NICHE™
NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS

Acute Care (AC)
Implementation Rubric

Recognition Status	MEMBER		SENIOR-FRIENDLY	EXEMPLAR
Level of Implementation	Early	Progressive	Senior-Friendly	Exemplar
Dimensions	Attributes			
Guiding Principles	The organization has a NICHE mission statement that includes the older adult patient.	The NICHE mission statement has been approved by the governing body of the organization.	The organization's website reflects NICHE membership.	Previous requirements have been met.
Organizational Structures	The NICHE Steering Committee includes representation from nursing management, quality management, clinical management, and staff education. The NICHE Steering Committee has a 2-Year Action Plan that includes measuring specific quality outcomes.	The NICHE Steering Committee includes GRN representation and representatives from the following disciplines at a minimum: medicine, rehabilitation therapies, pharmacy, and social work/case management. The GRN model has been implemented on at least one unit. This includes GRN education and mentorship activity.	The NICHE Steering Committee includes representatives from community-based programs (e.g. home health providers and palliative care). The process of interdisciplinary, clinical decision-making is implemented on NICHE units (e.g. weekly rounds). The GRN model has been implemented on more than one unit OR the ACE model has been implemented.	Older adult stakeholders are represented on the NICHE Steering Committee. The NICHE Steering Committee leads a system-level expansion of NICHE program(s) (e.g. geriatric service line). The GRN model and GPCA training has been implemented on all units with > 40% older adults. The GRN model has been extended to at least one specialty unit (e.g. orthopedic or neurosurgical).

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Leadership	A nurse who has completed GRN training, is certified in gerontology, is in the process of completing certification in gerontology, or is able to demonstrate geriatric expertise provides oversight for the GRN role. The NICHE Coordinator is designated to lead Steering Committee functions, serve as the primary contact between NICHE at NYU and the facility, and disseminate NICHE materials and resources.	The NICHE Coordinator and/or other members of the Steering Committee are represented on clinical practice committees or other bodies responsible for policy development within the organization. GRNs are involved in leadership functions including quality improvement and GPCA training.	The NICHE program has assumed a regional leadership role by hosting a state-level or network-wide conference OR by taking part in a state-wide quality initiative.	The NICHE program has assumed a regional or national leadership role through one of more of the following: 1. Has become an official reviewer of NICHE resources 2. Has become of a member of the NICHE Leadership Faculty 3. Is a NICHE Ambassador by speaking about NICHE at regional, national, or international conferences (this does not include the NICHE conference) 4. Has published examples of NICHE successes in an article, book chapter, or electronic communication 5. Has presented a NICHE webinar

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Geriatric Staff Competence	At least one basic, geriatric-specific staff education program (e.g. NICHE interdisciplinary training modules) is provided in general orientation of nursing staff working on units serving older adults.	Geriatric-specific staff education programs (e.g. The NICHE Introduction to Gerontology core curriculum course) are included in general orientation of all clinical and support staff working on units serving older adults. GRNs complete baseline GRN training and 6 hours per year of continuing education in gerontology content. The NICHE Coordinator attended a regional geriatric conference or webinar in the past year.	Geriatric nursing education (e.g. the NICHE Geriatric Resource Nurse core curriculum course) is provided to RN staff on more than one unit. Extended geriatric-specific staff education is provided to other disciplines (e.g. NICHE interdisciplinary training modules) on the NICHE expansion units. GPCA training is provided on all NICHE units.	Participation in staff development programs that benefit the specific needs of older adults are integrated into the facility's clinical ladder or nurse advancement program. The NICHE Coordinator and Managers evaluate the clinical needs of staff to meet the needs of older adult patients.

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Interdisciplinary Resources and Processes	Information regarding NICHE is provided to other disciplines.	Interdisciplinary evidence-based guidelines are implemented on <u>medical</u>, <u>surgical</u>, and <u>medical-surgical</u> units for at least 2 of the following: falls, restraints, pain, functional decline, skin care/pressure injuries, medications, sensory needs, transitional care, and palliative care. Interdisciplinary care plans for older adults on NICHE units routinely address: falls, restraints, pain, functional decline, skin care/pressure injuries, infection, delirium, medications, sensory needs, transitional care, and palliative care.	Interdisciplinary protocols are applied to critical care, ED, or other specialty units. A method of maintaining geriatric-appropriate medication prescribing and/or utilization is implemented.	Transitional care processes are implemented.

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Patient and Family-Centered Approaches		One or more of the following is included in the organization's processes: 1. Education that addresses age sensitive communication 2. Patient/Family Councils 3. Opportunities within the clinical unit for family to give feedback to staff and caregivers	Transitional care including handoffs and discharge teaching is standardized and includes validation. Policies address family involvement in care.	Protocol implementation includes teaching materials for patients and families. Specialty geriatric protocols include patient and family education and support tools.
Environment of Care		A process to ensure accessibility to adaptive devices (e.g. meal aids, mobility devices) and/or sensory support (e.g. amplifiers, hearing aid batters) is implemented.	The environment of care is an item on the Steering Committee agenda.	The environment of care – functionality, safety, and comfort – is evaluated by the facility. The physical environment on NICHE units reflects aging sensitive principles, including basic safety provisions: non-glare flooring, adequate lighting, grab bars, access to adjustable high beds, call lights and controls, sensor alarms, use of exit alarms.

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Quality	Two initial self-identified measures are identified as priorities with baseline data.	Results of program evaluation and reports of follow up activity are shared with staff, physicians, and other stakeholders. At least one additional quality measure, beyond those identified in the original Action Plan, is added with both baseline and continuing data measurements.	Quality measure activity is expanded and collected at least annually on 2 or more units.	NICHE quality measures are evaluated annually post-implementation on at least half of units with functioning GRNs. This includes units where GRNs are engaged in personal quality improvement projects.

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