



# Promoting the Uptake of Evidence-Based Geriatric Care

Liz Capezuti, PhD, RN, FAAN

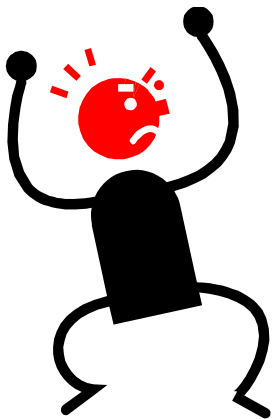
Adjunct Professor & NICHE Consultant, NYUCN

Hearst Foundation Chair in Gerontology & Professor  
Hunter College of the City University of New York



# Nurse Dissatisfaction

*Lack of job-related empowerment, engagement*



- Perceived lack of autonomy
- Few rewards for job performance
- Limited supervisor support
- Lack of “distributive justice”  
(pay is fairly distributed; paid time off)
- Poor work group cohesion
- Interference of work with family
- Little variety of work
- No promotion opportunity

# 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).

# NPE: Nurse Outcomes

Nurse job satisfaction  
Decreased job burnout

Decreased intent to leave  
& turnover

(Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken, Sloane, & Klocinski, 1997 ; Milisen, Abraham, Siebens, Darras, & Dierckx de Casterlé, 2006; Stone et al., 2007; Zangaro & Soeken, 2007;



# NPE: Process, Patient & Organizational Outcomes

- Lower incidence of needlestick injuries
- Higher patient satisfaction
- Lower mortality, failure to rescue
- Reduced costs for nurse recruitment & orientation



NPE regarded as a system-level intervention for promoting patient safety & outcomes

# What about a GERIATRIC Nursing Practice Environment?

Can a hospital's capacity to develop & strengthen the **geriatric expertise** of direct-care nurses yield improvement in nurse satisfaction, clinical, & organizational outcomes?

# NICHE - Hospital Wide Organizational Support for Geriatric Nursing Practice

THE NEW LANDSCAPE

## Preparing More Care of Elderly



Robert Stolark for The New York Times

**SPECIALIZATION** Marilyn Lopez, center, and Anessa Uretsky, right, N.Y.U. nurses in geriatrics, with a patient, Geraldine Goldsmith.

By **MILT FREUDENHEIM**  
Published: June 28, 2010



# NICHE: Nurses Improving Care for Healthsystem Elders

- NICHE is an international organization designed to help health care professionals in hospitals improve the care of older adults.
- NICHE hospitals seek to create an environment where older adult patients receive care that results in better outcomes.



## 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*.

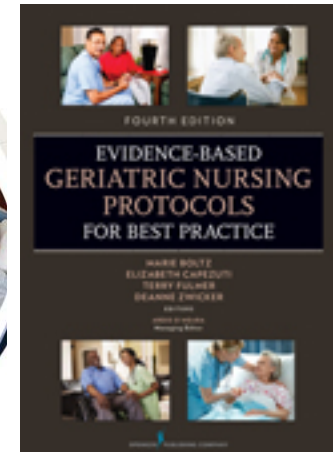
## What is the focus of NICHE?



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-HCA 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 III LTP starting February 13, 2012.

**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**  
725 Broadway, 10th floor, New York, NY 10003 • 212.998.5585 • fax 212.998.4770 • email: info@nicheprogram.org

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Nurses Improving Care for Healthsystem Elders

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

> 500 health care sites in North





# NICHE



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

> 20,000 health care providers in North America

Nurses Improving Care for Healthsystem Elders

**NICHE**

**NICHE SOLUTION '13 • 2011**  
COMMUNICATION TO ENHANCE FUNCTION –  
A COLLABORATIVE APPROACH

**Authors:**  
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Sonia Barakat RN, BSN  
Marie Andree Maher MBA, S-LP<sup>®</sup>  
Ariane Poulin MEd  
Campbellton 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 in 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 moderate success.



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## 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 recovery
- 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 abilities. 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 33% 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.

**More Information:** L. Bennett, J. A. G. (2012). Maintaining and improving physical function in elders. *Applied Behavior of Nursing Research*, 29, 1-33.

**Related resources:** L. Kervick, L. M. (2008). Assessment of functional ability. In E. Gonzalez, D. Zuercher, M. Mosley, & J. Palmer (Eds.), *Evidence-Based geriatric nursing: principles for best practice* (3rd ed., pp. 23-41). New York: Springer Publishing Company, Inc.

5. Presuming Function: Decline. The NICHE GRN Care Guide can be found at: <http://alexis.carepartnership.org/careguide/daupg952/>

Share – but ADAPT to your institutional environment

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





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# Building Geriatric Capacity: The Organization



## System Wide Implementation

Promotes hospital's ability to deploy resources in a 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





Nurses Improving Care for Healthsystem Elders

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.

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# Building Geriatric Capacity: The Interdisciplinary Team





Nurses Improving Care for Healthsystem Elders



Nurses  
Improving  
Care for  
Healthsystem  
Elders

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Center

New York University College of Nursing

HARTFORD INSTITUTE FOR GERIATRIC NURSING  
NEW YORK UNIVERSITY COLLEGE OF NURSING

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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     |
|---|--------|-----------|
| <a href="#">Age Related Changes</a>                           | 58     | 1.5 hours |
| <a href="#">Age Related Sensory Changes and Communication</a> | 39     | 1 hour    |
| <a href="#">Aging Sensitivity</a>                             | 55     | 1.5 hours |
| <a href="#">Communication in Healthcare</a>                   | 50     | 1 hour    |

## Need Assistance?

Please [email](#) or call  
212.998.5596

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

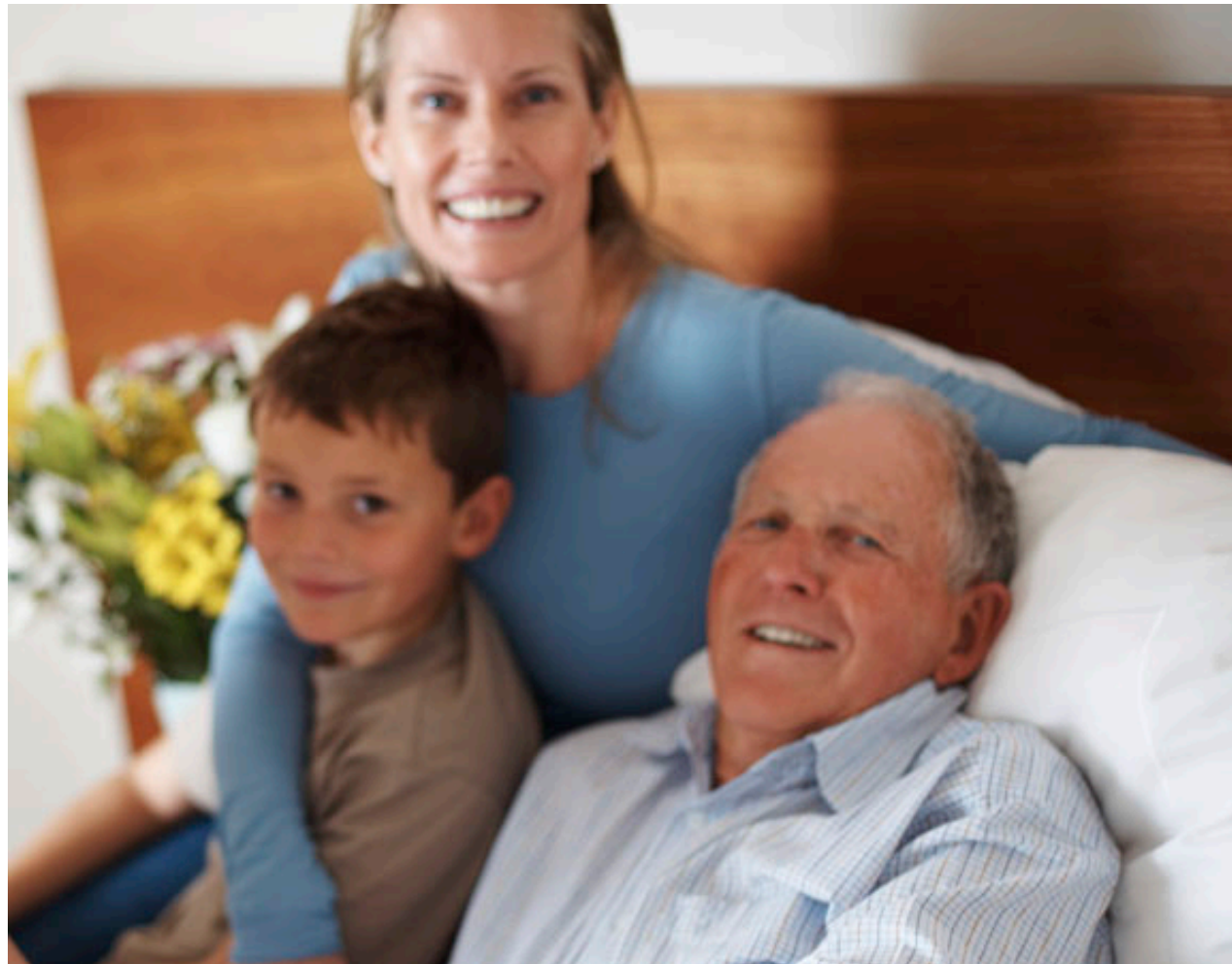
- [Help Documentation](#)
- [Frequently Asked Questions](#)



Interdisciplinary rounds promote communication between disciplines, patients, and families



# Building Geriatric Capacity: The Patient and Family



Nurses Improving Care for Healthsystem Elders

**NICHE**


**NICHE SOLUTION '13 • 2011**  
COMMUNICATION TO ENHANCE FUNCTION –  
A COLLABORATIVE APPROACH

**Authors:**  
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Ariane Poulin MPO  
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Nurses Improving Care for Healthsystem Elders

**NICHE**

**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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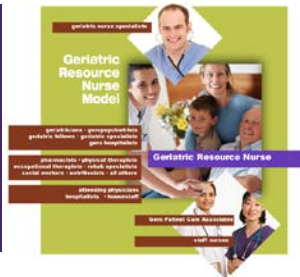
# NICHE Implementation

## NICHE Outcomes

## Building the Evidence

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

# GRN Outcomes



## Improved **patient outcomes**:

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

## Improved **interdisciplinary process measures**:

- ✓ Reduction in restraint use <sup>1,2,3,4</sup>
- ✓ Increased compliance with protocols <sup>1,2,3,4,6</sup>
- ✓ Improved documentation and family support <sup>4,5</sup>

## Improved **clinician competence**:

- ✓ Increase in nurse knowledge and attitudes toward care of hospitalized older adults <sup>1-6</sup>

## Improved **organizational outcomes**

- ✓ Decreased length of stay (1 day)<sup>2,3</sup>
- ✓ Reduction in readmission rates <sup>3</sup>



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.<sup>1</sup>

**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.<sup>2</sup>

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



*“Nurses Improving Care for 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**

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

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

**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 Data:

1. Date of the last day of the most recent quarter of NQIS data:

2. Unit Name:

3. Unit Type:

4. Clinical Outcomes

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

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

KNOWLEDGE SCORES:

| General Medical - GIAP Benchmarkd |                 |                     |                            |               |
|-----------------------------------|-----------------|---------------------|----------------------------|---------------|
|                                   | General Medical | All Peers: Bed Size | All Peers: Teaching Status | All Hospitals |
| Knowledge: Pressure Ulcers        | 5.0             | 4.0*                | 4.8*                       | 4.8*          |
| Knowledge: Sleep                  | 7.0             | 4.6*                | 4.8*                       | 4.8*          |
| Knowledge: Incontinence           | 3.4             | 3.0*                | 3.8*                       | 3.8*          |
| Knowledge: Restraints             | 7.7             | 5.1*                | 5.2*                       | 5.2*          |
| Total Knowledge                   | 8.8             | 4.5*                | 4.8*                       | 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.

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| Knowledge: Sleep                   | 7.0             | 4.6*                | 4.8*                       | 4.8*          |
| Knowledge: Incontinence            | 8.4             | 3.0*                | 3.8*                       | 3.8*          |
| Knowledge: Restraints              | 7.7             | 5.1*                | 5.2*                       | 5.2*          |
| Total Knowledge                    | 8.6             | 4.5*                | 4.6*                       | 4.6*          |

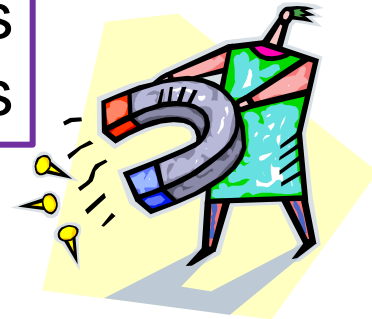
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Capezuti, E., et al (2013). Utilization of a benchmarking database to inform NICHE implementation. *Research in Gerontological Nursing*, 6(3), 198-208.

# Nurse Practice Environment

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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.

Findings suggest that providing quality geriatric care may require more than an NPE that supports nurses' general skill building & professional advancement.

Nurses can provide high-quality geriatric care in hospitals where the unique needs of older adults are **valued**, **collaboration** across disciplines is systematically supported, & various geriatric **resources** are provided.



# 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

GOALS

## Community



Keep some patients out of the hospital

## Hospital



Move Hospital Patients Through the System Safely and Efficiently, Safe Discharges

## Community



Prevent Readmissions and Facilitate Continuity of Care

Transitional Care

2013

Specialty Care

Subacute Care

2014

Ambulatory Care

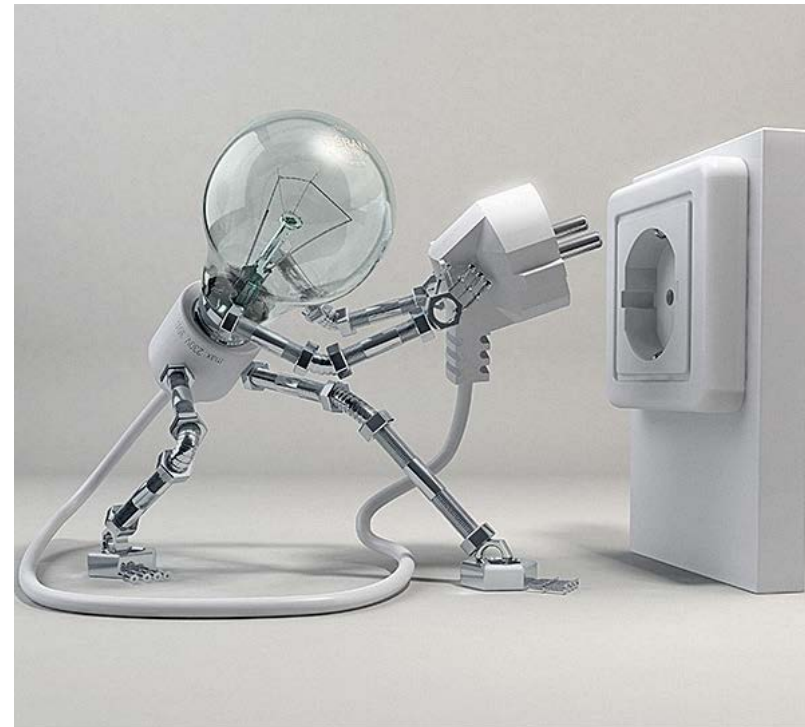
Home Care



Hospitals with good “general” NPE do not necessarily also provide quality geriatric care

Organizational support for geriatric nurse practice will yield positive outcomes

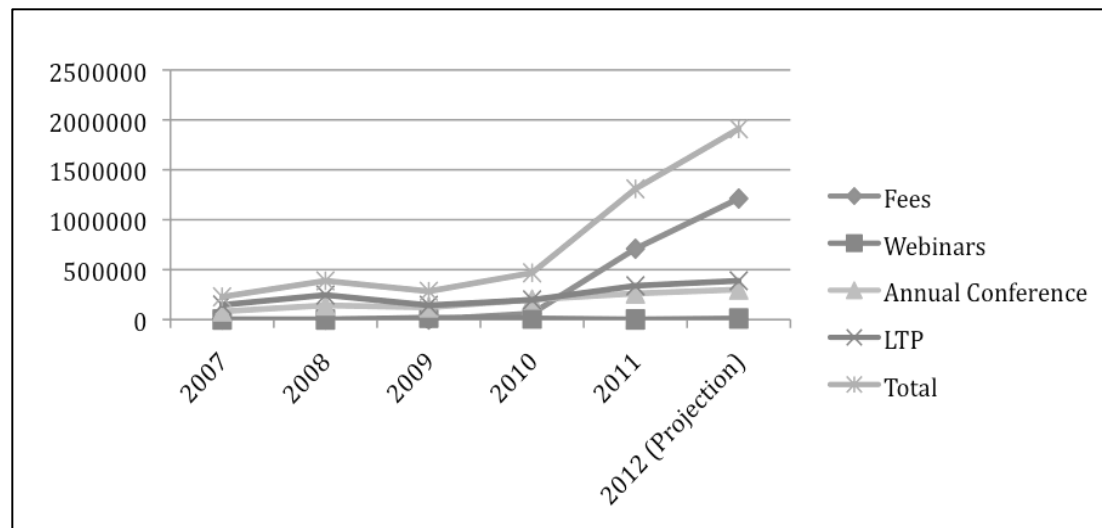
Quality geriatric care is well aligned with improving safety & outcomes of hospitalized older adults



# Ensuring Sustainability

## NICHE Business Model

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



Retention Rates  
95-100%  
since 9/2011

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





**2015 Annual NICHE Conference, April 14-17, 2015**

Walt Disney World Swan and Dolphin, Orlando, FL

**2016 Annual NICHE Conference, April 17-20, 2016**

Chicago Marriott Downtown Magnificent Mile, Chicago, IL

**NICHE 25th Anniversary**

**2017 Annual NICHE Conference, April 19-22, 2017 - 4 Days!**

JW Marriott Austin, Austin, TX

**2018 Annual NICHE Conference, April 10-13, 2018 - 4 Days!**

Atlanta Marriott Marquis, Atlanta, GA

**2019 Annual NICHE Conference, April 9-12, 2019 - 4 Days!**

Walt Disney World Swan and Dolphin, Orlando, FL

**Questions? Thank you!**