

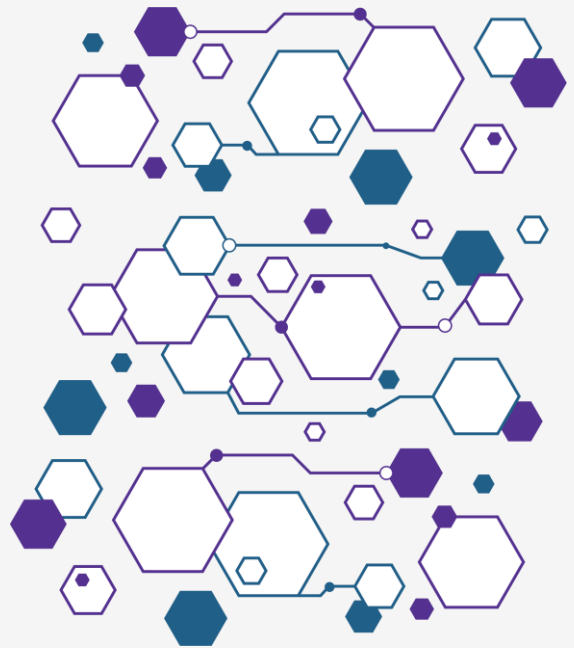
# Creating Age-Friendly Care Environments with the NICHE Practice Model and the 4Ms

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Karen Mack, DNP, MBA, APRN, CCNS, ACNP-BC

Executive Director, NICHE

NYU Rory Meyers College of Nursing



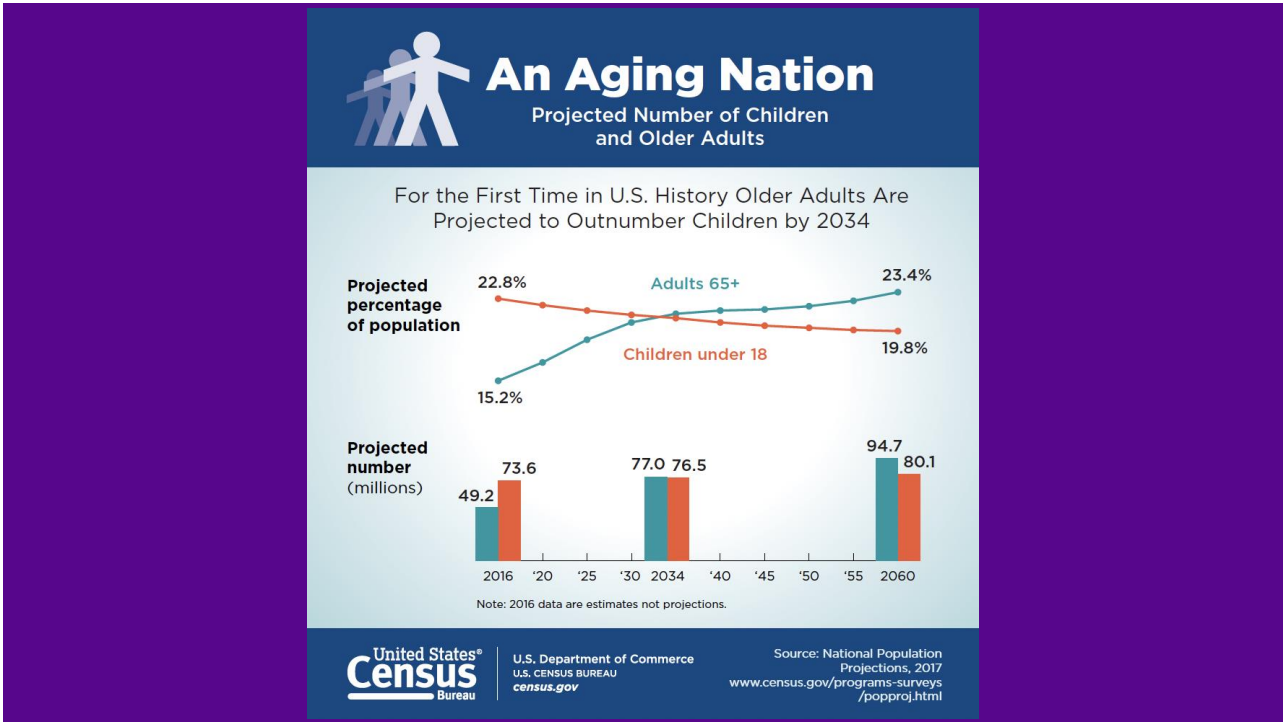
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## Learning Outcomes

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- Discuss the interrelationship of NICHE, Age-Friendly Health Systems Movement, and other Geriatric Quality Programs
- Identify the components of the NICHE practice model and the Age-Friendly Health System 4Ms
- Analyze examples of 4Ms-focused clinical improvement projects relative to the NICHE practice model components.

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	<h2>Geriatric Quality Programs</h2>	

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## CMS Age-Friendly Measure

Elicit patient health care goals

Responsibly manage medications

Implement frailty screening and intervention (including for cognition and mobility)

Assess social vulnerability (e.g. social isolation, caregiver stress, elder abuse)

Designate age-friendly leadership

*Reporting starts January 2025 for US hospitals participating in Inpatient Prospective Payer System*

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## Nurses' Vital Roles in Value-Based Care



Eliminate harmful practices



Adopt evidence-based care protocols



Interprofessional team practice



Prepare patients and families



Coordinate care



Data analysis and ongoing improvement

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## Core Competencies for Nurses at **All Organizational Levels** to Advance Age-Friendly Care

Comprehensive assessment using validated tools

Interdisciplinary care planning and collaboration

Age-sensitive principles incorporated into the patient care environment

Culturally congruent practice

Reliable use of evidence-based approaches and models of care

Coordination of care and services across the continuum

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## Core Competencies for Nurses at **All Organizational Levels** to Advance Age-Friendly Care (cont.)

Patient and family education and engagement

Promotion of health and wellness, safety, mobility/function, autonomy

Screening for, prevention, and management of geriatric syndromes

Prevention of harms of care (e.g., adverse drug events)

Ongoing improvement of care and outcomes

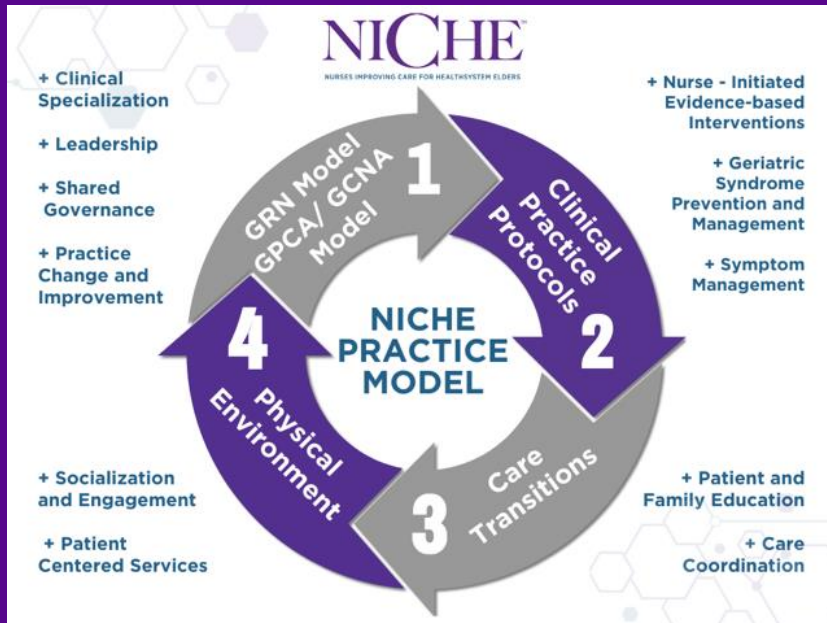
Continuing education and professional development

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# Nurses Improving Care for Healthsystem Elders (NICHE) is in our 4<sup>th</sup> decade!

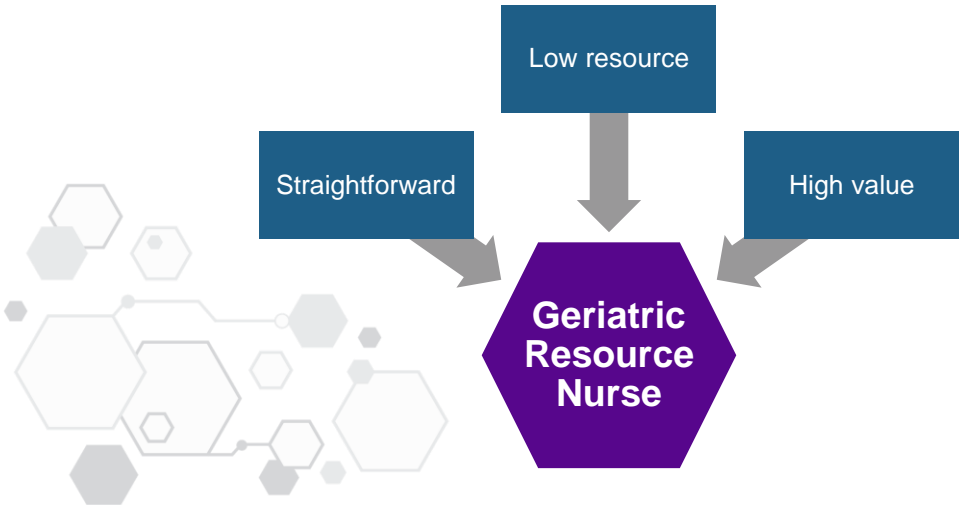


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# The Geriatric Resource Nurse (GRN) Model: Nurses as Age-Friendly Champions



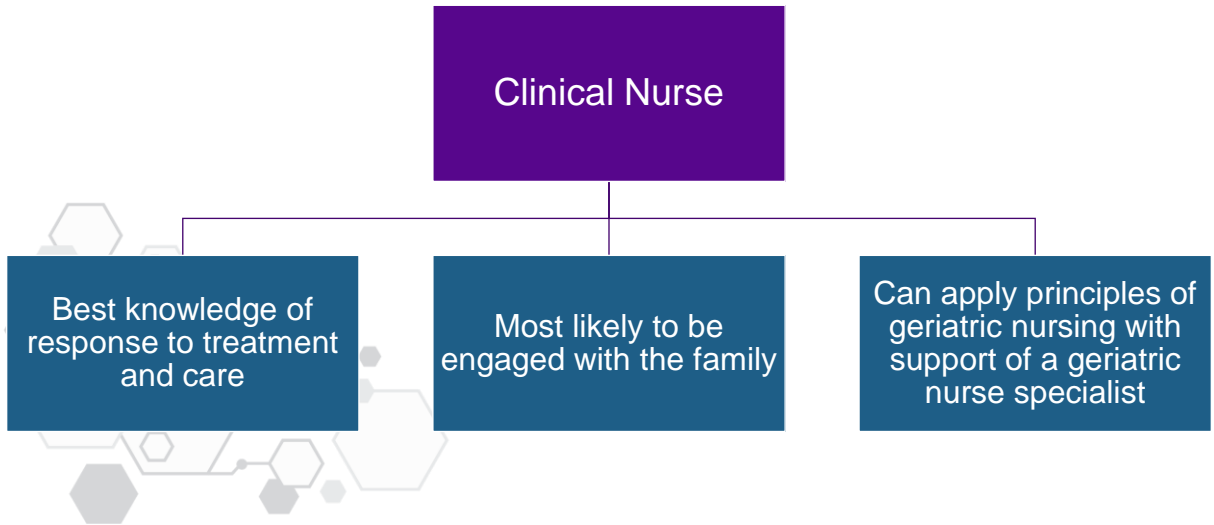
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## GRN Role and Responsibilities (Supported by the NICHE Coordinator)

- Leadership**
  - Resource and role model to peers
  - Engages with NICHE program leaders and nursing and interdisciplinary colleagues
  - Advocates for older adults and their caregivers
- Geriatric Staff Competence**
  - Participates in the development and delivery of educational programs for nursing staff and others
  - Disseminates NICHE resources and information to the nursing and interdisciplinary teams (e.g., pocket cards)
- Quality Improvement and Evidence-Based Interdisciplinary Care Planning**
  - Leads nursing rounds using evidence-based tools such as the SPICES and 4M assessment tools
  - Implements, monitors, and evaluates evidence-based care standards, protocols, and guidelines
  - Evaluates the care of older adults through the development, collection, and analysis of data (e.g., admission and discharge nurse)

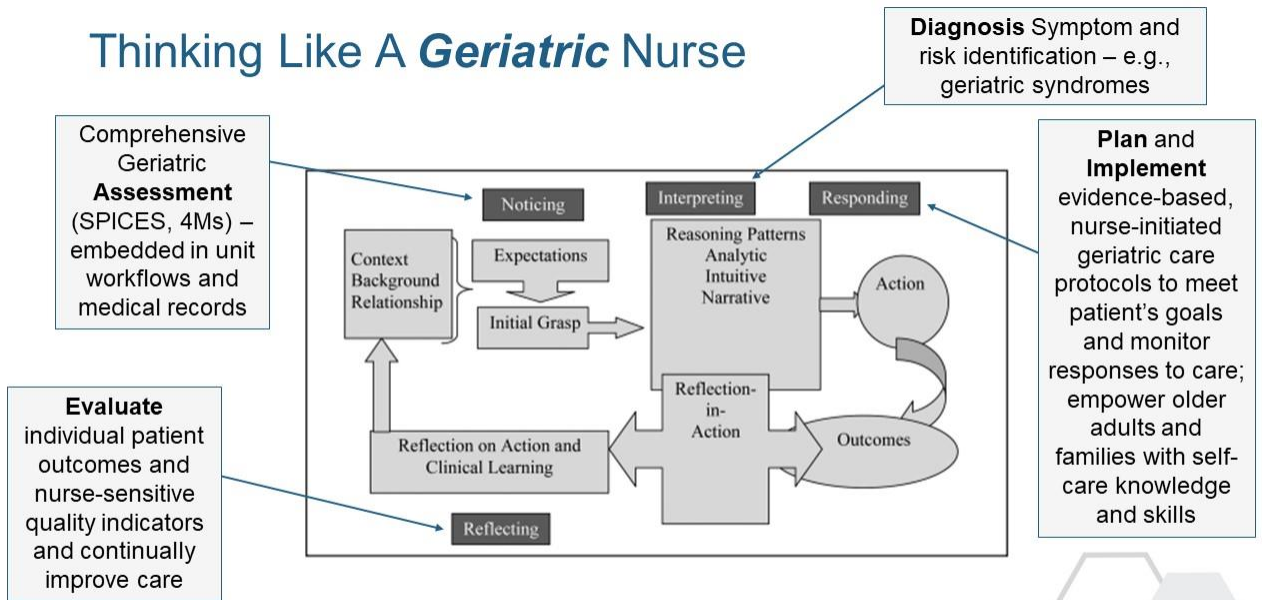
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# GRN Model: Key Principles



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## Thinking Like A *Geriatric* Nurse

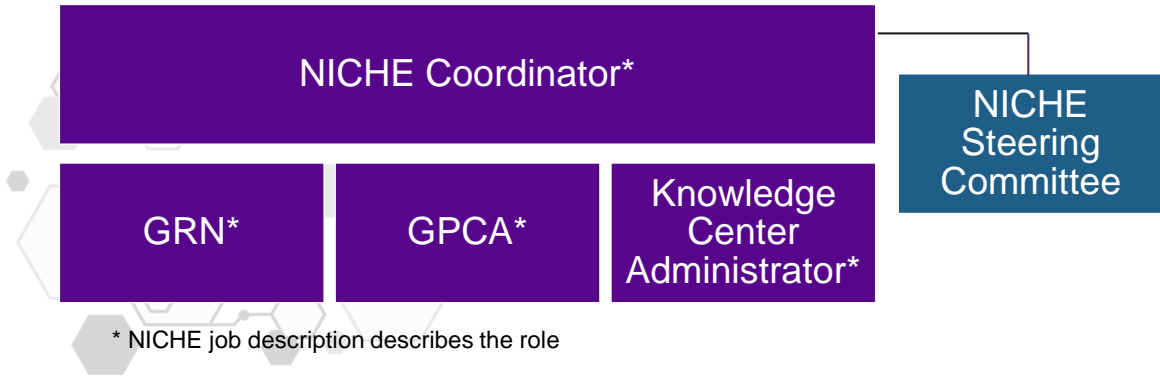


Source: Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204-211.

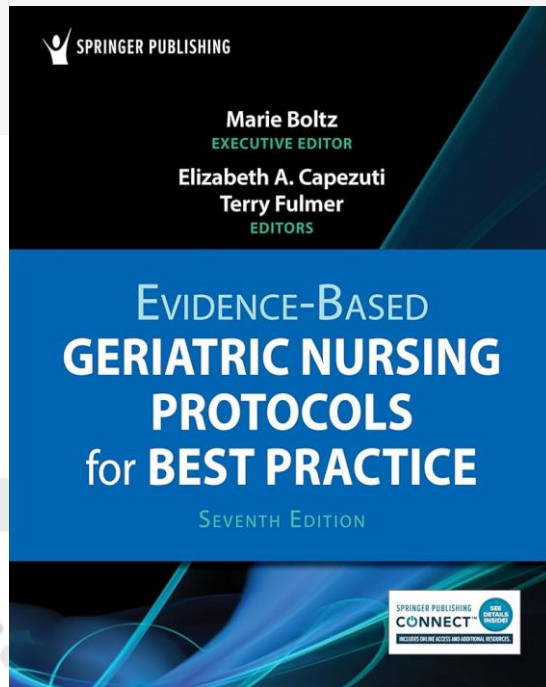
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# NICHE Leadership Roles and Reporting Structures

## Chief Nursing Officer/Nurse Executive



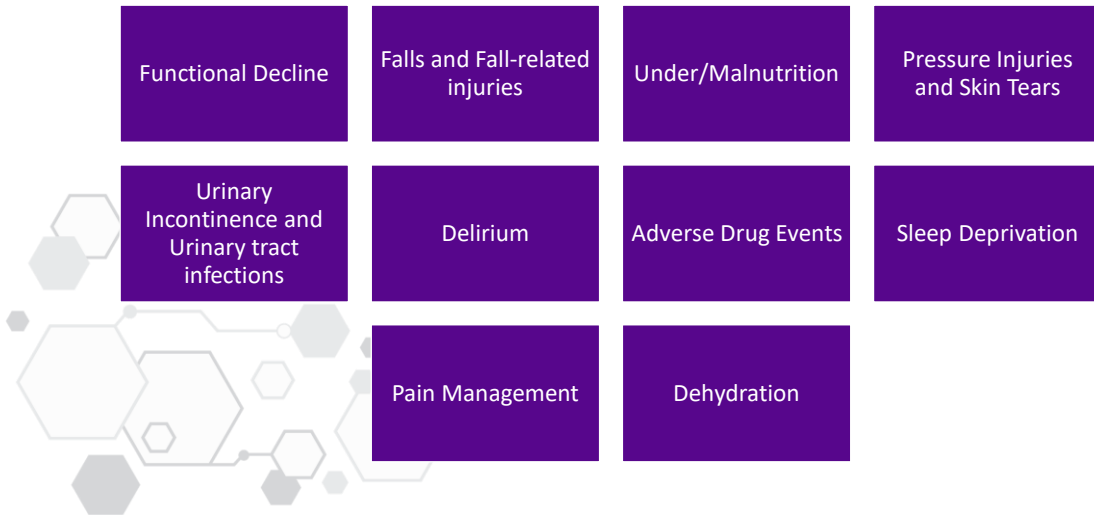
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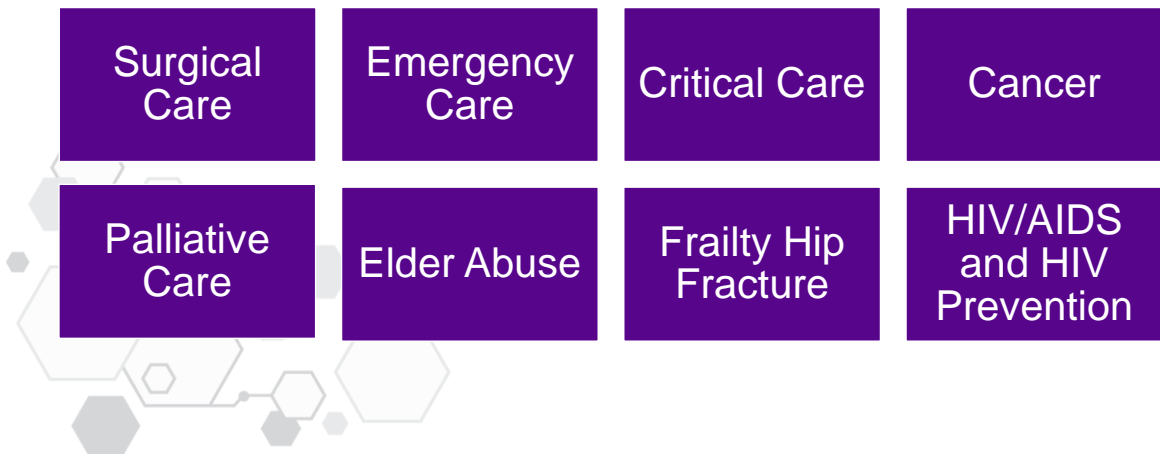


## NICHE Geriatric Nursing Protocols To Manage the Geriatric Syndromes



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## Geriatric Nursing Protocols to Address Specialty Topics



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## Geriatric Nursing Protocols to Enhance Patient Safety

Optimizing  
mealtime for  
people living with  
dementia

Appropriate  
restraints and  
siderail use

Substance Use  
Disorder

Fluid Overload and  
Heart Failure

Family Caregiver  
Preparedness

Transitions of Care

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## Clinical Protocols and Quality Improvement



Reduce variations in care by offering a structure for clinical decision making and intervention



Improve communication and coordination among clinicians



Supports “**programmed coordination**” to effectively manage clients following a predictable clinical course



Enables “**relational coordination**” to manage exceptions through shared decision making and problem solving



Reducing variation for populations of clients leads to improvements in costs, treatment time, discharge, readmission rates, client and clinician satisfaction

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# Nurse-Led Care Transitions



Patient and family education



Family caregiver preparedness



Connection to home- and community-based services



Access to palliative and end-of-life care

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## Physical Environment



Ongoing evaluation of physical environment against best practices



Age-sensitive principles are reflected in the environment and workflows



Adaptive equipment is readily available



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# Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).



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For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at [its.org/agefriendly](https://www.agefriendly.org/).

### What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

### Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

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## The Geriatric Nursing Core: **SPICES** and **4Ms** Frameworks

### SPECIALTY PRACTICE

#### SPICES

- Sleep
- Problems with eating or feeding
- Incontinence
- Confusion
- Evidence of falls
- Skin breakdown

### GENERALIST PRACTICE

#### 4Ms

- What Matters
- Medication
- Mentation
- Mobility

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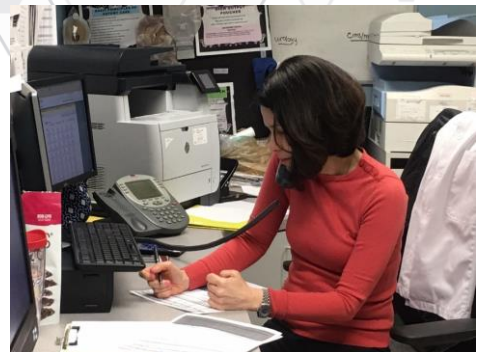
## Organizational Strategies to Reduce Clinical Variation



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## Care of Surgical Patient Protocol Johns Hopkins Bayview Medical Center

- *High-Risk Surgical Patients: The impact of a nurse-driven preoperative multidisciplinary conference*
- Intervention
  - Review an average of 6 high-risk patients per week
  - Use of EMR documentation progress note
  - Early identification of patient barriers
  - Considerations for bed assignment planning
  - Advanced planning for family support
  - Advanced planning for nursing resources
- Outcomes
  - Patients were three times more likely to return home
  - Readmissions decreased by 52%



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## Emergency Department Protocol Cedars Sinai Medical Center

- *Geriatric Emergency Department – BCAM, TLC Volunteers, & Fall Prevention*
- **Intervention**
  - Geriatric Syndrome Screening
    - BCAM Delirium screening
    - Morse Fall Assessment
    - Timed Up and Go Mobility Assessment
  - Tender Loving Care (TLC) Volunteer Program
    - Provide companionship and distraction
- **Outcomes**
  - Decreased falls by 57%
  - Decreased restraint time by 50%



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## Function-Focused Care Protocol Hackensack Meridian Health Raritan Bay Medical Center /Oldbridge Medical Center

- *Implementation of Evidence-Based Supervised Walking Program for Older Adults in an Acute Care Hospital*
- **Intervention**
  - Stride Mobility Program
  - Bedside Mobility Assessment Tool
- **Outcomes**
  - Fall rate was decreased from 3.39 to 1.2, and no injury was reported.
  - Length of Stay was reduced from 6.8 days pre-implementation to 5.13 days during implementation



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## Pressure Injury Protocol

Inova Mount Vernon Hospital

- **Bringing High Reliability to the Pressure Injury Prevention Program**
  - **Intervention**
    - Proactive surveillance, strengthening and communicating HAPI Prevention Protocol, CWOCN & GRN skin champions, nurse educator assessment/ education implementation to strengthen nursing knowledge, serial PDSA cycles involving staff in finding solutions
  - **Outcomes**
    - 45% reduction in HAPI (11.7 HAPI/month decreased to 5.8)
    - Over \$600,000 in cost reduction



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## Sleep Protocol

Atlantic Health System Hackettstown and Newton Medical Centers

- **Who Needs Sleep?**
  - **Intervention**
    - Implementation of McDonnell and Newcomb's Aromatherapy protocol
  - **Outcomes**
    - Improved rates of sleep-promotion medications
    - Improved perception of sleep (Pittsburgh Sleep Quality Index)



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## Transitions of Care Protocol

White Plains Hospital

- *Improving the Post-Acute Transition Of Care for Older Adults with Telehealth*
  - Intervention
    - Nurse-led transitional care intervention
  - Outcomes
    - Patients and Caregivers more likely to
      - Rate the hospital highly at 77% vs 33%
      - Recommend the hospital at 89 vs 68%
    - Readmissions decreased
      - Heart Failure by 5.1%
      - COPD by 11.9%
      - Pneumonia 2.5%



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## Key Takeaways

- NICHE is a nursing innovation in its fourth decade that continues to adapt to the current milieu and effectively optimizes patient outcomes.
- NICHE catalyzes Age-Friendly Health Systems initiatives to achieve clinical excellence and culture change.
- NICHE aligns with and partners with other geriatric quality programs.
- The NICHE practice model was illustrated at many of the SPICES and 4Ms clinical improvement project presentations featured at this meeting.

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# Questions & Answers

## Discussion

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### NICHE National Program Office Team

<b>Dr. Karen Mack</b> Executive Director	<b>Dr. Inna Popil</b> Director of Programs	<b>Joanna Melendez</b> Assistant Director Finance Administration	<b>Justin Hart</b> Program Administrator Operations
<b>Joshua Sewell</b> Project Administrator E-Learning	<b>Chloe Tam</b> Leadership Training Program Coordinator	<b>Nilsa Perez</b> Leadership Training Program Coordinator	<b>Susan Zuckerman</b> Membership Development Consultant
<b>Darren Clemons</b> Computer Support Technician	<b>LaQuanda Hillery</b> Administrative Aide II	<b>Arlette Cruz</b> Financial Analyst	<b>Neathram Meetoo</b> Financial Analyst

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