Participation in Independent or Collaborative Research Projects

Sheryl Zimmerman, Elsie Norton, Kim Broucksou

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.

The Research Perspective

Sheryl Zimmerman, BSW, MSW, PhD
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

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

The Implementation Perspective

Kim Broucksou, MSW, MPA
Cognitive Care Director
Carolina Meadows CCRC
Chapel Hill, North Carolina

The Research Perspective
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)

How many of these studies changed the standard of care?

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

Why is that??

To change the standard of care, best practices must:

<table>
<thead>
<tr>
<th>Element</th>
<th>Success Rate</th>
<th>Population Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>50% of social workers use it</td>
<td>50%</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>50% of residents benefit</td>
<td>25%</td>
</tr>
<tr>
<td>Adoption</td>
<td>50% of nursing homes adopt it</td>
<td>12%</td>
</tr>
<tr>
<td>Implementation</td>
<td>50% implement it as intended</td>
<td>6%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>50% continue to use it</td>
<td>3%</td>
</tr>
</tbody>
</table>

Testing and implementing best practices must be RE-AIMed.
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

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

Evidence-based practice: Practice that implements evidence

Evidence –based evidence: Evidence that is built from practice

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

Structures of care
- Such as environment, staffing

Processes of care
- Such as therapies, practices
The Evidence-Based 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 |

Structures of Care

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

The Evidence-Based in Long-Term Care

Processes of Care

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

| 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 |

Bathing Without a Battle

http://bathingwithoutabattle.unc.edu
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”

Community-based participatory research
Also referred to as participatory research, action research, and other names

Marriage between practice, policy, and research
Addresses practical problems through community collaboration employing systematic methods of investigation

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.

3. Consensus is reached on solutions to try and how to implement them.
4. Implementation occurs, data are collected, findings are analyzed, and 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
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

And most importantly,

Resident care and outcomes are improved

Finding Research Partners

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

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

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The Organization Perspective

The Implementation Perspective

Where the Rubber Hits the Road

The Organization Perspective

The Implementation Perspective

The Organization Perspective

The Implementation Perspective
Process
- Referral Sites
- Point Person (ADM, DON, SW)

Review
- Mission Compatibility
- Outcome Relevance
- Resource Requirements

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

Point Person
Initial Screening

No
- Thanks, but No Thanks
- Ex: Not Marketing Friendly
- Inform Research Committee

Yes
- Email Guidelines
- Forward to Research Committee
- Contact Administrative Staff

Administrative Staff
General Screening

No
- Thanks, but No Thanks
- Ex: Too Staff or Resource Intensive
- Inform Research Committee

Yes
- Inform Research Committee
- Await Research Committee Decision

Research “Committee”
Specific Screening

No
- Thanks, but No Thanks
- Ex: Too Complicated
- Inform Staff & Researcher

Yes
- Notify Administrative Staff
- Notify Researcher
- Meetings & Timeline

The Organization Perspective

Kim to Balance!!
Kim Broucksou, MSW, MPA
Cognitive Care Director
Carolina Meadows CCRC
Chapel Hill, North Carolina

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

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

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

The 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
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

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

In Closing

Thank you for attending
We welcome your questions and comments