and 4 of the 5 HCGNEs enhanced clinical and/or research opportunities in geriatric practica.**

- In enhancing their capacity to train students, many of the HCGNEs learned that a number of programmatic factors are important to developing the ability to train more students and increase the quality of training provided. Specifically, HCGNEs reported that students are attracted by positive experiences with healthy geriatric populations, a strong and passionate faculty, a nationally recognized program, the provision of scholarship funds, a strong infrastructure and a well-developed and challenging curriculum. Additionally, the HCGNEs reported that marketing and advertising efforts are both effective and necessary to facilitate the integration of students from rural parts of the state. Lastly, some HCGNEs indicated that students need increased mental health clinical experiences in addition to the development of a required mental health component in the curriculum.

Table 11b. Enhancement of Capacity to Train Students in Geriatric/Gerontological Nursing – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in enhancing capacity to train students in geriatric/gerontological nursing.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	10	15	18	19	16	14	18
Implement New Curriculum or Track	9	7	5	5	5	6	5
Expand Existing Programs or Incorporate Gerontology Content in Existing Courses	1	3	4	5	3	1	2
Recruit and/or Retain Students	0	4	7	8	7	5	6
Enhance Clinical and/or Research Opportunities	0	3	3	1	1	2	5
Number of Reported Outcomes: All HCGNEs	5	11	13	13	11	10	25
Number of Reported Lessons Learned: All HCGNEs	9	8	12	13	5	8	10

Table 11c. Enhancement of Capacity to Train Students in Geriatric/Gerontological Nursing – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	
Implement New Curriculum or Track	<ul style="list-style-type: none"> • Developed a geriatric mental health training program. (B) • Created a BSN to MS/PhD track program. (A) • Developed two new interdisciplinary seminar courses. (C) • Implemented a seminar series on dementia, assessment, care, and treatment. (E) • Developed a new BSN honors program. (D)
Expand Existing Programs or Incorporate Gerontology Content in Existing Courses	<ul style="list-style-type: none"> • Revised the undergraduate and graduate curriculum to address core gerontological nursing competencies. (A) • Provided faculty release time to improve geriatric nursing course content at the master's level. (D) • Extended a clinical research mentoring program to include professional master's students. (B)
Recruit and/or Retain Students	<ul style="list-style-type: none"> • Recruited six students for the BS to PhD program. (A) • Admitted 11 master's students recruited specifically from nurses working at long-term care facilities. (C) • Hired a new gerontology faculty member to train more students. (C) • Mentored and supported MBA and doctoral students with their scholarship applications. (E) • Monitored retention of students in the BSN Honors program. (D)
Enhance Clinical and/or Research Opportunities	<ul style="list-style-type: none"> • Provided opportunities at all university campuses for students to participate in an enhanced reflective practice long-term care experience. (A) • Designed workshops on evidence-based protocols as part of an outreach project to long-term care facilities. (B) • Sponsored two doctoral students to participate in a year-long program of interdisciplinary research-oriented meetings. (C)
Outcomes	<ul style="list-style-type: none"> • Experienced significant increases in the number of adult and geriatric nurse practitioner students enrolled in the program. (E) • Recruited five doctoral students. (C) • Enrolled sixteen students across the state including students with a gerontology focus in the online RN to BS program. (A) • Ensured that all undergraduate nursing students received training in gerontology. (B) • Increased the number of doctoral students with geriatric nurse research training. (B) • Enrolled 80 nurses in web-based courses at the School of Nursing. (D) • Four students successfully completed the expanded geropsychiatric nursing theory course and one student completed the mental health clinical practicum. (D)
Lessons Learned	<ul style="list-style-type: none"> • Project staff need to address the question of adequate clinical preparation for BSN students moving directly into the doctoral program. (A) • Students are willing to enroll in innovative, challenging, and relevant geriatric nursing courses. (B) • Graduate student preparation must be supported or students will not enroll, despite demonstrated need. (D) • When creating interdisciplinary curriculum it is important to reconcile differing academic calendars, course sequencing, and clinical rotation time frames. (E)

Note: Each HCGNE is randomly assigned a letter code, which is presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

vi. Development and Implementation of Nursing Curriculum. The HCGNEs developed and implemented geriatric nursing curricula in a variety of academic settings to ensure nurse competency in the care of older adults. Curriculum development is a valuable means of making lasting changes in nurses' training and the perception of geriatric nursing. All of the HCGNEs developed curricula for their undergraduate and graduate programs at both the Master's and Doctoral level.

A summary of curriculum enhancement outcomes reported by the HCGNEs is presented in Table 12a.

- The HCGNEs successfully implemented new nursing curricula and enhanced existing curricula to improve geriatric nursing content and training of nursing students.

Table 12a. Development and Implementation of Nursing Curriculum – Summary of Key Outcomes

Outcomes	HCGNE					Total
	A	B	C	D	E	
New or Revised Curricula	4	5	2	6	5	22
New or Enhanced Clinical Course*	2	1	0	1	2	6
New or Enhanced Web-based Course*	0	5	1	1	1	8
New or Enhanced Interdisciplinary Course*	0	0	1	1	4	6
New or Enhanced General/Other Course*	0	0	2	2	3	7

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

*Counts for "New or Enhanced Courses" include only individual courses reported by the HCGNEs in their narrative and evaluative reports. As a number of courses were developed or revised within the context of overall curricula but not specifically reported, individual course counts may be under-represented.

The number of activities, outcomes, and lessons learned reported by all HCGNEs related to developing and implementing curricula during each six-month reporting period is shown in Table 12b. A highly-selected set of exemplars, outcomes, and lessons learned is shown in Table 12c.

- **All of the HCGNEs successfully developed or implemented components of their geriatric nursing curriculum. A total of 2 of the 5 HCGNEs targeted their curriculum activities at practicing nurses; 2 of the 5 HCGNEs developed curriculum for faculty or other audiences; and all of the HCGNEs conducted general curriculum development and implementation activities.**
- The HCGNEs developed and implemented geriatric graduate and undergraduate nursing curricula in a variety of academic settings to make lasting changes in nurse competency in the care of older adults. Collectively, the HCGNEs learned that the process of enhancing geriatric curriculum was best achieved when the faculty identified the need for change and approached the new curriculum enthusiastically. Specifically, the HCGNEs identified that the strength of geriatric curriculum, the use of expert nurses to present information, and an explicit focus on research are factors which attract students to a program. Additionally, the HCGNEs indicated that it is especially important

that the curriculum provides students with both didactic and clinical experiences. They noted that it is critical to provide a variety of settings for clinical experiences, ranging from the chronically ill to healthy older adults. Lastly, many HCGNEs reported learning that it is important, yet time intensive, to develop and provide web-based courses because it provides greater access and flexible in learning opportunities

Table 12b. Development and Implementation of Nursing Curriculum – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in the area of nursing curriculum development and implementation.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	17	23	21	27	26	28	23
Undergraduate Curriculum	3	5	1	3	3	3	3
Graduate Curriculum: Master's or Post-Master's	5	6	11	8	5	7	7
Graduate Curriculum: Pre-Doctoral or Post-Doctoral	6	5	0	3	1	2	2
Practicing Nurses Curriculum	0	1	1	0	2	1	0
Faculty and Other	1	0	4	1	3	1	1
General Unspecified	2	7	4	12	13	17	13
Number of Reported Outcomes: All HCGNEs	6	11	10	9	10	14	14
Number of Reported Lessons Learned: All HCGNEs	7	11	6	5	3	7	8

Table 12c. Development and Implementation of Nursing Curriculum – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	
Undergraduate	<ul style="list-style-type: none"> • Implemented RN/BSN program curriculum. (A) • Developed a dementia case study course to provide BSN senior level students with didactic course content and clinical experience. (E) • Created a web-based end-of-life course to increase the gerontology course offerings for undergraduate nursing students. (B) • Sponsored a nurse instructor to develop curriculum for the community college. (C)
Graduate: Master's or Post-Master's	<ul style="list-style-type: none"> • Brought in a consultant to discuss revisions to the graduate level curriculum. (D) • Developed a geriatric nurse practitioner program. (B) • Implemented a new three-year MS student curriculum for practicing nurses. (C) • Approved a palliative care minor for master's and post-master's students. (E)
Graduate: Pre-Doctoral or Post-Doctoral	<ul style="list-style-type: none"> • Used web-based modules in the development of the BSN to PhD program. (D) • Designed two new interdisciplinary doctoral seminars in health policy. (C) • Implemented a BSN to PhD program and increased geriatric nursing course offerings. (B) • Added a gero-oncology focus to the pre- and post-doctoral training program in psychosocial oncology. (E)
Practicing Nurses	<ul style="list-style-type: none"> • Developed a long-term care administrator option with the School of Nursing to provide more continuing education options to practicing nurses. (B) • Offered a geropsychiatric nursing course online to increase accessibility to nurses. (D)
Faculty and Other	<ul style="list-style-type: none"> • Developed the geriatric nurse certification program to prepare regional faculty members in geriatric nursing and web-based nursing course design and delivery. (D) • Allocated resources to provide web course development training and assist faculty with web course development. (B) • Implemented a continuing education activity to teach healthcare faculty about the aging process and help them improve the education they provide. (D)
General Unspecified	<ul style="list-style-type: none"> • Developed a geriatric mental health training series for a web-based course. (D) • Implemented interdisciplinary web-based modules on gerontology to be used in a wide variety of academic curricula. (C) • Established international curriculum consultation initiatives to help other Schools of Nursing build their infrastructure and teaching programs. (E)
Outcomes	
	<ul style="list-style-type: none"> • Thirteen nursing faculty members from the southern region completed the summer geriatric education seminar. (D) • Increased enrollment in the advanced nursing courses. (B) • Finished developing curriculum and preparing a geriatric course outline. (A) • Conducted curriculum consultations with other universities. (E) • Received positive feedback on the web-based gerontology course modules. (C)
Lessons Learned	
	<ul style="list-style-type: none"> • Coursework needs to be explicitly required to ensure student participation. (D) • Having strong gerontology faculty and curriculum will draw students and professionals to the University's degree and outreach programs. (B) • It is important to have strong on-site mentors for BSN to PhD students on campuses. (A) • Continual seeking of resources is important to sustain the development of curricula that is responsive to emerging practice needs. (E) • Web course development is labor-intensive and may take longer to develop. (C)

Note: Each HCGNE is randomly assigned a letter code, which is presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

vii. Development of Infrastructure. The HCGNEs enhanced their internal infrastructure to support the preparation of geriatric nurses. Infrastructure development creates a support system that embeds necessary skills and materials into the HCGNEs, enhancing the efficiency of activity implementation and increasing the likelihood that activities will be maintained in the future. All of the HCGNEs participated in activities to develop their internal infrastructure.

A summary of major infrastructure development outcomes reported as a result of these activities is presented in Table 13a.

- Major outcomes reported by the HCGNEs as a result of these infrastructure development activities include the hiring of new project faculty and staff and the formation of advisory committees.

Table 13a. Development of Internal Infrastructure to Support the Preparation of Geriatric/Gerontological Nurses – Summary of Key Outcomes

Outcomes	HCGNE					Total
	A	B	C	D	E	
Number of New Faculty Hired	2	0	2	7	1	12
Number of New Staff Hired	2	8	0	0	1	11
Number of Advisory Committee-Boards Formed	5	7	4	5	7	28

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

The number of activities, outcomes, and lessons learned reported by all HCGNEs related to developing of internal infrastructure during each six-month reporting period is shown in Table 13b. A highly-selected set of exemplars, outcomes, and lessons learned is shown in Table 13c.

- **The HCGNEs utilized a variety of strategies for enhancing their internal infrastructure. A total of 4 of the 5 HCGNEs established processes or procedures to streamline HCGNE activities such as retreats or committee meetings; 4 of the 5 HCGNEs formed regional or community-based partnerships or networks for the purpose of infrastructure development; 4 of the 5 HCGNEs provided or received technical, financial, or logistical support towards their Center’s growth; and all of the HCGNEs enhanced their staff or developed their infrastructure in other ways.**

Each of the HCGNEs enhanced its internal infrastructure through the creation of a support system that embeds skills and materials into the center which are necessary to support the preparation of geriatric nurses. Primarily, the HCGNEs learned that the development of good organizational and administrative structures is necessary to address specific issues of the centers, develop agendas, and provide much needed support for programs. These structures aide in the scheduling and maintenance of meetings and provide opportunities for group discussions and dialogue. The HCGNEs also learned the importance of interdisciplinary partnerships. These partnerships helped open doors to opportunities in other departments, disciplines, Schools and centers. Increased involvement with community organizations and regional schools strengthens the geriatric focus of the Center and the Center’s status as centers of excellence.

Table 13b. Development of Internal Infrastructure to Support the Preparation of Geriatric/Gerontological Nurses – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in developing internal infrastructure to support the preparation of geriatric/gerontological nurses.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	15	8	8	7	12	15	17
Establish process or procedure	8	7	0	2	3	6	4
Develop partnerships or networks	1	1	0	3	4	4	3
Provide support (technical, financial, or logistical)	3	0	0	1	2	2	4
Enhance staffing or other opportunities	3	1	0	3	4	5	6
Number of Reported Outcomes: All HCGNEs	15	8	9	5	6	9	10
Number of Reported Lessons Learned: All HCGNEs	10	7	6	3	3	10	12

Table 13c. Development of Internal Infrastructure to Support the Preparation of Geriatric/Gerontological Nurses – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	
Establish Process or Procedure	<ul style="list-style-type: none"> • Held an annual retreat and ongoing staff meetings to discuss HCGNE current and future activities. (A) • Conducted regular meetings and monitoring to ensure the progress of HCGNE initiatives. (B) • Strengthened the interdisciplinary research infrastructure across disciplines and community partnerships through activities such as a co-sponsored conference exhibit booth. (E) • Held an advisory committee meeting to discuss and develop interdisciplinary activities. (C)
Develop Partnerships or Networks	<ul style="list-style-type: none"> • Implemented a regional training consortium to provide mentoring and collaboration in schools' research programs. (B) • Developed a regional coalition for excellence in geriatric nursing education. (A) • Strengthened community partnerships to build an interdisciplinary research infrastructure. (E)
Provide Support (Technical, Financial, or Logistical)	<ul style="list-style-type: none"> • Supervised the research residencies of two doctoral students. (C) • Continued HCGNE website improvement and maintenance. (B) • Negotiated space for an office and purchased equipment for the HCGNE. (B)
Enhance Staffing or Other Opportunities	<ul style="list-style-type: none"> • Hired a new program director for the BSN to PhD program. (A) • Hired a faculty member to provide seminar and in-service training to long-term care facilities using evidence-based protocols and best practices. (B) • Supported three advanced practice nurses to serve as clinical preceptors for the geriatric nurse practitioner program. (D) • Increased the HCGNE faculty affiliation by two members to augment and strengthen the Center's research profile in aging, sleep, and gero-psychiatric nursing. (E)
Outcomes	
	<ul style="list-style-type: none"> • Recruited two additional students with a geriatric focus. (D) • Increased community involvement as more community agencies participated in HCGNE activities and gerontology research. (B) • Developed stronger administrative support for HCGNE activities as a result of the research assistant's support. (A) • Sustained faculty interest in HCGNE goals and objectives through the expansion of faculty affiliation with the Center. (E) • Admitted 13 students to the doctoral program. (C)
Lessons Learned	
	<ul style="list-style-type: none"> • Creating a visible and easily accessible center for HCGNE faculty will enhance HCGNE cohesion and visibility. (A) • Increased community involvement strengthens relationships and improves dissemination of HCGNE activities. (B) • When conducting business meetings with multiple organizations, it is important to have a good facilitator to ensure that the meeting's goals and objectives are met. (A) • Adding new faculty members with diverse gerontology focused research interests is an effective means of growing the science at the university. (E) • It is valuable for students to have interdisciplinary faculty on their committees. (C)

Note: Each HCGNE is randomly assigned a letter code, which is presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

viii. Models for Geriatric/Gerontological Care. All of the HCGNEs conducted activities to develop, test, and/or implement evidence-based models for geriatric care. These models typically offer evidence-based practices as a means of improving geriatric care delivery and health outcomes.

A summary of major outcome areas for model development and implementation is presented in Table 14a.

- The HCGNEs reported that developing and implementing these models of care allowed them to create diverse community partnerships and increase quality of life for elders receiving care.

Table 14a. Development of Models for Geriatric/Gerontological Care – Summary of Key Outcomes

Outcomes	HCGNE					Total
	A	B	C	D	E	
Geropsychiatry Model	1	3	0	1	3	8
End-Of-Life, Palliative, or Long-term Care Model	3	7	0	0	6	16
Integrated Model	0	2	0	6	5	13
Transitional Care Model	0	1	0	1	5	7
Other Model Types	6	0	4	3	4	17

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

The number of model types, outcomes, and lessons learned reported by all HCGNEs related to developing models for geriatric care during each six-month reporting period is shown in Table 14b. A highly-selected set of exemplars, outcomes, and lessons learned is shown in Table 14c.

- **A total of 2 of the 5 HCGNEs implemented best practice or evidence-based practice models; 4 of the 5 HCGNEs developed and implemented geropsychiatry models; 3 of the 5 HCGNEs worked on end-of-life, palliative care, or long-term care models; 3 of the 5 HCGNEs developed and applied integrated care models; 3 of the 5 HCGNEs implemented transitional care models; and 4 of the 5 HCGNEs worked on other models of care.**
- The HCGNEs conducted activities to develop, test and/or implement evidence-based models that seek to improve geriatric care delivery and health outcomes. Many of the HCGNEs indicated that they learned the difficulty of managing, providing direction to, and guiding the conceptualization of an integrated model when it does not fall under the direct financial and administrative control of the HCGNE. Additionally, the HCGNEs noted the important role that staff plays in the development and implementation of models. Specifically, HCGNEs observed that many programs and models are understaffed and could benefit from leadership training. Lastly, HCGNEs noted the importance of Hartford funding and other funds to allow for the development of models of care.

Table 14b. Development of Models for Geriatric/Gerontological Care – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in the development of models for geriatric/gerontological care.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	8	9	20	22	18	19	22
Evidence Based Practice or Best Practice Models	3	5	5	7	5	5	5
Geropsychiatry Models	1	1	1	3	4	1	2
End-of-Life, Palliative, or Long-term Care Models	1	1	11	6	6	5	6
Integrated Care Models	1	1	2	8	6	4	7
Transitional Care Models	2	1	2	5	4	5	4
Other	0	0	2	1	1	5	3
Number of Reported Outcomes: All HCGNEs	6	13	11	14	15	11	15
Number of Reported Lessons Learned: All HCGNEs	5	8	8	11	11	9	14

Table 14c. Development of Models for Geriatric/Gerontological Care – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	
Evidence Based Practice or Best Practice Models	<ul style="list-style-type: none"> Disseminated evidence-based protocols in a long-term care setting. (B) Concluded one phase of a statewide initiative to change the existing “behavior management” culture in licensed facilities to a more person-centered care model. (A) Worked to develop a cost-effective model of wound care. (A)
Geropsychiatry Models	<ul style="list-style-type: none"> Formed research workgroups to build an interdisciplinary research infrastructure and test intervention modules, including one on the efficacy of mental health care intervention. (E) Developed and marketed models of care in a transitional care facility and an alternative model care facility for persons with dementia. (B)
End-of-Life, Palliative Care, or Long-term Care Models	<ul style="list-style-type: none"> Worked on an interdisciplinary team to create culture change in LTC facilities. (B) Conducted a descriptive study to define end-of-life needs and advance care planning. (E) Attempted to improve staff retention in long-term care facilities by enhancing the work environment of direct care workers. (A) Obtained financial support for palliative care practice model research. (E)
Integrated Care Models	<ul style="list-style-type: none"> Applied an integrated social and health model of care to a community setting as a result of collaborations between the HCGNE, county healthcare, and social service providers. (D) Developed a model of enhanced interdisciplinary case management for elders living at home in collaboration with a transitional care and an elder service facility. (B)
Transitional Care Models	<ul style="list-style-type: none"> Obtained funding to support the use of an advanced practice nurse transitional care model in a real-life practice setting. (E) Developed and marketed models of care to increase options of care for elders and improve transitional care outcomes. (B)
Other	<ul style="list-style-type: none"> Examined the organizational culture in nursing homes, focusing particularly on patient-centered cultural change in a nursing home setting. (E) Developed an incontinence management program for a hospital facility that includes staff education, consultation, and an on-site assessment clinic. (C)
Outcomes	<ul style="list-style-type: none"> Increased quality of life for elders as a result of proper case management. (B) Secured resources to support multiple research agendas including various university institutes and community partners. (E) Created diverse community partnerships while implementing an integrated care model. (D) Evaluated nursing home residents and placed half on an individualized toilet plan designed to reduce incontinence. (C) Healed the wounds of six veterans since the program was first implemented. (A) Successfully implemented person-centered care projects in ten facilities regionally. (A)
Lessons Learned	<ul style="list-style-type: none"> It is difficult to develop and implement care models in community-based settings. (D) Long-term care staff respond well to the implementation of best practices and innovative models when included as partners in the decision and policy-making process. (B) Training long-term care staff in leadership roles enhances their ability to create and nurture a supportive work environment. (A) Successful implementation of a new model requires time spent educating and discussing evaluation findings with staff. (C) Taking a proactive approach to identifying research resources will enable the HCGNE to pursue unique private and public partnerships to support a wide variety of research. (E)

Note: Each HCGNE is randomly assigned a letter code, which is presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

ix. Influence on Policy. Policy development is integral to HCGNE activities because the HCGNEs recognize that policy affects care for the elderly in a more uniform and permanent way than most other activities. The HCGNE concentration of knowledge, research capacity, and leaders in the field of geriatric nursing makes them uniquely qualified to affect policy. All of the HCGNEs reported participating in activities to influence local and state policy related to care for older adults.

A summary of major policy activity outcomes is presented in Table 15a.

- Major steps taken by the HCGNEs to influence policy for services to the elderly include forming or participating in committees, providing testimony or consultation, and conducting policy research on education projects. The HCGNEs reported that participating in policy activities and serving on advisory committees increased visibility for geriatric nursing and the HCGNEs.

Table 15a. Steps Taken to Influence Policy for Services to the Elderly

Activities	HCGNE					Total
	A	B	C	D	E	
Formed or Participated In Committees	2	9	2	3	10	26
Testimonies Given or Consultations	0	7	0	0	0	7
Policy Research of Education Projects	0	12	9	0	8	29

Note: The identity of the individual HCGNEs is blinded, with each institution labeled as a letter A-E.

The number of activities, outcomes, and lessons learned reported by all HCGNEs related to influencing policy during each six-month reporting period is shown in Table 15b. Exemplars, outcomes, and lessons learned are shown in Table 15c.

- **All of the HCGNEs participated as a committee or advisory board member; all of the HCGNEs disseminated information or provided education; 3 of the 5 HCGNEs conducted research to inform policy; and 1 of the 5 HCGNEs held in-person discussions or provided consultation and testimony.**
- HCGNEs engaged in activities to influence local and state policy related to the care of older adults. Informing policy can have a more robust effect than other activities because policy influences care for the elderly in a more uniform and permanent way than other activities. Overall, the HCGNEs learned that nurses need to be more educated and informed of the policy-making process and its impact on influencing health policy at the local, state and federal level. Additionally, HCGNEs expressed a desire for nurses to take a more active role in the policy-making arena. HCGNEs also learned the importance of developing and establishing credible relationships with policymakers. Specifically, HCGNEs indicated that administrative support and resources are integral to promote opportunities for policy development.

Table 15b. Influence Policy for Services to the Elderly – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in the area of influencing policy for services to the elderly.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	8	7	8	10	12	16	23
Participate as an Advisory Board or Committee Member	1	2	2	1	1	11	11
Disseminate Information or Provide Education	2	1	5	7	4	1	7
Conduct Research to Inform Policy	3	4	3	1	2	0	1
Provide Consultation, Testimony, or In-Person Discussions	2	0	2	2	5	4	4
Number of Reported Outcomes: All HCGNEs	4	2	4	6	5	9	11
Number of Reported Lessons Learned: All HCGNEs	3	4	2	4	3	5	6

Table 15c. Influence Policy for Services to the Elderly – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	
Participate as an Advisory Board or Committee Member	<ul style="list-style-type: none"> • Served on a state long-term care workgroup to re-develop rules in long-term care. (B) • Participated in the policy committee of an initiative to improve job satisfaction and care in the state. (A) • Nominated to serve as a fellow on the Department of Health and Human Services to develop leadership and policy issues in primary care. (E) • Served on a national committee to address the problems inherent in federal legislation related to the role of staff in nursing homes. (C) • Worked on a committee to maximize workforce capacity related to long-term care. (C)
Disseminate Information or Provide Education	<ul style="list-style-type: none"> • Collaborated with other schools in the university to produce mass media publications that influence policy change related to gun violence. (E) • Developed a website to provide consumers with information on quality indicators in state nursing homes. (C) • Sent a letter of support regarding a state and regional dependent abuse law and emphasized the key role that nurses play in the recognition of and response to this problem. (B)
Conduct Research to Inform Policy	<ul style="list-style-type: none"> • Conducted a study of the state's in-home supportive services program to assess the budgetary impact of eliminating the program. (C) • Provided the structure and coaching necessary for a home care program to test and propose policy changes. (A) • Established senior health centers to track the cost of operating hospital-based outpatient clinics in rural settings and ultimately impact policy at the national level. (D)
Provide Consultation, Testimony, or In-Person Discussions	<ul style="list-style-type: none"> • Met with the director of the state department of public health to discuss the role of nurses in caring for the elderly. (B) • Testified at a state long-term care forum to differentiate rules for dementia-specific care. (B) • Held a meeting with key administrators to discuss issues related to staffing and quality of care in long-term care facilities. (A)
Outcomes	<ul style="list-style-type: none"> • Managed to educate legislators and state personnel about the key role of geriatric nurses in elderly care, long-term care, and public health issues. (B) • Ensured HCGNE representation and recognition at sessions regarding rules for long-term care. (B) • Continued to participate in policy issues at the state level. (A) • Increased visibility for geriatric nursing and the HCGNE as a result of faculty appointments to national private and public sector boards and advisory committees. (E) • Invited to serve on a national committee after an article on related subject matter was published. (C) • Received many queries and comments on the website from long-term care providers and consumers wanting to use this resource for their own personal needs. (C)
Lessons Learned	<ul style="list-style-type: none"> • Proper policy is necessary to ensure quality care for the elderly. (B) • Nurses are under-represented in the policy-making process. (B) • Assuming visible nursing roles with public and private policy makers can positively influence policy outcomes. (E) • Policy work is important but can considerably add to a faculty member's workload. (C)

Note: Each HCGNE is randomly assigned a letter code, which is presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

x. Recruitment and Retention of Students. As with any academic program, recruitment and retention of high quality students is essential to HCGNE success. All of the HCGNEs conducted a variety of activities to recruit students to their programs and retain them. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to recruiting and retaining students during each six-month reporting period are presented in Table 16a. Selected exemplars of activities, outcomes, and lessons learned are shown in Table 16b.

- **Major HCGNE recruitment and retention activities include tracking the progress of potential applicants and current students; advising and mentoring; providing learning opportunities to enhance student exposure to geriatric nursing; and disseminating information about the HCGNE and its programs through print (brochures or newsletters), networking events, meetings, and conferences.**
- The HCGNEs reported that their recruitment and retention activities increased student interest and enrollment in their geriatric nursing specialty programs. Several HCGNEs also noted an increase in faculty support.
- The HCGNEs utilized a variety of strategies to recruit and retain high quality students to their programs. In general, the HCGNEs learned that the most positive strategies involved face-to-face recruitment efforts which increased awareness and made it easier for students to make future contact and follow-up. HCGNEs also indicated that a strong senior faculty, geriatric curriculum, geriatric research focus, national recognition and the provision of tuition scholarships serve to attract students into the program. Additionally, the HCGNEs learned that faculty involvement is essential to the recruitment and retention of students. Faculty mentors are vitally important in assisting students with their future career choices and direction.

Table 16a. Recruitment and Retention of Gerontological Nursing Students – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities, outcomes, and lessons learned in the recruitment and retention of gerontological nursing students.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	18	24	26	22	16	21	20
Number of Reported Outcomes: All HCGNEs	16	21	18	11	14	12	15
Number of Reported Lessons Learned: All HCGNEs	14	7	9	4	6	10	12

Table 16b. Recruitment and Retention of Gerontological Nursing Students – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	<ul style="list-style-type: none"> • Established a geriatric nursing summer externship to expose BSN honors students to different geriatric nursing experiences in research, leadership, and practice and begin the process of encouraging them to pursue an advanced nursing degree. (D) • Referred prospective students to the HCGNE project administrator to more efficiently track and conduct follow-ups with students interested in geriatric programs. The administrator makes the initial contact, collects information, and determines which faculty member the prospective student should meet with based on mutual interest. (D) • Increased Hartford pre- and post-doctoral stipends to attract more students into the advanced gerontological nursing programs. (B) • Developed a videotape to be used in recruiting students for the BS to MS/PhD program. The video features the HCGNE director, current students, and student mentors answering frequently asked questions about gerontology and the program. (A) • Developed a comprehensive minority School of Nursing directory to identify schools with large percentages of African-American, Hispanic, and/or Latino nursing students. Mailed recruitment and scholarship materials to the Deans of these schools and attempted to establish a recruitment partnership linkage. (E) • Held a Graduate Open House to showcase work and career opportunities combined with obtaining a Master's degree. (E) • Assisted doctoral program applicants with their goal statements and provided information on courses and financial aid. (C) • Distributed geriatric program brochures and newsletters at various local, regional, and national meetings and conferences. (C)
Outcomes	<ul style="list-style-type: none"> • Held a 'Benefit Luncheon' to maintain the summer geriatric nursing externship program. (D) • Exposed 647 potential students to geriatric nursing opportunities. (D) • Increased enrollment in geriatric nursing courses and practicum. (B) • Received greater program support from the School of Nursing faculty. (A) • Identified an additional pool of potential post-doctoral applicants to the Hartford Scholarship program, and recruited two of these applicants to the Nursing Summer Research Institute to augment their post-doctoral training on underserved populations and health disparities. (E) • Admitted 13 students to the doctoral program in geriatric nursing. (C)
Lessons Learned	<ul style="list-style-type: none"> • Potential advanced degree candidates need a faculty mentor to assist them with career choices and serve as a role model for success in the field of geriatric nursing. (D) • Successful recruiting requires follow-up on all inquiries, including the arrangement of interviews and campus visits and funding for graduate students. (B) • Having a strong, nationally recognized geriatric nursing curriculum helps draw students to the program. (B) • Face-to-face recruitment is more effective because it increases student awareness of the options available and the personal contact makes it easier for students to follow-up. (A) • Adequate publicity and advertising are key to successful recruitment. (E) • Hosting events featuring leaders in the field of nursing, health care, and administration is a wonderful way to advertise the Center, recruit new students, and inform the community about the Center's work. (C) • The greatest successes in student recruitment resulted from one-on-one contact with potential candidates, referrals of students by faculty members, and word of mouth from people describing the doctoral program to their friends. (C)

Note: Each HCGNE is randomly assigned a letter code. These codes are presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

xi. Improvement of Capacity or Quality of Elderly Patient Care. All of the HCGNEs conducted activities to directly improve care of older adults and increase the number of treatment slots available to elderly patients. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to improving the capacity or quality of elder patient care during each six-month reporting period are presented in Table 17a. Selected exemplars of activities, outcomes, and lessons learned are shown in Table 17b.

- **HCGNE efforts to improve care capacity and the quality of care delivered to elderly patients included developing and implementing best practices or evidence-based protocols, assessing the state of existing care, and providing tools to help nurses deliver quality care.**
- As nurses gained additional knowledge and skills through these activities, the HCGNEs reported improvements in the quality of care in many sites.
- The HCGNEs conducted activities to directly improve the quality of care of older adults and increase the capacity of treatment opportunities available to elderly patients. Through these activities, the HCGNEs primarily recognized the importance of staff empowerment in providing a higher quality of care. Specifically, HCGNEs indicated that increased educational opportunities, the recognition of staffing excellence, the consideration of staffing input and an overall sense of staff buy-in all positively contribute to improvements in the capacity and quality of elderly patient care. The HCGNEs also noted that it is difficult to convince elderly patients of the need for additional services as prevention and justify the expenditure. As a result, the HCGNEs feel there is an additional need to further expand and promote services. Lastly, the HCGNEs reported learning that partnerships and linkages are critical to translating research into practice.

Table 17a. Improvement of Capacity or Quality of Elderly Patient Care – Number of Reported Activities, Outcomes, and Lessons Learned

All of the HCGNEs reported activities; 4 of the 5 HCGNEs reported outcomes; and 4 of the 5 HCGNEs reported lessons learned in the area of improving the capacity for and quality of elderly patient care.

Type	Reporting Period						
	Jan – Jun 2001	Jul – Dec 2001	Jan – Jun 2002	Jul – Dec 2002	Jan – Jun 2003	Jul – Dec 2003	Jan – Jun 2004
Number of Reported Activities: All HCGNEs	6	8	14	10	14	15	13
Number of Reported Outcomes: All HCGNEs	2	3	6	8	8	7	8
Number of Reported Lessons Learned: All HCGNEs	3	1	5	8	4	8	6

Table 17b. Improvement of Capacity or Quality of Elderly Patient Care – Selected Exemplars of Reported Activities, Outcomes, and Lessons Learned

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond with one another.

Selected Exemplars	
Activities	<ul style="list-style-type: none"> • Implemented best practices in maintaining functional independence and evaluated them using quality indicators to measure compliance and subsequent patient outcomes. (D) • Conducted a research project to evaluate nursing staff knowledge and feelings about geriatric nursing care. (B) • Began developing a Quick Reference Guide of Evidence-Based Protocols for dissemination to long-term care facilities. (B) • Continued developing a web-based consultation tool to set explicit standards of practice for wound care in long-term care settings and improve general communication about wounds and wound care. (A) • Awarded a JAHF pilot to develop a dementia guideline protocol and develop an internal infrastructure to support further guideline development in the future. (E) • Began developing an incontinence management program for a facility that includes staff education, consultation, and an on-site incontinence assessment clinic. (C)
Outcomes	<ul style="list-style-type: none"> • Ensured that care facilities were aware of best practice protocols and standards of care. (B) • Applied newly gained knowledge to improve patient care at the hospital. (C) • Improved care in most of the sites participating in the Best Practice Initiative (BPI) and person-centered care projects. (A) • Utilized study results to educate hospital leadership about staff issues. (B)
Lessons Learned	<ul style="list-style-type: none"> • Successful implementation and evaluation of a new project requires input and buy-in from the entire team. (D) • Empowerment of care facility staff will ensure higher quality of care. (B) • There are many different types of successful methods for implementing evidence-based practice. (E)

Note: Each HCGNE is randomly assigned a letter code. These codes are presented in parentheses at the end of each exemplar. In most cases, exemplars are selected from the most recent time period (January – June 2004) to provide the most up-to-date evidence.

xii. Additional Domains of Activities. In addition to the major domains of activities discussed in detail previously in this report, the HCGNEs have also been highly active in other activities related to building a Center of Excellence and enhancing the field of geriatric nursing. These areas of activities, though essential to the function of a center of excellence and contributing greatly to meet the needs in the geriatric nursing, are less directly related to the goals of the HCGNEs in the initial funding period. Summaries of HCGNE activity in these areas are presented in Appendix V.

Professional Development of Students, Faculty, and Staff. Professional development activities allow project faculty, staff, and/or students to develop lasting skills related to geriatric nursing. All of the HCGNEs participated in professional development activities. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to developing students, faculty, and staff during each six-month reporting period are presented in Table V-1a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-1b in Appendix V.

- **All of the HCGNEs encouraged faculty and student participation in workshops, meetings, and national conferences as an opportunity to learn from other professionals and gain experience in a professional setting. They also sponsored visiting scholars and encouraged student and faculty presentations to allow for the cross pollination of knowledge and skills.**
- The HCGNEs successfully increased participation in professional activities. They reported that professional development activities expanded participants' professional networks and greatly benefited their career trajectories.
- Lessons learned indicate that professional development activities are an essential socialization tool that increase participants' confidence and performance.

Enhancement of Research Skills and Research Capacity. Enhancing faculty and students' research skills and the HCGNE's research capacity better prepared them to expand the field of geriatric nursing and create best practices to improve care for the elderly. All of the HCGNEs conducted activities to develop their research skills and capacity. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to enhancing research skill and research capacity during each six-month reporting period are presented in Table V-2a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-2b in Appendix V.

- **The HCGNEs enhanced their research capacity by expanding their research programs, particularly those related to interdisciplinary research. Many HCGNEs also encouraged faculty and students to pursue training at other institutions to further promote their research training and skills.**
- Expanding existing research projects and funding new pilot projects allowed for greater student and faculty participation and familiarization with geriatric nursing research. HCGNE efforts to expand their research skills and capacity also resulted in many additional grants. These grants linked students and faculty, providing a situation that allowed intense mentoring to occur.

- The HCGNEs learned that mentoring is one of the most effective means of increasing research skills.

Other Dissemination of Information. All of the HCGNEs disseminated information through “non-academic” modes such as local newspapers, informal meetings and workshops, media outlets like television or radio, the Internet, and other lay publications. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to disseminating information during each six-month reporting period are presented in Table V-3a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-3b in Appendix V.

- **The HCGNEs reported that “non-academic” dissemination methods provided an effective means of delivering targeted information to consumers, policy makers, providers, and potential students.**
- Schools learned that reaching out to these populations is an extremely important method of enhancing HCGNE visibility.

Training of Other Institutions. The HCGNEs provided training to other institutions to build geriatric nursing competency and disseminate information on elderly care at a regional and/or national level.

The number of reported activities to train other institutions sorted by institution type is shown in Table 18.

Table 18. Training of Other Institutions – Number of Reported Activities*

Institution Type	HCGNE					Total
	A	B	C	D	E	
Other University or Center	13	31	2	35	5	26
Provider	1	2	0	0	0	7
Government or Policy	0	1	1	0	0	2
Other	0	4	0	0	0	29

Note: Each HCGNE is randomly assigned a letter code, which are presented in parentheses at the end of each exemplar.
 *Counts of training provided to other institutions may be underreported, as the HCGNEs tend to underreport these activities.

The number of activities, outcomes, and lessons learned reported by all HCGNEs related to training other institutions during each six-month reporting period are presented in Table V-4a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-4b in Appendix V.

- **The HCGNEs reported training a wide variety of other institutions, including government agencies, hospitals, and other nursing programs. The HCGNEs efforts amplified the influence of Hartford funded programs in schools of nursing and providers, and impacted the practices and quality of care delivered to older adults.**
- The HCGNEs reported that the HCGNE designation made other institutions more willing to participate in HCGNE geriatric training activities. However, they also reported that

balancing the need of the HCGNE (and its School of Nursing) against the training needs of other institutions could be challenging.

Meeting, Trainings, and Workshops. To promote issues in geriatric nursing models of care, research, training, and education, the HCGNEs held a number of specific, time-limited meetings, trainings, and workshops. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to conducting meetings, trainings, and workshops during each six-month reporting period are presented in Table V-5a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-5b in Appendix V.

- **The HCGNEs reported conducting meetings, trainings, and workshops in the areas of leadership, research skill development, curriculum development, and care for specific conditions. In addition to providing opportunities for learning and dissemination, these meetings gave individuals a chance to network with one another.**
- The HCGNEs learned that these meetings are a good way of enhancing the geriatric competence of students, faculty, and nurses.

Increased Diversity. In building academic geriatric nursing capacity, the HCGNEs conducted activities to encourage the full participation of diverse groups of nursing students and professionals in the appropriate care of diverse groups of older adults and in research on these populations. The number of activities, outcomes, and lessons learned reported by all HCGNEs related to increasing diversity during each six-month reporting period are presented in Table V-6a in Appendix V. Selected exemplars of activities, outcomes, and lessons learned are shown in Table V-6b in Appendix V.

- **The HCGNEs efforts to increase student diversity and accommodate an increasingly diverse patient population focused mainly upon targeted recruitment of minority nursing students and faculty into the program.**
- Most of the HCGNEs targeted efforts resulted in the successful recruitment of minority students to the specialty program. However, the HCGNEs reported learning that finding minority student pools are difficult and that developing a cadre of minority nurses trained in geriatric nursing must be an ongoing process.

Part III: Summary of Individual Hartford Centers of Geriatric Nursing Excellence

A. Introduction

All components of the Hartford Geriatric Nursing Initiative work towards the common goals of building strength and capacity within geriatric nursing education and practice, and gerontologizing the culture of nursing. As HCGNEs, the five Schools of Nursing have developed their Center programs to suit the following shared goals:

- Strengthen nursing excellence in research, teaching, and clinical care;
- Produce a cadre of future academic and practice leaders;
- Advance scientific and clinical knowledge;
- Provide interdisciplinary collaborations; and
- Enhance local and regional activities relating to improved care for older adults.

Each of the five HCGNEs crafted individualized objectives for accomplishing goals while maximizing the resources already available to each of the HCGNEs, utilizing the skills and strengths of the university, faculty, and staff at HCGNE, and addressing local and regional capacity needs. As a result, different “flavors” of programs have developed in each HCGNE.

B. Oregon Health and Science University School of Nursing

The Oregon Health and Science University Hartford Center of Geriatric Nursing Excellence focused on developing best practice interventions to enhance geriatric care, building capacity to provide geriatric nursing training, and enhancing geriatric nursing scholars’ research skills.

- In developing best practice interventions, the OHSU HCGNE collaborated with various providers to create new programs and models related to elderly care. Major outcomes include a “Better Jobs, Better Care” program to improve patient-provider relationships, a skin care consultation program, a wound care program for veterans, and the successful dissemination of best practices to caregivers in the community.
- The OHSU HCGNE increased its capacity to provide geriatric nursing training by developing new geriatric nursing curricula, and by forming partnerships to expand training opportunities for practicing nurses. Curriculum enhancements include a new BS to PhD fast track program and the revision of undergraduate curricula to include geriatric nursing competencies. Expanded training opportunities the HCGNE include new reflective practice experiences for senior nursing students and the development of academic partnerships with 10 schools through the Northwest Coalition for Excellence in Geriatric Nursing Education.
- Geriatric nursing scholars’ research skills were enhanced through grant funding, dissemination opportunities, and the creation of a post-doctoral research training program.

A complete summary of Oregon Health and Science University Hartford Center of Geriatric Nursing Excellence’s progress towards completing its objectives is presented in Table VI-1 in Appendix VI.

C. University of Arkansas for Medical Sciences College of Nursing

The University of Arkansas for Medical Sciences Hartford Center of Geriatric Nursing Excellence made major progress towards completing its objectives of improving geriatric nursing practice, increasing academic geriatric nursing capacity and geriatric nurse leadership, and enhancing research in the field.

- To improve geriatric nursing practice, the UAMS HCGNE developed and implemented new models of care and promoted the dissemination and translation of best practices in a variety of settings. Major accomplishments include the distribution of a best practice training manual and the establishment of a falls prevention program that has provided training on falls and restraint use to over 600 nursing home personnel across the state.
- The UAMS HCGNE increased its capacity to train nurses by increasing training opportunities and enhancing the quality of geriatric nursing courses within its institution and in other institutions in the southern region. Achievements include the development of a new BSN Honor and BSN-to-PhD track, the training of faculty who train practitioners at 56 institutions, and the creation of the Southern Regional Consortium of 21 states to begin the process of including geriatric in the undergraduate curriculum in all southern states plus Texas and Oklahoma.
- Research capacity of the School of Nursing and the Southern region were enhanced by efforts to support and train scholars in geriatric nursing. Research scholarships and summer faculty research fellowships have been granted to School of Nursing faculty to support the development of geriatric nursing research programs. Annual summer grant writing workshops were also provided in the first three years of funding; 32 faculty from southern schools were trained.

A complete summary of University of Arkansas for Medical Sciences Hartford Center of Geriatric Nursing Excellence's progress towards completing its objectives is presented in Table VI-2 in Appendix VI.

D. University of California at San Francisco School of Nursing

The University of California, San Francisco Hartford Center of Geriatric Nursing Excellence developed and implemented several student recruitment strategies, with a special focus on minority student recruitment. The UCSF HCGNE also greatly enhanced students' interdisciplinary learning and leadership development opportunities.

- The UCSF HCGNE's general and targeted recruitment strategies focused on disseminating information in print, on the Internet, and at meetings, and working with students one-on-one. As a result of recruitment efforts, the UCSF HCGNE enrolled 31 new gerontological nursing doctoral students between 2001 and 2004 and 62 new Master's level students between 2001 and 2003.
- To develop interdisciplinary learning opportunities for students, the UCSF HCGNE created a web-based interdisciplinary course in gerontology which receives approximately 3,200 hits per day and a new non-clinical MS degree in Health Policy at the School of Nursing, and made provisions for student participation in a number of large interdisciplinary research projects.

- To support leadership development, the UCSF HCGNE hosted informal leadership seminars for students and faculty to facilitate exposure to leaders in the field of geriatrics and networking opportunities. The HCGNE also coordinated three large leadership dinner seminars during each year of its Hartford funding.

A complete summary of University of California at San Francisco Hartford Center of Geriatric Nursing Excellence's progress towards completing its objectives is presented in Table VI-3 in Appendix VI.

E. University of Iowa College of Nursing

The University of Iowa Hartford Center of Geriatric Nursing Excellence promoted geriatric research, participated in the policy arena, enhanced geriatric nursing education and strengthened geriatric nursing practice in clinical settings.

- To enhance research capacity, the University of Iowa HCGNE collaborated with the Gerontological Nursing Interventions Research Center (GNIRC) to build a Regional Training Consortium comprised of 16 Schools of Nursing in the region. Between 2000 and 2004, the HCGNE funded 30 pilot grants to consortium schools to seed geriatric nursing research and 13 mentoring grants to foster mentoring relationships between junior and senior faculty.
- The University of Iowa HCGNE has been extremely involved in informing policy locally and nationally. HCGNE faculty testified to the U.S. Special Committee on the Aging about long-term care systems, and participated in a task force to advise on state legislation regarding assisted living facilities, adult day programs, and dependent elder abuse.
- The University of Iowa HCGNE increased training capacity to better prepare nursing students and practicing nurses in geriatric nursing. Major achievements include implementing a new Long-Term Care Administrator's option to the Master's program and BSN-PhD program, providing training on case management of persons with dementia to over 250 elderly services case managers in the 99 Iowa counties, and hosting workshops to assist over 100 Directors of Nursing in developing their leadership skills.

A complete summary of University of Iowa Hartford Center of Geriatric Nursing Excellence's progress towards completing its objectives is presented in Table V-4 in Appendix V.

F. University of Pennsylvania School of Nursing

The University of Pennsylvania developed a specialty faculty consortium consisting of 16 standing faculty and 7 associated faculty to supervise and plan activities towards accomplishing the HCGNE goals of expanding the science of geriatric nursing, enhancing the care delivery systems, and promoting educational programs and student learning. To this end, the HCGNE's work has focused on research and dissemination efforts.

- To expand geriatric nursing research and knowledge, the University of Pennsylvania's HCGNE funded and implemented 25 pilot projects, gave 79 presentations on research findings, and provided mentored opportunities to 18 students in the first 42 months of funding.

- The University of Pennsylvania's practice enhancement efforts have been very well recognized. The Dow Jones newswire and the Wall Street Journal have referenced the HCGNE's work on translational care models and the Hartford Institute for Geriatric Nursing has designated Gero Teaching Innovative Practical Solutions (TIPS) web-based learning modules for healthcare providers as the #1 University Geriatric Website.
- University of Pennsylvania built upon its highly regarded geriatric nursing program. Since the start of the grant, enrollment in the geriatric nursing program has increased at all levels of study. In addition to expanding learning and mentoring opportunities for its own students, the University of Pennsylvania HCGNE worked with other institutions, including 11 international institutions, to share its expertise. The HCGNE also worked towards enhancing student diversity by completing three recruitment mailings targeted at 30 Schools of Nursing with high minority populations.

A complete summary of University of Pennsylvania Hartford Center of Geriatric Nursing Excellence's progress towards completing its objectives is presented in Table VI-5 in Appendix VI.

Part IV: Conclusions

We conclude from all data available that the Hartford Centers of Geriatric Nursing Excellence Initiative has been exceptionally successful, with the overall achievements of the grantees far exceeding what might have been expected at the funding levels provided by the Foundation. The expected *long-term* outcomes of a greatly expanded, better-trained workforce in geriatric nursing that provides better patient care, will *necessarily* occur at full strength a number of years in the future – primarily because it takes many years for scholars to be trained and assume new positions of leadership and for research programs to reach their full term and inform policy and impact patient care. However, the short-term outcomes and impact of the program after only four years fully support a conclusion that continuing funding for the current Hartford Centers of Geriatric Nursing Excellence will allow the program to achieve the full set of desired outcomes on or ahead of a reasonable schedule. *For its funding level, this program is an exceptional one that has greatly exceeded reasonable expectations. We judge that there will be an exceptional level of return from the investment of the Foundation in this program.*

For this report compiled during the Fall of 2004, data were available to the evaluation team covering activities between January 1, 2001, at the start of funding for the five Centers, and June 30, 2004. During the first 42 months of operation, the Hartford Centers of Geriatric Nursing Excellence made significant progress in bringing issues related to developing a large cadre of current and future leaders in geriatric nursing to the forefront of attention locally, regionally, and nationally.

- All five HCGNEs conducted significant activities in the areas of enhancing clinical practice methods and standards, improving educational methods for geriatrics, increasing the information available to others through traditional and innovative dissemination methods, developing practice standards and best practices for the care of older adults, expanding programmatic research, developing models of care, and addressing policy issues. *The activities have been systematic and of exceptional quantity. The activities supported under this grant program are of the highest quality. Most importantly, many of the activities would not have occurred if the five Schools of Nursing had tried to support them through typical local, fragmented, and partial federal funding. The John A. Hartford Foundation funding has provided for unique, integrated, and exceptionally productive activities typically not supported with other kinds of funding.*
- All five HCGNEs utilized methods of internal infrastructure development, linkages to other entities, innovative technologies, mentoring and expert consultations, enhanced human resources, and innovative methods of program implementation to achieve the greatest possible short-term outcomes from their programmatic efforts. These “Center infrastructure” activities supported by the John A. Hartford Foundation have been ones not typically supported either by dedicated School of Nursing funds or by the large federal grants these HCGNEs are capable of obtaining. *The John A. Hartford Foundation funds unique activities that serve to knit disconnected partial funding streams together into integrated geriatric nursing Centers of Excellence, and it is unlikely that any of these Centers would exist in such a highly cohesive form with such exceptional productivity were Hartford Foundation funds to be withdrawn.*
- In total, the five HCGNEs formed at least 317 different, significant linkages with other entities in order to advance their programs. These linkages include 206 significant programmatic linkages with other universities or centers, 63 linkages to service

providers, 16 linkages to governmental entities, and 32 linkages to “other” types of agencies. In many cases, these linkages are broad, formalized through memoranda of understanding, and will probably last for many years if continuing support for the Centers is made available. Individually, the linkages are primarily regional, but because the five HCGNEs tend to evolve common policies and programs, the overall network is national. *Collectively, the Hartford Centers of Geriatric Nursing Excellence is a national program that impacts the practice of academic geriatric nursing and the training for future leaders in almost all areas of the United States. Academic programs are tightly linked to important service provider networks. Senior leaders in this field and other allied medical fields recognize the HCGNE program, along with the Hartford Institute for Geriatric Nursing, as among the most important integrated efforts to enhance the field of geriatric nursing.*

- Over the 42-month period from January 2001 through June 2004, the HCGNEs reported receiving total new funding from other sources – primarily federal research and training grants – in the aggregate of \$29,320,706. The HCGNEs have indicated that it is relatively unlikely that \$9,100,156 of these funds, moderately likely that \$6,522,312 of these funds, and likely that \$11,481,086 of these funds would have been received without John A. Hartford Foundation funding. The HCGNEs were unable to estimate the likelihood of receiving \$2,217,152 of these funds without HCGNE funding. *At the minimum, the John A. Hartford Foundation funding leveraged approximately \$9M in outside funding. Using a somewhat less stringent criterion for attributing the facilitating effects of the HCGNE award on acquiring outside funding, it may be estimated that as much as \$18M in outside funding was obtained at least in part because of the HCGNE program. Most importantly, the additional funds obtained from leveraging the designation as an HCGNE or using HCGNE resources to prepare proposals are ones that tend to be different from the usual federal research funding the same nursing leaders have sought in the past; the newer grants tend to be more integrative and more focused on long-term training and care models than those previously sought by the same individuals. The amounts of extra integrated funding generated through the HCGNE funding are extremely large, and most importantly have enabled senior nursing leaders to take a much broader, educational and policy-oriented approach to their field. Additionally, the John A. Hartford Foundation funding of the Centers allows a number of federal and other grants to be administered in an integrated way that increases the effects of each one.*
- In the first 42 months of the HCGNE program, the HCGNEs published 161 journal articles, book chapters, or books at least partially supported by the HCGNE funding. Among the topics represented are 17 publications on Alzheimer’s disease or dementia, 12 on caregiving, 11 on disease management, 18 on long-term care, 13 on healthcare policy, 12 on pain management, and 11 on research methods. These numbers reflect a high level of publication activity. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been achieved under highly categorical and fragmented traditional federal research funding. We expect the broad emphasis to increase in the future.*
- Over the 42-month period from January 2001 through June 2004, HCGNE faculty and students presented 332 papers at professional meetings including 42 papers at the Gerontological Society of America Meetings. *In a number of cases, the Hartford HCGNE grants helped senior professionals produce much broader, more conceptual work than would have been attempted under highly categorical and fragmented traditional federal*

research funding. Importantly, a large number of the presentations have included discussions of how to develop state-of-the-art geriatric nursing programs using the Hartford Centers of Geriatric Nursing Excellence as prototypes.

- In the first 42 months of the HCGNE program, the HCGNEs enhanced their capacity to train students by implementing 14 new research training programs and 12 new educational tracks; enhancing 13 existing programs or tracks; and developing 34 new clinical practicum sites in a variety of settings. *These numbers are extremely large and reflect the high level of HCGNE activity in this area. It appears that much of this work would have not been done without the John A. Hartford Foundation funding.*
- In the first 42 months of the HCGNE program, the five HCGNEs developed, revised, and/or implemented a variety of nursing curricula, including 22 programs or tracks, 6 clinical courses, 8 web-based courses, 6 interdisciplinary courses, and 7 courses related to geriatric nursing or other aspects of care. *It appears that much of this work would have not been done without the John A. Hartford Foundation funding.*
- Together, the five HCGNEs have provided support, training, and mentoring for 45 (of a total 82) John A. Hartford Academic Scholars. *In a separate analysis of the Hartford Pre-doctoral, Post-doctoral, and MBA Scholars program, it was found that the Scholars affiliated with HCGNEs exhibit higher levels of professional and leadership development than Scholars not affiliated with HCGNEs. This demonstrates the value of HCGNEs and their effectiveness in developing the next cadre of geriatric nurse leaders.*
- Collectively, the five HCGNEs hired 12 new faculty members with an interest in geriatrics and 11 new project staff members. *Funding from the John A. Hartford Foundation has helped create an important staffing infrastructure for the HCGNEs.*
- In the initial 42 months of their funding, the five HCGNEs developed and disseminated 61 models for geriatric/gerontological care, including 8 geropsychiatry models; 16 end-of-life, palliative care, or long-term care models; 13 integrated models; 7 transitional care models; and 17 models related to other types of care. *These numbers are extremely large, and reflect the high level of HCGNE activity in this area; the funding from the John A. Hartford Foundation has supported a broader interest and emphasis on models of care than would have possible with highly categorical and fragmented traditional federal research funding.*
- During the first 42 months of their programs, the five HCGNEs formed or served on 26 committees designed to improve the quality of care or training in geriatric nursing, provided 7 testimonies or consultations, and participated in 29 policy research or education projects.
- While the Hartford Centers of Geriatric Nursing Excellence were each quite successful, the program does support five quite distinct programs, each with different strengths. Each HCGNE provides an alternate model that other Schools of Nursing may wish to follow when establishing their own Geriatric Nursing Centers to best meet local needs. The diversity of approaches among the funded Schools of Nursing is an important part of the program. Among the key strengths of the five different Hartford Centers of Geriatric Nursing Excellence are the following:

- **Oregon Health and Science University.** The program at OHSU, in addition to enhancing and maintaining exceptional training and research activities, provides a model for integrating academic faculty members and key local providers in a Best Practices Initiative. The model uses consensus building and organizational development methods to move results about the best patient care methods from careful research studies into large (statewide) healthcare organizations, while at the same time integrating graduate training programs into the process. A second process – developing a large regional consortium of Schools of Nursing that train geriatric nurses – has been developed and administered by OHSU and then turned over to its member institutions. *The John A. Hartford Foundation funding permitted this group of academic geriatric nursing leaders to focus on the best possible methods for enhancing large local provider networks to institutionalize best practices throughout the State. Foundation funding also permitted the same organizational development methods of agenda setting, consensus development, and knowledge dissemination to be used to start and support a regional network of Schools of Nursing that will enhance geriatric nursing training in the Pacific Northwest.*
- **University of Arkansas for Medical Sciences.** The program at UAMS is broadly based and heavily influences the practice of geriatric nursing in the State of Arkansas and the South through its provider networks, as well as integrating geriatric nursing programs at a large number of regional Schools of Nursing. An exceptional cadre of nationally prominent research and education leaders has implemented programs to make research findings and treatment models available to the largest local groups of providers. These important translational activities are supported and enhanced greatly by a very mature philosophy of developing organizational infrastructure and maximizing the contributions of all participants. Additionally, strong institutional linkages with other Schools of Nursing have been formed to enhance geriatric nursing research and training throughout the Southern states. *The John A. Hartford Foundation funding permitted this group of nursing leaders to greatly expand their capacity to build large knowledge dissemination, coordination, and training networks that enhance both local services and the ability of other regional Schools of Nursing to train future geriatric nursing leaders.*
- **University of California, San Francisco.** The program at UCSF has addressed the recruitment of future geriatric nursing leaders who can meet the needs of an exceptionally diverse local population with innovative and effective methods for identifying new talent and motivating potential students to take the necessary steps to become the leaders of the next generation. Simultaneously, greatly enhanced training and research opportunities have been provided for the expanded student cohorts. A key component of the UCSF HCGNE model is the development of interdisciplinary gerontological learning and research opportunities. UCSF has mastered the extremely difficult task of attracting key nursing stakeholders back into an academic program, helping them redefine their careers, and helping them integrate fully with the larger community of geriatric nursing and gerontology leaders. The UCSF HCGNE demonstrates tremendous skill and success in presenting and disseminating information about their Center and its programs in ways appropriate for student recruitment, and has used this effectively as a tool for forwarding its goals of expanding and integrating its academic and research programs. *The John A. Hartford Foundation funding permitted this group of nursing leaders to build a more integrated*

program that greatly increased its ability to attract and train future geriatric nursing leaders.

- **University of Iowa.** The program at the University of Iowa is an exceptionally deep one with a very broad and well-defined vision of how to best impact the overall field of geriatric nursing both locally and nationally. Iowa has implemented an exceptional model of using strategic thinking and planning to simultaneously impact a very large number of areas of geriatric nursing training and practice. Centerpieces of the Iowa efforts include the ElderCare program, a national network of Schools of Nursing conducting research on geriatric nursing models, and the ability of the School of Nursing to work with state politicians and department heads to influence policy. The Center's progress is extremely broad and deep. *The John A. Hartford Foundation funding permitted this highly proactive group to formalize plans and implement a multi-faced approach to enhancing the field. The results from this group illustrates the extra value of providing funds to encourage careful planning and implementation to enhance long-term and wide spread change. The efforts of the Center are extremely strategic, comprehensive, and effective.*
- **University of Pennsylvania.** The program at the University of Pennsylvania combines large cadres of highly prominent geriatric nursing researchers, major university clinics, exceptionally qualified graduate and undergraduate geriatric nursing students, numerous off-campus practice sites, and prominent policy researchers. The University of Pennsylvania is an exceptional model of how greatly enhanced outcomes can occur when an effective infrastructure is provided for supporting and integrating state-of-the-art, but fragmented, research, clinical, training, and policy programs into a true Center where ideas can be shared, joint programs can be developed, common agenda can be set, and consensus can be achieved. *The John A. Hartford Foundation funding supported state-of-the-art facilities and permitted a group of exceptional faculty and student talents to become better integrated into a Center where common priorities could be set and acted upon, and the impact of the work consequently increased greatly.*
- An "ideal" Center of Geriatric Nursing Excellence model is evolving from the diversity of the approaches used in the five Centers; the model is potentially transportable to many other Schools of Nursing that wish to improve their geriatric nursing programs. Collectively within the five HCGNEs, there have been breakthroughs in innovative models for recruiting students and faculty, methods for the internal organization and support of a Center within Schools of Nursing of differing sizes and extant infrastructure, sustained organizational and professional development of students and faculty, effective techniques for strategic planning and policy development, innovative practice research and the dissemination of findings to provider groups and other Schools of Nursing, creating linkages among Schools of Nursing to further a common geriatric nursing agenda, and the development of collaborative research and student practicum opportunities with practice settings. The model will be transportable to other Schools of Nursing. *The Hartford Model of a Center of Geriatric Nursing Excellence has developed much more rapidly and with greater impact than would have been reasonably predicted at the start of this program.*
- The Foundation's funding of the Building Academic Geriatric Nursing Capacity Coordinating Center at the American Academy of Nursing has greatly added to the value

of its investments in the Hartford Centers of Geriatric Nursing Excellence. The Coordinating Center enhances the productivity and effectiveness of Hartford Centers of Excellence individually and as a group by guiding the formation and orientation of the HCGNE program and providing the administrative support and leadership to facilitate sharing of information and promote synergy among HCGNEs. *The contribution of the Coordinating Center on the HCGNE program has been described in greater detail in a separate report to the Foundation.*

- Overall, the Hartford Centers of Geriatric Nursing Excellence have demonstrated levels of achievement that greatly exceed what might have been reasonably expected for their funding levels. The exceptional achievements of these Centers derive, in no small part, from a group of highly motivated and creative Center Directors and Administrators who are expert at making small amounts of “unrestricted” funds go a long way, by using them to integrate, supplement, and enhance resources that could be stitched together from fragmented, categorical sources of funding such as federal research grants and restricted School of Nursing resources. It is clear that the funds received from the John A. Hartford Foundation during the first four years were the minimum necessary to obtain such large results. *For future years, or in future funding cycles, it is recommended that the Foundation consider the funding levels of the first four years as a baseline that should be considered for supplementation if additional resources are available.* Should it be necessary to cut funding levels of the Centers in future years because of the Foundation’s priorities or commitments, it is possible that they will slip below a level of sustainability that could significantly impact their potential viability and decrease the levels of achievement from those of the first four years. Should funding levels be reduced for individual Centers, we strongly recommend that “discretionary items” in budgets (such as seed funding for pilot research, and stipends for consultants and students) be cut before central infrastructure items (Administrator salaries, communication and coordination costs, travel to HCGNE Director meetings, clerical support). *The Centers need to maintain their current levels of staff, material, and communications infrastructure to remain Centers of Excellence; such infrastructure expenses usually cannot be obtained from other funding sources.*
- We believe that the great productivity and creativity shown by the HCGNEs is a direct consequence of the fact that the John A. Hartford Foundation selected five exceptional Schools of Nursing to be designated as Centers as Excellence and then permitted the Center Directors and the Director of the Coordinating Center to evolve the five programs to best meet local needs and capitalize on local strengths, while at the same time sharing information actively among the program participants. The Foundation chose to permit the individual HCGNEs to each evolve to best use local strengths with a minimum of active management on the part of Foundation staff; it our observation that this model – while obviously not always possible with all grantees in all initiatives – is an excellent one for the group of very senior professionals funded as key faculty in the Hartford Centers of Geriatric Nursing Excellence. It is recommended that the Foundation main such a model in future funding cycles.