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

**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**

**Multilevel context**
- Intrapersonal/biological
- Interpersonal/family
- Organizational
- Policy
- Community/economic
- Social/environment/history
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>
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<tbody>
<tr>
<td>Reach</td>
<td>Site recruitment rates and class participation; total number of residents potentially impacted by function focused care.</td>
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<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>
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<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>
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<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>
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<tr>
<td>Maintenance</td>
<td>Evidence of changes in the environment and policies within settings that better reflect function focused care.</td>
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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