

NICHE Clinical Improvement Models

Overview

NICHE Clinical Improvement Models provide a road map to system-level adoption of clinical best practices. A series of modules guides hospitals in the research, planning, implementation, and evaluation phases of "best-fit" models. Modules are authored by experts in the field and supplemented by materials and expertise from experienced NICHE sites. The modules consist of an overview and programs to reduce restraint use, prevent pressure ulcers, and reduce risk of fall-related injuries.

Features & Benefits

Feature: Each chapter provides a synthesis of the research and clinical literature as well as evidence-based best practices identified by content experts and NICHE sites

Benefit: Provides information to implement a system-wide change process such as physical restraint reduction, pressure ulcer prevention, or falls reduction

Feature: Discusses conceptual models/frameworks that address the complexity of the change process and implementation of research findings within healthcare institutions

Benefit: Delivers an understanding of the multiple factors that affect the degree and success of change required to implement new practices

Feature: Offers a framework for action with several alternative approaches

Benefit: Allows hospitals to adapt implementation protocols to their specific environments

Feature: Chapters include citations for program approaches that have been tested or suggested by experts in the field

Benefit: Provides evidence to support many of the organizational practices offered in the clinical improvement models

Application

NICHE Clinical Improvement Models identify best practices hospitals can implement to help prevent complications prevalent in hospitalized older adults, and enhance the quality and safety of care. Strategies are provided to improve care for older adult patients that address a specific clinical issue (e.g., adverse effects of medications, identification of delirium), practice (e.g., use of restraints, sitters, urinary catheters) or geriatric syndrome (e.g., pressure ulcers, incontinence, falls, functional decline, delirium).

NICHE PORTFOLIO



Clinical Improvement Models

- Pressure Ulcer Prevention Program:** Provides general principles for implementing a system-wide program to prevent and manage pressure ulcers.
- Reducing the Risk of Fall-Related Injuries:** Describes a systems approach to care in reducing the fall risk of hospitalized older adults.
- Restraint Reduction Program:** Describes the steps involved in implementing a restraint reduction program including latest research findings.

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NICHE Hospital Innovation

Promoting Safety for Older Adult Population in the Surgical Observation Unit

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PROBLEM: Safety risk among older adult patients in Surgical Observation Units.

SOLUTION: Geriatric Resource Nurse Model (GRN) in the Surgical Observation Unit.

Problem Identified The aging population in healthcare settings is one of the most challenging groups for providers. It has been estimated that the older adult patients (over-65) will exceed more than 72 million by 2030.* Every provider plays an important role in providing optimal care for this population.

The Surgical Observation Unit (SOU) is an extended recovery unit designed for patients who have undergone outpatient surgical procedures and require further observation. Older adults typically comprise a large part of the unit population. Patient safety is a significant concern due to their age, co-morbidity issues, effects of anesthesia, psychosocial, and other medical problems.

Solution Formulated An improvement project was initiated at St. Luke's Episcopal Hospital to educate the staff regarding the care of older adult patients. A Geriatric Resource Nurse (GRN) was assigned to the unit to assess safety issues and concerns. One specific problem noted was falls. The unit implemented improvement processes based on the GRN's evaluations. These included: frequent rounding, bowel and bladder program, appraisal and understanding of medication interactions, plus "Call, Don't Fall" reminders and shift reporting.

Evaluation/Results In older adult patients the number of falls decreased, patient satisfaction improved, and length of stay decreased. Additionally, staff demonstrated improved knowledge of the special requirements of older adult patients, and patients and families expressed increased satisfaction upon discharge. Finally, physician satisfaction increased, prompting frequent requests to reserve a bed in the SOU for patients.

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2. Dahle, J., Girard, N., & Stein, D. Perioperative Care of the Older Adult. Available at Association of periOperative Registered Nurses (AORN) website <http://www.aorn.org/Education/ContinuingEducation/ConfidenceBasedLearning/PerioperativeCareOlderAdult>.

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2. Taylor, J. (2008). NICHE Clinical Organizational Models: Falls and Fall Related Injuries: Prevention and Management. In E. Capezuti, J. Taylor, M. Boltz, & H. Brown (Eds.), *NICHE Clinical Organizational Models*. New York: Hartford Institute for Geriatric Nursing. (Available at NICHE Knowledge Center, accessed via www.nicheprogram.org).
3. Falls. Geriatric Resource Training. NICHE Geriatric Resource Nurse Core Curriculum, Second edition, 2012. (Available at NICHE Knowledge Center, accessed via www.nicheprogram.org).

View the Clinical Improvement Models. This resource is available only to NICHE member organizations.