The introduction of a 65plus program at one facility helped create system changes to improve the care of older adults.

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The complexities of geriatric care in the hospital setting are well documented. Falls, pressure ulcers, disruptions in sleep and eating patterns, urinary incontinence, delirium, and medication reactions can lead to increased lengths of stay and increased patient and hospital costs. In addition, the Institute of Medicine report “Retooling for an Aging America” states, “the healthcare work force receives very little geriatric training and is not prepared to deliver the best possible care for older adults. This, along with the knowledge that our population of older adults is growing rapidly exemplifies the need to improve care for older adult patients.”

To meet these needs and address the gaps in geriatric training for nurses, the John A. Hartford Foundation Institute for Geriatric Nursing at New York University developed Nurses Improving Care for Health System Elders or NICHE, a nurse-led, comprehensive program to promote systemwide improvements in the care of older adults and support hospital nurses and staff in caring for older patients. Through participation in NICHE, nurses gain access to a comprehensive selection of evidence-based geriatric-specific tools and resources to enable them to more accurately assess and evaluate geriatric nursing care. These resources provide flexibility to create geriatric-sensitive practice models to best meet the specific needs of each unique organization.

To apply and implement NICHE principles into our 65plus program at Massachusetts General Hospital (MGH), a 907-bed Magnet® academic medical center located in Boston, Mass.

The NICHE journey
Understanding the complex and changing needs of healthcare and
with an eye toward the future, the nursing leadership at MGH identified the need to enhance programs and tailor practice to meet the needs of the older adult population, which comprises 43% of our inpatient population. Patient-care services (PCS) works within a professional practice model and framework that facilitates interdisciplinary patient- and family-centered care. Using this framework, clinicians within PCS provide care to patients, families, and groups that’s holistic and responsive to each patient’s situation.6

Recognizing the potential synergy between the PCS professional practice model and NICHE, the chief nurse and two associate chief nurses attended the National Leadership NICHE conference in 2004. Organizational leaders then committed time and resources to explore next steps to becoming a NICHE-certified hospital. Although there was some established expertise in caring for geriatric patients at MGH, adopting the NICHE program and incorporating the associated knowledge and evidence into practice would help ensure that nurses and other caregivers were providing the best possible care to older adults. The NICHE program provided an opportunity to further define the specialty of clinical care for older adults while supporting clinicians as they enhanced their knowledge and expertise in geriatrics.

The two associate chief nurses who attended the NICHE conference were appointed as executive sponsors and charged with implementing the NICHE program at the hospital. The executive sponsors first and foremost played key roles in promoting departmental and institutional awareness and advocacy for the work underway. Secondarily, they formed and led an interdisciplinary committee made up of clinicians from diverse disciplines and specialties. Committee members included nurse directors, clinical nurse specialists, a psychiatric clinical nurse specialist, senior project managers, geriatric certified physical therapists, a geriatric social worker, and clinical nurse educators. All had the clinical and programmatic expertise needed, as well as a strong passion for specialization in geriatric care. Team members attended the 3-day NICHE conference the following year and in collaboration with the executive sponsors, they guided the institutional process to move the program forward.

Getting started

Energized by their attendance at the conference, the team developed an action plan for implementation. The first priorities were to define the scope of the initiative and establish

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**Figure 1: NICHE phase 1: Assessment**

![Diagram showing the NICHE phase 1: Assessment flowchart with phases: Development of mission, GIAP, and Program development]

- Development of mission:
  - Guiding principles
  - Vision
  - Our name

- GIAP:
  - Nurses
  - Therapists & social workers
  - Pharmacists, case managers, dietitians, physicians, chaplains, & interpreters

- Program development:
  - Resources in place
  - Identify clinical experts
  - Gaps & opportunities
  - Institutional inventory
and articulate clear goals for the program. The goals of NICHE at MGH mirrored those of the national program: to improve knowledge, attitudes, and practices regarding the care of older adults; to enhance evidence-based practice that’s age specific; to improve the healthcare experience for older adult patients and their families; and to support clinicians caring for older adult patients.

At the same time, to keep true to the interdisciplinary practice model at MGH, the NICHE team changed the “N” in NICHE from “nurses” to “networking.” Thus, in our program, NICHE stands for Networking to Improve the Care of Health System Elders to reflect an integrated and interdisciplinary approach to geriatric care.

With leadership support and a commitment in place, the team focused on defining the scope of the program by creating its vision and assessing the current environment of care. This included the development of a mission statement and guiding principles, implementation of the NICHE Geriatric Institutional Assessment Profile (GIAP), and completion of an institutional inventory. (See Figure 1.)

Mission statement and guiding principles. The mission statement and guiding principles aligned the program with the strategic goals and objectives of the hospital and PCS. The team also renamed the program to reflect the uniqueness of the institution. After much discussion and market testing with patients, families, and staff, 65plus, along with the tagline Tailoring Care for the Older Adult, became the new name of the NICHE program at MGH. Focusing on the systematic, evidence-based approach to geriatric care, 65plus clearly articulates an evidence-based model of grounded values and beliefs that embrace patient- and family-centered care in partnership with the nurse and other providers within the patient-care environment.

GIAP. The NICHE GIAP is a tool to help hospitals measure staff attitudes, knowledge, and perceptions of the care of older adults, while also providing an opportunity to benchmark survey results against other similar institutions. After obtaining Institutional Review Board approval, the GIAP was administered to care providers throughout the hospital.

In keeping with the interdisciplinary approach to the program, all caregivers had the opportunity to participate in the survey. In all, 2,733 surveys were distributed and 1,072 were returned for a response rate of 39%. The data were analyzed in aggregate and in three separate groupings—nursing, therapies, and other related care providers—to compare and contrast findings across disciplines. (See Table 1.)

Somewhat surprisingly, the attitudes and perceptions of staff members across all the disciplines were similar. Survey results showed that staff members’ perceptions and knowledge of care for older adults were similar to or better than those from other NICHE hospitals. The results showed staff members wanted to provide proper care to patients and were positive about their abilities to do so. And, as expected, the survey also showed opportunities existed to increase knowledge, improve collaboration, and increase access to geriatric resources.

Institutional inventory. To further assess the hospital’s resources to support care for older adult patients, an extensive institutional inventory was conducted. The team reviewed and assessed existing policies and procedures, clinical guidelines, staff education offerings, service, and clinical programs as they related to geriatric care and the Fulmer SPICES geriatric syndromes (sleep problems, problems with eating and feeding, incontinence, confusion, evidence of falls, and skin breakdown). Completing the inventory identified the vast number of resources available, gaps in resources and services, and opportunities to partner with existing programs to fully integrate geriatric care into everyday practice.

Geriatric toolkit

Grounded in evidence, including the GIAP and institutional resource analysis, the 65plus program moved forward from the assessment phase to the implementation phase. The 65plus team developed a promotional campaign and a gerontology certification toolkit to address an identified need to increase staff nurse certification in geriatrics. Campaign materials were developed to explain the benefits of certification and identify resources.
available to support staff in the certification process. The toolkit included a certification brochure, a PowerPoint presentation, and a 65plus stethoscope tag to be distributed at geriatric related events and programs.

In addition, a gerontology certification fund was established to finance exam registrations for nurses seeking geriatric certification. As a result of these efforts, 12 staff nurses have completed geriatric certification and others are in the process of preparing for the exam.

During our assessment, the need for a dedicated advanced practice nurse with geriatric expertise was also identified. The 65plus program required a leader to further develop and implement the strategic plan to facilitate systemwide advancements in the care of older adults. The key responsibilities of the position include clinical and professional leadership, education, consultation, and research utilization. To that end, a proposal for a geriatric advanced practice nurse was developed and funded. A doctorally prepared nurse was hired into the position to lead the transition of the program to its implementation phase.

Education initiatives
The MGH GIAP survey results indicated staff could benefit from educational support to increase knowledge and attitudes in geriatric care. Realizing that most healthcare professionals receive very little geriatric training and that early recognition of geriatric syndromes can help prevent complications and prolonged length of stay, education was a priority. A subcommittee of 65plus, in partnership with the MGH Nursing Center for Clinical and Professional Development, developed a 2-day program called “Best Practices in Acute Care for Older Adults.” An interdisciplinary group of in-house experts serves as faculty. The focus of the program is to increase geriatric knowledge, sensibility, and competence in geriatric syndrome management. The program also serves to help prepare staff for geriatric certification.

The first best practices program was offered in January 2008. Over 100 participants attended. Based on course evaluations and strong interest in the program, it was offered for a second time in the fall of 2008. Once again, over 100 participants attended, including staff from surrounding hospitals. In 2009, during the third best practices program, several of the nurses who participated in the 65plus program served as faculty, including a geriatric nurse certification panel discussion.

The “65plus Best Practices Conference in Acute Care for Older Adults” is now an annual event with strong attendance.

Recognizing the importance of the role of unlicensed assistive personnel in caring for older adults, a 1-hour geriatric module was developed to support the educational needs of patient-care assistants (PCAs). This module is now part of PCA orientation. In addition, as a result of 65plus, geriatric education has been added to a newly designed RN orientation and annual competencies for staff nurses.

To educate nurses and other healthcare providers on best practices in the care of older adults, 65plus implemented a unit-based geriatric education lunch and learn, and geriatric-focused nursing grand rounds have also been successfully implemented. Geriatric topics of interest are identified by the unit nursing director and the clinical nurse specialist. The content is typically taught by the geriatric specialist or other in-house experts in topical areas. In addition to these educational forums, work is in place to integrate geriatric education into the web-based learning platform and patient simulation.

65plus pilot unit
To further infuse geriatric practice at the bedside, a 36-bed medical unit came forward to be the first to pilot NICHE principles. Coordinated by the geriatric specialist, the nursing director, and clinical nurse specialist, an interdisciplinary unit-based team implemented the 65plus program on the unit. The goals were to develop a unit-specific project plan and timeline and adapt clinical processes and practices to improve geriatric care.

The team decided to use the geriatric resource model to develop unit-based experts for geriatric care. This is in congruence with the hospital’s collaborative governance model, in which direct care providers have immediate input into the practice and care of patients through participation in unit-based clinical improvement activities. As a result of this program, staff members have reported that participation in the 65plus program has provided them with professional development, mentorship, education, confidence, and experience to become geriatric resources for their unit.

Staff members reported decreased use of restraints and urinary catheters, improved patient mobility, and increased use of interventions for delirium prevention. A fall prevention program was implemented on the pilot unit. Preliminary data have shown a decrease in falls and, as a result, this pilot program has been implemented throughout the hospital. In addition, other units have come forward to participate in various aspects of the 65plus program.

Based on the experiences of the pilot unit, geriatric bedside teaching rounds were developed and
implemented on several other units throughout the hospital. The purpose of geriatric rounds is to assess the needs of older adults and provide “just in time” unit-based geriatric education and patient intervention. One of the outcomes of these rounds was the development of a proposal for the Sigma Theta Tau International Geriatric Nursing Leadership Academy (GNLA); the GREAT project, Geriatric Rounds to Educate, Assess, and Teach. During the 18-month GNLA project, the geriatric specialist served as the mentor to a fellow to develop leadership in geriatrics. The fellow was the nursing director from the 65plus pilot unit. Together, the mentor/mentee team implemented geriatric teaching rounds on seven diverse inpatient care units. The feedback from staff and leaders in the participating GREAT units has been very positive. During beside geriatric rounds, staff members have eagerly shared their successes in applying geriatric assessment and intervention in their clinical practice.

Another area of focus for 65plus is the development and implementation of practice guidelines to improve the care of older adults. An interdisciplinary subcommittee was formed to target the use of urinary catheters. After extensive literature reviews, the team developed an “Indications for Indwelling Urinary Catheter Guideline” and updated related catheter procedures to create a comprehensive urinary catheter bundle. The urinary catheter bundle was successfully reviewed and adopted by the Collaborative Governance Nursing Practice Committee and other key committees and stakeholders. Additional efforts have included the assessment of the need for indwelling catheters and removal recommendations during geriatric rounds. The guideline has also been shared with network hospitals.

Often overlooked, older adults’ changes in vision and hearing may impact their ability to fully participate in their care. Understanding these needs, the 65plus team piloted assistive hearing and vision devices. As a direct result of this work, the team made recommendations to purchase these assistive devices for patient use. Other outcomes have included plans for the development of web-based geriatric resources, pain management for the older adult, and wide distribution of SPICES pocket cards to assist with geriatric-focused patient assessment. In addition, through 65plus, healthy aging education programs are provided to residents at a local retirement community.

**Putting the plus in geriatric care**

Organizational leadership and support, a thoughtful assessment of needs, and identified geriatric expertise were the key elements to successfully implementing a NICHE program at MGH. Building on existing resources and integrating 65plus into the infrastructure of PCS has resulted in organizational culture and practices changes.

Nurses are actively implementing geriatric care into their practice and developing interventions to meet the needs of older patients. After being exposed to a different way of approaching the care of their older adult patients, they seek out the needed resources to develop an age-appropriate plan of care for their patients. Other disciplines have joined in 65plus initiatives, and most importantly, patients and their families notice the specialized approach to their care. 

**REFERENCES**


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