

NICHE Leadership Training Program

Overview

The Leadership Training Program (LTP) provides an interdisciplinary hospital team with the tools and resources to begin the process of increasing the quality of care for older adult patients at their facility and achieving NICHE designation. The LTP is a blended learning approach where participants engage in a rigorous six-week program delivered via a web-based platform and facilitated by the NICHE team, including mentors who currently lead or have led NICHE programs in their hospitals. The program includes conference calls, on-demand access to tools, benchmarking, and guides for implementation.

Features & Benefits

Feature: Online activities complemented by practice-based assignments **Benefit:** Delivers deep immersion in the process of developing a NICHE hospital program including an overview of NICHE models, staff education, introduction to the Geriatric Institutional Assessment Profile (GIAP), and other clinical, financial, and organizational measurement approaches to evaluate program effectiveness

Feature: Web-based

Benefit: Permits users to access the LTP learning components on their own

schedule...at work or at home

Feature: Live webinars

Benefit: Engaging educational presentations developed and hosted by NICHE

faculty and program leaders from NICHE Hospitals

Feature: Development of hospital action plan

Benefit: Tools, resources, and consultative advice provided to support a core leadership team within the hospital in developing an action plan for NICHE program implementation, training Geriatric Resource Nurses (GRN's), and positioning geriatric care as a top priority of their hospital

Application

Three people responsible for steering the NICHE initiative at the facility should attend the LTP session. This typically includes a nurse clinician leader, a clinical educator, and an administrator, manager, or quality person. The LTP provides the hospital teams with on-demand access to comprehensive program topics. The LTP is conducted three times a year.



Support Resources

- NICHE Planning & Implementation Guide
- NICHE Organizational Strategy: Nurse Certification Tool Kit.
- Clinical Improvement Models
- NICHE Education Briefs
- Geriatric Resource Nurse (2nd Edition, 2012)
- Introduction to Gerontology (2nd Edition, 2012)
- Geriatric Patient Care Associate (2nd Edition, 2012)
- NICHE "Evidence-Based Geriatric Nursing Protocols for Best Practice" (4th Edition, 2012). New York: Springer Publishing
- NICHE Online Connect Webinars
- NICHE Solutions Series
- Need to Know by NICHE Series
- Joint Commission Crosswalk
- NICHE Annual Conference
- NICHE for Patient+Family App and **Encyclopedia**



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NICHE Hospital Innovation

Solution 25: Geriatric Resource Nurses - Change Agents to Prevent Hospital Complications

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PROBLEM: Survey (GIAP) indicated the need for systemic change to prevent hospital acquired conditions for older adult patients, the hospital's primary consumers.

SOLUTION: Performance improvement team formed to develop initiatives targeting functional decline in hospitalized older adults.

Problem Identified With a large and growing patient population of older adults (+50%) and GIAP (Geriatric Institutional Assessment Profile) survey findings that indicated room for improvement, Glendale Adventist recognized the need to improve the level of care for older patients.

Solution Formulated An "At Risk Elders Performance Improvement Team" was formed that planned a focused, individualized, multi-disciplinary approach to increase staff knowledge and understanding of the complex needs of older adult patients. The team implemented a range of initiatives designed to eliminate preventable hospital acquired conditions commonly experienced by hospitalized older adults, by continuously improving the quality of care based on current evidences.

Two Geriatric Resource Nurse (GRN) initiatives targeted memory loss and functional decline. The "Family Questionnaire for Patients with Memory Problems" tool supplied by NICHE was put into use to help improve understanding of patient preference in care and baseline functionality/needs, and promote two-way communication between nurses, family members, and patients. Arsineh Petrosian, RN, GRN, and Agnes Pagdilao, RN, GRN, piloted the initiative in the pulmonary/ oncology unit.

The "Up 4 Meals" initiative goals were to promote early ambulation and prevent functional decline during hospitalization. Nurses discussed the program with each patient and their family, and encouraged walking at regular intervals and sitting up to eat for ALL meals. Lift teams were involved where needed. To establish a baseline to gauge results, patient function was assessed/documented on admission using a family questionnaire. Vanessa Gilbertson, GRN, championed this initiative.

Evaluation/Results To evaluate the results of the initiatives, GRNs in every inpatient unit performed concurrent audits for nursing practice compliance. Increased lift team requests and education for proper use of lifting devices were observed at the unit level. The length of the "Family Questionnaire for Patients with Memory Problems" was unwieldy so it was adapted and became the "white board communication center" for the patient's family and caregivers to share information about the patient's plan of care. The communication provides the healthcare team with information to individualize care for the patient.

REFERENCES

1. Boltz, M., Capezuti, E., Shabbat, N., & Hall, K. (2010). Going home better not worse: Older adults' views on physical function during hospitalization. International Journal of Nursing Practice, 16 (4), 381 – 388.

2. Resnick, B., Galik, E., Boltz, M., & Pretzer-Aboff, I. (2011). Restorative Care Nursing for Older Adults: A Guide For All Care Settings. (2nd ed.). New York:

NICHE-RELATED RESOURCES

1. Geriatric Resource Training - NICHE Geriatric Resource Nurse Core Curriculum. (Available at NICHE Knowledge Center, accessed via 1. Geralatic Insolution training with a constant of the consta

http://www.nicheprogram.org/evaluation#Geriatric).
3. Boltz, M., Resnick, B., & Galik, E. (2011). Interventions to Prevent Functional Decline in the Acute Care Setting. In M. Boltz, E. Capezuti, T. Fulmer, & D. Zwicker (eds.). Evidence-Based Geriatric Nursing Protocols for Best Practice (4th ed. pp 104-121). New York: Springer.

View the NICHE Leadership Training Program webpage. The LTP is available to interested hospitals for a fee.



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