Dissemination and Implementation of Function Focused Care-Assisted Living

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Study Purpose

• To disseminate and implement the previously established, effective FFC-AL approach to 100 assisted living (AL) settings.
Theoretical Support for Approach

• The FFC-AL intervention was theoretically developed guided by a social ecological model and social cognitive theory.

• To disseminate and implement we also used:
  – Diffusion of Innovation (e.g., the use of champions; making the intervention match the setting etc).
  – The Evidence Integration Triangle
Multilevel context
- Intrapersonal/biological
- Interpersonal/family
- Organizational
- Policy
- Community/economic
- Social/environment/history

Participatory implementation process
(e.g., stakeholder engagement; CBPR; team-based science; patient-centered)

Evidence

Stakeholders

Practical progress measures
(e.g., actionable and longitudinal measures)

Feedback

Feedback

Feedback

Intervention program/policy (prevention or treatment)
(e.g., key components; principles; guidebook; internal and external validity)
Details of Intervention

- FFC-AL includes implementation of a four step approach:
  - (I) Environment and Policy/Procedure Assessments;
  - (II) Education of staff, residents and families, including use of our Function Focused Care website which has 6 short video coaching sessions;
  - (III) Developing Function Focused Goals for Residents; and
  - (IV) Mentoring and Motivating
Details of Intervention

- Sites were eligible based on size and willingness to identify a champion to work with us.
- Champions attended a face to face half day training (or watched this via webinar).
- A Research Function Focused Care Nurse visited sites monthly and met with the champion to implement the four steps of the intervention-adjusted the activities to the site needs and preferences.
- Weekly FFC tidbits were sent to all champions and identified stakeholders.
Evaluation Approach

- Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) model.
<table>
<thead>
<tr>
<th>Dimension</th>
<th>Sources of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Site recruitment rates and class participation; total number of residents potentially impacted by function focused care.</td>
</tr>
<tr>
<td>Efficacy</td>
<td>Measurement of the environment, policy and service plans; measurement of resident falls and hospital transfers in the month prior to and in the last month of the 12 month study period.</td>
</tr>
<tr>
<td>Adoption</td>
<td>Setting identification of a champion and adherence of the champion to meetings and participation in function focused care activities; Evidence of changes in environment, policies and service plans.</td>
</tr>
<tr>
<td>Implementation</td>
<td>Delivery was based on evidence that all champions received the initial face-to-face training; evidence that the champions were provided with the resources to teach and raise awareness of function focused care among their staff, residents and families; completion of the environment and policy assessments and appropriate changes discussed; that champions received the weekly tidbits. Receipt was based on evidence that the champion used the Nasco gift certificate.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Evidence of changes in the environment and policies within settings that better reflect function focused care.</td>
</tr>
</tbody>
</table>
Results

• Reach:
  – 300 settings invited: 99 sites (33%) volunteered and 38 attended the initial face-to-face (28% of sites). Potentially impacted 3,676 older adults.
# Efficacy: Descriptive Outcomes at Baseline and Follow up

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>F(p)*</th>
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<tbody>
<tr>
<td>Falls</td>
<td>12.00 (16.21)</td>
<td>9.33 (16.40)</td>
<td>4.1 (.05)*</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>2.60 (2.61)</td>
<td>2.27 (4.76)</td>
<td>.11 (.74)</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>1.69 (1.25)</td>
<td>1.92 (2.43)</td>
<td>.09 (.76)</td>
</tr>
<tr>
<td>Policy</td>
<td>4.15 (3.70)</td>
<td>10.79 (4.07)</td>
<td>78.22 (.00)*</td>
</tr>
<tr>
<td>Environment: Positive Subscale</td>
<td>.12 (.33)</td>
<td>.03 (.17)</td>
<td>22.34 (.001)*</td>
</tr>
<tr>
<td>Environment: Negative Subscale</td>
<td>.12 (.33)</td>
<td>.03 (.17)</td>
<td>3.19 (.08)</td>
</tr>
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RE-AIM Results

• Adoption: 21 settings (21%) did not participate.
• Implementation: all components implemented in 79 sites.
• Maintenance: through 12 months positive qualitative findings; enduring environment and policy changes.
Challenges/Opportunities Identified With Regard to Dissemination and Implementation Work

• Have to be flexible and meet the needs of each setting (ex. We revised materials for them; wrote policies)
• Utilize measures that are practical and real world (ex. falls and hospitalizations versus actigraphy)
• Have to have champion and site buy in