



ELSEVIER

Contents lists available at ScienceDirect

Geriatric Nursing

journal homepage: www.gnjournal.com

NICHE
Nurses Improving Care for Healthsystem Elders

NICHE Section

NICHE and Age-Friendly Health Systems: An Interview with Dr. Terry Fulmer, PhD, RN, FAAN President, The John A. Hartford Foundation

Mattia J. Gilmartin, PhD, RN, FAAN*

NYU Rory Meyers College of Nursing

What would a hospital visit or healthcare encounter look like that truly met the needs of older adults with complex care needs, functional limitations, multiple medications, and a set of geriatric syndromes? In the early 1990s Dr. Terry Fulmer set out to create a nursing practice model to address the complex and unique care needs of older adults. Nurses Improving Care for Healthsystem Elders (NICHE) of NYU Rory Meyers College of Nursing positions nurses as leaders to integrate evidence-based care to promote function, reduce complications, and improve clinical outcomes for older adults. NICHE is one of a number of geriatric care models that emphasize a systems approach for hospitals and health systems to develop gerontological nursing expertise so that older adults receive the specialized care they need across the continuum of care. Today, more than 550 hospitals and nursing homes in the US and abroad have implemented the NICHE model to provide evidence-based nursing care to older adults.

Extending the vision of ensuring that older adults receive evidence-based healthcare, Dr. Fulmer is leading a national movement to create Age-Friendly Health Systems. An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association and the Catholic Health Association of the United States, Age-Friendly Health Systems was launched in 2017. To date, IHI has recognized 162 hospitals and health care practices as *Age-Friendly Health Systems – Committed to Care Excellence*, including 37 NICHE member hospitals have committed to building a system-wide approach to ensure that older adults receive the best possible care.

Dr. Mattia Gilmartin, executive director of NICHE, had the opportunity to sit down with Dr. Fulmer at The John A. Hartford Foundation in New York to learn more about Age-Friendly Health System. Excerpts from their conversation are presented in this month's column.

M. Gilmartin: Much has changed in healthcare since you founded NICHE in 1992. Can you discuss how these changes support the need for the NICHE model of care in acute and post-acute care?

T. Fulmer: More than ever our system needs strong nursing. Nurses globally provide eighty-five percent of care, and our workforce is four

million strong. This means that we have to take full advantage of the capacity each nurse brings to his or her work. The NICHE model is a nurse empowerment model that does just that.

M. Gilmartin: What is the vision for an Age-Friendly Health System?

T. Fulmer: Age-Friendly Health Systems are those that meet the Triple Aim of improving the health of populations and the patient experience of care while reducing healthcare expenditures by reliably providing evidence-based care across settings. They are guided by an essential set of evidence-based practice (the 4Ms), cause no harm, and are consistent to what matters to the older adult and their family. The collective vision of the John A. Hartford Foundation and our partners in the Age-Friendly Initiative is to reach 20% of health systems by 2020. We see this as THE critical tipping point that will allow for scaling this Initiative across the country and around the world.

M. Gilmartin: What in the healthcare environment prompted the development of the Age-Friendly Health System Initiative?

T. Fulmer: The demographic imperative has been well known for decades. When I worked at the Harvard Division on Aging in the 1980s, our presentations were very clear that there were going to be a lot of older people in the foreseeable future. They are here, and it is time to activate all systems available to anticipate the care that will be needed by the baby boomers and beyond and prepare to meet those care needs.

M. Gilmartin: One of the hallmarks of the Age-Friendly Health System is the 4Ms Framework. How was the 4M Framework developed?

T. Fulmer: The 4M Framework is the result of an extensive review of the literature and analysis of the many geriatric care models in practice today. After careful review, it was evident that many of the models have a number of common features. In August of 2016, we met with a group of geriatric experts along with a group of chief executive officers and senior leaders from major health systems. From that meeting, we came to the agreement that all of us could get behind and support the 4M Framework: What matters, Medication, Mentation, and Mobility.

M. Gilmartin: How should nurses and other health professionals use the 4Ms in their practice?

T. Fulmer: Nurses are already addressing the 4Ms in their practice but what they need to do is to use the 4Ms as a set and practice them reliably with every older patient across the healthcare system. Doing

* Corresponding author.

E-mail address: mjg14@nyu.edu (M.J. Gilmartin).

so will help to assure that older adults get their 4Ms addressed with the same approach whether they are in a critical care setting, a nursing home, or in their homes. Embedding the 4Ms into practice should be time saving in that it takes the multiple clinical efforts that are ongoing at any given time, such as falls reduction programs, and places them in the context of the 4Ms. For example, if an older person's medications are causing dizziness, the likelihood that the individual might fall and that what matters to them (being dizzy and feeling safe) is not being addressed is very high. Thinking about how the 4Ms interact with existing clinical efforts allows nursing to communicate quickly and effectively with other team members and in other settings. The 4Ms are a gateway to identify any additional clinical conditions and needs an older adult might have. It does not make sense to us to have a program focused on a particular condition, for example, congestive heart failure, when every older adult with congestive heart failure will need to have the 4Ms addressed. In other words, the 4Ms are applicable to every older adult, with any condition or healthcare need, in any setting.

M. Gilmartin: From your perspective how do NICHE and Age-Friendly Health Systems fit together to improve quality of care and quality of life for older adults?

T. Fulmer: The 4Ms are a framework of evidence-based care. Nurses in hospitals, home and community-based settings will lead how those 4Ms are put into practice. For example, nurses will identify which tool the hospital will use to screen for delirium, and nurses will

lead the way in the hospital to make sure that older adults are up and mobilized at least three times a day. These interventions and programs are the backbone of an Age-Friendly Health System. The 4Ms cannot be addressed without a care delivery model that focuses on the unique needs of older adults. Acute Care for Elders (ACE) units, the Hospital Elder Life Program (HELP), and the Care Transitions program © are all examples of geriatric care models. Of course, NICHE is near and dear to my heart for obvious reasons! NICHE is a grassroots nurse-led interdisciplinary model that has proven efficacy and impressive spread in scale. It speaks to nurses, and it allows them to lead their own practice.

M. Gilmartin: What recommendations do you have for nurses who are interested in leading improvements in the care of older adults?

T. Fulmer: Step up, lead with authority, and make and implement bold plans! When you use the evidence that's embedded in NICHE, your patients will get better and more reliable care, and you will get greater joy in your work!

M. Gilmartin: Thanks for spending time with me today to discuss the 4Ms Framework and Age-Friendly Health Systems.

T. Fulmer: Always a pleasure.

To learn more about NICHE, we invite readers to see the official guidebook *Nurses Improving Care for Healthsystem Elders* edited by Dr. Fulmer and colleagues (Springer Publishing Company, 2019). To learn more about the Age-Friendly Health Initiative visit the Institute for Health Improvement website (ihi.org/AgeFriendly)