Evaluating the Impact of GRNs & the NICHE Program: Perceptions of Key Stakeholders & Co-Workers

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Objectives

- Examine the History of NYU Langone Health (NYULH) NICHE/GRN Program
- Explain purpose of program evaluation research study
- Describe qualitative methodology of study
- Summarize findings & future program improvements

A bit about NYU Langone Health...
Recognitions

- Ranked #3 in NYS USNWR Best Hospitals
- UHC #1 Safety & Quality since 2013
- NICHE Exemplar site since 2013
- Magnet Three Times Designated since 2005

Early Pioneer in Geriatric Nursing

- 1997: Created SHARING tool
- 2002: Adopted the Nurses Improving Care for Healthsystem Elders (NICHE) Program
- 2009: Introduced National NICHE online, web-based system
- 2012: Expanded Program to Include Palliative Care Training
- 2014: Partnered with Center for Innovations in the Advancement of Care (CIAC)
- 2016: Restructured our NICHE/GRN Program

NICHE/GRN Hybrid Model

Purpose

- To formalize the NYULH NICHE/GRN program & create a structured model

Unique Program Elements Implemented:

- Concepts & resources from national NICHE model
- Full-time NICHE coordinator
- Interprofessional training
- Learning tools to supplement NICHE materials
- GRN training beyond Med-Surg units
- Partnership with Center for Innovations in the Advancement of Care (CIAC)
NYULH NICHE Program Interprofessional Structure

Steering Advisory Board
Meeting frequency: ADHOC

Evaluation Committee
Meeting frequency: ADHOC

Interprofessional Geriatrics Committee
Meeting frequency: Quarterly

Geriatric Resource Nurse Practice Council
Day & Night Councils
Meeting frequency: Monthly

GRN Training Overview

Eligibility
- The approval of your Nurse Manager or direct supervisor
- A minimum of 2 years experience as a Registered Nurse
- An interview intent form & a resume

Requirements
- Participate in pre & post program assessment, training consisting of 5 seminars, afternoon unit bedside rounds & team discussions
- Complete the NICHE online GRN core curriculum
- Implement a quality improvement project
- Achieve ANCC Gerontological certification within 6 months of course completion

GRN Expectations

- Master geriatric assessment tools
- Develop leadership roles
- Participate in the GRN council
- Serve as a resource to RNs, Patient Care Technicians & other providers
- Facilitate interprofessional relationships
- Improve patient & family centered care
- Present & publish scholarly work
Expansion of GRN Workforce: 1997-2017

Percentage of GRNs in each Specialty

Interprofessional Innovations: Geriatric Jeopardy Challenger Game

A fun method to strengthen and enhance geriatric education (adapted from Dr. Robert Petsch, An Adventure of the American Mind)
SHARING® Tool

Identify Seniors ≥65 years of age
Exhibiting The Following Changes in Conditions or Concerns:

S- Skin integrity
H- Hearing & vision/ Health literacy/ Healthcare decision making
A- Altered memory/ Altered sleep patterns
R- Reconciliation of medications / Reassess pain
I- Incontinence
N- Nutrition, hydration & oral health
G- Gait & function

"SHARING" tool is a mnemonic device used as a badge buddy on interprofessional safety rounds


Note:

SHARING® Crossword

Example of Questions:

Down:
1. Most common cause of urinary incontinence in both men and female older adults (2 words).

Across:
2. Evidence practice tool used by clinicians to assess changes in mental status with acute onset, fluctuating course, inattention span, disorganized thinking and altered level of consciousness (3 words).

Evaluating the NYU Langone Health NICHE Program

Phase I Survey of GRNs
- Work & demographics variables
- Utilization of geriatric assessment tools
- Assessment of GRN training program
- Perceptions of Nurse Manager support

Phase II: Focused Groups/ Interviews on Perceptions & Attitudes of NICHE/GRNs
- Non-GRN Registered Nurses
- Nurse Managers
- Members of Interprofessional advisory committee
**Phase I: Key Findings of Survey of GRN Workforce**

Qualtrics Survey of 87 RNs who completed GRN training in Fall 2016

- Response Rate 74/87 (85%)

GRNs Reported:

- Frequent use of NICHE resources such as assessment tools (median of 4.3 out of 5, more than once a day but less than each and every time)

- Strong NM support of GRN training & unit-based GRN practices

- Clinical rounds with Experts, Discussion groups (e.g., huddles) & Presentations/lectures were most important to GRN training

- NICHE on-line modules, QI projects & homegrown Jeopardy Game were considered less important

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**Phase II: Qualitative Study**

Participants:

- 4 Focus Groups with RNs working with GRNs
- 4 Nurse Managers on units with largest number of GRNs
- 3 Members of interprofessional advisory group

Study details:

- Audio-taped and transcribed
- Confidential
- IRB Approval
- Conducted Summer-Fall 2017

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**Semi-structured/Open-ended Focus Group and Interview Questions (All)**

- In your own words, what is the NICHE program and what are its goals and objectives?

- Have you noticed that having GRNs influence patient care? If so, what have you noticed?

- Do you have any recommendations for changing the program to improve impact on geriatric nursing practices at NYULH?
**Additional Items for Particular Groups**

- **NMs:** There are several GRNs on your units. What are your expectations for your GRNs?
- **RNs:** Your unit has several GRNs. Do you know who they are? How do you think the GRNs influence other nurses, staff, and the unit?
- **NMs and RNs:** What are the benefits or disadvantages of having GRNs in your unit? Do you think we have enough, too many or not enough?
- **Interprofessional Team:** What role do you play on the NICHE team?

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**RN Working with GRNs**

What they know:
- NICHE designed to raise awareness about aging
- GRNs are trained
- There are GRNs on their unit
- SHARING tool
- GRNs may lead projects

What they don’t know:
- NICHE is not like Magnet
- GRN training is not the same as certification/credential
- Could not name individual GRNs
- Which projects were led by GRNs and which led by others

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**Benefits of Working with GRNs**

“The institution is benefitting in so many ways…the colleagues who went to the conference, they came back and we were discussing, oh did you see anything new or things like we don’t do or (other) hospitals do better? I already learnt new ideas and stuff and things to implement with my patients”

– (RN)
Nurse Managers

Attitudes toward GRNs
• Support GRN training
• Appreciate institutional support for GRN/NICHE
• Respect NICHE Coordinator
• Have sufficient # of GRNs
• Identified GRN benefit with new RNs & PCTs

Areas of Uncertainty
• Unclear that GRN impact could be measured
• Have some of the same misconception as RNs
• Organizational factors may impede NICHE/GRNs
• Med-Surg & other NMs hold different attitudes about value of GRNs

GRNs see the Big Picture / Mentor new RNs

“(GRNs) will mostly talk like, they’ll bring up, (things) which to many of us may seem obvious, but to a new nurse it’s not necessarily obvious. Like a patient comes in and they’re depressed and they’re not eating, but they lost their spouse 6 weeks earlier. Like, you know, new nurse is looking at the physiological component of why they’re not eating. They must have this, they must have that, no, they are depressed and really sad and terribly alone, and need to address those issues instead”

– Med-Surg NM

Patients Sicker and Older

“We are going to see older, older, older adults, like my hundreds and up and you know, the very specific challenges that those people face, up to and including, you know, their resources may begin to run out because no one thought the were going to live that long”

– Med-Surg NM
How are GRNs Different?

“I don’t know if there’s a difference between how the GRNs would advocate for (patient issue) vs others. I would hope that there’s not because I hope that anyone would be able to recognize those… and call them out. That seems like a very basic tenet of nursing”

–NM – Not Med-Surg

Generally Positive Perspective of GRNs but...

“Anytime people go for special training, I think there’s value in that...it adds to the practice and sort of the collective conscious, if you will...I just can’t, it’s harder to come up with concrete examples but I’m someone who believe that more knowledge is better so...”

–NM – Not Med-Surg

NMs Identified External Factors that Impact Geriatric Care and GRNs

• So many projects going on throughout organization
• Patient population is sicker and older
• Hospital growth and reassigments of units
• Continual introduction of new technologies
• Twelve hour shifts – days are “eaten up” with clinical, patient care
Interprofessional Advisory Group Members

- Have a deep knowledge of NICHE, play active roles in training and champions of GRNs
- Great respect for the NICHE coordinator
- Encourage GRNs to be more involved in projects at institutional level
- Advise collaboration with Hospitalists and other providers

Interprofessional Advisory Group Members (continued)

- Recommend strategies for raising awareness throughout the organization
- Success depends on buy-in from senior leadership in other disciplines
- Push for use of metrics and data to show outcomes
- May generalize GRNs to all RNs

Collaborating Effectively

“I think (NICHE) is worthwhile investment... my only this is, we need to make sure that we are all working on the same goal instead of like separate departments doing separate goals on the same (issues)...”

–Member of Interprofessional Advisory Group
On the role of GRNs

"It shouldn’t be put on the GRN to communicate prognosis. On the other hand, the GRN sometimes are in the room when the prognosis is not being communicated accurately. Someone’s got to push back. And they can ask the question, because sometimes when you have junior people (residents), they are trying to get through their 5.4 expedited LOS so they are not thinking long term.”

—Member of Interprofessional Advisory Group

GRN may be one step in Geriatric Career

"If GRN training sparks an interest in geriatrics, then they are more likely to go on and get GNP or something…that is a good measure. how many of the GRNs even went, became an adult, a GNP or became some sort of advanced practice clinician”

—Member of Interprofessional Advisory Group

Conclusion and Next Steps

• Clear up misconceptions about NICHE program, GRN training, and GRN practices among RNs and NMs

• Increase awareness of NICHE and GRNs among practitioners in NYULH to encourage alliances across disciplines working in areas related to care of the elderly (MDs, Rehab, Nutrition, SW)

• Make GRN application process and expectations more transparent

• Consider revisions to our hybrid model to better reflect nursing practice in non-Med-Surg units

• Strengthen the program by expanding the Interprofessional Advisory Group with more members from other disciplines and senior members of nursing leadership
Thank You