

NICHE Benchmarking Service

The NICHE Benchmarking Service analyzes the GIAP data and produces a report for the individual hospital. The GIAP data highlights hospital strengths and weaknesses regarding care of older adults. It provides your hospital with:

- Benchmarking of your staff against other hospitals by peer bedsize and by teaching status
- Baseline with which to judge the effectiveness of CQI (continuing quality improvement) efforts
- Objective evidence of deficiencies in knowledge levels
- Evidence of improvement; necessary for Joint Commission accreditation

The Geriatric Institutional Assessment Profile (GIAP)

The Geriatric Institutional Assessment Profile (GIAP) is an instrument that helps NICHE participating hospitals assess their institutional readiness to provide quality care to older adults prior to implementing NICHE.^{1,2,3} The GIAP also can be used to detect changes post implementation of a geriatric program initiative⁴ or compare differences among facility type.³ The GIAP is meant to be used as a proxy measure for the overall quality of care provided to elderly patients and thus serves as a benchmarking tool to assist hospitals in identifying gaps in knowledge about geriatric care, attitudes and perceptions that influence how staff work with older patients, specific practice issues and concerns, and organization attributes of the hospital relevant to geriatric care.^{5,6} The GIAP is a 133-item self-report survey instrument that includes participant demographic information and 3 major scales, and several subscales, each of which measures a domain of the geriatric institutional milieu. The GIAP is a reliable and valid instrument to guide the journey toward improved care for the older adult patient.^{7,8,9}

The more than 100,000 staff-completed responses from more than 362 hospitals represent hospitals in 40 states (plus 3 Canadian provinces, and the Bahamas) and includes community, regional, rehabilitation, and academic medical centers. This database thus provides an ideal basis for benchmarking a NICHE hospital against similar hospitals in key measures of staff knowledge/attitudes and institutional support.²

Additionally, the GIAP can assist administrators and researchers to document improvement in the nurse's perception of care provided to older hospitalized adults. The GIAP survey is administered by the NICHE coordinator at each hospital. All survey data is maintained by the NICHE Program Evaluator. Data is received by the NICHE Benchmarking Service without any identifying information of the individual staff person who completes the survey.

GIAP Scales & Subscales: Validity & Reliability

The major scales of the GIAP presented below show good to very good internal consistency and reliability.

GIAP Scale	Content	No. of Items	ICC*	Cronbach's Alpha**
Geriatric Nursing Knowledge¹	Composite of the following 6 subscales:	25	0.97	
	<i>Pressure Ulcers</i>	3		0.75
	<i>Medication/Sleep/Pain Problems</i>	5		0.87
	<i>Restraints and Falls</i>	5		0.92
	<i>Functional Decline and Incontinence</i>	5		0.86
	<i>Dementia and Delirium</i>	4		0.86
	<i>Nutrition and Hydration</i>	3		0.86
Geriatric Nursing Attitudes¹	Composite of the following 2 subscales:	12	0.92	
	<i>Evidenced-based Approaches</i>	8		0.93
	<i>Restrictive Approaches</i>	4		0.79
Geriatric Care Environment (GCE)¹	Composite of the following 4 subscales:	28	0.91	0.93 [†]
	Institutional Values Regarding Older Adults and Staff ^{4,5,6†} (perceptions of respect for the rights of older adults, involvement of older adults and families in decision making, and support of nurse autonomy and personal growth).	7	0.86	0.84
	Capacity for Collaboration ^{4,5,6†} (perceptions of other disciplines' knowledge of geriatric care, use of geriatric protocols, and degree of conflict).	3	0.82	0.83
	Resource Availability ^{4,5,6†} (perceptions of access to human and material resources specific to care of older adults and management support of communication with patients and families)	8	0.86	0.90
	Aging-Sensitive Care Delivery ^{4,5,6†} (geriatric-specific, evidence-based, individualized care that promotes informed decision making, and is continuous across settings)	10	0.91	0.94

Professional Issues (PI) Sub-Scales				
Staff Disagreement	Disagreement among staff around treatment of common geriatric syndromes	10	0.89 [§]	0.91 [§]
Staff/Family/Patient Disagreement	Disagreement between staff and patients/families regarding treatment of common geriatric syndromes	10	0.88 [§]	0.93 [§]
Use of Geriatric Services	Perception of the appropriate use of geriatric specialists and professional practices (conferences, journals clubs, rounds)	7	0.90 [§]	0.91 [§]
Perceived Legal Vulnerability	Perceived legal vulnerability related to pressure ulcers, falls, restraint use, nosocomial infection, and injuries related to sedating medication	6	0.92 [§]	0.92 [§]
Perceived Upsetting Behaviors	Perceived frequency of patient behaviors that are upsetting	7	0.82 [§]	0.83 [§]
Burden of Upsetting Behaviors	Perception of the degree to which patient behaviors are burdensome	7	0.92 [§]	0.87 [§]

* ICC = Intraclass Correlation Coefficients: measure of consistency for a data set when it has multiple groups

** Alpha chronbach: measure of internal consistency; measures how well a set of items measure a concept

† Collectively comprise the Geriatric Nurse Practice Environment

‡ Reverse scored

References

1. The Cronbach Alphas for Geriatric Knowledge and Attitudes, Geriatric Care Environment, and Professional Issues reveals very good test-retest reliability and high internal consistency.
2. Fulmer, T., Mezey, M., Bottrell, M., Abraham, I., Sazant, J., Grossman, S. et al (2002). Nurses Improving Care for Healthsystem Elders (NICHE): Using outcomes and benchmarks for evidenced-based practice. *Geriatric Nursing*, 23(3), 121-127.
3. McKenzie, J.A., Blandford, A.A., Menec, V.H., Boltz, M., & Capezuti, E. (2011). Hospital Nurses' Perceptions of the Geriatric Care Environment in One Canadian Health Care Region. *Journal of Nursing Scholarship*, 43 (2), 181-187. PMID: 21605322.

4. Boltz, M., Capezuti, E., Bower-Ferres, S., Norman, R., Secic, M., Kim, H., et al. (2008). Changes in the geriatric care environment associated with NICHE. *Geriatric Nursing*, 29(3), 176-185.
5. Boltz, M., Capezuti, E., Bower-Ferres, S., Norman, R., Kim, H., Fairchild, S., et al. (2008). Hospital nurses' perceptions of the geriatric care environment. *Journal of Nursing Scholarship*, 40(3), 282-289.
6. Kim, H., Capezuti, E., Boltz, M., Fairchild, S. (2009). The nursing practice environment and nurse-perceived quality of geriatric care in hospitals. *Western Journal of Nursing Research*, 31 (4), 480-495.
7. Kim, H., Capezuti, E., Boltz, M., Fairchild, S., Fulmer, T., & Mezey, M. (2007). Factor structure of the geriatric care environment scale. *Nursing Research*, 56(5), 339-347.

8. Boltz, M., Capezuti, E., Kim, H., Fairchild, S., & Secic, M. (2009). Test-retest reliability of the Geriatric Institutional Assessment Profile (GIAP). *Clinical Nursing Research*, 18 (3), 242-252.
9. Boltz, M., Capezuti, E., Kim, H., Fairchild, S., & Secic, M. (2010). Factor structure of the Professional Issues Scale. *Research in Gerontological Nursing*.

The Geriatric Institutional Assessment Profile (GIAP) Database: The GIAP Database contains data completed by health care staff of NICHE participating facilities. This is not a patient database and thus does not include any patient data. It does not contain any protected health information (PHI) or individually identifiable health information as defined by the Privacy Act. Specifically, direct identifiers of the individual or of relatives, employers, or household

members of the health care staff completing the GIAP are not collected and thus are not in the dataset. The database contains one identifying variable: a hospital identification number. This number is issued by the NICHE Program Evaluator. A list of hospital identification numbers and the names of the hospitals is contained in a separate electronic file that is separate from the database. References The Privacy Rule, also known as the Standards for Privacy of Individually Identifiable Health Information, are the regulations issued by the Department of Health and Human Services in relation to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This became a requirement on April 14, 2003.

See:
http://privacyruleandresearch.nih.gov/pdf/research_rep_ostories_final.pdf