

FY 2006 RECOMMENDATIONS: SUPPORT THE MISSION OF THE NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)

NURSING RESEARCH ADVANCES PATIENT CARE

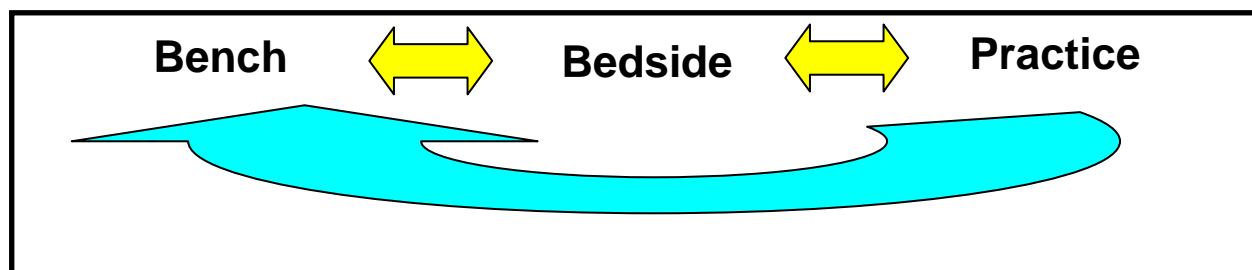
One of the 27 Institutes and Centers at the National Institutes of Health (NIH), the National Institute of Nursing Research supports basic and clinical research by augmenting the scientific knowledge base for the care of individuals across the life span by Registered Nurses (RNs) and other healthcare professionals. RNs comprise the largest group of health care providers, with 2.7 million nationwide. The care they provide must not only be effective, but also improve the health status of patients. To achieve this end, **nursing practices must be constantly updated and validated based on rigorous, peer-reviewed research.** Whether this care is delivered in hospitals, long-term care facilities, community or public health centers, or at home, nurses and other members of the interdisciplinary health care team must implement practices that work. NINR's important work fosters advances in nursing practice, improves patient care, informs nurse educators, and attracts new students to the profession.

NINR's research is integral to the future of the nation's healthcare system. The aging of our population and the increasing life expectancy further highlights the importance of NINR's mission of understanding and easing the symptoms of acute and chronic illness, preventing or delaying the onset of disease or disability, finding effective approaches to achieve and sustain good health, and improving the clinical settings in which care is provided. Through grants, research training, and interdisciplinary collaborations, NINR addresses care management of patients during illness and recovery, reduction of risks for disease and disability, promotion of healthy lifestyles, enhancement of quality of life in those with chronic illness, and care for individuals at the end of life.

RECOMMENDATION: An additional \$21.91 million in FY 2006 funding would bring NINR to a total of \$160 million, enabling the Institute to continue research on critical life and cost saving studies. In FY 2005, NINR received \$138.09 million.

NINR'S ROLE IN THE NIH ROADMAP FOR MEDICAL RESEARCH

Now in its second year of implementation, the *NIH Roadmap for Medical Research* is targeting resources to resolve public health challenges such as acute to chronic conditions, aging population, health disparities, emerging diseases, and biodefense. The *NIH Roadmap* is promoting a trans-Institute effort focusing on three areas: Re-engineering the Clinical Research Enterprise; Interdisciplinary Research Teams of the Future; and New Pathways to Discovery. All NIH Institutes and Centers, including NINR, dedicate funds and staff resources to achieve integration of the *NIH Roadmap*. The first two areas complement NINR's science since nursing provides the bedside clinical research that translates bench science into innovative health care practices.



Clinical Research Enterprise: Almost 90% of NINR funded research is 'clinical' in nature, focusing on patients, families, and communities. Thus, NINR has a unique forum to expand its emphasis on translational research, the means by which basic findings relating to behavior, molecules, and genes can be tested in the clinical setting and translated into medical practice and improvements in public health.

Interdisciplinary Research Teams: Nurse researchers are well positioned to address the *NIH Roadmap's* development of new interdisciplinary research teams to study health issues from various biobehavioral perspectives. NINR already facilitates interdisciplinary research efforts with other health professions, other NIH Institutes, and federal agencies. In the future there will be efforts to address interdisciplinary team training for the health professions.

NINR INITIATIVES TO INCREASE DIVERSITY AND NUMBER OF RESEARCHERS

NINR attracts new students into the profession by providing opportunities for nurse researchers to solve important clinical problems that make a difference in the lives of patients. In 1994 and 2000 the National Research Council recommended an increase in the numbers of nurse researchers in the U.S. With this in mind, in FY 2003 NINR established a five-year, joint program with the National Center on Minority Health and Health Disparities creating 17 Nursing Partnership Centers. These centers match eight established research-intensive universities and nine minority-serving institutions that are developing research programs with the goals of increasing the amount of research on health disparities and the number of minority students interested in nursing research. In addition, **NINR allocates 8% of its budget, a high proportion when compared to other NIH institutes, to research training** to help develop the pool of nurse researchers. In FY 2004, NINR's training dollars supported 88 individual researchers and provided 186 "institutional awards" that support a number of researchers per award. Since nurse researchers **often serve as faculty members**, they also **educate the next generation of nurses**.

NINR FUNDED STUDIES SHOW CARE AFFECTS PATIENT RECOVERY

The following are examples of NINR-funded research that improve the quality of life and provide savings to the health care system:

Early planning can help elderly ICU patients manage discharge and home care

American Journal of Critical Care. 2004; 13 (4): 335-345.

This study shows that early planning for patient discharge from the hospital intensive care unit (ICU) helps elderly patients recuperate at home and regain optimal functioning. Nurse researchers tested the Discharge Planning Questionnaire (DPQ) on 100 patients within 48 hours of their ICU admission. Those in the study whose discharge planners used the DPQ data had significantly higher scores for general health and role-emotional health at a 2-week follow-up, were more ready for discharge, and had less concern about managing their care at home. These **patients also had shorter ICU and hospital stays**. Overall, patients in the study were more likely to report they had adequate information, knew their medications, and knew potential complications.

Transitional care improves outcomes and lowers costs for elders with heart failure

Journal of the American Geriatrics Society. 2004; 52: 675-684.

Nurse researchers evaluated a model of transitional care provided by advanced practice nurses (APNs) to help maintain the health and function of elders with heart failure after hospital discharge. The study group received a three-month APN-led program designed to manage their discharge planning, identify patient goals, coordinate care across the different settings, and implement an evidence-based protocol to manage the multiple needs of heart failure patients. At one year after the initial hospitalization, patients in the study had fewer re-hospitalizations, hospital days, and deaths. Positive short-term effects were also noted in patient satisfaction and quality of life. The **total health care costs were lower by almost \$5,000 per patient** over the year-long study period.

For more information on NINR, please visit <http://ninr.nih.gov/ninr/> or call (301) 496-0207.

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