NICHE™
NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS

Long-Term Care (LTC) Implementation Rubric

Recognition Status	MEMBER		SENIOR-FRIENDLY	EXEMPLAR
Level of Implementation	Early	Progressive	Senior-Friendly	Exemplar
Dimensions	Attributes			
Guiding Principles	The facility has a NICHE mission statement that aligns with the facility's overall mission statement and addresses care of older adult residents.	The governing body of the facility (e.g., chief executive officer, board of directors, owner) has approved the NICHE mission statement.	The facility has made efforts to alert staff of its participation in NICHE and its NICHE mission statement (e.g., through meetings, letters, bulletins, social media). The facility website and/or marketing materials reflect NICHE membership.	The facility has made formal efforts to alert residents and their families or caregivers of its participation in NICHE and its NICHE mission statement (e.g., through resident and/or family council meetings, letters, facility bulletins).
Organizational Structures	The NICHE Steering Committee includes representation from administrative leadership (e.g., director of nursing or administrator), nursing management (e.g., unit managers or shift supervisors), quality assurance and performance improvement (QAPI), and staff education.	The NICHE Steering Committee includes representation from all levels of staff (i.e., front-line, mid-level, and administrative staff) including a Geriatric Resource Nurse (GRN), including at least one RN and one LPN, and a Geriatric Certified Nursing Assistant (GCNA) and representation from at	The NICHE Steering Committee includes representatives from four or more disciplines other than nursing and may include community partners (e.g., referral sources, downstream providers, community resources for older adults). The facility's NICHE program is part of the	Older adult stakeholders (including residents and/or family members or caregivers) are represented on the NICHE Steering Committee. The NICHE Steering Committee leads a system- level expansion of NICHE program(s) (i.e., expands NICHE to all units and ensures

Organizational Structures Continued	The NICHE Steering Committee has an Action Plan that includes measuring specific quality outcomes.	least two disciplines other than nursing (e.g., rehabilitation, recreation therapy, social work, medical providers). The GRN and GCNA models have been implemented on at least one unit. This includes GRN and GCNA education and mentorship activity.	overall QAPI plan for the facility. The process of interdisciplinary, clinical decision-making is implemented on GRN units (e.g., weekly rounds). The GRN and GCNA models have been implemented on more than one unit or on all shifts, if the facility is only one unit.	GRNs and GCNAs are available on all shifts). The GRN model and GCNA training has been implemented on all units. At a frequency determined by the facility, the NICHE Coordinator and/or other members of the Steering Committee report the status of the facility's NICHE program to the Governing Body.
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 facility (e.g., safety, risk management committees). GRNs are involved in leadership functions including quality improvement and GCNA training.	The NICHE coordinator has assumed a regional leadership role by hosting a state-level or network-wide conference **OR** by taking part in a regional or statewide quality initiative.	The NICHE coordinator has assumed a regional or national leadership role through one or more of the following: • Has become an official reviewer of NICHE resources; • Has become a member of NICHE Leadership Faculty; • Is a NICHE ambassador by speaking about NICHE at regional, national, or international conferences (this does not include the NICHE conference); • Has published examples of NICHE successes in an article, book chapter, or electronic

Leadership Continued	The facility has designated a nurse leader to serve as back-up for the NICHE Coordinator or designated a co-coordinator.			publication, and/or; • Has participated in the development and/or delivery of a NICHE webinar.
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, in subsequent years, six hours per year of continuing education in gerontology content.	Geriatric nursing education (e.g., the NICHE Geriatric Resource Nurse core curriculum course) is provided to RN and LPN staff on more than one unit (or on all shifts if the facility is only one unit). Extended geriatric-specific staff education (e.g., NICHE interdisciplinary training modules) is provided to staff from all disciplines. The NICHE Coordinator and/or other members of the Steering Committee participate in conducting and documenting the facility-wide assessment aimed at determining what resources are necessary to care for its residents competently during both day-to-day operations and emergencies.	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. Based on the facility-wide assessment and other data and information, the NICHE Coordinator and/or other members of the Steering Committee identify priority topics for inclusion in the facility's educational program, and they participate in education development and/or delivery.

Interdisciplinary Resources and Processes	Information regarding NICHE is provided to other disciplines.	Interdisciplinary evidence-based guidelines are implemented for at least two of the following: falls, restraints, pain/ comfort, functional decline, skin care/ pressure injuries, medications, sensory needs, transitions of care (e.g., discharges to home), reducing preventable acute care transfers, and palliative care. Interdisciplinary care plans for older adults are person-centered and developed with input from the resident and/or resident's family. Interdisciplinary care plans routinely address falls, cognition, pain/ comfort, skin/pressure injuries, sensory needs, psychosocial needs, discharge potential/ appropriateness of placement, and nutrition and hydration, and advance directives, as well as other potential or actual issues identified by the interdisciplinary team in the course of the comprehensive assessment.	An interdisciplinary process for maintaining geriatric-appropriate medication prescribing and/or utilization is implemented. GCNAs and/or other frontline staff routinely engage with members of the interdisciplinary team in processes related to the development and evaluation of resident care plans. The facility has a system for identification, reporting, investigation, analysis, and prevention of adverse events and near misses.	The facility has implemented transitional care processes, through the development of partnership with up- and/or down-stream providers, aimed at enhancing resident safety and quality outcomes (e.g.,, "warm handoffs," standardized transfer forms). An interdisciplinary team, workgroup, or committee investigates actual and potential adverse events and collaborates to correct identified issues.

Resident and Family-Centered Approaches		One or more of the following is included in the organization's processes: • Education that addresses age-sensitive communication; • Family councils, and/or; • Opportunities within the clinical unit for family to give feedback to staff and caregivers. The goals, preferences, needs, and strengths of the individual resident form the basis of the individualized, person-centered care plan.	Transitional care, including handoffs and discharge teaching, is standardized and includes validation (e.g., via teach back). Policies and procedures support family involvement in care.	Protocol implementation includes teaching materials for patients and families. Specialty geriatric protocols include patient and family education and support tools. The facility schedules care conferences at times convenient to the resident and family, rather than the facility (e.g., meets "after hours" if requested, considers the resident's usual schedule when planning his/her care conference).
Environment of Care		The facility has an effective process to ensure accessibility to adaptive devices (e.g., meal aids, mobility devices) and/or sensory support (e.g., amplifiers, hearing aid batteries). The facility provides each resident with a personalized, homelike environment and recognizes the individuality and autonomy of the resident, provides an opportunity for self-	The environment of care is an item on the NICHE Steering Committee agenda. The facility has developed policies and procedures that minimize or eliminate at least two practices that contribute to the institutional character of the environment. Examples of such practices include: • Overhead paging; • Meal service using trays;	Residents, families, and all levels of staff have the opportunity via formal processes (e.g., meetings or surveys) to provide input regarding the environment of care. The facility has process-es that ensures routine evaluation of the clean-liness and safety of the environment of care (e.g., interdisciplinary environmental rounds).

Environment of Care Continued		expression, and encourages links with the past and family members.	• Institutional signs labeling work rooms/ closets in areas visible to residents and the public; • Medication or treatment carts; • The widespread and long-term use of audible chair and bed alarms; • Furniture that does not reflect a home-like environment or is uncomfortable; and • Large, centrally located nursing/care team stations.	
Quality	The facility has self-identified one measure as a priority with baseline data and has included this in its Action Plan.	Results of NICHE 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. The NICHE Steering Committee reports to the QAPI Committee.	The NICHE program focuses on indicators/ outcomes of care as well as quality of life and/or resident safety. The NICHE Coordinator and/or other members of the Steering Committee is/are members of the QAPI Committee, and lead(s) at least one subcommittee/ workgroup of the QAPI Committee.	NICHE quality measures are evaluated annually post-implementation. GRNs and GCNAs are engaged in unit-based quality improvement projects on at least half of nursing units in the facility (i.e., the unit staff has identified an area for improvement on its unit and GRNs and GCNAs are participating in an improvement project addressing that area).