

NICHE Recommitment

Overview

The NICHE Recommitment process consists of three sections: Annual Membership Profile, Annual Program Self-Evaluation, and Annual Fee payment. Continued NICHE designation requires that sites participate in the annual recommitment process.

Features & Benefits

Feature: NICHE hospitals engage in a rigorous renewal process.

Benefit: The NICHE designation demonstrates a hospital's organizational commitment and continued progress in improving quality, enhancing the patient and family experience and supporting the hospital's efforts to better serve their communities.

Feature: Annual Membership Profile completed each year on NICHE site anniversary date.

Benefit: Provides data on an organization's characteristics as well as the scope of the NICHE program to facilitate program evaluation, inform resource development and support the maintenance of the NICHE database for research so that NICHE can better meet each institution's needs.

Feature: Annual Program Self-Evaluation done after the first year of implementation, and then every year on the anniversary date.*

Benefit: Used by NICHE hospitals to evaluate their level of NICHE implementation; target future policy, program development, and other initiatives; and gain and sustain support from stakeholders.

*See the Self-Evaluation Portfolio for more information.

Applications

Most of the information in the survey is general aspects of the NICHE institution. Some sections, such as information on census data and nurse staffing, typically require the assistance of the finance department and the nursing administrative offices. NICHE uses the aggregate information from self-evaluations to evaluate current resources and support; identify the need for resource development; and disseminate NICHE work through aggregated data presented in publications.

NICHE PORTFOLIO



Support Resources

- Geriatric Institutional Assessment Profile (GIAP)
- NICHE Leadership Training Program
- NICHE Planning & Implementation Guide
- NICHE Organizational Strategy: Nurse Certification Tool Kit.
- Clinical Improvement Models
- NICHE Education Briefs
- Geriatric Resource Nurse (2nd Edition, 2012) Curriculum
- Introduction to Gerontology (2nd Edition, 2012) Curriculum
- Geriatric Patient Care Associate (2nd Edition, 2012) Curriculum
- NICHE "Evidence-Based Geriatric Nursing Protocols for Best Practice" (4th Edition, 2012). New York: Springer Publishing
- NICHE Online Connect Webinars
- NICHE Solutions Series
- Need to Know by NICHE Series
- Joint Commission Crosswalk
- NICHE Annual Conference

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NICHE Hospital Innovation

Integrating Geriatrics with Patient & Family Centered Care on Medical Specialties

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PROBLEM: The greatest percentage of Medical Specialties patients at Dartmouth-Hitchcock is aged 76 or older, and at least half are 65 and older. The hospital needed to focus on the needs of this core group.

SOLUTION: A multidisciplinary team at the hospital implemented a multifaceted approach (Geriatric Resource and Geriatric Patient Care Associate roles, and transitional care initiatives) to better meet the unique care needs of the older adult group.

Problem Identified Realizing the geriatric population in Medical Specialties at their facility represented their core consumers, Dartmouth-Hitchcock needed to commit to meet the unique care needs of this group.

Solution Formulated A multidisciplinary team implemented a number of initiatives to help transform the culture of geriatric care and achieve the greatest potential for the older adult patients and their families. These initiatives included:

- Creation of a Geriatric Nurse Coordinator position in the medical specialty line
- Formation of a geriatric steering committee
- Use of local and national resources, including...
 - NICHE designation
 - Dartmouth Center for Health and Aging partnership
 - Clinical Microsystems quality improvement processes

Specific action steps involved an “Ask the Nurse” community education program, follow-up phone calls and ongoing internet-based education efforts. A Geriatric Resource Nurse and a Geriatric Patient Care Tech were also added to the staff.

Evaluation/Results In those areas that the Elder Care at DHMC program sought to improve outcomes for hospitalized older adults, results showed a 19% decrease in loss of functional status, 6-36% lower rates of delirium compared to previously reported levels, and pressure ulcers prevalence rates reduced by more than half from 6% to 2%.

REFERENCES

1. Bechtel, C. & Ness, D.L. (2010). If you build it, will they come? Designing truly patient-centered health care. *Health Affairs*, 29 (5), 914-20.
2. Boltz, M., Capezuti, E., Bowar-Ferres, S. et al. (2008). Changes in the Geriatric Care Environment Associated with NICHE (Nurses Improving Care for Healthsystem Elders). *Geriatr Nurs*. 2008 May-Jun;29(3):176-85.
3. Havens, D.S., Vasey, J., Gittel, J.H. & Lin W.T. (2010). Relational coordination among nurses and other providers: impact on the quality of patient care. *Journal of Nursing Management* 18 (8), 926-937.

NICHE-RELATED RESOURCES

1. The NICHE GRN Curriculum. <http://elearningcenter.nicheprogram.org/course/view.php?id=2>
2. The NICHE Introduction to Gerontology Curriculum. <http://elearningcenter.nicheprogram.org/course/view.php?id=5>
3. The NICHE Geriatric Patient Care Associate Curriculum. <http://elearningcenter.nicheprogram.org/course/view.php?id=28>

View the NICHE Recommitment. This resource is available only to NICHE member organizations.

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