



NICHE: Facilitating Uptake by Organizations to Embed Evidence-Based Geriatric Practice

Liz Capezuti, PhD, RN, FAAN

Dr. John W. Rowe Professor in Successful Aging
Director, NICHE

Nurses Improving Care for Healthsystem Elders

NICHE is a collaborative of over 450 active member healthcare sites that aim to provide the highest quality of care to older persons.

The national NICHE office at NYU College of Nursing provides technical support and resources to member facilities via an annual conference and a web-based portal for educational, clinical and operational tools.

These services assist hospitals' systemic capacity to effectively embed NICHE Guiding Principles.

NICHE Framework

the organization

the interdisciplinary team

the clinician

the patient and family

NICHE PRINCIPLES

Evidence-based geriatric care at the bedside

Patient/family -centered environments

Healthy and productive practice environments

Values: older adult and staff autonomy

Interdisciplinary collaboration

Access to geriatric -specific resources

Multi-dimensional metrics of quality

Boltz, M., Capezuti, E., & Shabbat, N. (2010). Building a framework for a geriatric acute care model. *Leadership in Health Services*.

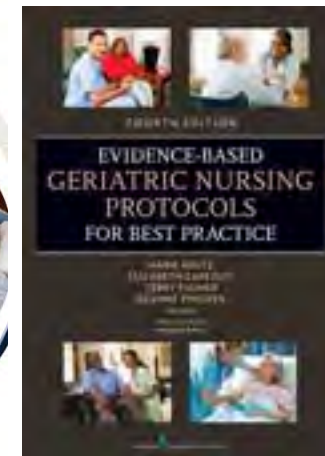
What is the focus of NICHE?



NICHE focuses on programs and protocols that are predominantly under the control of nursing practice.

Support Nurses Role:

- Geriatric competency
- Active role within interdisciplinary team
- Active participant in system-level change



NICHE is a technical-resource center to disseminate evidence-based geriatric quality care practices

Nurses Improving Care for Healthsystem Elders

NICHE

Enter the NICHE Video Contest!

JOIN

- NICHE Knowledge Center
- For Patients and Family
- Leadership Training Program
- Webinars
- NICHE Marketplace

NICHE Webinar Series As part of their organizational strategy, St. Mary Mercy Hospital in Livonia developed a **Patient Family Advisory Council** to help guide their work and ensure that the voice of the customer is included. Carrie Hays McElroy, RN, MSN-NICA will review the background to this work and the steps involved in the development of this Council on November 10, 2011 at 2:00 pm EST. Register now.

New NICHE Oncology Course The educational series, **Nursing Care of the Older Adult with Cancer**, provides the nurse clinician with practical information regarding the complexities and special considerations associated with caring for older adults with cancer, in all practice settings. View course information.

Take the Lead in the Care of Older Adults Register now for the February 2012 NICHE Leadership Training Program (LTP). The LTP trains an interdisciplinary hospital team to begin the process of becoming leaders in the care of older adults and a NICHE designated hospital. View registration information for the six-week, online Session II LTP starting February 13, 2012.

NICHE Solutions

NEW NICHE RESOURCE

ETP

NICHE Annual Conference New Orleans

browse by role search by topic browse by resource my account

Knowledge Center

- patients and families
- clinicians
- interdisciplinary teams
- organizations

The Knowledge Center offers a wealth of information for a wide range of users...patients and families, clinicians, interdisciplinary teams and organizations. The center houses the resources and tools needed to implement NICHE, improve quality of care, inform patients and caregivers, and much more.

NICHE - HARTFORD INSTITUTE FOR GERIATRIC NURSING - NEW YORK UNIVERSITY COLLEGE OF NURSING
726 Broadway, 10th floor, New York, NY 10003 • 212.998.5565 • fax 212.998.4770 • email: info@nichesystem.org

© 2011 NICHE All rights reserved - Legal Notices and Disclaimers



> 450 health care sites in North America

- Collaborate
- Share Knowledge
- Promote Innovation in Healthcare
- Demonstrate Sustainable Family-Centered Care



- Collaborate
- Share Knowledge
- Promote Innovation in Healthcare
- Demonstrate Sustainable Family-Centered Care

> 20,000 health care providers in North America

Share – but ADAPT to your institutional environment



Nurses Improving Care for Healthsystem Elders

Solution Formulated An initiative was undertaken, in collaboration with the communication disorders department, to find a method to speed up and enhance communication. Pictograms were proposed as a solution to the problem. Pictograms are an established technique to facilitate communication.

Four goals were established for the initiative:

- Increase communication involving patients, families and the interdisciplinary team about patients' functional abilities and their security
- Provide a visual means of communications in a strategic location
- Provide a visual means of communications which would be understood by all parties
- Provide a means of testing the success of the initiative

There were 46 pictograms developed and agreed upon by the team and independent reviewers to indicate various aspects of a patient's functional capabilities. Patients, families and team members involved in the project were collectively taught the meaning of each pictogram. On the geriatric unit, boards were placed at the foot of each bed facing the patient with his/her requirements for function and safety represented using the relevant pictograms.

NICHE ROLE NICHE promotes the idea that patients (and their caregivers) benefit from robust participation in decisions that affect their personal health outcomes. While it is not uncommon for the decision-making capacity of older adults to diminish, fluctuate, or lapse, older adults should not be denied the opportunity to make those specific healthcare decisions they are capable of making. Therefore it is imperative that the interdisciplinary team be able to clearly communicate the patient's clinical situation to the all members of the team, the patient and the patient's family.

Evaluation/Results After six months, a survey of the program participants on the use of the pictograms revealed that 83% of the respondents were "satisfied/very satisfied" with the improved communication between the patient, family and interdisciplinary team. Generally, the communications technique saved time and helped provide teaching opportunities with patients and families.

For more information 1. Bennett, J. A. (2002). Maintaining and improving physical function in elders. *Annual Review of Nursing Research*, 20, 3-33.

NICHE-related resources 1. Kriesevic, D. M. (2008). Assessment of function. In E. Capizzuti, D. Zwicker, M. Mazzei, & T. Fulmer (Eds.) *Evidence-based geriatric nursing protocols for best practice*. (3rd ed.) (pp. 23-40). New York: Springer Publishing Company, Inc.
2. Preventing Functional Decline. The NICHE GRN Core Curriculum. <http://learningcenter.nicheprogram.org/course/view.php?id=2>

How can we influence the implementation of a hospital program focused on older adults?



NICHE Framework

the organization

the interdisciplinary team

the clinician

the patient and family

NICHE PRINCIPLES

Evidence-based geriatric care at the bedside

Patient/family -centered environments

Healthy and productive practice environments

Values: older adult and staff autonomy

Interdisciplinary collaboration

Access to geriatric -specific resources

Multi-dimensional metrics of quality

Boltz, M., Capezuti, E., & Shabbat, N. (2010). Building a framework for a geriatric acute care model. *Leadership in Health Services*.

Building Geriatric Capacity the Organization



System Wide Implementation

Promotes hospitals ability to deploy resources in more efficient and cost effective manner.

A Systems Approach

- Facilitates implementation across the continuum of care
- Ensures sustainability
- Increases impact
- Engages more staff, leadership, and the community
- Leverages economies of scale – costs less

6-week Leadership Training Program – Assess, Adapt, Act

Building Geriatric Capacity Clinician Competence



Building Geriatric Capacity The Foundation: Geriatric Resource Nurse Model



Site Administration

- [Users](#)
- [Progress Report](#)
- [Reports](#)

New Courses:

Introduction to Gerontology
(2nd Edition)

[View the course](#)

Geriatric Patient Care Associate (GPCA)
(Updated, 2nd Edition)

[View the course](#)

Critical Care Nursing of Older Adults

[View the course](#)

Nursing Care of the Older Adult with Cancer

[View the course](#)

Upcoming Live Webinars:



Welcome to the NICHE Knowledge Center

Improve your practice using the resources that reside in the NICHE Knowledge Center and the NICHE website. NICHE resources include online educational programs, methodologies and tools developed by experts and experienced NICHE sites and platforms to facilitate interaction with NICHE faculty and other NICHE hospitals. These resources help bridge the training gap and achieve real improvement.

Other tools and resources are continually being developed and added to the Knowledge Center.

[Browse by Role](#)

[Search by Topic](#)

[Browse by Resource](#)

Or select from the list below:

[Leadership Training Program](#)

[Training and Education Courses](#)

[Planning and Implementation Guide](#)

[Organizational Strategies](#)

[Clinical Improvement Models](#)

[Live Webinars](#)

[Archived Webinars](#)

[Education Briefs - NEW](#)

[Discussion Forums](#)

[Joint Commission Crosswalk](#)

[Media Kit & Marketing Resources](#)

[NICHE Encyclopedia](#)

[Try NICHE Now \(Free Resources\)](#)

Building Geriatric Capacity: The Interdisciplinary Team





Nurses Improving Care for Healthsystem Elders

Knowledge Center

New York University  College of Nursing

HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

Knowledge Center Home » Gero

People

 [Participants](#)

 Discussion Forum

 **Overview**

 Aging Sensitivity

 Age Related Changes

 Age Related Sensory Changes and Communication

 Communication in Healthcare

Instructor-Led Training

 Instructor Files

Administration

 [Progress Report](#)

 [Profile](#)



Intro to Gerontology

It is with pleasure that the NICHE program of the Hartford Institute for Geriatric Nursing of the New York University College of Nursing offers the **Introduction to Gerontology** modules. This new series of GRN materials is designed for use by those at NICHE sites who train nurses in best practices for older hospitalized adults.

Introduction to Gerontology is designed to increase hospital personnel's sensitivity to the aging process, improve the recognition of age related changes in older adult patients, and enhance communication skills with older patients and their families. This introductory series provides a foundation for developing geriatric sensitive care across all hospital departments

The completed Introduction to Gerontology course provides **5** contact hours.

Topic	Slides	Hours
Age Related Changes	58	1.5 hours
Age Related Sensory Changes and Communication	39	1 hour
Aging Sensitivity	55	1.5 hours
Communication in Healthcare	50	1 hour

Need Assistance?

Please [email](#) or call 212.998.5596

Click the links below for more information about using the Knowledge Center:

- [Help](#)
- [Documentation](#)
- [Frequently Asked Questions](#)



**Interdisciplinary
rounds** promote
communication
between disciplines,
patients, and
families

Building Geriatric Capacity: The Patient and Family





Functional Decline

Definition: Physical function is being able to eat, bathe, dress, walk and take medications. Being unable to do one or more of these activities is functional decline.

Why Is It Important? Functional decline happens often in the hospital. Returning to normal takes longer. Other problems can occur. These can include falls, skin troubles, joint pain, and circulatory and respiratory problems. For every day spent in bed it can take two-and-half days to regain the ability to walk.

What Can You Do:

1. Take part in your or your family member/friend's care. Talk with the doctor and nurse about:
 - Your normal ability to walk, eat, dress, bathe, use the bathroom, climb stairs
 - Discharge goals: living situation and plan for assistance
 - Activity that is safe while in the hospital.
2. Request help to be as active as possible:
 - to get up in the chair for meals
 - to sit at the sink and bathe
 - to use the bathroom
 - walk in the hall

If unable to do these things, ask about simple exercises in bed.
3. Be safe. Ask for help. Don't get up alone! Wear sturdy footwear.
4. Tubes can limit movement. Ask when can they be removed.
5. Keep the mind active with music, movies, TV, and puzzles.
6. Eat and drink well. Talk with the nutritionist if you don't like the food.
7. Get good sleep. Avoid sleeping pills. Let the nurse manager know if noise at night is a problem. Earplugs may be helpful.
8. Make sure glasses, hearing aids and other important items are where you need them.

Series Editor: Marie Boltz, PhD, RN • Managing Editor: Scott Bugg

NICHE • HARTFORD INSTITUTE FOR GERIATRIC NURSING • NEW YORK UNIVERSITY COLLEGE OF NURSING
726 Broadway, 10th floor, New York, NY 10003 • 212.998.5565 • email: info@nicheprogram.org • www.nicheprogram.org

Nurses Improving Care for Healthsystem Elders



NICHE SOLUTION '13 • 2011

COMMUNICATION TO ENHANCE FUNCTION –
A COLLABORATIVE APPROACH

Authors:

Hazel Johnson RN, BSN, MSN
Sonia Barriault RN, BSN
Marie Andree Maher MOA, S-LP[®]
Ariane Poulin MPO
Campbellton Regional Hospital
Campbellton, New Brunswick, Canada

PROBLEM: Communication gaps occur among patients, families and interdisciplinary teams caring for the older adult patient.

SOLUTION: A pictogram system was developed to speed and enhance communication between all of the parties involved.

Problem Identified The interdisciplinary team working on the Campbellton Regional Hospital geriatric unit recognized that patients' functional abilities were not consistently and readily communicated to nursing staff, the team, patients and families. The group had attempted several different projects to enhance communication on the unit with only mediocre success.



NEED TO KNOW
BY NICHE • 2010

what
patients
and their
families
need to
know
before
going
into the
hospital

NICHE Implementation

NICHE Outcomes

Building the Evidence

- GRN Outcomes
- Geriatric Nurse Work Environment
- Fostering Interdisciplinary Research

GRN Outcomes



Improved **patient outcomes**:

- ✓ Decreased incidence & severity of delirium ¹
- ✓ Less reported pain, facility-acquired incontinence, and mobility loss and fall-related injuries ² and facility-acquired pressure ulcers ³
- ✓ Decreased incidence of pneumonia and UTI rate ³
- ✓ Decrease in facility-acquired urinary incontinence ⁴

Improved **interdisciplinary process measures**:

- ✓ Reduction in restraint use ^{1,2,3,4}
- ✓ Increased compliance with protocols ^{1,2,3,4,6}
- ✓ Improved documentation and family support ^{4,5}

Improved **clinician competence**:

- ✓ Increase in nurse knowledge and attitudes toward care of hospitalized older adults ¹⁻⁶

Improved **organizational outcomes**

- ✓ Decreased length of stay (1 day)^{2,3}
- ✓ Reduction in readmission rates ³

Nurses Improving Care for Healthsystem Elders



NICHE Hospitals report the following initiatives and outcomes:

St. Luke's Episcopal Hospital implemented improvement processes in the Surgical Observation Unit that reduced older adult patient falls, increased patient satisfaction, and decreased length of stay.¹

North Memorial Health Care implemented the NICHE Geriatric Resource Nurse (GRN) Model on an orthopedic and acute medical surgical unit with key elements targeting delirium. As a result, the incidence of delirium declined from 20% at the start of the program to 4.8% seven months later.²

The **University of Virginia School of Nursing** designed a study that demonstrated

Implementation Science

- *“Implementation research is the scientific study of methods to promote the systematic uptake of proven clinical treatments, practices, organisational, and management interventions into routine practice, and hence to improve health.”*
- *“In this context, it includes the study of influences on patient, healthcare professional, and organisational behaviour in either healthcare or population settings.”*

Evaluating Implementation

- **Models – Research Protocols**

- Acute Care for the Elderly Units
- HELP Program (Delirium)

- **Diffusion Models**

- Facilitating uptake by organizations to embed evidence-based practice
- GRN is only one part of the NICHE Framework



Building the Evidence

Current Studies

- Medicare Claims & NDNQI™ Data



The image shows a vertical scorecard for the NICHE (Nurses Improving Care for Healthsystem Elders) program. At the top is the NICHE logo. Below it are four rows, each representing a different level of implementation with a corresponding score range and a box for the user's score.

Implementation Level	Score Range	Your Score
exemplar implementation	42-49	<input type="text"/>
senior-friendly implementation	28-41	<input type="text"/>
progressive implementation	14-27	<input type="text"/>
early implementation	0-13	<input type="text"/>

*“Nurses Improving Care to Healthsystem Elders, with its emphasis on developing geriatric appropriate nursing practices throughout a hospital environment, was seen as a model on which organizations could **build a foundation** to improve a hospital’s culture of quality and safety of inpatient care for older adults. This model facilitates more-effective communication and collaboration in the care of elders, to stimulate changes in the culture of health care facilities with the goal of providing patient-centered care.”*

DELIVERY INNOVATIONS

DOI: 10.1377/hlthaff.2011.1187
HEALTH AFFAIRS 31,
NO. 6 (2012): 1204–1215
©2012 Project HOPE—
The People-to-People Health
Foundation, Inc.

By Bruce Leff, Lynn H. Spragens, Barbara Morano, Jennifer Powell, Terri Bickert, Christy Bond, Peter DeGolia, Michael Malone, Catherine Glew, Sindy McCrystle, Kyle Allen, and Albert L. Siu

INNOVATION PROFILE

Rapid Reengineering Of Acute Medical Care For Medicare Beneficiaries: The Medicare Innovations Collaborative



Building the Evidence

- GRN Outcomes
- Geriatric Nurse Work Environment
- Fostering Interdisciplinary Research

GIAP: Geriatric Institutional Assessment Profile

- Benchmarking tool used by >300 NICHE hospitals
 - Represents > 42 US states & 3 Canadian provinces
 - > 95,000 completed surveys in our database
- Assess staff knowledge & attitudes towards older adults
- Assess geriatric-specific nursing practice environment: staff perception of institutional barriers/facilitators and supports for quality geriatric care
- Benchmarking: Provide data for improving services
- Research: Evaluates factors associated with quality elder care



NICHE
Nurses Improving Care for Healthsystem Elders

Unit Date:

☐ Not Applicable
☐ Unknown

4. Clinical Outcomes

		Not Applicable	Unknown
(a) Total Falls per 1000 days	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Injury Falls per 1000 days	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Community Pressure Ulcer Prevalence	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Hospital Pressure Ulcer Prevalence	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Unit Pressure Ulcer Prevalence	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Physical Restraint Prevalence	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Prevalence of Ventilator-assisted Pneumonia (VAP)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Prevalence of Central Line Associated Blood Stream Infections (CLABSI)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Prevalence of Catheter Associated Urinary Tract Infections (CAUTI)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Previous](#) [Next](#)

Capezuti, E., Boltz, M., Shuluk, J., Denysyk, L., Brouwers, J., Roberts, M.C., Dickson, V.V., Cline, D., Wagner, L.M., Fairchild, S., Kim, H., & Secic, M. (in press, 2013). Utilization of a benchmarking database to inform NICHE implementation. *Research in Gerontological Nursing*.

GIAP Data Report: U.S. Hospitals
Benchmarked by Teaching Status and Bed Size | Wednesday, March 14, 2012

GIAP Hospital Level Institutional Unit Report
KNOWLEDGE SCORES: All Units Benchmarked by type of unit, compared to peer and all hospitals.

General Medical - GIAP Benchmarked				
	General Medical	All Peers: Bed Size	All Peers: Teaching Status	All Hospitals
Knowledge: Pressure Ulcers	5.0	4.3*	4.8*	4.8*
Knowledge: Sleep	7.0	4.6*	4.8*	4.8*
Knowledge: Incontinence	3.4	3.6*	3.8*	3.8*
Knowledge: Restraints	7.7	5.1*	5.2*	5.2*
Total Knowledge	3.8	4.5*	4.6*	4.8*

* The score of the site surveyed (Your Hospital) is significantly different from the score of this comparison group at the 0.05 level.

GIAP: Geriatric Institutional Assessment Profile

- Benchmarking tool used by >300 NICHE hospitals
 - Represents > 42 US states & 3 Canadian provinces
 - > 95,000 completed surveys in our database
- Assess staff knowledge & attitudes towards older adults
- Assess geriatric-specific nursing practice environment: staff perception of institutional barriers/facilitators and supports for quality geriatric care
- Benchmarking: Provide data for improving services
- Research: Evaluates factors associated with quality elder care



NICHE
Nurses Improving Care for Healthsystem Elders

Unit Data:
5. Date of the last day of the most recent quarter of NDNQIR data:
☐ Not Applicable
☐ Unknown

5. Clinical Outcomes

	Not Applicable	Unknown
(a) Total Falls per 1000 days	<input type="radio"/>	<input type="radio"/>
(b) Injury Falls per 1000 days	<input type="radio"/>	<input type="radio"/>
Unit Pressure Ulcer Prevalence	<input type="radio"/>	<input type="radio"/>
Unit Pressure Ulcer Prevalence	<input type="radio"/>	<input type="radio"/>
(c) Unit Pressure Ulcer Prevalence	<input type="radio"/>	<input type="radio"/>
(f) Physical Restraint Prevalence	<input type="radio"/>	<input type="radio"/>
(g) Prevalence of Ventilator-assisted Pneumonia (VAP)	<input type="radio"/>	<input type="radio"/>
(h) Prevalence of Central Line Associated Blood Stream Infections (CLABSI)	<input type="radio"/>	<input type="radio"/>
(i) Prevalence of Catheter Associated Urinary Tract Infections (CAUTI)	<input type="radio"/>	<input type="radio"/>

Previous Next



GIAP Data Report: U.S. Hospitals

Benchmarked by Teaching Status and Bed Size | Wednesday, March 14, 2012

GIAP Hospital Level Institutional Unit Report

KNOWLEDGE SCORES:

All Units Benchmarkd by type of unit, compared to peer and all hospitals

General Medical - GIAP Benchmarkd

	General Medical	All Peers: Bed Size	All Peers: Teaching Status	All Hospitals
Knowledge: Pressure Ulcers	5.0	4.3*	4.6*	4.9*
Knowledge: Sleep	7.0	4.6*	4.8*	4.8*
Knowledge: Incontinence	8.4	3.6*	3.8*	3.8*
Knowledge: Restraints	7.7	5.1*	5.2*	5.2*
Total Knowledge	8.8	4.5*	4.6*	4.8*

* The score of the site surveyed (Your Hospital) is significantly different from the score of this comparison group at the 0.05 level.

Nurse Practice Environment

“The organizational characteristics of a work setting that facilitate or constrain professional nursing practice”
(Lake, 2002, p. 178)

Autonomy

Control over resources

Positive relationships with physicians



(Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken, & Sloane, 1997; (Aiken, Sloane, & Klocinski, 1997; Aiken, Sloane, Lake, 1997; Aiken, Sloane, Lake, Sochalski, & Weber, 2002; Aiken, Sochalski, & Lake, 1997; Lake, 2000; 2002; 2007; Vahey, Aiken, Sloane, Clarke, & Vargas, 2004).

What is the relationship between nurses' perceptions of the geriatric nursing practice environment & their perceptions of the quality of geriatric care?

Geriatric Nursing
Practice Environment

- Institutional Values about Older Adults and Staff
- Capacity for Collaboration
- Resource Availability

Nurse-Perceived Quality
of Geriatric Care:

- Aging-Sensitive Care Delivery

Main Findings

(N= 10,087 RNs from 88 Hospitals)

The geriatric nursing practice environment:

- Has a statistically significant positive relationship with quality of geriatric care (independent contribution of all three dimensions- resource availability, institutional values, and capacity for collaboration)
- Can positively influence the geriatric care delivery provided by nurses with diverse demographic and professional characteristics in a variety of acute care settings

Boltz, M., Capezuti, E., Bowar-Ferres, S., Norman, R., Secic, M., Kim, H., Fairchild, S., Mezey, M., & Fulmer, T. (2008). Hospital nurses' perceptions of the geriatric care environment. *Journal of Nursing Scholarship*, 40 (3), 282-289.

(N=166 RNs from 3 Hospitals)

The **Geriatric** NPE & all 3 subscales significantly associated with Nurse-Perceived Quality of Geriatric Care

The **General** Practice Environment Scale of the Nursing Work Index (PES-NWI) **Not Associated** With Nurse-Perceived Quality of Geriatric Care

Kim, H., Capezuti, E., Boltz, M., & Fairchild, S. (2009). The nursing practice environment and nurse-perceived quality of geriatric care in hospitals. *Western Journal of Nursing Research*, 31 (4), 480-495.

NICHE – Optimizing the Geriatric Nursing Practice Environment

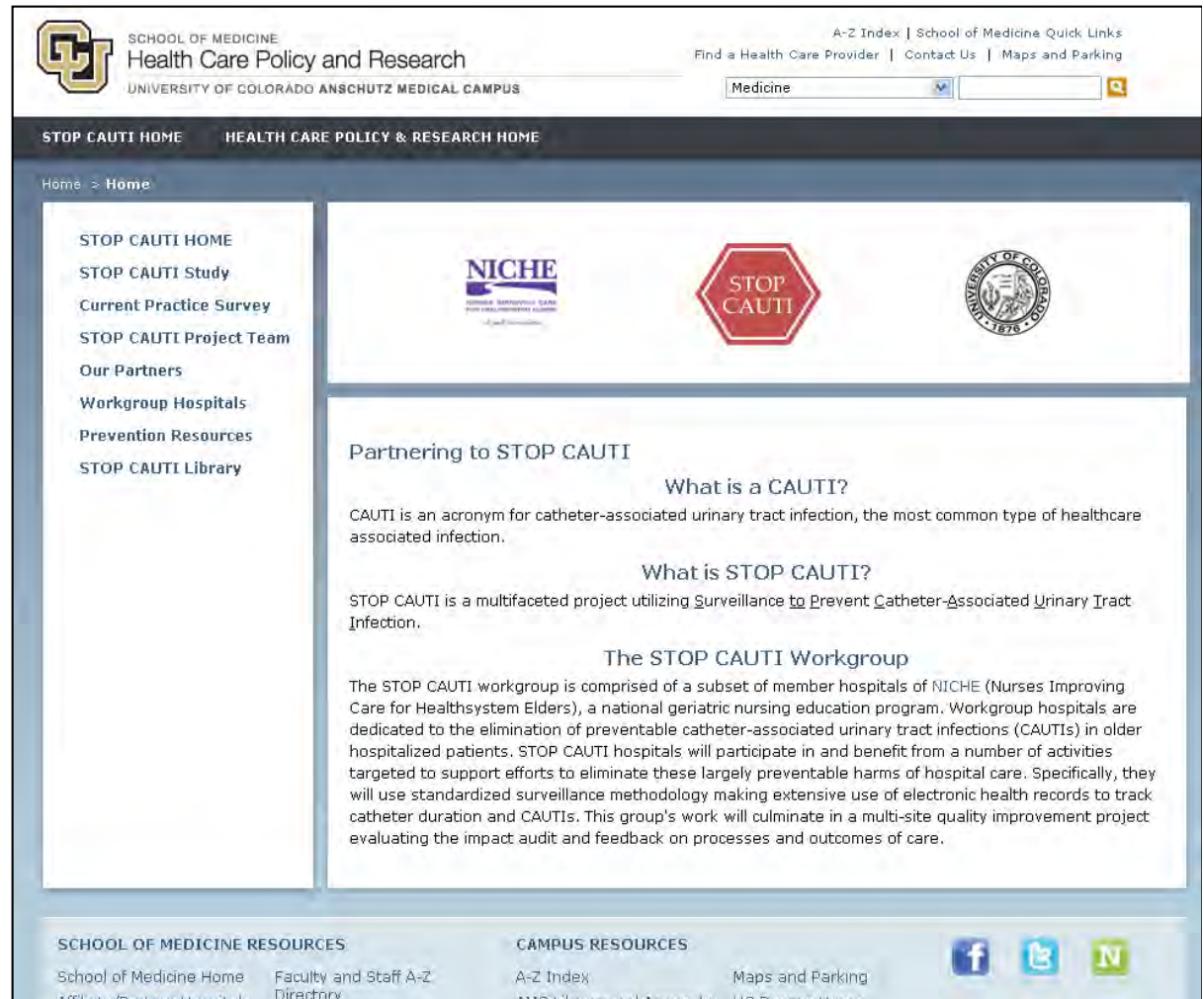


Capezuti, E., Boltz, E., Cline, D., Dickson, V., Rosenberg, M., Wagner, L., Shuluk, J. & Nigolian, C. (2012).
NICHE – A model for optimizing the geriatric nursing practice environment.
Journal of Clinical Nursing, 21, 3117–3125.

Building the Evidence

- GRN Outcomes
- Geriatric Nurse Work Environment
- Fostering Interdisciplinary Research

Ongoing NICHE Collaborative Research



The screenshot shows the 'STOP CAUTI HOME' page of the University of Colorado School of Medicine. The header includes the school's name and a search bar. The main content area features a sidebar with links to various resources, a central banner with logos for NICHE, STOP CAUTI, and the University of Colorado, and a main text area explaining the STOP CAUTI project. The footer contains links to school and campus resources, as well as social media icons.

SCHOOL OF MEDICINE
Health Care Policy and Research
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

A-Z Index | School of Medicine Quick Links
Find a Health Care Provider | Contact Us | Maps and Parking

Medicine

STOP CAUTI HOME **HEALTH CARE POLICY & RESEARCH HOME**

Home > Home

- STOP CAUTI HOME
- STOP CAUTI Study
- Current Practice Survey
- STOP CAUTI Project Team
- Our Partners
- Workgroup Hospitals
- Prevention Resources
- STOP CAUTI Library

NICHE
Nurses Improving Care for Healthsystem Elders

STOP CAUTI

UNIVERSITY OF COLORADO
1876

Partnering to STOP CAUTI

What is a CAUTI?

CAUTI is an acronym for catheter-associated urinary tract infection, the most common type of healthcare associated infection.

What is STOP CAUTI?




STOP CAUTI is a multifaceted project utilizing Surveillance to Prevent Catheter-Associated Urinary Tract Infection.

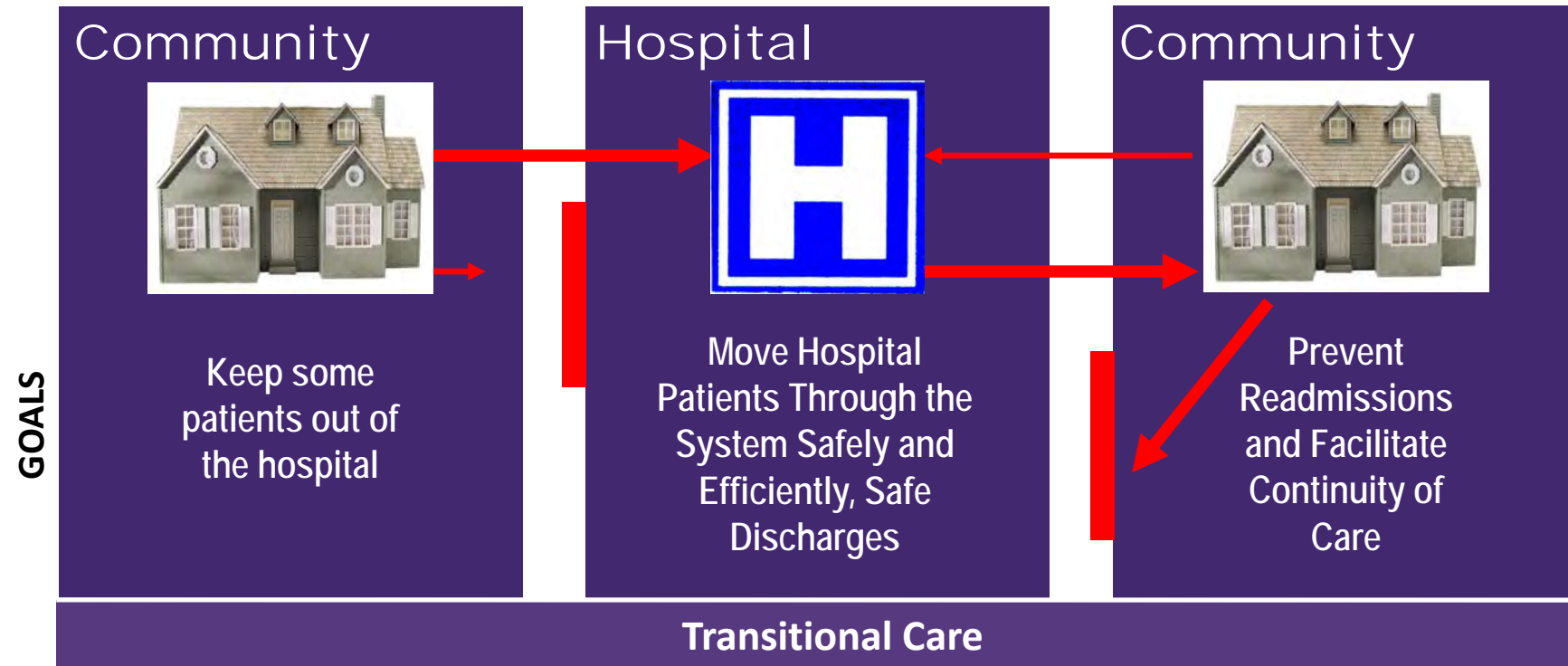
The STOP CAUTI Workgroup

The STOP CAUTI workgroup is comprised of a subset of member hospitals of NICHE (Nurses Improving Care for Healthsystem Elders), a national geriatric nursing education program. Workgroup hospitals are dedicated to the elimination of preventable catheter-associated urinary tract infections (CAUTIs) in older hospitalized patients. STOP CAUTI hospitals will participate in and benefit from a number of activities targeted to support efforts to eliminate these largely preventable harms of hospital care. Specifically, they will use standardized surveillance methodology making extensive use of electronic health records to track catheter duration and CAUTIs. This group's work will culminate in a multi-site quality improvement project evaluating the impact audit and feedback on processes and outcomes of care.

SCHOOL OF MEDICINE RESOURCES
School of Medicine Home
Affiliate/Partner Hospitals

CAMPUS RESOURCES
Faculty and Staff A-Z Directory
A-Z Index
Maps and Parking
AMC Library and Access to...
UC Denver Home



2013

Specialty Care

Post-acute Care

2014

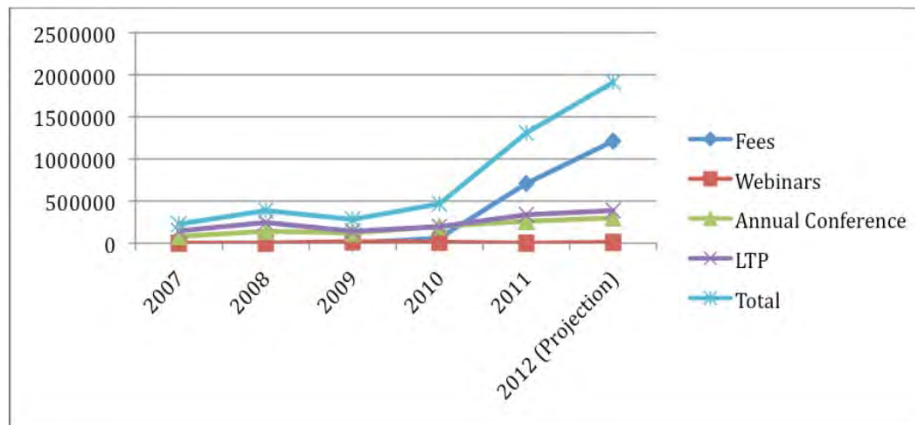
Ambulatory Care

Home Care

Ensuring Sustainability

NICHE Business Model

"Capacity Building for Model Expansion of NICHE) Program"
Funded by The Atlantic Philanthropies (USA) Inc., 2007-2012



Retention Rates
96 - 100% since 9/2011

Capezuti, E., Bricoli, B., & Boltz, M. (in press).
NICHE: Creating a sustainable business model
to improve care of hospitalized older adults.
Journal of the American Geriatrics Society.

**Good luck with your journey to
improve care of older adults across
the continuum**



Questions?
Thank you!



17th Annual NICHE Conference, April 6-8, 2014

Sheraton San Diego Hotel and Marina, Harbor Island, San Diego, CA

18th Annual NICHE Conference, April 14-17, 2015

Walt Disney World Swan and Dolphin, Orlando, FL

19th Annual NICHE Conference, April 17-20, 2016

Chicago Marriott Downtown Magnificent Mile, Chicago, IL