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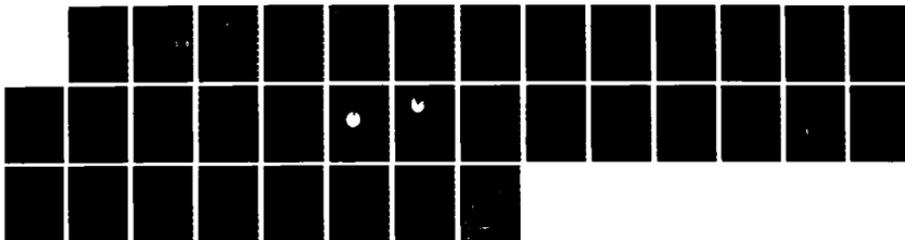
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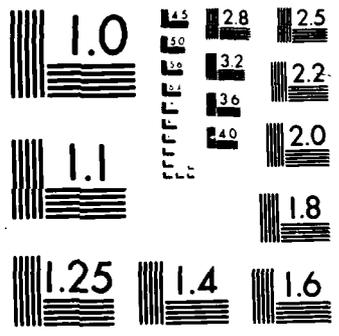
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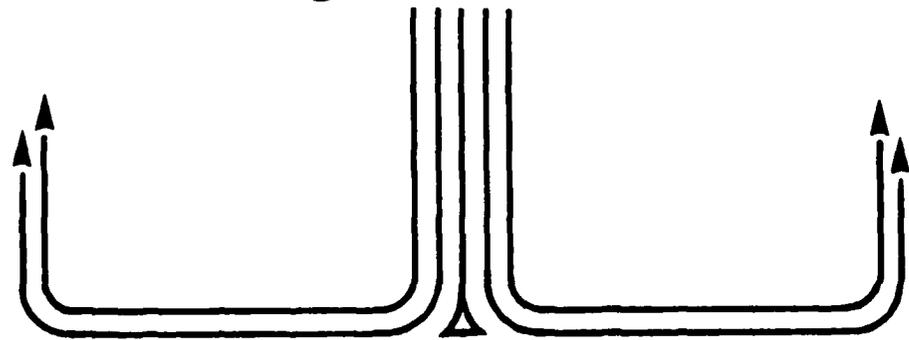


# AIR COMMAND AND STAFF COLLEGE

## STUDENT REPORT

GERONTOLOGY NURSES:  
ARE THEY NEEDED IN THE AIR FORCE?  
MAJOR CHRISTINE B. SCHAUB 85-2300

*"insights into tomorrow"*



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**AUTHOR(S)** MAJOR CHRISTINE B. SCHAUB, USAF, NC

**FACULTY ADVISOR** LT COL PATRICA PURDY, ACSC/EDOWC

**SPONSOR** COLONEL MARGARET P.C. NELSON, AFMPC/SGEN

Submitted to the faculty in partial fulfillment of  
requirements for graduation.

**AIR COMMAND AND STAFF COLLEGE  
AIR UNIVERSITY  
MAXWELL AFB, AL 36112**

## **PREFACE**

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This staff analysis was undertaken to determine whether gerontological nurses are needed in the Air Force. The Air Force continues to provide care for retirees and their dependents. The Air Force Nurse Corps uses nurses in many specialty roles to improve the quality of patient care. This paper attempts to identify the uniqueness of the elderly that makes their care a specialty; analyze patient care data to determine the need for such a specialty, and explore possible roles for the gerontological nurse in the Air Force.

I wish to express my gratitude and thanks to Colonel Margaret Nelson for her support and guidance; Lieutenant Acy Platt for his patience in assisting me with patient statistics; Captain Jeanie Kearney for her help in locating information; and my husband, Ken, for his help with the computer.

## ABOUT THE AUTHOR

Major Christine B. Schaub is a graduate of the Henry Ford Hospital School of Nursing, Detroit, Michigan. She was commissioned in November of 1969 and served in various staff nursing assignments at March AFB, California, Utapao Air Base, Thailand, and Carswell AFB, Texas. After completing Primary Care Nurse Practitioner School at Sheppard AFB, Texas in 1975, she has served as a Primary Care Nurse Practitioner at Scott AFB, Illinois, and Lackland and Brooks Air Force Bases, Texas. Major Schaub holds a BS in Nursing from Incarnate Word College, San Antonio, Texas and has completed Squadron Officer School and graduated from the Air Command and Staff College non-resident and resident programs.

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REPORT NUMBER 85-2300

AUTHOR(S) MAJOR CHRISTINE B. SCHAUB, USAF, NC

TITLE GERONTOLOGY NURSES: ARE THEY NEEDED IN THE AIR FORCE?

I. **Purpose**: To determine the need for gerontology specialists in the Air Force Nurse Corps.

II. **Problem**: Air Force medical facilities continue to provide care for retirees and their dependents. However, the primary mission of the Air Force Medical Corps is medical readiness. Controversy exists over whether to train nurses in a specialty such as gerontology: one that is unrelated to medical readiness. On the other hand, the Air Force Surgeon General has stated priorities that include improved accessibility and delivery of compassionate care.

III. **Data**: Due to increases in life expectancy, the elderly are the fastest growing age group in the United States. DOD retirees are also growing in number and will continue to do so for the next fifty years. Retirees and their dependents heavily rely on Air Force medical facilities -- especially in California, Florida and Texas.

## **CONTINUED**

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In a one year period, retirees and their dependents accounted for 30% of admissions and 26% of outpatient visits in Air Force facilities. Nursing care of the elderly is different due to several factors; (1) the cumulative effect of multiple chronic illness, (2) the effect of some illnesses and medications on the elderly, and (3) cultural and social values associated with aging.

Nursing masters programs in gerontology prepare nurses in the role of clinician, educator, administrator or practitioner. A big focus of the masters programs is on community services and resources for the elderly. Currently, the Air Force does not have any nurses trained at the masters level in gerontology. Possible roles for gerontology nurses in the Air Force could be as Gerontological Clinical Nurse Specialist, or Gerontological Nurse Practitioner.

**IV. Conclusion :** Today there isn't a large-scale requirement for gerontology nurses in the Air Force. However, if the Air Force continues to provide care for retirees and their dependents, larger medical facilities in areas with large numbers of DOD retirees have a potential to benefit from the expertise of the gerontology nurse -- especially as the DOD retired population ages.

**V. Recommendations :** The Air Force Nurse Corps should consider training a limited number (not yet quantified) of gerontological nurses in AFIT-sponsored masters programs for the role of Clinical Nurse Specialist. The Gerontological Clinical Nurse Specialist can help to more fully achieve the Air Force Surgeon General's priorities of improved accessibility and delivery of compassionate patient care.

## Chapter One

### INTRODUCTION

The Air Force Nurse Corps has become more educated over the past decade and now requires, in most cases, at least a baccalaureate nursing degree to qualify for commissioning. In the Viet Nam era, diploma nurses were the norm. As of July 1984, only 671 of 4551 Air Force nurses were diploma or associate program graduates. The rest have bachelors degrees or higher. (22: Atch 4)

With this increasing level of education has come specialization in nursing through masters degrees. The Air Force nurse who seeks an advanced degree usually picks his or her own specialty. In some instances, such as with Environmental Health Nurses, the Air Force Nurse Corps has identified clinical areas needing specialists and selected nurses to attend AFIT-sponsored masters programs to fill the need.

A current trend in nursing specialties is in gerontology. Many nursing schools have identified a need for gerontology nursing in their communities and have established masters programs in this new field.

Should the Air Force Nurse Corps follow suit and encourage masters-level training of Air Force nurses in gerontology? Is there a need for gerontology nurses in the Air Force? Although the Air Force Surgeon General's first medical service priority is sustained medical readiness (18:--), the Air Force continues to provide care, when able, to DOD retired personnel.

The intent of this project is to review the trends in U.S. population and DOD retired population, determine retiree utilization of Air Force hospitals and clinics (especially elderly retirees), and identify some unique nursing care needs of the elderly. The author will review current education levels and nursing specialties found in the Air Force Nurse Corps to determine if there are any nurses with specialty training in gerontology, and suggest possible roles for the gerontology nurse.

NO PRINT

## Chapter Two

### CHANGES IN U.S. POPULATION

The outlook for the population of the United States is for continued growth until the year 2025. The U.S. census in 1980 was 227.7 million; by 2050 the population may reach 309 million. (7:16)

The interesting aspect about U.S. age statistics is that senior citizens will make up the fastest growing age group. In 1900, 4% of our population (4.9 million) was over the age of 65. (5:5) By 1980, the United States had 25.7 million people in the 65 and over segment, making up 11% of the total population. By 2050 the elderly population is expected to rise to 67 million, or 22%. (7:16)

The reasons for the increasingly older population are the post-World War II "baby boom" and advances in technology. The death rates from heart disease and cerebrovascular accidents have steeply declined in the elderly. (3:13) The higher life expectancy since the turn of the century can also be attributed to improved lifestyles, better nutrition, immunizations, drugs, and sanitation measures. By 2050, life expectancy may reach 84 years of age for females and slightly more than 75 for males. (7:19)

These projected growth rates in the older segments of U.S. population are "based on assumptions as to fertility, mortality, and immigration trends in the future." (24:18) Naturally, these predictions can be affected by unforeseen events like war and other large disasters.

### CHANGES IN DOD RETIRED POPULATION

The number of military personnel who retired and were, or are, receiving retired pay and who are eligible for medical benefits has also increased sharply since the turn of the century. In 1900, the U.S. had a total of 3,029 retirees on the payroll. By 1950, the number had increased to 132,828. Ten years later, the

number had nearly doubled to 255,089 retirees. In 1983, the total retiree population was over 1.3 million, not including the number of beneficiaries receiving payments under the Retired Serviceman's Family Protection Plan, or the Survivor Benefit Plan. (14:6-8) The increase in the number of retirees is due in part to increases in longevity. Because of an evolution of U.S. national security policy from isolationism, and the changing global, geopolitical climate, the U.S. has found it necessary to maintain a stronger, larger armed force. This has led to more professional soldiers eligible for retirement and benefits. The increase in retirees is projected to jump to 1.7 million by the year 2000, and over 1.9 million by 2040. (14: Cover) See figure 1.

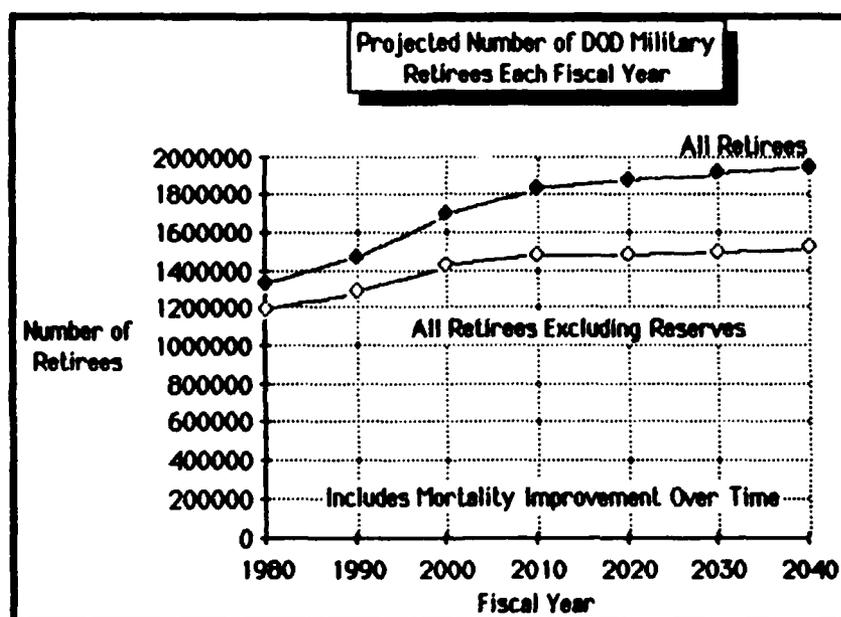


Figure 1. Projected Number of DOD Military Retirees Each Fiscal Year.

The Air Force PRISM (Provider Requirements Integrated Specialty Model) Manager's Report identified 111,295 people 65 years and older, eligible for care, living within a 40 mile radius of USAF medical facilities. (10:283) However, retirees are not evenly distributed. The three most popular states for retirees are California with over 209,400, Texas with over 133,700, and Florida with 129,300. (15:39)

## Chapter Three

### AIR FORCE HOSPITAL ADMISSIONS

From July 1983 through June 1984, there were 284,813 hospital admissions Air Force-wide, which produced 1,582,132 days of bed use. Active duty and non-military uniform service members (Coast Guard, Public Health Service) accounted for 88,673 admissions with 530,885 bed use days. Retired members had 38,892 admissions with 308,490 days of bed use. Dependents of active duty members had 105,438 admissions with 412,479 days occupying beds, while dependents of retired and deceased military members had 47,366 admissions with 305,241 bed use days. (12:187)

<b>CATEGORY</b>	<b>ADMISSIONS</b>	<b>BED DAYS</b>
AD/Non-military & their Dependents	194,111	947,364
Retired & their Dependents and Dependents of Deceased	86,258	613,731
Special Categories (Allied Personnel etc.)	4,444	21,037
<b>TOTALS:</b>	<b>284,813</b>	<b>1,582,132</b>

**Table 1. Air Force Wide Admissions and Bed Days, July 1983-June 1984.**

The hospital admission age statistics during the July 1983 to June 1984 time-frame were not available from the Air Force Biostatistical Branch at the time of this report. However, the July 1982 to June 1983 statistics show a total of 396,418 admissions Air Force-wide. Of those admissions, 15,057 or 3.8% were 65 years and above. The 55 to 64 age group had 24,696 admissions or 6.2% of the total (see figure 2). It is interesting that the report revealed active duty members in the geriatric age range: fourteen active duty members in their sixties, three in their seventies, and two in their nineties were hospitalized during this period. (9:--)

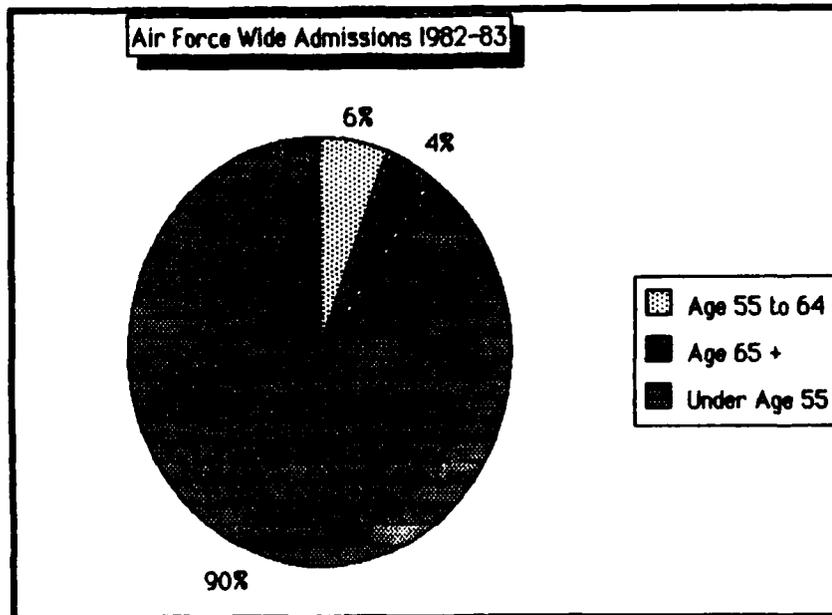
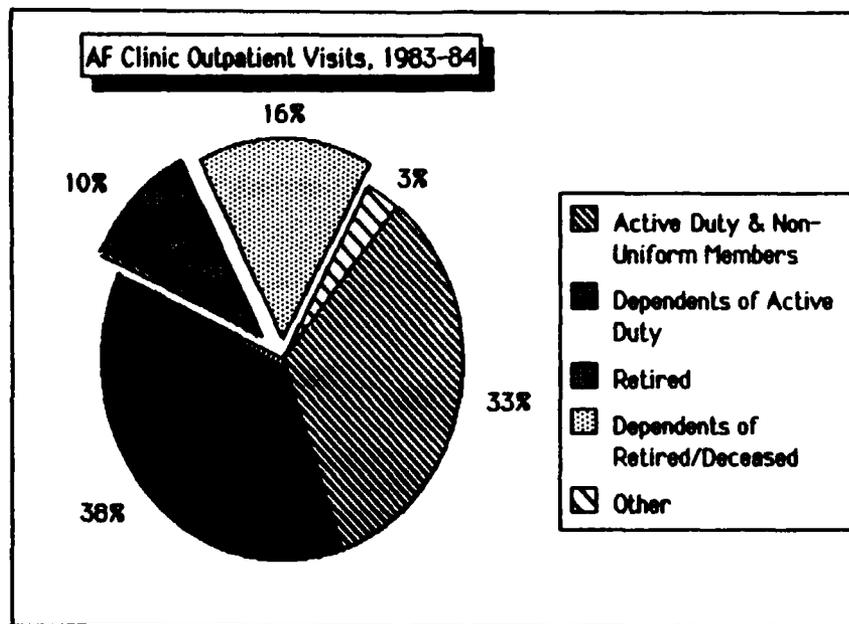


Figure 2. Air Force-Wide Hospital Admissions by Age Category, July 1982-June 1983.

### AIR FORCE CLINIC VISITS

From July of 1983 through June of 1984, Air Force clinics had a large number of outpatient visits from all categories. Active duty and non-military uniform members accounted for 5,389,369 visits. Retired personnel had 1,656,006 visits for the same time period. Dependents of active duty visited USAF clinics 6,061,483 times, while dependents of deceased and retired personnel made 2,534,771 visits (see figure 3). These statistics do not include physical exams or immunizations. (11:117)



**Figure 3.** Air Force Clinic Outpatient Visits, All Categories, July 1983-June 1984.

## Chapter Four

### CHARACTERISTICS OF OLDER ADULTS

The term "elderly" usually refers to the 65 and older age group. Sixty-five is used because it is the usual age of retirement. However, the younger elderly (65-75) differ from the 75 and older age group in abilities and health status.

Of the 25 million elderly in the United States, it is estimated that 80% or more have at least one chronic illness requiring medical supervision. At the same time, only 5% require long-term institutionalization. (14:19) In other words, most elderly experience one or more chronic, incurable, mildly debilitating illnesses that may require medical attention.

A report from the Congressional Office of Technology Assessment commented on our growing elderly population and its medical problems. It claims the "most common disorders affecting the elderly are dementia, arthritis, brittleness of the bones from calcium loss, hearing impairment and urinary incontinence." (5:5)

This report points out one of the unique aspects of medical care of the elderly: the ability to predict the kinds of medical problems they will have. Dr. Cheri Quincy, a gerontologist, believes that because of the ability to predict types of illnesses, preventative measures and education are an important part of caring for the aged. For example, 60% of elderly women will suffer from osteoporosis. Half of these women will experience bone fractures, with associated morbidity and mortality. The preventative treatment of estrogen, calcium supplements and exercise is inexpensive and carries a very low risk, especially when compared to the cost of hip fractures which exceeds one billion dollars a year. (16:112)

Because of the normal aging process, the elderly have decreased pulmonary and cardiac reserve. This usually does not affect their everyday living. However, add the stress of surgery, illness or significant environmental change, and the

elderly do not fare as well as the younger population would in the same situation.

Compared to younger people, the elderly also react differently to illnesses. Some symptoms may be masked or absent causing a delay in seeking medical attention. This delay adds increased risk. For example, the elderly, because of their decreased tactile sensation, may not be readily aware of over-exposure to cold weather and suffer injury without realizing it.

Another phenomenon of the elderly is their reaction to drugs. Due to decreased renal function, they usually require smaller amounts of medication. They may react differently than expected to some medications. For example, barbituates may cause restlessness and confusion instead of the usual sedative effect.

### NURSING CARE OF THE OLDER ADULT

The nursing care of the elderly goes beyond the uniqueness of their medical problems. One definition describes nursing practice as "a direct service, goal directed and adaptable to the needs of the individual, family, and community during health and illness." (2:134) A more complete definition of nursing published by the American Nurses' Association is as follows:

The practice of professional nursing means the performance for compensation of professional services requiring substantial, specialized knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing theory as the basis for assessment, diagnosis, planning, intervention and evaluation in the promotion and maintenance of health; the casefinding and management of illness, injury or infirmity; the restoration of optimum function; or the achievement of a dignified death. Nursing practice includes, but is not limited to, administration, counseling, supervision, delegation and evaluation of practice and execution of the medical regimen, including the administration of medications and treatments prescribed by any person authorized by state law to prescribe. Each registered nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. (17:3)

The American Nurses' Association Division on Geriatric Nursing Practice defines geriatric nursing as being "concerned with the assessment of the nursing needs of older people; planning and implementing nursing care to meet these needs, and evaluating the effectiveness of such care to achieve and maintain a level of wellness consistent with the limitations imposed by the aging process." (2:134)

The Division on Geriatric Nursing Practice identifies several factors which make gerontological or geriatric nursing a specialty, or different from general nursing practice:

1. Chronological age and effect of the aging process.
2. Multiplicity of an older person's losses.
3. Social, economic, psychological, biological factors.
4. The unusual or atypical response of the elderly to illness
5. The different forms of disease that appear in the elderly
6. Accumulative disabling effect of multiple, chronic illnesses and/or degenerative process.
7. Cultural values associated with aging/social attitudes towards the aged. (2:134)

The multiplicity of older persons' losses due to the aging process make the elderly vulnerable. When decreased vision, hearing, and tactile sense are combined with the strange environment of the acute care setting (lights, noise, large numbers of personnel), the vulnerability increases. Add an illness, surgery, and drugs, the net result is stress and confusion. Health care personnel who are aware and concerned about the problems associated with hospitalization of the elderly can decrease the amount of stress and improve the environment.

Laurie Gunter, RN, PhD, feels the increased vulnerability of the older person makes him/her "dependent on and susceptible to domination by health care personnel. . ." (6:413) The older person may sense a negative or impatient attitude from health care personnel and not ask for help. The attitudes of health care personnel toward the elderly may be a reflection of a society which tends to dismiss the elderly person's worth, or a lack of formal training in the care of the elderly.

Nurses are inadequately prepared to care for the elderly for two reasons: "1) there is a paucity of content on aging given to nursing faculty in their own basic programs, and 2) there is lack of a cadre of faculty with a clinical specialty in gerontological nursing that provides the teaching in this area." (4:128)

To overcome this deficiency the University of Rochester School of Nursing utilized a gerontological nurse clinician (GNC) to assist faculty and students in nurturing a healthy attitude toward nursing care of the aged through a positive practical experience. The GNC used clinical conferences to discuss strengths and assets of the clients; the social, emotional, and mental impact of hospitalization; the students versus the clients values in life; and positive versus negative experiences with the elderly. The GNC used role playing, and also assigned students to be nonparticipant observers to watch for conversation patterns, assistance given to clients, and staff interactions. The faculty and students found the experience to be helpful in gaining insight into the needs of the elderly. (4:128-129)

## Chapter Five

### MASTERS DEGREE PROGRAMS IN GERONTOLOGY

Gerontology has been a specialty in nursing for the last decade. Currently, there are 44 nursing schools with masters programs in gerontology accredited by the National League for Nursing. (20:-- ) The American Nurses' Association has certification for both the Gerontological Nurse and the Gerontological Nurse Practitioner. (1:125)

The masters programs in nursing usually combine the study of a clinical area (specialty) with the study of a functional role. The functional role the student can choose from includes clinician, educator, administrator, or practitioner. Not all schools with a gerontology program offer all functional roles. Some schools in addition to their masters programs offer a clinical minor in gerontology or a Certificate in Aging, which shows additional training but not a degree.

Schools with gerontology nursing programs have a similar objective: they seek to prepare nurses with the knowledge to promote health, prevent illness, and to assist with chronic health problems and rehabilitation in the elderly population. The purpose of all this is to assist the older person in achieving and maintaining levels of physical and social activities appropriate for his or her abilities and life styles.

Because nursing programs work within a total-person framework, attention is given to community services. Assisting the elderly in obtaining appropriate community services is an important aspect of gerontology nursing. The University of Rochester goes further in expecting its graduates to act as change agents to improve community services for the elderly. (21:-- )

Although the focus of gerontology programs is on the care of the aged, the knowledge base could also apply to other adults. The University of California, San Francisco lists its gerontology program as Gerontological Nursing/Chronic

Illness Nursing. (23: 39) They believe adults don't wait until the magic age of 65 to develop a chronic illness or experience sensory losses.

The elderly are in the later stages of the life cycle but they do possess potential. Although it is inevitable that the life cycle will close in death, the elderly benefit for decades from health promotion and maintenance. Gerontology nursing programs like the one at Michigan State University hope to graduate nurse specialists "who can creatively address the health care needs of people in the later stages of the life cycle." (24:2)

Graduates from masters programs in gerontology have found employment in nursing homes, community agencies, and hospital settings. But from the nursing schools' perspective, "there is an undersupply of nurse specialists prepared in gerontology to meet the population's growing needs." (24:2)

#### EDUCATION SPECIALTIES OF AIR FORCE NURSES

As of July 1984, the Air Force had 4,551 nurses. There are 285 of them with masters degrees in nursing. An additional 265 have non-nursing masters degrees. (22: Atch 1) (See figure 4)

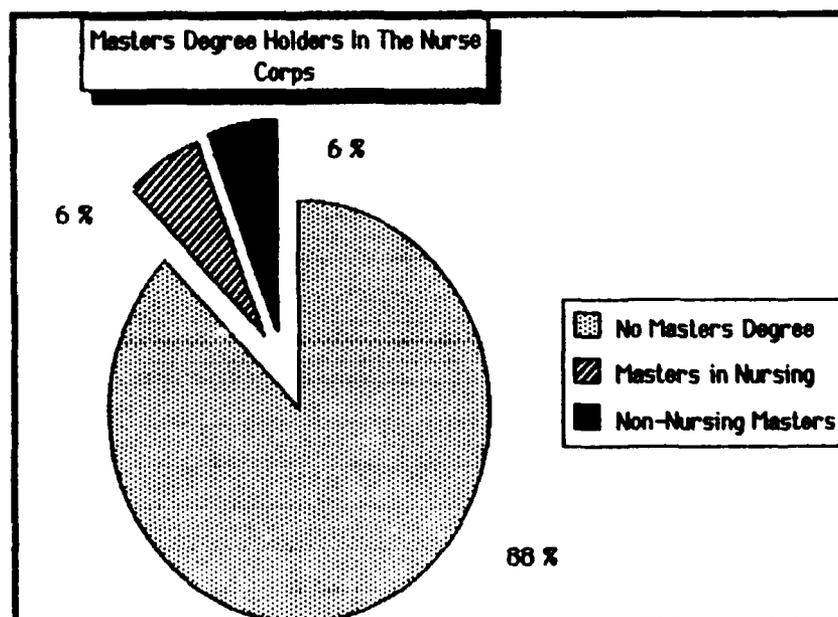


Figure 4. Masters Degree Holders in the USAF Nurse Corps.

The specialties of the nurses with masters degrees in nursing are as follows:

Medical Surgical Nursing	48
Nurse Science, Nurse Administration	40
Public Health Nursing (MPH)	34
Maternal-Infant Nursing	25
Psychiatric Nursing	23
Nursing Science	19
Pediatric Nursing	18
Nurse Science, Nurse Administration, Education	16
Community Health Nursing	12
Midwifery	11
Public Health Nursing	10
Cardio-Vascular Nursing	7
Nurse Science	4
Perinatal Nursing	4
Rehabilitation Nursing	4
Nurse Anesthesia	3
Clinician Nurse	2
Nurse Science, Nurse Administration, Personnel Management	1
Nursing Science- Clinical	1
Oncology Nursing	1
Obstetrical Nursing	1
Clinical Nursing Research	1
(22: Atch 1)	

USAF NURSES CURRENTLY IN AFIT SPONSORED GRADUATE EDUCATION

Nursing Administration	11
Public Health Nursing (MPH)	8
Medical Surgical	6
Maternal-Child	4
Midwifery	3
Anesthesia	3

Cardio-Vascular	2
Community Health	2
Hospital Administration	1
Psychiatric Mental Health	1
(22: Atch 2)	

**USAF NURSES SELECTED FOR AFIT GRADUATE PROGRAMS (FY86)**

Public Health	5
Medical-Surgical	4
Nursing Administration	3
Maternal-Child	3
Physiology	1
Adult Nursing	1
Anesthesia	1
Cardio-Vascular	1
(22: Atch 2)	

On the doctoral level, the Air Force Nurse Corps has one nurse with a PhD in Clinical Research Nursing with an additional nurse completing the dissertation in that field. One AFIT student is pursuing a PhD in Research and Nursing Administration. Two other nurses have non-nursing doctorates in Education.  
(22: Atch 1 & 2)

The non-nursing masters degrees are not listed as they would not relate to gerontology nursing.

**ROLE OF THE GERONTOLOGICAL NURSE IN THE AIR FORCE**

The Air Force Organization and Functions Chartbook states, "The mission of the . . . Nurse Corps is to ensure that the nursing needs of the Air Force community are met." (8:15-6) Recently, the emphasis has been on medical readiness, which is more aligned with the mission of the Air Force. Medical readiness heads the list of the Air Force Surgeon General's medical service priorities. They are:

1. Sustained Medical Readiness.
  2. Effective Quality Assurance and Risk Management Programs.
  3. Improved Accessibility to Care.
  4. Increased Productivity.
  5. Expanded Beneficiary Services and Reduced CHAMPUS Costs.
  6. Delivery of Compassionate Care.
- (18:- - )

A recent letter from the Deputy Surgeon General stated the two priorities needing improvement were accessibility to care and delivery of compassionate care. Major General Chesney urged tackling "these priorities with vigor". (18:- -)

How does the gerontological nurse address the Surgeon General's priorities? A feasible role for the gerontological nurse could be that of the Clinical Nurse Specialist. The Oncology Clinical Nurse Specialist at Wilford Hall USAF Medical Center, Lackland AFB, Texas, has duties that include patient care, intra- and inter-agency coordination, patient and family teaching, staff development, nursing research, and nursing management. (13:1-3) The Gerontological Clinical Nurse Specialist could assist the staff with complex patient care problems, discharge planning and coordinating community resources. This would aid the Surgeon General's goal of delivering compassionate care.

Another role for the gerontological nurse could be as a nurse practitioner working in outpatient clinics such as Primary Care or Internal Medicine. Gerontology Nurse Practitioners could provide an expertise in caring for the elderly not currently available in Air Force hospitals and clinics. The Gerontology Nurse Practitioner could also act as a consultant for inpatient problems and coordinator for community resources and meet the Surgeon General's goal to improve accessibility to care.

## Chapter Six

### DISCUSSION OF THE FINDINGS

This project was undertaken to analyze the need for gerontology nurses in the Air Force. The plan was to review the expected changes in U. S. population; review the trends in DOD retired population; examine use of Air Force clinics and hospitals by patient categories and, where possible, age groups; analyze the special nursing care needs of the elderly; review commonalities in masters programs in gerontology; review the education level and specialties of the USAF Nurse Corps; and identify possible roles for the gerontological nurse in the Air Force.

Examination of U.S. population statistics reveals the elderly as the fastest growing population group. The DOD retired population has also increased.

In reviewing the use of USAF medical facilities, 3.8 % of the patients hospitalized Air Force-wide over a recent one year period were 65 years of age or older. This low number might be due to the availability of Medicare for older retirees, and to the relatively young age of the military retiree. This number may not accurately reflect the true percentage of elderly hospitalized because the total number of admissions include all quarters cases. The percentage could change as the cost of Medicare increases and the retired population ages. This percentage is expected to be higher in the states with large retiree populations.

Retirees and their dependents heavily utilize outpatient clinics. They accounted for 36% of outpatient visits during a recent one year period. The expense of medication and clinic visits in the civilian community influences retirees toward use of DOD medical facilities. Retiree utilization of USAF clinics can also be attributed to previous statements concerning the prevalence of chronic illnesses in an aging population.

It is the cumulative effect of these chronic illnesses along with the aging process and its associated losses that make nursing care of the elderly unique. Separate courses on the care of elderly in undergraduate nursing programs are

rare. But many nursing schools are now addressing the needs of the elderly by offering masters degrees in gerontology in different functional roles.

The Air Force Nurse Corps does not have any gerontological nurses at this time.

### CONCLUSION

When looking at the Air Force-wide statistics, the elderly do not make up a large number of hospitalized patients. There isn't a large scale requirement for gerontological nurses now. But if the Air Force continues to provide care to retirees and their dependents, larger hospitals and medical centers in areas with significant numbers of retirees (especially California, Texas and Florida) have a potential to benefit from the expertise of the Gerontological Clinical Nurse Specialist or Gerontological Nurse Practitioner. The priority of this need compared to others facing the Air Force Nurse Corps in the future is beyond the scope of this paper.

### RECOMMENDATIONS

The Clinical Nurse Specialist may be a career choice for Air Force Nurses in the future. Consideration should be given to sponsoring a small number of them in masters-level gerontology nursing programs through AFIT. Doing this would establish an expertise not currently found in the Air Force Nurse Corps. As liaison for community resources, educator, and patient care coordinator, the Gerontological Clinical Nurse Specialist would be a positive asset to hospitals providing care for large numbers of aged DOD retirees. At the same time, the Gerontological Clinical Nurse Specialist can help to more fully achieve the Air Force Surgeon General's priorities of improved accessibility and delivery of compassionate patient care.

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