

Designing an ePCT for a Nursing Assistant Communication Coaching Program: Pre-Implementation Insights for Nursing Homes

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OBJECTIVE: We used the Practical, Robust Implementation and Sustainability (PRISM) Model to assess key contextual factors that may influence the implementation of an ePCT of Dementia Collaborative Coaching (DCC), an evidence-informed communication coaching program designed to decrease negative, responsive behaviors and improve quality of life for PLWD in NHs.



DESIGN, SETTING, AND PARTICIPANTS:

- Explored the feasibility of conducting an ePCT of speech-language pathologist (SLP) delivered DCC through focus groups
- Three urban NHs in the Western region of the United States and one rural NH in the Midwestern region of the United States
- Employees from the four NHs including corporate leaders, managers, and direct care providers across a variety of disciplines



METHODS:

Focus group questions were guided by the PRISM model domains and the sessions included in DCC

Data were audio recorded, transcribed verbatim, and analyzed using directed content analysis guided by the PRISM



RELEVANCE: The pre-implementation phase proved to be a critical step in determining readiness to implement an ePCT. In addition to relationship building, information about site-specific system- and clinician-level factors will inform future implementation efforts.



RESULTS:

- Six focus group sessions ranging from 30-60 minutes were conducted with n=37 employees (e.g., therapists, activity professionals, nurses, administrators, and corporate leadership)

PRISM Domain and Working Definition	Barriers	Facilitators
<p>Recipients: Perceptions of current dementia care practices and needs</p>	<p>Staffing: <i>That's really frustrating when you have 27 people, and everybody needs something.</i></p> <p>Dementia care needs improvement: <i>They'll give her oatmeal cream pies all night...she's yelling and yelling, but if she's eating something, she's not yelling.</i></p>	<p>Motivation to adopt something new: <i>I'd like to see less crying, maybe less behaviors, less like lashing out or like trying to hit or something, less of the screaming...would be nice.</i></p>
<p>Intervention Characteristics: Perceptions of DCC to assess readiness and usability per direct care staff</p>	<p>Staffing: <i>There's short staffing, there's nothing to be done.</i></p>	<p>DCC appears promising to meet known needs: <i>He doesn't have hearing aids so an amplification device would be really great for him.</i></p>
<p>Implementation and Sustainability Infrastructure: The setting where DCC will be implemented including communication among implementers, information about protocols and procedures, and a plan for sustainability</p>	<p>Lack of equipment and resources: <i>We don't have enough computer access for everyone.</i></p> <p>Inadequate protocols and procedures: <i>...Like the goal of long-term care is person centered care, but I don't know how you do that when 2 aides are taking care of 30 people. It's just paper compliance...I love this setting, but I hate the whole paper compliance...</i></p>	<p>Awareness of need for infrastructure: <i>For this project, we're going to have to identify support and structure, champions.</i></p>
<p>External Environment: Factors influencing implementation of DCC outside of the building such as federal regulations and reimbursement</p>	<p>Misinterpretation of federal regulations: <i>We need a piece of paper for privacy [on top of personalized communication supports] because there's a lot of HIPAA regulations</i></p>	<p>DCC is reimbursable as a skilled therapy service: <i>I can do this because I can bill for it.</i></p>