NURSES IMPROVING CARE FOR HEALTH SYSTEM ELDERS (NICHE)
NICHE AND THE LONG TERM CARE COMMUNITY 2015-2018

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A JOURNEY TO LEARNING...2015-2016

ORGANIZATION STRUCTURE

• APRN-CNS(c), Board Certification in Gerontological Nursing
• RN, Board Certified in Hospice/Palliative Care Nursing and Gerontological Nursing
• DONs (2), Director of Nutrition, Consultant, Manager’s of Dept. of Therapy
• Critical Thinking/Leadership Course-OSUMC Education Dept.
PURPOSE OF THE PROJECT

• Provide a Geriatric Education Program
• Improve the care/quality of life
• Provide principles and tools
• Stimulate a change:
  – In the culture
  – Embrace EBP
• Achieve for older adults
  – Patient/family centered care

EDUCATION AND TRAINING: MEETING THE NEEDS OF THE OLDER ADULT

“Our intention was/is to complement the Oklahoma State Department of Health (OSDH) Certified Nurse Aide Course with the NICHE GPCA Program.”

WHY DID WE NEED TO DO THIS PROJECT?

• ElderCare Workforce Alliance (2015)
  – Geriatric education and training remains inadequate
  – Geriatric principles insufficient within curricula
  – Clinical experiences lack strength
  – Direct care staff - CNA
    • Low confidence
    • Ineffectively trained
    • Provide 70-80% of “hands-on care”
WHY DID WE NEED TO DO THIS PROJECT?

• IOM Report 2001 and 2008
  – Major challenge for 21st century healthcare
  – Prepare the healthcare workforce:
    • With skills and new models
    • To improve quality of care
  – NICHE PROGRAM, Fulmer, 1991
    • Understand Geriatric Syndromes
    • Ability to anticipate/recognize avoidable problems
    • In-depth knowledge of subtle geriatric presentations

THE NICHE CORE CURRICULUM

• “The NICHE Program deepens geriatric knowledge and caregiving skills of the CNA, LPN, and RN working in long term care addressing basic gerontological tenets such as access and quality of care, especially for vulnerable populations.” (Boltz, et al, 2012)

NICHE CORE CURRICULUM - GOALS

• Improvement between care team members:
  – Increased Communication
  – Increase in “Team”/Collaboration
• Proactive/preventive focus
• Increased recognition of risk factors
• Care Improvement in the frail older adult:
  – Early recognition of geriatric syndrome presentation
  – Early recognition of chronic disease change presentation
NICHE CORE CURRICULUM - GOALS

• Addressing these changes through:
  – Admission Process
  – Interprofessional rounding
    • Nursing Staff
    • CNA/CMA
    • Dept. of Therapy
    • Nutrition
    • Social Worker
    • Medical Director
    • Pharmacy
  – Care plans
  – Huddles
  – Handoff Report

SCOPE OF THE PROJECT

• How Many Facilities Participated?
  – Oklahoma Methodist Manor
    • Member of the Eden Alternative Philosophy of Care
    • 82 Elders (max)
    • CCRC
    • 4 LTC Households
    • 2 Skilled Households
  – Tulsa Jewish Retirement and Healthcare Center
    • 56 Elders (Max)
    • CCRC
    • 3 LTC/SNF Units

POPULATION THIS PROJECT WILL SERVE

• Ultimately extends to and directly affects,
  – the LTC household resident/patient
  – the Skilled household resident/patient
• Certified Nurse Aide (largest % of direct care givers)
• Certified Medication Aide
• Licensed Practical Nurse
• Registered Nurse
• Nurse Leaders
RESIDENTS POTENTIALLY IMPACTED

<table>
<thead>
<tr>
<th>OMM</th>
<th>TJRHC</th>
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<td>82 Elders</td>
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Vision: “OMM Caregivers will be nationally recognized for our clinical expertise, compassionate care and innovation in Elder care!”

Vision: “To re-image Senior living and instill Dreams never retire.”

Mission: “Provide vibrant and inclusive living, learning, and care throughout the progression of life.”

FIRST POPULATION

- **Introduction to Gerontology**
  - Non-Clinical support staff
  - Present in the care environment
    - Being aware of interventions
    - Reporting a “condition change”
    - Reporting & engaging in correction of extrinsic risk factors
    - Benefit of “awareness of systems aging” education:
      - Better understanding
      - Increased awareness
    - Becoming part of the “team”

SECOND POPULATION - CNA

- Initial focus was to accomplish:
  - A Geriatric specific education building:
    - a knowledge base and awareness of geriatric syndromes
  - Increased awareness of and recognition of:
    - changes(s) in resident presentation
  - Collaborative reporting process with nurses to enhance the plan of care
  - Inclusion with Interdisciplinary/Intraprofessional Teams
  - Knowledge of interventions appropriate within their Scope of Practice
THIRD POPULATION

- LPNs and RNs
  - NICHE Geriatric Resource Nurse (GRN) training and quality of life
    - It is the bedside nurse, nurse aide and medication aide who can ultimately make a difference in the outcome of an elderly patient.
    - Huge responsibility
    - Empowered to really making a difference
    - "Well informed on common geriatric syndromes"
    - "How to assess these syndromes and initiate effective care strategies."
    - Prevent and/or reduce impending adverse effects during an acute event (Mezey and Zwicker, 2003)

OCCURRENCES THAT INFLUENCED THE PROJECT

- Additional funding
- Conferences/meetings:
  - Eden Alternative Philosophy of Care
  - NGNA & NICHE Conferences
  - Governor’s Healthy Aging Summit
  - Discussions with Saint Francis Hospital, designated NICHE Hospital
  - “Dementia Beyond Drugs” Conference
  - Oklahoma Foundation for Medical Quality (OFMQ) Culture Change meetings

OTHER OCCURRENCES THAT INFLUENCED THE PROJECT

- On-line State Surveyor Reports
- Discussion with Director, State Surveyors
- Leading Age reports at OFMQ
- Advancing Excellence reports at OFMQ & NGNA
- NICHE Leaders
- Oklahoma Board of Nursing
EXPECTED OUTCOMES

- Integration of evidenced-based practice
  - Incorporate NICHE education into daily practice
    Example: hand-off reports, team approach to care
  - Incorporate shared governance concepts into Performance Improvement Projects (PIP) teams to improve processes and care associated with geriatric syndromes and other outcome measures

- NICHE Coordinators
  - Incorporate NICHE training in orientation for new employees
  - Host "train the trainer" classes for other SNF/LTC’s

- Dream big...........can you imagine a world in which LTC means EXCELLENCE in nursing care???!?

- NICHE education becomes the springboard for:
  - the launch of shared governance,
  - professional development through clinical ladders,
  - an employer of choice, and
  - working with hospital partners to improve transitions in care!

- PIPs to be developed with GRN and GPCA members
  - Falls Project
  - Pressure Ulcers
  - Infection Prevention & Control
  - Medication Safety Committee
  - IDT - (daily morning stand-up meetings) Improve effectiveness of information shared
  - Improve effectiveness of interprofessional collaboration with school partnerships

- Clinical Ladder already being developed in one home for entire direct-care staff
FOCUS ON LEADERSHIP

- Disparity between traditional nursing leadership models vs. a transformational leadership style and approach.
  - NICHÉ becomes the standard for geriatric-specific education to LTC staff
  - Clinical outcomes are improved
  - LTC's become an attractive environment for RNs to work
  - LTC's throughout the nation mean "Quality of Life"

DATA 2015 – 2017 Quarterly Reports

Falls as a Percentage of Patient Days

Pressure Ulcers as a Percentage of Patient Days

Note: * indicates partial data for quarter
DATA 2015 – 2017
Quarterly Reports

**UTI’s as a Percentage of Patient Days**

Note: * indicates partial data for quarter

**Missed Treatments as a Percentage of Patient Days**

Note: * indicates partial data for quarter

**Skin Tears and Bruises as a Percentage of Patient Days**

Note: * indicates partial data for quarter
NICHE – Phase 3 of 3

- Three goals of Phase 3
  - 1. Conclude Functions from year 2 for NH#1
  - 2. Create a NICHE deployment NH toolkit
  - 3. Integration of NICHE into NH#1

Conclude Functions from year 2

- NICHE on-line courses - Seven staff scheduled
  - Use of NH Charge Nurse desk computer
  - Staffing issues
  - Lack of consistent Leadership
  - New D.O.N. in June 2017
  - LPNs progressing through modules
  - CNAs/CMAs, difficulty with consistent on-line use
  - RN Coordinators – many scheduled meetings
NICHE Core Curriculum

- Integration of NICHE Core Curriculum knowledge
  - Clinical practice/skill level & Knowledge
    - Geriatric Syndromes, early recognition
    - NICHE Program tools/principles
    - Teaching the CNA and CMA
      - Largest % of direct care givers
      - Complement the OSDH CNA Course
    - Meeting needs of the older adult

Antibiotic Stewardship

- Antibiotic Stewardship
  - One-on-one with all staff
  - Able to teach 60%
  - Emphasis on preventive care
  - Charge nurses to teach CNA/CMA
  - New patients/residents’ medical history
  - Added Falls, reduction of avoidable hospital returns, dehydration & Immobility

Modules Included

- Importance of Hydration
- Fall risk related to Dehydration
- Urinary Tract Infection
- Pneumonia
- Immobility related to,
  - Pressure Ulcers
  - Blowel Complications
  - UTIs
  - Pulmonary complications
  - Reduce avoidable re-hospitalizations
  - Skin Care
Geriatric Syndromes

- Process of coordinating Geriatric Syndromes:
  - Chronic Illness, effect of
  - Preventive care & early recognition
  - Culture of age group
- Affects of:
  - Sleep Habits/Disorders and Concerns
  - Problems with Pain/Eating/Feeding
  - Incontinence with Bowel/Bladder
  - Confusion/Cognition
  - Evidence of Falls/Mobility Level
  - Skin Condition/Breakdown

NICHE Deployment NH Toolkit

- Train The Trainer Workbook Draft
  - Lessons Learned
  - Three Nursing Homes
- Oklahoma Implementation
  - Information proprietary to NYU and the NICHE Program,
  - Unable to include for introduction and implementation,
  - Further discussion with NICHE discussed

Integration of NICHE – N.H. #1

- Knowledge Center
  - LTC Leadership Training Program – June 2018
  - Core Curriculum Courses
  - Assessment Tools
    - ConsultGeri
    - Pocket Guide to Pressure Ulcers
    - Try This Series
Integration, cont’d

- Long Term Care Educational Resources
  - GPCA
  - GRN
- Discussion Forums
- Organizational Strategies
  - Medications
  - Medication Reconciliation
  - Transitions of Care: NH & ED
  - Vaccines

Integration, cont’d

- Clinical Improvement Models
  - Delirium
  - Falls
  - Pressure Ulcers/Injuries
  - Restraint Reduction
- Webinars

Mentoring – completed 100%

- Assessment of new patients/residents
  - Rounding with RNs and LPNs
  - Concentrated on chronic illnesses in LTC
  - Skilled Households- Acute and chronic illnesses
  - Communication and Documentation
  - Teaching CNAs and CMAs:
    - Recognition of Geriatric Syndrome presentation
    - Possible new medication S/Es
    - Chronic and acute illness complication(s)