Promoting the Uptake of Evidence-Based Geriatric Care

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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

Aiken, Sloane, Lake, 1997; Poghosyan, Clarke, Finlayson, & Aiken, 2010; Friese, Silber, Aiken, 2010; Cheung, Aiken, Clarke, Sloane, 2008; Aiken, Buchan, Ball, & Rafferty, 2008; Kanai-Pak, Aiken, Sloane, Poghosyan, 2008; Friese & Aiken, 2008; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Van den Heede, Clarke, Sermeus, Vleugels & Aiken, 2007;
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

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

By MILT FREUDENTHEIM
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 has been funded, in part, with generous support from Atlantic Philanthropies and The John A. Hartford Foundation.
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.
Collaborate
Share Knowledge
Promote Innovation in Healthcare
Demonstrate Sustainable Family-Centered Care
> 500 health care sites in North
• 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
How can we influence the implementation of a hospital program focused on older adults?
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
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

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
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.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Slides</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Related Changes</td>
<td>56</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>Age Related Sensory Changes and Communication</td>
<td>39</td>
<td>1 hour</td>
</tr>
<tr>
<td>Aging Sensitivity</td>
<td>55</td>
<td>1.5 hours</td>
</tr>
<tr>
<td>Communication in Healthcare</td>
<td>50</td>
<td>1 hour</td>
</tr>
</tbody>
</table>
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'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.


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.*
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
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
“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.”
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

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

GIAP Hospital Level Institutional Unit Report

<table>
<thead>
<tr>
<th>KNOWLEDGE TYPE</th>
<th>General Medical</th>
<th>All Perms: Bed Size</th>
<th>All Perms: Teaching Status</th>
<th>All Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge: Pressure Ulcers</td>
<td>5.6</td>
<td>4.0*</td>
<td>3.5*</td>
<td>4.0*</td>
</tr>
<tr>
<td>Knowledge: Sleep</td>
<td>7.0</td>
<td>4.6*</td>
<td>4.5*</td>
<td>4.0*</td>
</tr>
<tr>
<td>Knowledge: Inconsistency</td>
<td>3.1</td>
<td>2.0*</td>
<td>3.1*</td>
<td>3.3*</td>
</tr>
<tr>
<td>Knowledge: Bedside</td>
<td>7.7</td>
<td>6.1*</td>
<td>6.2*</td>
<td>6.2*</td>
</tr>
<tr>
<td>Total Knowledge</td>
<td>36.1</td>
<td>24.5*</td>
<td>24.5*</td>
<td>24.5*</td>
</tr>
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* The score of the site surveyed (Your Hospital) is significantly different from the score of the comparison group at the 0.05 level.
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What is the relationship between nurses’ perceptions of the geriatric nursing practice environment & their perceptions of the quality of geriatric care?

<table>
<thead>
<tr>
<th>Geriatric Nursing Practice Environment</th>
<th>Nurse-Perceived Quality of Geriatric Care:</th>
</tr>
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<tbody>
<tr>
<td>• Institutional Values about Older Adults and Staff</td>
<td>• Aging-Sensitive Care Delivery</td>
</tr>
<tr>
<td>• Capacity for Collaboration</td>
<td></td>
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<tr>
<td>• Resource Availability</td>
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</table>
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

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

(N=166 RNs from 3 Hospitals)

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

Building the Evidence

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

**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**

<table>
<thead>
<tr>
<th>2013</th>
<th>Specialty Care</th>
<th>Subacute Care</th>
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<tbody>
<tr>
<td></td>
<td><strong>Ambulatory Care</strong></td>
<td><strong>Home Care</strong></td>
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**2014**
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!