<<Insert NICHE Logo>>

**Nurses Improving Care for Healthsystem Elders**

**Geriatric Institutional Assessment Profile Report**

<<June 2017 Cohort>>

<<Insert Hospital Name Here>>

**GIAP Overview**

The Geriatric Institutional Assessment Profile (GIAP) is a baseline assessment of nurses’ knowledge, skills, attitudes and perceptions regarding care for older adults. The information generated from the GIAP is used to identify strengths and prioritize opportunities to improve nursing practice to support clinical excellence in the care of older adults.

The GIAP (v.8) provides clinical leaders with information about nurses perceptions regarding:

* Knowledge to identify and manage the geriatric syndromes
* Availability of specialized resource to care for older adults
* Age-friendly care planning and delivery
* Organizational values regarding care of older adults
* Unit environment to support NICHE program implementation

**How to Use the GIAP Results to Improve Nursing Care for Older Adults**

The results are reported in two sections. The first section summarizes nurses’ knowledge about the geriatric syndromes of delirium, falls, pressure injuries, and incontinence and the nursing problems of pain, nutrition and hydration, restraint use, and managing behaviors associated with dementia and cognitive decline. The second section summarizes nurses’ views about the unit environment to support age-friendly care.

We use the quality improvement convention of the red, yellow and green stop light colors to present the GIAP results. Where applicable, the mean score for the cohort and your hospital are marked with an asterisks (\*). As you review the diagrams, yellow and green denote higher performance on each measure.

Following the generally accepted nursing education standards, we recommend that the participating nurses achieve a mean score of 80% on the questions regarding clinical knowledge. Drawing on insights from organizational change, we recommend that approximately 75% of nurses on the units involved in the NICHE initiative at your hospital will agree or strongly agree that they have access to the necessary clinical and organizational resources to support the delivery of age-friendly care on their units. In the final section of this report, we offer recommendations for how to use the GIAP results to guide NICHE implementation efforts at your hospital.

**Nurse Characteristics**

**Participants.**  The data included in this report were collected between <<xxx 2017>> and <<xxx 2017>>. <<number>> NICHE member hospitals were invited to participate in the pilot study. <<number >> members accepted our invitation to participate in the pilot, and <<number>> submitted complete data. Using proportional sampling, we randomly sampled <<number>> nurses to participate in the GIAP survey. We received complete data from <<number>>> respondents, which equates to a << percent>> response rate.

A total of <<insert sample size/number>> nurses at <<insert hospital name>> provided compete data for the questions included in this report. The demographic characteristics for the participating nursing staff from <<insert hospital name>> are summarized in the following tables.

**Gender**

<insert table here—count and percent view--hospital data ONLY> (NOTE—for this section--if less than 10 people report for a specific category/variable—aggregate the categories to protect identities>>

**Ethnicity**

<<insert table here—count and percent view--hospital data ONLY>> (NOTE—for this section--if less than 10 people report for a specific category/variable—aggregate the categories to protect identities>>

**Years of Practice Experience**

**<<** insert table here—count and percent view--hospital data ONLY>>(NOTE—for this section--if less than 10 people report for a specific category/variable—aggregate the categories to protect identities>>

**Education**

**<<** insert table here—count and percent view--hospital data ONLY>>( (NOTE—for this section--if less than 10 people report for a specific category/variable—aggregate the categories to protect identities>>

**Shift Length**

**<<** insert table here—count and percent view--hospital data ONLY>>

**Work Schedule**

**<<** insert table here—count and percent view--hospital data ONLY>>

**This diagram depicts the extent to which the participating nurses are satisfied with their job.**

<<Season, Year>> Cohort

<<< insert Cohort graph >>>

<<Hospital Name>>

<<< insert HOSPITAL X graph>>>

**This diagram depicts the extent to which the participating nurses find their work with older adults to be rewarding.**

<<Season, Year>> Cohort

<<< insert cohort graph>>>

<<Hospital Name>>

<<< insert HOSPITAL X graph>>>

**GIAP Results**

**Baseline Knowledge of the Geriatric Syndromes**

The following diagram illustrates nurses’ knowledge of evidence-based interventions to manage common problems experienced by older adults. The results for the <<season,year>>cohort and <<insert hospital name>> are presented below. The mean score for the correct answer for each clinical condition included in the GIAP is marked with an asterisks (\*). A mean score of 80% or higher reflects nurses’ mastery of the clinical knowledge needed to effectively assess, diagnose, and manage the geriatric syndromes and common nursing problems experienced by older adults during hospitalization.

**<<COHORT/YEAR >>> Cohort Results**

<< Insert bar chart here/COHORT RESULTS >>>

* Delirium
* Dementia
* Falls
* Incontinence
* Nutrition/Hydration
* Pain
* Restraints
* Skin

<<Insert Hospitals Name here>> Results

<< Insert bar chart here/HOSPITAL X results >>>

* Delirium
* Dementia
* Falls
* Incontinence
* Nutrition/Hydration
* Pain
* Restraints
* Skin

**This diagram depicts nurses’ rating of organizational efforts to educate the workforce on the care of older adults.**

<<Season, Year>> Cohort Results

<<< Insert cohort graph>>>

<<Insert Hospitals Name here>> Results

<<< Insert HOSPITAL X graph>>>

**Practice Environment**

This section of the GIAP focuses on nurses’ perceptions of the unit environment to support age-friendly care. A nurse practice environment that supports the unique care needs of older adults is characterized by: 1) the availability of specialized equipment and professional expertise; 2) holistic and person-centered care planning and care delivery processes; and 3) organizational values that take older adults’ unique needs and preferences into account to design and deliver care. This section concludes with nurses’ assessment of the time and priority that managers and clinical leaders place on implementing changes to improve the care of older adults on their unit.

**Specialized Resources to Support Age-Friendly Care**

**The following diagrams illustrates nurses’ perceptions regarding the availability of specialized resources to care for older adults.**

<<Season, Year>> Cohort Results

* + Insert Diagram with index for Resource Availability <Cohort/Year>>

<<Insert Hospitals Name here>> Results

* + Insert Diagram with index for Resource Availability <<HOSPTIAL X here>>

**Age-Friendly Care Planning and Patient-Centered Care**

**The following diagram illustrates nurses’ perceptions regarding the organizational environment to provide nursing care tailored to the unique needs of older adults.**

<<Season, Year>> Cohort Results

* + Insert Diagram with index for Age-Sensitive Care <<Cohort/Year>>

<<Insert Hospitals Name here>> Results

* Insert Diagram with index for Age-Sensitive Care <<HOSPITAL X>>>

**Organizational Values to Support Age-Sensitive Care**

**The following diagram illustrates nurses’ perceptions regarding organizational values to provide nursing care tailored to the unique needs of older adults.**

(*Note:* *These questions assess nurses’ perceptions regarding barriers and the lack of specialized resources available to care for older adults. For this diagram, higher levels of disagreement reflect nurses’ perceptions that the organization values and supports care for older adults.)*

<<Season, Year>> Cohort Results

* + Insert Diagram with index for Organizational Values << COHORT/Year>>

<<Insert Hospitals Name here>> Results

* + Insert Diagram with index for Organizational Values <<<HOSPITAL X>>

**Unit Environment to Support Improvements in the Care of Older Adults**

**The following diagram illustrates nurses’ perceptions regarding the priority that nurse mangers and clinical leaders place on improving care for older adults.**

<<Season, Year>> Cohort Results

* + Insert Diagram with index for Implementation Climate <<Cohort/Year>>>

<<Insert Hospitals Name here>> Results

* + Insert Diagram with index for Implementation Climate <<HOSPITAL X>>>

**Summary**

High quality care for older adults relies on two factors; a highly competent nursing workforce and care delivery processes that take the unique needs of older adults into account. The GIAP provides leaders with information to develop population-specific care for older adults at the nursing unit, hospital, and health system levels.

The results of the GIAP for the << season, year>> cohort suggests that there are gaps in nurses’ knowledge regarding evidence-based practices to care for older adults, that are consistent with national workforce development trends.1

There are opportunities to improve nurses’ knowledge regarding comprehensive assessment approaches and the use of evidence-based interventions to address the problems of nutrition and hydration, incontinence, and managing behaviors associated with dementia among the population of older adults receiving care at your hospital. Some uncertainty regarding the best interventions to promote optimal health outcomes for older adults were also identified.

In general, nurses perceive that organizational factors impede progress to deliver age-sensitive care. Participants perceived that they do not have adequate time or there is a lack of equipment and availability of healthcare professionals specializing in geriatrics and gerontology to support the delivery of high-quality care on a daily basis. Participants also reported that there is room for nurse managers and clinical leaders to communicate the importance of caring for older adults as it relates to unit-level priorities. Finally, nurses reported that there is room to integrate quality improvement and continuing education activities into daily practice to develop clinical expertise and support the use of evidence-based practices to care for older adults.

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**Summary of Geriatric Nursing Practice**

**<<Insert Hospital Name here>>**

This diagram summarizes the state of geriatric nursing practice among participating hospitals. Your hospital is marked with a bold dot.

The majority of hospitals in <<cohort , year>> cohort fall within the **Early Quadrant**. Hospitals in the ***early quadrant*** are characterized by gaps in nurses’ knowledge regarding evidence-based practices to assess and manage common nursing problems experienced by older adults during acute care hospital stays. Because nursing practice and population-based care approaches are embedded within unit-level care processes, hospitals in the early practice environment stage are characterized by limited resources and specialized services designed to meet the needs of older adults. The baseline information regarding geriatric nursing expertise in your organization provides a useful starting point to identify practice improvement priorities and opportunities to develop nurse workforce competences to advance evidence-based care for older adults.

<<insert the 4 quadrant diagram here>>

(*Note: can we revise the quadrant labels to “senior friendly knowledge” and ‘senior friendly practice” in the respective quadrants?)*

<<Insert NICHE Logo here?? (14 or 16 font)>>

**Recommendations to Develop Your NICHE Program**

**<<Hospital name>>**

**<<Member Since (insert year)>>**

**<<Practice Development Stage>> (Quadrant ‘score’—ie: early, senior friendly knowledge senior friendly practice environment, exemplary>>**

The information gained from the GIAP enables nurse managers and clinical leaders to prioritize continuing professional development and clinical quality improvement initiatives to implement the NICHE practice model. Based on your hospital’s results we recommend:

1. **Workforce Education**

* Work with the nurse educators and unit nurse managers to identify priority gaps in nurses’ knowledge, skills or practice, align the priorities with the broader nursing practice development agenda
* Initiate on-line or instructor-led staff education using the NICHE Geriatric Resource Nurse and Geriatric PCA/CNA curriculum
* Link continuing education priorities to the nursing process to identify gaps in staff’s skills to assess, intervene, or evaluate nursing care to address each geriatric syndrome or priority nursing problem

1. **Develop the Practice Environment to Support Age-Friendly Care**

* Review the *NICHE Protocols* and other national clinical practice guidelines to integrate evidence-based practices in the nursing care policies, procedures, documentation and reporting processes
  + Establish nurse-led protocols for falls/mobility, pressure injury prevention, urinary catheter management, medication reconciliation, and discharge planning and patient and caregiver teaching
* Develop the Geriatric Resource Nurse (GRN) role on participating units to oversee and lead care planning and interprofessional team development efforts
  + Identify and select staff nurses ready to take the next step in their leadership development.
  + We recommend that a minimum of three nurses per shift to serve in the GRN role.
* Establish a NICHE Steering Committee and collaborate with the nursing practice councils to review policies, procedures and documentation systems to standardize data collection and care planning approaches based on the *NICHE Protocols* and other national clinical practice guidelines

1. **Share results and publicize nurses’ accomplishments to establish age-friendly care**

* If there are discrepancy between nurses’ perceptions and the actual availability of equipment or geriatric specialty services at your hospital, consider a marketing campaign targeting the frontline staff to raise awareness about these resources
* Work with your hospital’s communications department to publicize staff participation in the NICHE program
* Present data about changes in patient outcomes and satisfaction, nurse satisfaction and engagement or cost reductions resulting from quality improvement initiatives carried out under the auspices of the NICHE program

Additional information on strategies to establish a robust NICHE program in your hospital can be found in the *NICHE Planning and Implementation Guide* available in the Coordinator’s Corner section of the Knowledge Center.

The NICHE expert faculty are available for one on one consultations to discuss program development strategies. Send an email to [support@nicheprogam.org](mailto:support@nicheprogam.org) to book your appointment.

**Technical Note: GIAP Survey and Data Analysis**

This technical note provides an overview of the Geriatric Institutional Assessment Profile (GIAP) survey and the data analyses used to generate this report.

The GIAP assesses the following components of the nursing practice environment:

|  |
| --- |
| **Geriatric Nursing Knowledge.** Nurses’ abilities to recognize the multifactorial clinical problems commonly experienced by older adults and appropriately intervene is integral to improving clinical outcomes for older adults. The GIAP assess nurses’ knowledge about evidence-based interventions to manage the geriatric syndromes of skin injuries, incontinence, falls, delirium, and the nursing problems of managing dementia behaviors, restraint use, nutrition and hydration, and pain management. A sample question from this section is: “Medications are the only way to treat behavioral symptoms in persons living with dementia.” |
| **Specialized Resources.** This scale assesses nurses’ perceptions about the availably of specialized resources to deliver care to older adults. Respondents are asked to rate the extent to which durable medical equipment, clinical resources, and information from colleagues and families are available to plan and implement care for older adults. A sample question from this scale is: “Lack of written policies and procedures specific to the older adult population are a barrier to providing care to older adults.” |
| **Age-Friendly Care Planning and Delivery.** This scale assesses nurses’ perceptions about the organization and delivery of nursing care that takes the unique physical, emotional and psychological needs of older adults into account. Respondents are asked to rate the extent to which they agree or disagree with a series of questions on a five-point Likert agreement scale. A sample question from this scale is: “Staff provided individualized, person-centered care.” |
| **Organizational Values to Support Age-Friendly Care.** The organizational values scale assesses nurses’ perceptions of the ways that staff work together to create a practice environment that values and supports the unique care needs of older adults. Respondents are asked to rate the extent to which they agree with a series of statements on a five-point Likert scale. A sample question from this scale is “Clinicians and administrators work together to solve problems facing older adult patients.” |
| **Unit Environment to Support Improvements in Care of Older Adults**  Changing nursing practice to improve the quality of care is challenging and requires a well-defined change management plan. The questions in the unit environment scale provides information about nurses’ perceptions of the time required to care for older adults and the role of the nurse managers and clinical leaders to support the use of evidence-based clinical practices known to improve health outcomes for older adults. A sample question from this scale is “Care of the older adult is a priority on my unit.”  The GIAP scales contain between five and eleven questions each and the coefficient alphas for each scale rage between 0.81 and 0.94. *( or do I need to put the # items and the alpha here?)*  **Sample**.  Need a sentence about the number of hospitals. Then the RNs. Registered nurses and nursing assistants/patient care associates between the ages of 18 – 70 years, working on the nursing units implementing the NICHE nursing practice model were invited to participate in the GIAP. Staff working on a full-time or part-time basis are eligible to participate in the GIAP. Because the GIAP focuses on nurses’ knowledge and perceptions, the sample is limited to nursing personnel. We randomly selected and invited nurses to complete the GIAP using groups of thirty (30).  **Data analysis**.  Response Bias. The data were pooled across the participating hospitals. We assessed for response bias at the hospital, unit, and nurse levels. We found <<differences>> between hospitals that completed the GIAP compared to those that did not.  Of the hospitals participating in the <<<Summer/Fall/Winter and year >> GIAP survey we found that, teaching community hospitals had higher response rates than hospitals with health professions teaching programs. Hospitals with more beds had higher response rates than others. Hospitals that joined NICHE more recently had higher response rates than those with longer tenure in the program. Finally, hospitals in the southern region had lower response rates than hospitals located in other regions on the United States.  We found that the size of the nursing unit is related to the response rate. As unit bed size increased, response rates decreased. We found no differences in the personal and professional characteristics of the nurses who completed the GIAP as compared to their colleagues who did not participate in the survey.  We analyzed the cohort and the individual hospital data using descriptive statistics. Unit level response rates were weighted to account for low response rates on participating nursing units. The lower the response rate, the more respondents in the unit are weighted to speak for their missing colleagues.  Knowledge Scores The percentage of correct responses were calculated for each topic and the mean score is marked with an asterisk. Following standard practice in continuing nursing education, a mean score of 80% denotes nurses’ mastery of interventions to effectively identify and manage common health problems and complications of hospitalization experienced by older adults.  Scale construction.    The survey data are aggregated to the unit-level and analyzed for each participating hospital. The aggregated data provides insights into the state of geriatric nursing practice at participating hospitals and can be used to inform the development of policies, procedures and services to improve the quality of nursing care provided to older adults. |

Quadrant

References

1. IOM (Institute of Medicine). 2008. *Retooling for an aging America: Building the health care workforce*. Washington, DC: The National Academies Press.

Most recent psychometric paper/GIAP

Response bias paper –HSR.