

A World Apart: Bridging the Gap between Nursing Home Research and Practice

Project Goals: The primary goal of this project is to improve incontinence care and mealtime assistance for nursing home residents by administering two distance learning courses that guide staff supervisors in nursing homes across the country through the implementation of evidence-based interventions in their facilities. To achieve this goal, the project will:

1. Refine distance learning methods for nursing home providers with the intent of increasing participation, improving knowledge transfer, and enhancing intervention effectiveness.
2. Administer two courses—one on incontinence management, the other on mealtime assistance—using the refined methods, and evaluate the efficacy and feasibility of using this distance learning model to educate and train nursing home providers.
3. Facilitate the transfer of the distance learning model to other long-term care organizations involved in educating nursing home providers.

Significance: Between October 2007 and September 2008, we pilot-tested a distance learning course that guided supervisors from nursing homes across the country through the implementation of a daily care intervention, called prompted voiding, that has been shown to help incontinent residents stay drier. In 60-90 minute teleconferences held monthly for 8 months, participating nurse supervisors learned about and began implementing prompted voiding with their residents. Between sessions, the project director phoned each supervisor to provide assistance, as needed. This distance learning model boasts several advantages over traditional 1-2 day training programs conducted in a single geographical location: it reduces training costs, mitigates the negative consequences of staff turnover, helps build staff support for new interventions, and provides opportunities for addressing other, unforeseen implementation barriers as they arise. Pilot test results were encouraging: 14 facilities completed the course, with 89% of participants saying they would participate again in a similar course; post-training quiz scores increased significantly from pre-training scores; and most facilities (83%) reported that incontinent residents were drier as a result of the target intervention. In this follow-up project, we will build on the pilot test by: refining the distance learning model on incontinence management; extending it to a new care area—mealtime assistance/weight loss prevention; and actively promoting the model's adoption by national and state organizations involved in nursing home education.

Methods: The project work plan is built around six objectives:

1. *Recruit and enroll nursing homes in both distance learning courses.*

We will recruit up to 40 nursing homes across the country for the incontinence management course and 20 for the mealtime assistance course on a first-come, first-served basis. If demand exceeds these limits, latecomers may participate for a nominal fee (\$95). One supervisor from each facility will be the primary registrant.

2. *Provide technical assistance to ensure that all enrollees master the technology needed to participate fully in each distance learning course.*

We will build the course around online, software, and communication tools that are easy to use, widely available, reliable, and, whenever possible, free. These tools include the telephone; email services; an audio-conferencing service; and Yahoo's free, online discussion group service. The project director will assist participants as needed with accessing and using these tools.

3. *Administer each distance learning course in accordance with its curriculum.*

Each course curriculum follows the steps outlined in an online, evidence-based training module. During monthly teleconferences of 40 minutes, supervisors participating in each course

will hear brief lectures by project faculty as well as discuss the topic and their facility's progress in implementing the target intervention. The project director will follow-up with each participant between teleconferences to offer implementation assistance as needed.

4. *Monitor the intervention programs and provide follow-up assistance as needed to ensure that these programs are implemented as instructed.*

The project director will monitor facilities' intervention programs and provide follow-up assistance as needed via: 1) the teleconferences; 2) between-teleconference emails and phone calls to the participating supervisors; and 3) online discussion groups for both courses.

5. *Evaluate each course with respect to participation, training, and intervention outcomes.*

We will collect several measures to evaluate each course: 1) the course completion rate; 2) the target intervention's implementation rate; 3) a comparison of quality indicators at baseline and at course completion; 4) a comparison of pre- and post-training quiz scores for participants; and 5) written course evaluation results.

6. *Compare and contrast course evaluation results for different participant subgroups.*

We will analyze data collected throughout each course to determine whether there are significant differences in participation rates, quiz scores, and intervention implementation rates for the following paired groups: 1) current incontinence management enrollees vs. enrollees in the initial pilot test; 2) facilities that participate free of charge vs. those that pay a registration fee; and 3) facilities in the incontinence management course vs. those in the mealtime assistance course.

Dissemination activities will feature a teleconference introduction to our courses for nursing home surveyors and educators. We also will offer them free assistance at their request with replicating the courses.