Purpose
• The purpose of this activity is for the learner to:
  – Recognize the value of a HealthSystem Steering Committee in implementing NICHE, including the required resources, planning, and activities; and
  – Evaluate the benefits and fit of this type of governance for his/her system.

Objectives
• The learner will:
  – Describe the structure and resources required to develop a system-level NICHE Steering Committee;
  – Define processes utilized in a system-level NICHE Steering Committee; and
  – Identify outcomes derived from implementation of a system-level NICHE Steering Committee.
Introduction: MedStar Health

- A distributed care delivery network in central Maryland and Washington, DC Region
- MedStar associates: 30,000 including 8,400 nurses
- 10 Hospitals
- MedStar Visiting Nurse Associations of DC & MD
- Large Ambulatory Network

NICHE and MedStar

- NICHE initiated in 2010 at MedStar Washington Hospital Center.
- Remaining 9 hospitals designated in 2012-2013.
- NICHE is a MedStar Nursing Signature Program under the leadership of Dr. Maureen McCausland, MedStar Senior Vice President and Chief Nursing Officer

Top 10 NICHE HealthSystems*

<table>
<thead>
<tr>
<th>Health System</th>
<th>Rank</th>
<th>NICHE Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI Health Nebraska</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Baylor Scott &amp; White Health</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>MedStar Health</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>ProMedica</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>OSF HealthCare</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>University Hospitals Health System</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Cape Breton District Health Authority</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Aurora Health Care</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Bon Secours Virginia Health System</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>NYC Health and Hospitals Corporation</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

*As of January 27, 2016
**Systemness**

"MedStar Health as a whole is much stronger than the sum of its parts.

The advantages of being a system are significant, and we must leverage those advantages to full effect each and every day if we are to accomplish our vision.

Our challenge is to look at all areas of our organization, find ways we can streamline and replicate successful processes, share knowledge and best practices, and more effectively align all aspects of our system.”

(MedStar Health, n.d.)

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**Problem**

How can systemness accelerate implementation of NICHE?

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**Structure: Methods**

- Establish a MedStar NICHE Steering Committee (MNSC) comprised of NICHE Coordinators at each hospital
  - Create a committee charter.
  - Develop and implement a 2-year action plan with goals, objectives and outcomes.
  - Hold quarterly meetings.
  - Utilize a SharePoint MedStar NICHE intranet website for committee information sharing.
Structure: MedStar NICHE Steering Committee Mission

- To develop a system-wide approach to planning, implementing, and evaluating the MedStar NICHE Program.
- Activities:
  - Design program measures.
  - Implement shared initiatives.
  - Provide mechanisms for knowledge and resource sharing.

Resources

- Chief Nursing Officer support NICHE at the system and hospital level.
- NICHE implementation is an annual operating plan objective.
- System-level coordinator facilitates MNSC meetings.
- Conference room availability and catering are provided by MedStar Corporate Nursing.
- Teleconferencing services allow flexibility.
- Intranet support services provide resource access.
Processes: NICHE Coordinator Education & Roundtable Discussions

- NICHE hospital committee & Geriatric Resource Nurse (GRN) structure
- Recognition of GRNs & Geriatric Patient Care Associates (GPCA) and internal marketing
- Unit quality measures
- NICHE education requirements
- NICHE Knowledge Center resources
- Geriatric care environment improvements
- NICHE Webinar Utilization

Processes: Collaborative Initiatives

- Geriatric documentation design for assessment, care planning, and data presentation with integration of the SPICES framework (in development).

Outcomes: Geriatric-specific Clinical Data
- First year of data has been collected for:
  - HAPU
  - Falls
  - HCAHPS Pain Satisfaction Scores

Outcomes: Pilot Projects Implemented
- Mobility Protocol
- SPICES Implementation

Outcomes: Associate Education

<table>
<thead>
<tr>
<th>NICHE Courses</th>
<th>2014</th>
<th>2015</th>
<th>2014+2015 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRN</td>
<td>171</td>
<td>302</td>
<td>473</td>
</tr>
<tr>
<td>GPCA</td>
<td>60</td>
<td>173</td>
<td>233</td>
</tr>
<tr>
<td>Introduction to Gerontology</td>
<td>1030</td>
<td>702</td>
<td>1732</td>
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<tr>
<td>Nursing Care for the Older Adult with Cancer</td>
<td>N/A</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Total Yearly Course Completions</td>
<td>1261</td>
<td>1195</td>
<td>2456</td>
</tr>
</tbody>
</table>
### Outcomes: 2014 Professional Practice Development

<table>
<thead>
<tr>
<th>NICHE 2014 Conference Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital/Entity</strong></td>
</tr>
<tr>
<td>MedStar Georgetown University Hospital</td>
</tr>
<tr>
<td>MedStar Montgomery Medical Center</td>
</tr>
<tr>
<td>MedStar Washington Hospital Center</td>
</tr>
</tbody>
</table>

### Outcomes: 2015 Professional Practice Development

<table>
<thead>
<tr>
<th>NICHE 2015 Conference Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital/Entity</strong></td>
</tr>
<tr>
<td>MedStar Georgetown University Hospital</td>
</tr>
<tr>
<td>MedStar Franklin Square Medical Center</td>
</tr>
<tr>
<td>MedStar Montgomery Medical Center</td>
</tr>
<tr>
<td>MedStar Corporate Nursing</td>
</tr>
</tbody>
</table>

### Results: September 2014 MedStar Levels of NICHE Implementation* (Start of MNSC)

*Includes results of September Annual Program Evaluation submissions
**Results: September 2015 MedStar Levels of NICHE Implementation** (Post MNSC Year 1)

- Exemplar: 3
- Senior Friendly: 8
- Progressive: 1
- Early: 0

*Includes results of September Annual Program Evaluation submissions*

### Discussion

- What are some lessons learned in the first year of implementation of the MedStar Nursing Steering Committee?
  - Sharing of NICHE implementation stories provides energy, vision, and efficiencies.
  - Time away from the clinical setting to devote to NICHE implementation accelerates progress.
  - The 2-year action plan is a helpful guide.
  - System-level geriatric-specific data collection requires development of a network, time, and resources.

### Conclusion

- A system-level NICHE steering committee provides a structure and forum that accelerates care improvement and program implementation strategy adoption.
References


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