



Feature Article

Implementing toileting trials in nursing homes: Evaluation of a dissemination strategy



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ABSTRACT

Objectives: This study sought to improve incontinence care in nursing homes (NHs) by administering and evaluating a webinar course that provided extended instruction to help NHs implement toileting trials in accordance with recommended procedures. Of particular interest was: 1) whether the course design would prompt NH staffs to implement the recommended protocol, and 2) whether participants preferred this course design to other models.

Design: The study collected descriptive evaluation data.

Setting: The setting was comprised of seven NHs.

Participants: Participants were staff members, typically nurses, from enrolled NHs who attended at least three of the six webinars that comprised the course.

Measures: Data was collected using a course evaluation and implementation survey.

Results: Staff in the participating nursing homes attended an average of 4.85 webinars, with an average of nine staff members attending each webinar (range: 3–20). Twelve of 16 responding participants said they preferred the webinar course to other course designs. All respondents said they would recommend the course and take a similar course again. All facilities submitted some evidence that staff providers had completed implementation assignments. Most facilities reported plans to sustain use of the recommended protocol.

Conclusion: This study found limited evidence that the webinar course prompts NHs to implement a recommended toileting trial protocol and is preferred to other training program designs.

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Despite the best efforts of “many well-intentioned individuals” to resolve it^{1(p1810)}, incontinence remains a “costly, enduring, and vexing”^{2(p607)} management problem in nursing homes (NHs), affecting an estimated 43% to half of all NH residents at an approximate cost of \$5.3 billion annually.³ In an effort to improve incontinence care, the Minimum Data Set (MDS 3.0) assessment instrument now includes two items that specifically ask whether residents underwent a toileting trial and if so, what were the results.^{4,5}

This dissemination study sought to improve incontinence care in NHs by administering and evaluating a webinar course designed

to help NHs implement toileting trials in accordance with recommended procedures. Using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework to evaluate this dissemination effort,⁶ we focused on the initial adoption results achieved during this nine-week course. Our primary evaluation goal was to assess whether the course prompted NH staff to adopt the recommended toileting trial protocol, as evidenced by their reports and documentation of new toileting trial assessments being completed for incontinent residents. Our secondary evaluation goal was to assess the course itself, including whether staff participants preferred this course to more traditional continuing education models.

Evidence-based toileting trials

Toileting trials are brief, typically three-day assessments during which NH providers attempt to assist incontinent residents to the

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toilet every 2 h during the day. Best-practice trials also feature resident interviews both before and immediately following the three-day assessment to further identify resident preferences for care.⁷ A general rule is that residents who use the toilet appropriately on two-thirds or more of all toileting attempts during the trial are good candidates for continued toileting assistance.⁵

A best-practice toileting trial protocol, described in detail elsewhere,⁸ was first introduced in the 1990s, when Ouslander et al⁵ found that results from these assessments were the most valid predictor of which residents would have fewer incontinence episodes if provided with routine toileting assistance on a daily basis. Of note, toileting trial results also proved to be stronger predictors of continence improvement than residents' cognitive status or functional ability, both of which are commonly and inappropriately used in NHs to target residents for toileting programs.

Research shows that between 25% and 40% of incontinent residents will prove to be "responsive" during a toileting trial, with a reduction in their incontinence frequency from three to four episodes per day to one or less per day.^{5,9} Best practice guidelines call for "responsive" residents to continue to receive regular toileting assistance.¹⁰ Non-responders may benefit from a follow-up physician evaluation or a check-and-change program.¹⁰

Few studies have examined NHs' adoption or implementation of toileting trials. Those that have suggest improvement is still needed in this common daily care area. One study found no evidence of toileting trial outcomes in medical charts for 426 NH residents.¹¹ Another study reported that "bladder records" were "non-existent" for a sample of 200 residents in 52 NHs.¹² Presently, NHs receive little guidance to help them adopt toileting trials as part of their routine care practices. Federal survey guidelines, for instance, call for a comprehensive assessment of incontinent residents, but do not provide instructions or standardized assessment forms for conducting reliable toileting trials.¹³

Best practices for dissemination research

Dissemination researchers have found that some teaching strategies (e.g., one-day conferences or single-hour webinars) are too passive or time-limited to prompt real change in NHs while others (e.g., programs that employ outside consultants to visit NHs) are too labor-intensive or costly to readily replicate.^{14,15} Findings from dissemination research have also shown that giving sites the opportunity to try out a new intervention increases the likelihood it will be adopted and maintained.¹⁶ As a result, pilot-tests of new care practices are often recommended as an initial adoption strategy.¹⁷

A dissemination strategy to promote adoption of toileting trials

With this in mind, we administered a nine-week webinar course, titled the Choice and Preference Toileting Assistance course, or CAPTA course, to teach NH staffs how to conduct toileting trials. The nine-week course allowed participants sufficient time to implement each step of the recommended intervention with a sample of residents and receive feedback from a national expert on nursing home incontinence management (i.e., Dr. John F. Schnelle, a co-author of this paper) during the interactive webinars.

CAPTA course design

The CAPTA course was developed based on lessons learned from two earlier courses administered by the same research team and described in detail elsewhere.^{18,19} Drawing on active learning principles,^{20,21} all three courses offered incontinence management

instruction to NH staffs via a series of webinars or teleconferences (6–8 webinars/teleconferences) conducted over several weeks or months (10 weeks–8 months). Each series featured field assignments that encouraged participants to implement recommended protocols during the course and get feedback on their progress. Participants in all three courses were encouraged to use the same assessment and implementation forms to complete field assignments (described below). Likewise, all three courses used the same, or very similar, evaluation surveys to assess participants' preferences for training and each facility's implementation results.

The CAPTA course evaluated in this study was comprised of six webinars, each 40 min in length, held over nine weeks, with one to four weeks between webinars (see Table 1 for the curriculum). NHs accessed PowerPoint presentations and standardized assessment forms online from the webinar provider's website. The audio portion was available via computer or phone (however, all participating NHs elected to access audio via the phone).

At each participating NH, at least one staff member—typically a licensed nurse supervisor—agreed to attend all webinars, oversee implementation assignments, and act as the facility's "champion" for the recommended toileting trial procedure. In email communications, we encouraged champions, at their discretion, to invite additional staff members, especially nurses and nurse aides involved in providing incontinence care, to attend the webinars. Administrators and licensed nurses received up to five continuing education (CEs) credit hours for their webinar participation.

At the close of the first and third webinars, champions and their staffs were asked to jointly complete an implementation or field assignment before the next session, using a standardized assessment form(s) to guide the assignment (see Table 1). These assignments prompted NHs to: 1) interview a sample of incontinent residents to assess their preferences for incontinence care; 2) conduct a three-day toileting trial with these residents; 3) re-interview the residents following the trial; and 4) summarize the results from this procedure. We recommended that each facility implement these assignments with a sample of at least 10 incontinent residents, whom staff teams could select at their discretion. We discouraged teams, however, from selecting residents based on their cognitive or functional abilities, for our training emphasized that *all* incontinent residents should be considered candidates for toileting trials.^{5,8}

About a week after each of these webinars, the principal investigator (P.I.) phoned each champion to remind her about the assignment and answer questions. Participants could also request assistance from the instructor or P.I. by phone or email at any time. Results from each assignment were discussed in the following

Table 1
Course curriculum.

Webinar 1, Week 1. How-to webinar: Assess resident preferences for incontinence care. Assignment: Interview at least 10 residents using the Resident Preference Interview Form and submit de-identified forms.
Between session: Follow-up call to check on progress, provide reminders, answer questions.
Webinar 2, Week 3. Webinar: Feedback, discussion of implementation assignment.
Webinar 3, Week 4. How-to webinar: Conduct a 3-day toileting trial and analyze results. Assignment: Conduct toileting trials for at least 10 residents and record results on the Toileting Trial Form and then re-interview residents using the Resident Preference Interview Form. Analyze results using the Toileting Trial Results Form. Submit de-identified forms.
Between session: Follow-up call
Webinar 4, Week 8. Webinar: Feedback, discussion of implementation assignment.
Webinar 5, Week 9: How-to webinar: Write-up care plans, survive the survey.
Webinar 6, Week 11: How-to webinar: Monitor toileting assistance for continuous quality improvement.

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