


Duke University School of Nursing



## Preventing NICHE Drift: Hardwiring the GRN Model within Existing Health System Structures

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## Duke NICHE

Partnership between School of Nursing and Health System Nursing



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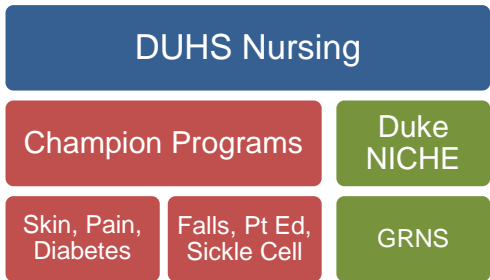
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## Duke NICHE Initial Structure



DUHS Nursing

Champion Programs

Duke NICHE

Skin, Pain, Diabetes

Falls, Pt Ed, Sickle Cell

GRNS

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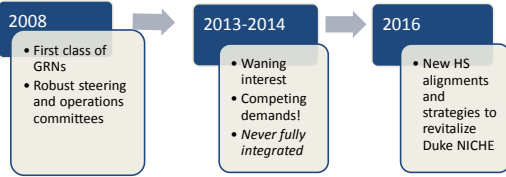
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# Duke NICHE




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# Waning Interest

No outcomes      Too many champions

Leadership – *hmm not now*      Other priorities

Management – too many competing demands

“special program”

Had GRNs, didn’t see how they contributed

We take care of more than seniors

We have too many other priorities

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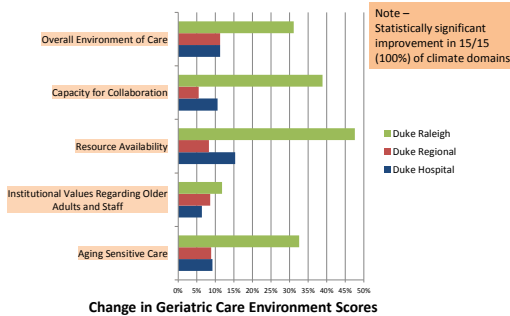
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# Leadership Re-engagement via GIAP




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## GAP Assessment

	Champion Programs	Duke NICHE
DUHS or DUH	mixed	DUHS
Initial training requirements	Time varied, Clinically focused, QI varied and duplicative	3.5 days Clinical, QI and clinical leadership
Annual training expectations	Required CE annual	none
Role expectations	75% of meetings Monthly audits Report out at staff mtgs	vague
Performance tracking	Annual performance evaluation inclusion	none
Outcome metrics	Unit based	Project based

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## Gero-Intensives For ALL Staff

### How and Why Care of Older Adults is Different

### Caring for the Confused Patient

Older Adults: Our Core Business	Dementia: Structural and chemical changes in the brain and their impact on cognitive function.
Geriatric Syndromes: Challenges And Opportunities In Care	Types of Dementia affecting Mood, Memory and Mobility
Malnutrition: An underappreciated problem in older adults	Communication and Cueing Skills in Dementia Care: Changing provider behaviors.
Preventing Functional Decline: Activity Matters	Delirium: An interprofessional responsibility
Mobility: Practical Applications	Distinguishing Delirium from Dementia
Medications: Pearls and Pitfalls in Older Adults	Planning Interdisciplinary Care for the Confused Patient
Planning Interdisciplinary Care for the Older Adult	Evaluation and Wrap Up
Evaluation and wrap up	

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## Structure and Process Changes

### Duke NICHE

- Director and coordinator role descriptions
- Expanded coordinator role at individual facilities
- Integrated NICHE "activities" w/ DUSON, Division of Geriatrics, HRSA grants

### GRN Model

- Role description
- Annual expectations:
  - Educational: 8 hrs CE r/t aging,
  - Unit based: choice of unit priority focus
  - Role based: 75% meeting attendance\*
- Annual performance evaluation\*

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## Champion Program Considerations

**Situation:** Staff serving as champions lack key knowledge and skills necessary for effective implementation of the Champion role.

**Background:** Desired for Champions to be CNIII or CNIV on the Clinical Ladder, more junior nurses have also served in the Champion role despite less understanding of, and experience in, the "clinical leader" role.

**Assessment:** Each program had been providing education to its champions on topics such as adult learning theory, quality improvement processes, clinical leadership skill development, outcomes measurement, and presentation skills.

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## Program Leader Content Input



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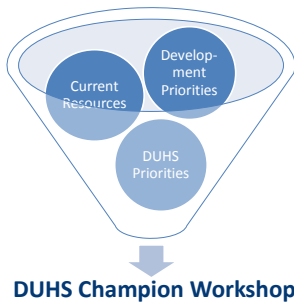
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## Champion Program Recommendations



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## DUHS Champion Workshop: Transitioning from Clinical Expert to Clinical Leader

Provide Extraordinary Care  
 Be a Resource To Others  
 Influence Practice

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## DUHS Champion Workshop

- Half day workshop
- Offered quarterly
- *Mandatory for ALL DUHS champions*
  - Geriatric resource nurses (aka gero-champions)
  - Diabetes champions
  - Skin care champions
  - Sickle cell champions
  - Pain champions
  - Pt-family education champions
  - Falls champions

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## Geriatric Resource Nurse Designation

How and Why Care Of Older Adults is Different

DUHS Champion Workshop

Annual GRN Expectations:  
 Educational Practice Leadership

Caring for the Confused Patient  
 Manager's approval      Manager's approval Discussion with local NICHE coordinator and/or director

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## GRN Unit-based Focus Area Examples

### GRN Expectations\*

- Advocate for gero-focused DUHS/facility/NICHE initiative within and pertinent to their practice area and or NICHE operational need

- Area of focus determined in collaboration with manager
  - Overall Expectations
    - Keep staff informed of local initiative and potential impact on practice or processes
    - Provide feedback to program or initiative leaders
  - Initiative Specific Expectations
    - Dependent on selected initiative

### Examples:

- HOPE program (medical units)
- POSH program (surgical units)
- *Delirium prevention protocol*
- Facilitating difficult conversations program
- GPCA program development
- Personalized music program/POSH



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## Healthsystem vs Local Program Same Question: Different Answer



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"Do you have one with a bigger back burner? There's a lot of stuff I can't deal with right now."

If you need some direction/redirection, revisit:  
NICHE Planning and Implementation Guide!



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*Thank you!*

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