THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

CAROLINA MEADOWS

Participation in Independent or Collaborative Research Projects

Sheryl Zimmerman, Elsie Norton, Kim Broucksou

Why This Topic?

Best Practice Social Work Role Functions in Long-term Care

1. Psychosocial assessment of residents and family members.
2. Resident and family education.
3. Provision of, or referral for, mental health services.
4. Coordination of discharge planning and follow-up .
5. Documentation of resident's psychosocial status and treatment goals
6. Case management services to facilitate care and assist residents/families.
7. Psychosocial interventions related to a range of needs.
8. Crisis intervention.
9. Liaison to family members, including coordination-of-care planning.
10. Advocating with and for residents within the facility and system.
11. Assisting with end-of-life planning.
12. Serving as a training resource in non-pharmacological approaches.
13. Participation in resident and family council as requested.
14. Supervision of fieldwork students.
15. Participation in independent or collaborative research projects.

2

The Research Perspective

Sheryl Zimmerman, BSW, MSW, PhD

Kenan Distinguished Professor
Associate Dean for Doctoral Education
Director of Aging Research
School of Social Work

Co-Director, Program on Aging, Disability, and Long-term Care
Sheps Center for Health Services Research

University of North Carolina at Chapel Hill

3

The Organization Perspective

Elsie S. Norton, NHA, MBA
VP/Chief Operating Officer
Carolina Meadows
Continuing Care Retirement Community
Chapel Hill, NC

Serving Seniors for 30 Years

- Senior VP, Multi-Site CCRC Organization
- President/CEO Home Care Entity
- Managing Director Gerontological Research Institute
- Nursing Home Administrator

4

The Implementation Perspective

Kim Broucksou, MSW, MPA

Cognitive Care Director

Carolina Meadows CCRC
Chapel Hill, North Carolina

5

The Research Perspective

6

The Reality of Research

In the 22 years between 1990 and 2012, how many published studies were conducted in the United States about care and outcomes for people with dementia who reside in nursing homes or other residential long-term care settings and their family caregivers?

a) 680 (about 30 per year)
b) 3,142 (about 140 per year)
c) 6,209 (about 280 per year)

7

The Reality of Research

In the 22 years between 1990 and 2012, how many published studies were conducted in the United States about care and outcomes for people with dementia who reside in nursing homes or other residential long-term care settings and their family caregivers?

a) 680 (about 30 per year)
b) 3,142 (about 140 per year)
c) 6,209 (about 280 per year)

8

The Reality of Research

How many of these studies changed the standard of care?

a) 5,902 (95%)
b) 3,187 (50%)
c) 1 (.0002%)

9

The Reality of Research

How many of these studies changed the standard of care?

a) 5,902 (95%)
b) 3,187 (50%)
c) 1 (.0002%)

Why is that ??

10

Conveying Best Practices

To change the standard of care, best practices must:

Reach	Reach the intended audience – *about how many of these 6,209 studies do you know?*
Effectiveness	Be effective in achieving outcomes
Adoption	Be adopted as standard practice
Implementation	Be implemented as intended
Maintenance	Be maintained over-time

11

Conveying Best Practices

The Law of Halves

Element	Success Rate	Population Impact
Reach	50% of social workers use it	50%
Effectiveness	50% of residents benefit	25%
Adoption	50% of nursing homes adopt it	12%
Implementation	50% implement it as intended	6%
Maintenance	50% continue to use it	3%

Testing and implementing best practices must be **RE-AIM**ed

12

Another Challenge

What is the average lag time between research evidence being disseminated and it being put into practice?

a) 3 years
b) 10 years
c) 17 years

13

Another Challenge

What is the average lag time between research evidence being disseminated and it being put into practice?

a) 3 years
b) 10 years
c) 17 years

14

Another Challenge

Timeline of a Social Work Researcher

Complete BSW and MSW:	age 24
Practice for two years:	age 26
Complete research training:	age 31
Obtain pilot research grant:	age 35
Disseminate pilot results:	age 38
Obtain larger research grant:	age 40
Disseminate results:	age 46
Have an impact:	age 63

15

Today's Research Models

Evidence-based practice
Practice that implements evidence

Practice -based evidence
Evidence that is built from practice

16

Evidence-Based Practice

Howard, M.O., McMillen, C.J., & Pollio. D.E. (2003). Teaching Evidence-Based Practice: Toward a New Paradigm for Social Work. Research on Social Work Practice, 13, 234-259.

"The scientific literature relevant to social work practice has grown expansively in recent years. Evidence-based practice is a new paradigm that promotes more effective social interventions by encouraging the conscientious, judicious, and explicit use of the best available scientific evidence in professional decision making."

17

The Evidence-Base in Long-Term Care

Organizational characteristics
Such as nursing homes, assisted living, special care

Structures of care
Such as environment, staffing

Processes of care
Such as therapies, practices

18

The Evidence-Base in Long-Term Care

Organizational Characteristics

Nursing homes versus assisted living	Overall: little difference, including morbidity Hospitalization: more often in assisted living for residents with mild dementia Restraint use in dying residents: more often in nursing homes
Special care versus no special care	Overall: little difference; best practices matter Nursing homes: less morbidity, hospitalization Assisted living: more functional decline

19

The Evidence-Base in Long-Term Care

Structures of Care

Morning bright light versus all day light	Depression: better for women, worse for men Sleep quality: better for those with disrupted sleep-cycle timing
Specialized workers versus not	Quality of life: statistically (but not clinically) better

20

The Evidence-Base in Long-Term Care

Processes of Care

Functional skill training	Function: clinically better
Creative expression story telling	Alertness: modestly better Behavior, anxiety, sadness: worse
Validation therapy	Aggression: better and worse (depending on data source) Nonaggression: worse
Encouraging activities	Quality of life: statistically (but not clinically) better

21

The Evidence-Base in Long-Term Care

Processes of Care

Pleasant sensory stimulation	Agitation: clinically better
Individualized protocols for discomfort and behavior	Pain, discomfort, behavior: better
Person-centered protocols for showering/bathing	Pain, discomfort, agitation, aggression: better

22

The Evidence-Base in Long-Term Care

Processes of Care

Pleasant sensory stimulation	Agitation: clinically better
Individualized protocols for discomfort and behavior	Pain, discomfort, behavior: better
Bathing Without a Battle	Pain, discomfort, agitation, aggression: better

23

The Evidence-Base in Long-Term Care


Journal of the AMERICAN GERIATRICS SOCIETY

Systematic Review: Effective Characteristics of Nursing Homes and Other Residential Long-Term Care Settings for People with Dementia

Bathing Without a Battle

http://bathingwithoutabattle.unc.edu

24

Practice-Based Evidence

Often, evidence-based interventions:

- need many resources
- rely on unrealistic staff training and supervision
- require intensive commitment
- are not easily sustained

Being designed for impact (not implementation), the reason for choosing them may be "thwarted"

25

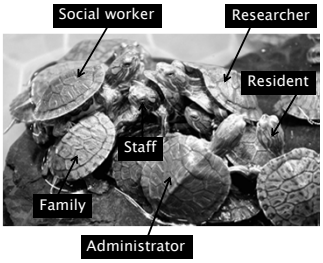
Practice-Based Evidence

Community-based participatory research

Also referred to as participatory research, action research, and other names

26

Practice-Based Evidence



Marriage between practice, policy, and research

Addresses practical problems through community collaboration employing systematic methods of investigation

27

Community-Based Participatory Research

A Cyclical Process

1. "Community partners" and researchers identify practical problems of concern (e.g., can CNAs safely administer medications?)
2. Problems are converted into specific questions ("how many medication errors occur when CNAs administer medication?"), and possible solutions are explored through practice experience, the research literature, and joint problem-solving.

Partners → Ask questions; identify possible solutions

28

Community-Based Participatory Research

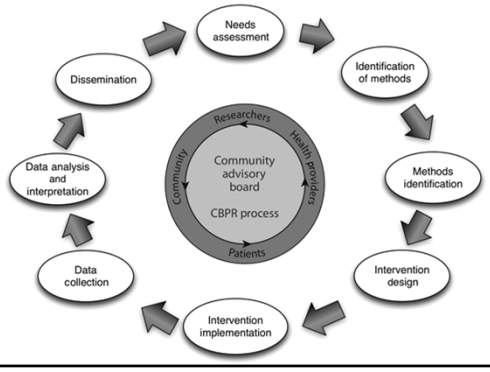
A Cyclical Process

3. Consensus is reached on solutions to try and how implement them.
4. Implementation occurs, data are collected, findings are analyzed, new knowledge emerges.
5. A new solution is implemented and analyzed, and/or other problems are identified and the cycle is repeated.

Partners → Ask questions; identify possible solutions → Consensus → Implement, collect data, analyze

29

Community-Based Participatory Research



30

Benefits

- Practitioners are appreciated as having expertise and controlling change
- Organizational capacity is expanded; staff
  - learn to set goals and problem solve
  - develop new critical thinking skills
  - become empowered to improve care
- Research is more relevant
  - the organization's uniqueness is considered
  - the project is grounded in real care provision
  - successful new practices can be maintained
- The field of social work benefits

31

Benefits

And most importantly,

Resident care and outcomes are improved

32

Finding Research Partners

- Colleges and universities
- Conferences and meetings
- Colleagues and friends
- Webinars

33

Where the Rubber Hits the Road

The Organization Perspective

The Implementation Perspective

34

The Organization Perspective

Elsie S. Norton, NHA, MBA
VP/Chief Operating Officer
Carolina Meadows
Continuing Care Retirement Community
Chapel Hill, NC

Serving Seniors for 30 Years
- Senior VP, Multi-Site CCRC Organization
- President/CEO Home Care Entity
- Managing Director Gerontological Research Institute
- Nursing Home Administrator

35

The Organization Perspective

- Benefits
  - Community/Nursing Care Center:
    - Social Accountability
    - Marketing Rewards
    - Residents Supporting Value of Research
  - Industry:
    - Enhance Care and Services
    - Enhance Reputation of Long-term Care

36

The Organization Perspective

- Process
  - Referral Sites
  - Point Person (ADM, DON, SW)
  - Review
    - Mission Compatibility
    - Outcome Relevance
    - Resource Requirements

37

The Organization Perspective

- Players
  - Point Person
  - Administrative Staff (Local or Regional)
  - Research "Committee" (Resident, Regional, Board)
- Guidelines for Pilot or Formal Study
  - Letter of Support
  - Brief Proposal of Study
  - Purpose, Participants, Outcomes, Data Collection
  - Board Approvals, Consent Forms, Recruitment Forms

38

Point Person Initial Screening

No	Yes
Thanks, but No Thanks	Email Guidelines
Ex: Not Marketing Friendly	Forward to Research Committee
Inform Research Committee	Contact Administrative Staff

39

Administrative Staff General Screening

No	Yes
Thanks, but No Thanks	Inform Research Committee
Ex: Too Staff or Resource Intensive	Await Research Committee Decision
Inform Research Committee	

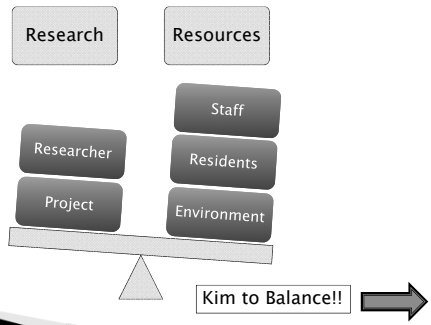
40

Research "Committee" Specific Screening

No	Yes
Thanks, but No Thanks	Notify Administrative Staff
Ex: Too Complicated	Notify Researcher
Inform Staff & Researcher	Meetings & Timeline

41

The Organization Perspective



42

The Implementation Perspective

Kim Broucksou, MSW, MPA

Cognitive Care Director

Carolina Meadows CCRC
Chapel Hill, North Carolina

43

Implementation

- My Background
  - Over 12 years experience in long-term care
    - CCRC environment
    - Free standing Medicare nursing home
    - Hospice experience
  - 5 years experience in research as project manager
    - Worked in clinical research with recruitment and project management
    - Worked with medical practices on implementing change and best practices

44

Implementation

- Current research projects at Carolina Meadows
  - Feeding study – Duke
  - Caregiver's study – UNC
  - Training study – Healthcare interactive
  - Mouth care study – UNC

45

Implementation

- The Benefits
  - Residents can receive benefits of best care
  - Residents get exposure to other people
  - Staff get exposure to new things
  - Staff have access to experts
  - Families can see efforts to improve care

46

Implementation

- The Benefits
  - Free Resources
    - Extra staff
    - Better products
  - Can be an activity for residents and staff
  - Better understanding of research and applying it in other ways -- with guidance from new friends, or not.

47

Implementation

- Challenges
  - Time that it takes
    - It can take staff time and juggling
    - It takes coordinator's time to organize
  - Timing of projects may not be ideal
    - Our population is ever changing
  - This is their home

48

Implementation

- Institutional Review Board
  - What is it?
  - What authorization they give to researchers
  - How researchers may need to find subjects before getting authorization from that resident/family
  - Look at your HIPPA Policy

49

Implementation

- Coordinator's Responsibilities
  - Must facilitate work of a champion
  - Communicating with residents and families
  - Communicating with staff
    - Juggling staffing
    - Providing training
  - Communicating with researchers
    - Best practice implementation: recording success and challenges

50

In Closing

Thank you for attending

We welcome your questions and comments

51