

Nursing Counts

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FOCUS ON:

Nurses Improving Care for Health System Elders (NICHE)

Hospital use by people ages 65 and older has increased substantially. The percentage of discharged patients in this age group rose from 20% in 1970 to 38% in 2002, while the percentage of discharged patients younger than 65 either decreased or did not rise. In 2002 patients ages 65 and older accounted for 45% of hospital days of care;

the average length of stay was 5.8 days, longer than in any other age group. This *Nursing Counts* describes NICHE, a program designed to respond to the special needs of hospitalized older adults.—*Marie Boltz, MSN, CRNP, NHA*

DeFrances CJ, Hall MJ. *Adv Data* 2004;May 21(342):1-29.

A Look At NICHE

Started in 1992 at the John A. Hartford Foundation Institute for Geriatric Nursing at New York University and implemented nationwide, the NICHE program offers an array of resources designed to strengthen both individual nurses' gerontologic expertise and a hospital's capacity to develop, use, and evaluate best-practice geriatric care. Program components (the NICHE Tool Kit) include a self-evaluation tool, several practice models of care, clinical protocols, and educational materials.

Participating hospitals have frequently used the Geriatric Institutional Assessment Profile, a 68-item survey that assesses nurses' (or other clinicians') knowledge about geriatric practice regarding four selected marker conditions: pressure ulcers, physical restraint use, sleep, and incontinence. Respondents also give their perceptions of the quality of geriatric practice at their institution, including its strengths and the barriers to providing the best possible care. The results help institutions to prioritize staff educational needs.

NICHE offers four practice models to enhance the knowledge of staff nurses. In the Geriatric Resource Nurse model, staff nurses receive additional education in geriatric nursing care; they then help other nurses with care coordination, provide consultation at the bedside, and model best practice. In

the Geriatric Syndrome Management model, a nurse with such expertise provides staff nurses with education, protocols, and procedures specific to common geriatric conditions, such as delirium. The Acute Care of the Elderly Nursing Unit model provides a physical environment tailored to the needs of older adult patients, nurse-initiated protocols of care, and interdisciplinary collaboration. And in the Quality Cost Model of Transitional Care, an advanced practice nurse provides case management during hospitalization and coordinates home care immediately after discharge.

NICHE protocols and educational materials supplement models. The most commonly used of the *Geriatric Nursing Protocols for Best Practice* are those related to assessment and management of overall functional ability, cognitive function, urinary incontinence, delirium, falls, pressure ulcers, pain, and use of physical restraints. The Partners for Dissemination of Best Nursing Practices in Care of Older Adults program provides staff development curricula and teaching aids. Through NICHE, participating hospitals have access to a free online course that prepares nurses for the American Nurses Credentialing Center's gerontological nurse examination. *Try This: Best Practices in Care for Older Adults* provides a series of established assessment tools. Annual NICHE leadership conferences offer fledgling sites implementation information and resources; "user" conferences provide updated materials and methods for sustaining and expanding NICHE programs. An active listserv allows staff at different NICHE sites to share strategies, research findings, and resources.

At this writing there are 153 active NICHE hospitals; many have reported increased nurse competence and improved patient outcomes, including fewer fall-related

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injuries, decreased use of restraints, lower rates of confusion, and reduced lengths of stay. And a recent survey (see *Research Brief*, below) confirmed that “hospitals find NICHE useful for educating nurses and for configuring nursing services for older patients.” For more information about the NICHE program, visit www.hartfordign.org/programs/niche/index.html.—Marie Boltz, MSN, CRNP, NHA

Mezey M, et al. *J Nurs Adm* 2004;34(10):451-7; Naylor MD, et al. *JAMA* 1999;281(7):613-20; Fulmer T, et al. *Geriatr Nurs* 2002;23(3):121-7; Swauger K, Tomlin C. *Geriatr Nurs* 2002;23(3):145-50; Guthrie PF, et al. *Geriatr Nurs* 2002;23(3):133-9.

Research Brief

Implementing Best Nursing Practice Models

A study of NICHE use in hospitals.

To determine how hospitals put the NICHE program into practice, Mezey and colleagues surveyed active NICHE sites in 2002 (85 respondents). The findings showed that the involvement of a NICHE coordinator was essential to implementing and sustaining the program. Most hospitals used more than one tool from the NICHE Tool Kit. Those most widely used were the NICHE listserv; the Geriatric Institutional Assessment Profile, which surveys staff knowledge of geriatric care and their perceptions of the quality of care at their facility (in comparison with others); the Geriatric Resource Nurse model, in which unit-based RNs with expertise in geriatrics provide resources and consultation to staff nurses; and the evidence-based *Geriatric Nursing Protocols for Best Practice*.—Malvina Kluger

Mezey M, et al. *J Nurs Adm* 2004;34(10):451-7.

FAST FACTS

▼ From 2002 to 2027, inpatient acute care admissions are expected to increase 78% among people ages 65 and older and 16% among people ages 64 and younger.

▼ In 2002 people ages 65 and older constituted 13% of the population but incurred 45% of hospital inpatient expenditures.

National and local impact of long-term demographic change on inpatient acute care: a report from Solucient, LLC. [white paper]. 2002. <http://www.solucient.com/forms/demochange.shtml>; Agency for Healthcare Research and Quality. Table 5.1a: *hospital inpatient services*. 2002. http://www.meps.ahrp.gov/mepsnet/tc/TC15.asp?_SERVICE=MEPSSock&e0&_PROGRAM=MEPSPGM.TC.SAS&File=HCFY2002&Table=HCFY2002%5FPLEXP%5FD&VAR1=AGE&VAR2=SEX&VAR3=RACETHNX&VAR4=INSURCOV&VAR5=POVCAT02&VAR6=MSA&VAR7=REGION&VAR8=HEALTH&VARO1=5+17+44+64&VARO2=1&VARO3=1&VARO4=1&VARO5=1&VARO6=1&VARO7=1&VARO8=1&TCOPT2=F&_Debug=

NICHE at Inova Fairfax Hospital

At Inova Fairfax Hospital in Falls Church, Virginia, NICHE has provided a vehicle for beneficial change in the care of older adults. With initial funding from the Inova Foundation, interdisciplinary leaders attended the NICHE Leadership Conference in 2001 and subsequently created geriatric nursing initiatives in education, practice, and special programs. Targeted clinical areas included patient safety, use of physical restraints, medication, falls, and delirium.

Using the Hartford Institute's staff development curriculum guide, several basic geriatrics courses were developed, and more than 90 participants from various disciplines have attended thus far. The courses address the normal aging process; geriatric syndromes such as diminished function; and falls, incontinence, and pharmacologic issues. Course content has also been adapted for 35 nonlicensed staff. An advanced class has been taken by 50 geriatric resource nurses and 14 newly certified gerontologic RNs. More than 150 participants have attended annual one-day symposia focusing on evidence-based practice specific to older adults. To make geriatrics information available to staff on all units, a hospital-designed Web site has been developed.

As nurses became more aware of the needs of geriatric patients and more skilled in geriatric care, they identified practice areas in need of change. For example, nursing staff evaluated three confusion assessment tools before choosing the Confusion Assessment Method for incorporation into a nursing assessment standard. Nurses also identified the need to change physician order sets to include more appropriate medications and dosing regimens. All new policies (such as the anticoagulation policy) are reviewed, and recommendations for age-specific modifications are made.

Changes in daily practice have yielded measurably improved outcomes. On non-critical care units, restraint use has decreased 99% as a result of risk identification and more effective individualized care (for example, more frequent toileting, increased family involvement, and closer monitoring); falls have been reduced by 39%. Pressure ulcer incidence and average lengths of stay have also been reduced on NICHE-focused units.

For information about NICHE at other hospitals, see the May–June 2002 issue of *Geriatric Nursing*.—Deirdre M. Carolan Doerflinger, PhD, CRNP, and Gwen Kinney, MSN, RN

Editor's note: For more information on the program at Inova and these results, contact Deirdre M. Carolan Doerflinger at deirdre.carolan@inova.com. ▼