NICHE

NICHE Hospitals report

Research Conducted in NICHE Hospitals: **Operationalizing NICHE**

NICHE Hospitals are major sites for important research studies. Following are research efforts, initiatives and outcomes reported by researchers utilizing NICHE Hospitals:

Site: 344-bed suburban Midwestern teaching hospital. In an effort to expand and update the existing knowledge base related to the Geriatric Resource Nurse (GRN) model, this project explored outcomes of the GRN model, specifically nurses' knowledge, confidence, and satisfaction related to care of the hospitalized older adult. The objectives of this project were to compare quantitatively the knowledge, confidence, and satisfaction related to care of older adults among nurses who did and did not participate in the GRN model; explore qualitatively the experiences of nurses who participated in the GRN model; and identify evidence of organizational impact of the GRN model on care of hospitalized older adults. Eighteen nurses participated in the educational and mentoring GRN model. Sixteen nurses who did not volunteer for the GRN model volunteered to participate as the comparison group.

Results: Quantitative data were collected at the beginning of the GRN model and one year later using the NICHE Geriatric Institutional Assessment Profile (GIAP). Mean scores on the project measures were computed for GRNs and non-GRNs pre- and post-test. Analysis of variance revealed a significant interaction effect between scores of the GRNs ($n = 17$) and non-GRNs ($n = 11$). GRNs reported a greater increase in knowledge pre- to post-test than non-GRNs on overall basic knowledge of care of older adults [$F(1,24) = 17.09$, $P < .001$] and the Knowledge of Care of Older Adults Scale [$F(1,26) = 4.70$, $P < .04$]. GRNs reported that the extent to which care was burdensome decreased significantly [$F(1,26) = 7.91$, $P < .009$], as did the degree of difficulty with care [$F(1,26) = 5.95$, $P < .02$]. Results further revealed a significant increase in satisfaction with care [$F(1,26) = 5.15$, $P < .03$] and confidence related to the care of older adults [$F(1,26) = 11.4$, $P < .002$] among GRNs from pretest to post-test, compared with non-GRNs who did not experience the GRN model.

Qualitative data were collected at the end of the 10-month GRN curriculum through individual interviews. The primary theme of the interview data was "changed the way I practice." Sub-themes were improvements in medication safety, mobilizing patients, communication, managing delirium, feeding, assessments, and attention to family members. Two additional themes were increased confidence and enhanced leadership skills. All participants reported that they would recommend participation in the GRN model to their peers.[1]

NICHE Sites: Aurora Health Care, Carolinas Health-Care System, Crouse Hospital, Geisinger Health System, Lehigh Valley Health Network; and University Hospitals Case Medical Center. This research reported results of the Medicare Innovations Collaborative, a program of technical assistance and peer-to-peer exchange to promote the simultaneous adoption of multiple complex care models by hospitals and health systems. The result of this research was the development of a concept to focus on improving inpatient hospital and transitional care as a vehicle to embed geriatrics more broadly into the healthcare system using a geriatric service line or "portfolio" model. This portfolio would consist of six evidence-based health service delivery models implemented simultaneously to improve care for older adults with complex chronic illnesses. The models were:

- Nurses Improving Care for Healthsystem Elders (NICHE)
- Hospital Elder Life Program (HELP)
- Care Transitions Intervention
- Acute Care for Elders (ACE)
- Palliative Care Consultation
- Hospital at Home®

Results: The research found that organizations can adopt and implement multiple complex care models

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4. 2012 NICHE Conference Poster: Impacting Frailty and Person-Centered Care: Goal Attainment Scaling. Dana McNamara-Morse, RN, NP, MNN, GNC (c), Annapolis Valley Health, Middleton, Nova Scotia, Canada.

About NICHE

NICHE (Nurses Improving Care for Healthsystem Elders) is an international program designed to help hospitals improve the care of older adults. The vision of NICHE is for all patients 65-and-over to be given sensitive and exemplary care. The mission of NICHE is to provide principles and tools to stimulate a change in the culture of healthcare facilities to achieve patient-centered care for older adults. NICHE, based at NYU College of Nursing, consists of over 450 hospitals and healthcare facilities throughout North America. For more information visit www.nicheprogram.org.

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simultaneously; that these care models were appropriately integrated and adapted so as to enhance their adoptability within the hospital or healthcare system; and that these processes occurred rapidly, in less than one year. The NICHE model was either present or was added as part of the program at all six hospital sites and was found to be essential to implementing any geriatric acute program.[2]

NICHE Sites: 14 hospitals. Preventable adverse events from hospital care are a common patient safety problem, often resulting in medical complications and additional costs. In 2008, Center for Medicare and Medicaid Services (CMS) implemented a policy targeting a list of these "reasonably" preventable hospital-acquired conditions (HACs) for reduced reimbursement. Extensive debate ensued about the potential adverse effects of the policy, but there was little discussion of its impact on hospitals' quality improvement (QI) activities. This study's goals were to understand organizational responses to the HAC policy, including internal and external influences that moderated the success or failure of QI efforts.

The study employed a qualitative descriptive design. NICHE Chief Nursing Officers (CNOs) from 14 NICHE hospitals participated in semi-structured interviews addressing the impact of the HAC policy generally, and for two indicator conditions: central line associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI). For this study, it was understood NICHE hospitals have a higher level of commitment to and investment in geriatric nursing practice than other US hospitals. This orientation certainly influenced their interest in addressing the geriatric, nursing-sensitive conditions that appear on the HAC list.

Results: The NICHE CNOs reported that the HAC policy was one of many internal and external factors motivating hospitals to address HACs. They agreed the policy focused attention on prevention of HACs that had previously received fewer dedicated resources. The impact of the policy on prevention activities, barriers, and facilitators was condition-specific. CLABSI efforts were in place prior to the policy, whereas CAUTI efforts were less mature. Nearly all respondents noted that pressure ulcer detection and documentation became a larger focus stemming from the policy change. One opportunity arising from the policy has been the focus on nursing leadership in patient safety efforts.[3]

Quality Improvement Projects: **Operationalizing NICHE**

NICHE Site: Soldiers Memorial Hospital. In August 2010, Soldiers Memorial Hospital implemented Goal Attainment Scaling Rounds as a pilot project with interprofessional staff on one unit. Each week, the individual's plan of care goals and interventions were evaluated and reviewed, including the Clinical Frailty Scale©. Examples of goals and interventions set by the residents of the unit and the team:

- Mobility: participate in walking program, gradual increase in use of mobility aids and assistance levels, exercises
- Socialization: graduated participation in activities, visits, outings, day passes
- Pain: non-pharmacological interventions, gradual reduction in pain medication or trial of a new medication, routine pain assessment scales
- Self-Care/ADLs: interventions based on encouraging independence and individualization

The key was the involvement and support of all team members, the inclusion of the patient and caregivers in goal setting, and the documentation of a plan of care to provide structure and consistency.

Results: 82.8% of the 67 goals set for the seven month period were met or exceeded and the average Clinical Frailty Scale decreased from 6.57 on admission to the unit to 5.84 on discharge (with 62.4% of patients maintaining their Frailty score).[4]

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