Stepwise Approach to Securing Key Stakeholder Support for NICHE Programs

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UAB Hospital Geriatric Programs
Prior to 2008

New UAB Hospital Geriatric Programs/Initiatives Since 2008

- Clinical
  - Acute Care for Elders (ACE) Unit
  - Inpatient Geriatric Consult Service
  - Palliative Care at UAB Hospital Highlands Campus
- Education
  - NICHE Initiatives
    - Geriatric Scholar
    - Geriatric Scholar Patient Support Program
  - ACE Unit Team Training
  - Medical Students, Interns, Fellows, Nurses, Nurse Practitioners, Pharmacy Students, Rehab Interns, NICHE Unit
- Quality Improvement/Outcomes Research
  - Volunteer/SPOONS Programs
  - Low Beds
  - High-Risk Medication Reduction
  - Geriatrics in Order Sets
  - New Standards/Policies
  - ACE Tracker and Virtual ACE Interventions
- New Positions Created
  - ACE Unit Medical Director (0.15 FTE)
  - ACE Coordinator (1 FTE)
  - Geriatric consult team NPs and MDs (4 FTE)
  - NICHE Coordinators (2 FTE)
  - Geriatric Quality Officer (0.5 FTE)
ABC’s of Program Development and Lessons Learned

- Agreement on the need
- Build the program
- Commence the new program
- Document every phase
- Evaluate all processes and outcomes
- Feedback to key stakeholders

Agreement on the need:
Engaging Stakeholders

Key Lesson: Invite yourself to the party, but don’t overstay your welcome

WHO IS YOUR PRIMARY CUSTOMER (STAKEHOLDER)?
WE HAVE SLEDS

Engaging Stakeholders

- Stakeholders are people too
  - They have a story like you do – listen for nuggets about their story and then ask questions/be interested
- Be outward focused; Enter into the world of another person

  “True humility is not thinking less of yourself; it is thinking of yourself less.”
  -- C.S. Lewis

  - “How’s your mom doing?”
  - “How was Timmie’s baseball game?”
  - “What’s the most challenging thing about being a _____?”
  - “What keeps you up at night?”

- Listen for nuggets about how you can help

Engaging Stakeholders

- Lots of programs are born from hallway and elevator conversations
- Key words at key times
  - “I like what you said about…..”
  - “So what I hear you saying is that sitter costs is really keeping you up at night. There is a program proven to reduce sitter use (marker for delirium) that might be of help to you.”

  “Luck is what happens with preparation meets opportunity.”
  -- Seneca

- Have meetings over coffee or lunch
- Invite leaders to shadow you
- Ask to shadow frontline staff
**Build the program through interprofessional support:**

Key Lesson 2: It's all in the translation:

Translate "geriatrics" into your customer's language

90% of Leading *Lasting* Change is Relationship Building and Winning *Hearts and Minds*

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**Speaking The Same Language as Administrative Leaders**

- Geriatrics: Older Adults → Population Management
- Reduced falls, delirium, restraints, etc., etc. → Value-Based Purchasing
- Resources Needed → ROI (Return on Investment)

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**Speak the Same Language as Your Frontline Staff**

- **The “Why” Factor**
  - Explain why you want to rock their world
    - Must win hearts and minds
  - They must be on your planning team
    - They know best what is not working well
    - They have ideas about to make things work better
  - Patient/Family experience/stories are your best friend

*Never let a good crisis go to waste.*
Geriatric Scholar Program Workshop Agenda
Day 1

Family Members Teach in Scholar Workshop Each Year

Daughter of patient with delirium and husband with dementia

Granddaughter (and outside hospital COO) of patient with functional decline and unplanned readmission

Alzheimer's patient and Berga Slave Labor Camp Survivor, WW II, with his daughter


Telling the “Why”:
Walking in Another’s Shoes
Commence the New Program

Key Lesson: Don't let perfection get in the way of progress…. 

…but do give your stakeholders lots of opportunities to provide suggestions and feedback  
(and free food doesn't hurt either)

First Year of ACE Unit Feedback Opportunities for Staff

- Lunches/Live Feedback Sessions
  - 1 month
  - 6 month birthday
  - Celebrate mock joint commission

- 2 paper feedback surveys
  - 1 month
  - 12 month

Document Every Phase of Program Development

Key Lesson: Remember what your Mom taught you about writing Thank You notes along the way
Nothing Says We're on the Same Team Like a Hand Written Thank You Note

Dr. Flood,

I was blown away when I opened my card this morning! Your email to our managers had already genuinely touched me, but your thoughtfulness and generosity has really made an impact on me. More often than not we only hear the complaints; gestures like yours are rare, and really help me stay energized, motivating me to keep plugging away! “Thank you” seems an insufficient thing to say, but I hope you can see I really mean it. So, thank you, and if I can ever help in any way, please don’t hesitate to ask.

Sincerely,

Shannon

March 6, 2012

Evaluate All Processes and Outcomes

Key Lesson: Under promise, over deliver

Track and Measure Everything You Do... And everything those you trained do.....
Example: Geriatric Scholar Teaching Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
<th>Impact</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15</td>
<td>Staff meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Teaching by Scholars:

Year 1 Outcomes

- NICU RN training
- Graymatter Newsletter
- Vasc Surgery Unit Training
- Nursing Conferences
- Callahan Eye Foundation Hospital Staff Teaching
- UAB Highlands/ACE Unit
- Safety Fair
- Others

IMPACT:

> 600 Nurses and Staff Reached with New Geriatric Content by Scholars

SPOONS Volunteer Data Collection Form

- Time entered patient's room
- Time exited patient's room
- Activities performed (check all that apply):
  - Assist with getting in/out of bed
  - Assist with feeding and bathing
  - Assist with grooming
  - Verbal encouragement/talking to patient
  - Toileting
  - Other:
- Document patient's comments/observations about meal or snack (positive or negative):
- Total time spent serving meal (in hours and minutes):

edicare.org • 2015 Annual NICHE Conference • Innovation Through Leadership
Spoons Volunteer Program Evaluation

Percentage of Patient-Encounters Receiving Described Tasks

<table>
<thead>
<tr>
<th>Task</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Stimulation</td>
<td>92%</td>
</tr>
<tr>
<td>Tray Set Up</td>
<td>69%</td>
</tr>
<tr>
<td>Prompting</td>
<td>68%</td>
</tr>
<tr>
<td>Feeding Patient</td>
<td>45%</td>
</tr>
<tr>
<td>Passing out or collecting trays</td>
<td>31%</td>
</tr>
</tbody>
</table>

Time spent by volunteer/encounter: Mean = 48 minutes (Range 5 – 180 mins)

Extrapolation of Program Expansion: Staff Time

Minutes Saved/Week

Minutes Saved/Month

Turning Volunteer Collected Data Into Measured Program Outcomes

Mealtime Assistance for Hospitalized Older Adults

A Report on the SPOONS Volunteer Program

Mealtime assistance among hospitalized older adults is an increasingly recognized problem. Houweling, Brown, Dinello-Ghildii, and Locher (2007) published an article entitled “Mealtime Assistance Among Hospitalized Older Adults” and reported that older adults were unable to manage their mealtime activities, ranging from 12.7% to 70% upon hospital admission and as high as 48% upon discharge. In another study, 94% of hospitalized older adults were able to manage their mealtime activities. Similarly, Mader, Warrington, Loescher, and Havenga (2012) reported that nutrition-related difficulties are associated with hospitalization, surgery, hospital-related outcomes, health-related outcomes, and mortality among hospital patients. Wang et al., 2015) found that older adults are vulnerable to poor nutrition, efforts to improve nutrition during hospitalization have included special dietary services, consultation with a registered dietician, and special instruction in mealtime management (Houweling et al., 2007).
Feedback to All Stakeholders

Key Lesson: Alignment is not just for your tires

Invite them to your party and align your outcomes (return on investment) with your institutions strategic pillars

UAB Medicine Strategic Plan: AMC 21

Geriatric Scholar Program Annual Quality Symposium

- 150 attendees in 2014
  - Health system and hospital CEO, VPs, Dept. Leaders, Scholars, Supervisors, potential collaborators
  - Donors, patients/families
  - GSP program development and alignment to hospital pillars presented
  - Scholarly work/PI projects presented
  - National presentations summarized
  - Graduating scholars honored and new scholars/programs introduced
Bonus Lesson: Have Fun!!

And make everything you do fun....

"A sense of humor is part of the art of leadership, of getting along with people, of getting things done.”
- Dwight D. Eisenhower

QUESTIONS?

For UAB Hospital Geriatric Program Training Institute Site Visit Information (ACE Units or NICHE Programs):
Email Kellie Flood, MD at kflood@uabmc.edu