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NICHE
Nurses Improving Care for Healthsystem Elders

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

New York University College of Nursing

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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 has been funded, in part, with generous support from Atlantic Philanthropies and The John A. Hartford Foundation.

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

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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

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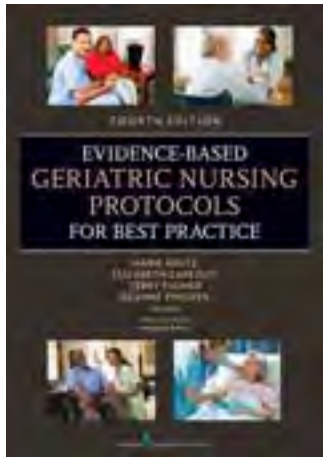

NICHE is a technical-resource center to disseminate evidence-based geriatric quality care practices

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

> 450 health care sites in North America

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

> 20,000 health care providers in North America

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Share – but ADAPT to your institutional environment

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NICHE

NICHE SOLUTION '13 • 2011

COMMUNICATION TO ENHANCE FUNCTION – A COLLABORATIVE APPROACH

Authors:
Hazel Johnson RN, BSN, MSN
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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.

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

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726 Broadway, 10th floor, New York, NY 10003 • 212.998.5565 • email: info@nicheprogram.org • www.nicheprogram.org

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. Kresevic, D. M. (2008). Assessment of function. In E. Capezuti, D. Zwicker, M. Mezey, & 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://elearningcenter.nicheprogram.org/course/view.php?id=2

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

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Building Geriatric Capacity the Organization

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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

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Building Geriatric Capacity Clinician Competence

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Building Geriatric Capacity The Foundation:

Geriatric Resource Nurse Model

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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)

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Building Geriatric Capacity: The Interdisciplinary Team

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NICHE Nurses Improving Care for Healthsystem Elders

Knowledge Center

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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

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

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Interdisciplinary rounds promote communication between disciplines, patients, and families

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Building Geriatric Capacity: The Patient and Family

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COMMUNICATION TO ENHANCE FUNCTION – A COLLABORATIVE APPROACH

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NEED TO KNOW BY NICHE • 2010

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.

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

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

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NICHE Implementation

NICHE Outcomes

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Building the Evidence

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

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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]

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NICHE Hospitals report

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."*

M.P. Eccles, R. Foy, A. Sales, M.Wensing & B. Mittman. Implementation Science six years on--our evolving scope and common reasons for rejection without review. *Implementation Science 2012,* 7:71 doi:10.1186/1748-5908-7-71

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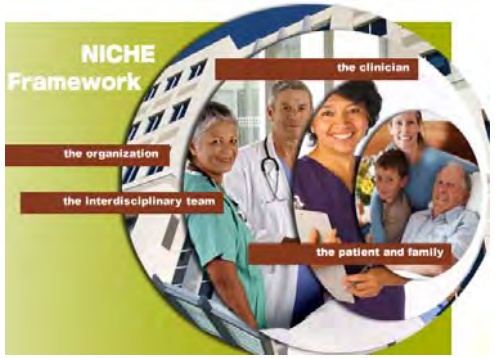
Evaluating Implementation

- 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



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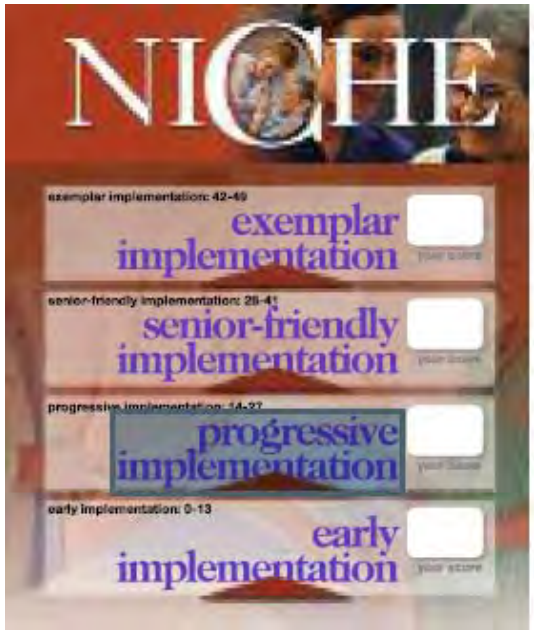
Building the Evidence

Current Studies

- **Medicare Claims & NDNQI™ Data**



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*"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."*

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

DELIVERY INNOVATIONS

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

MEDIC
MEDICARE INNOVATIONS COLLABORATIVE

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Building the Evidence

- GRN Outcomes
- Geriatric Nurse Work Environment
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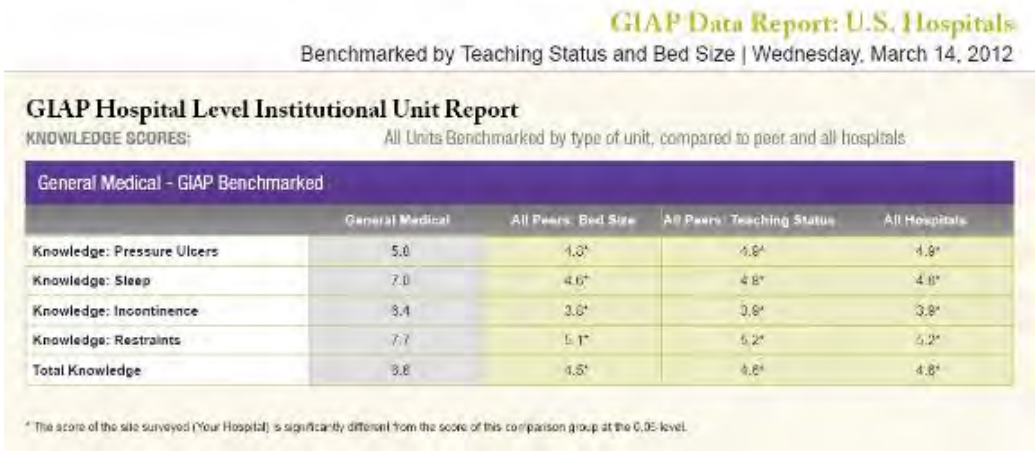
GIAP: Geriatric Institutional Assessment Profile

- 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

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	4.8*	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*	4.6*

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

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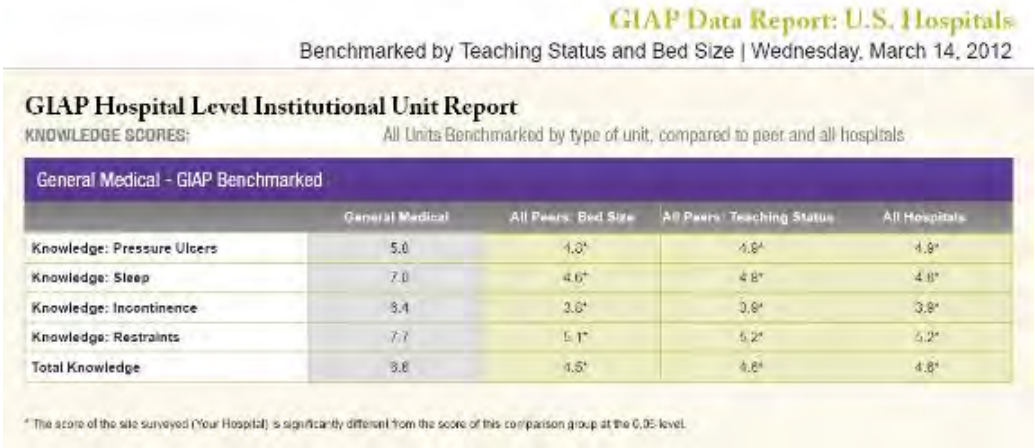

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Nurse Practice Environment

"*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	Nurse-Perceived Quality of Geriatric Care:
• Institutional Values about Older Adults and Staff • Capacity for Collaboration • Resource Availability	• 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.

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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.

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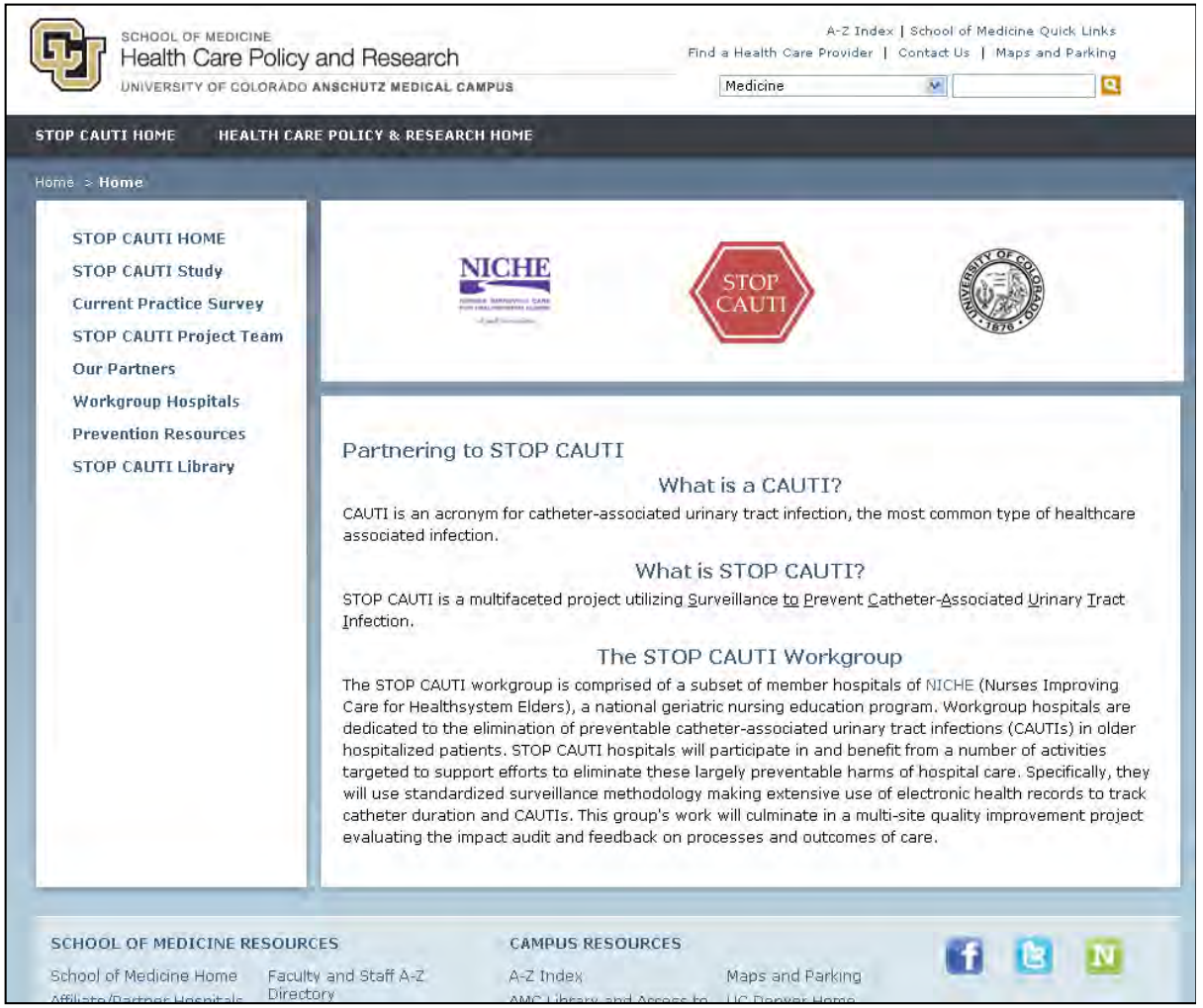
Ongoing NICHE Collaborative Research



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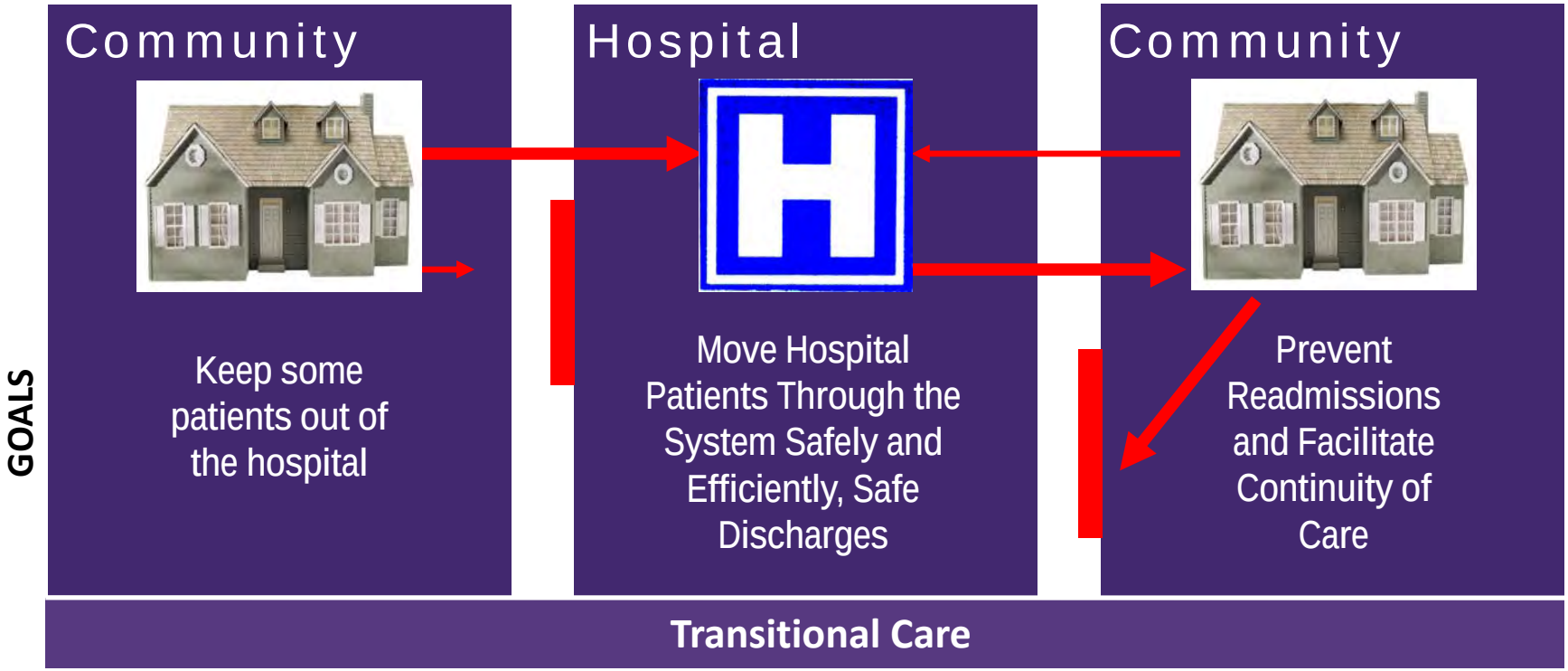

2013 Specialty Care Post-acute Care

2014 Ambulatory Care Home Care

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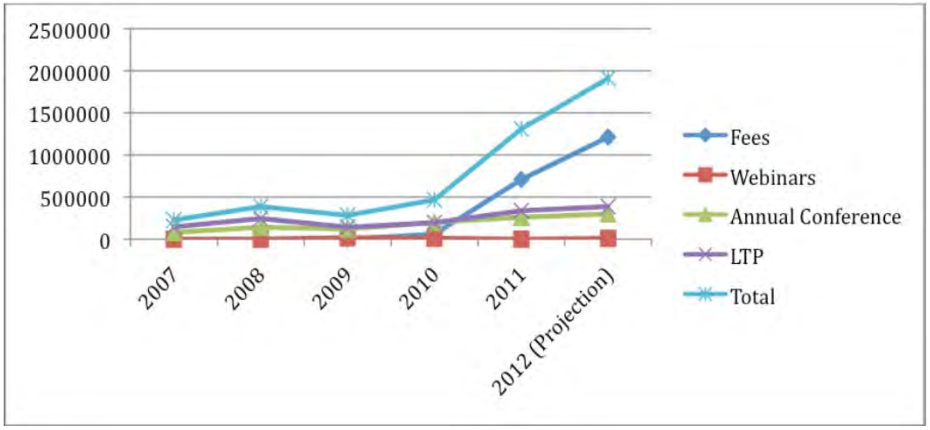
Ensuring Sustainability

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*.

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

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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