

Engaging in a Meaningful Research Partnership: The Protective Community Residences Example

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The Partners



- Western Regional Health Authority
 - Kelli O'Brien - VP Long Term Care and Rural Health
 - Darlene Welsh – Regional Manager of Research and Evaluation
 - Trudy Read, Manager of the Protective Community Residences
 - Staff, Protective Community Residences
- Western Regional School of Nursing
 - Dr. Carla Wells – Research Coordinator/Nurse Educator
 - Judith Wells – Nurse Educator
 - Anna Marie Alteen – Nurse Educator
- Grenfell Campus of Memorial University
 - Dr. Les Cake – Honorary Research Professor, Psychology Department
- Community
 - Residents and families
- Others
 - CHSRF -EXTRA

GRENFELL
CAMPUS



Outline

- Engaging Partners in the Research Opportunity
- The Research and Outcomes
- Benefits
- Challenges
- Lessons Learned
- Discussion/questions



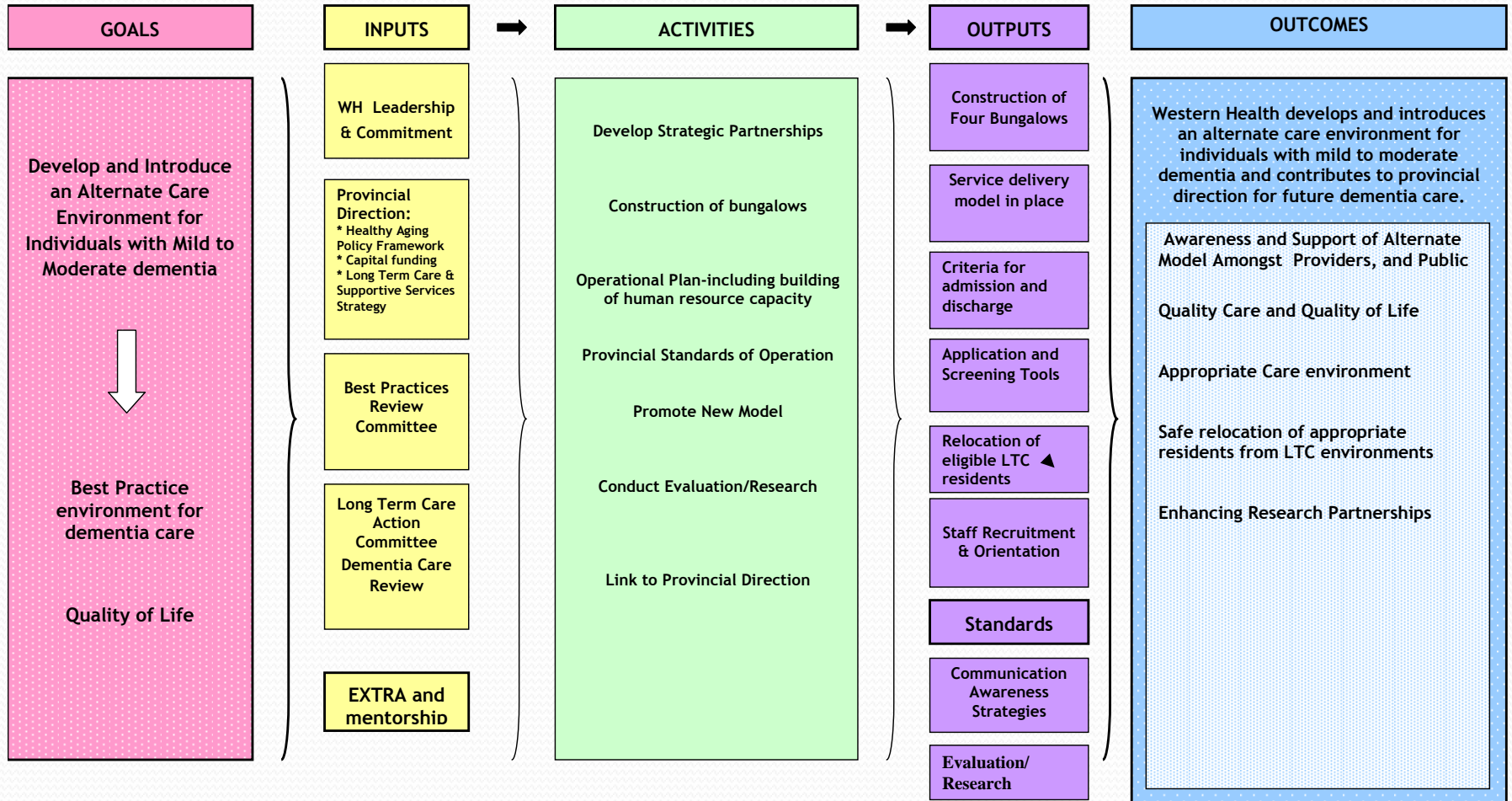
Engaging Partners in the Research Opportunity

EXTRA Fellowship

Protective Community Residences = Intervention Project:

Develop and introduce an alternate housing and support model for individuals with mild to moderate dementia based on best practices.

WESTERN HEALTH- Protective Community Residences Project





Engaging Partners in the Research Opportunity

- Email request to Grenfell to solicit interested faculty
- Expressed interest of committee members
- Invitation to partners who might be interested
- Engaging residents and their families
- Engaging staff

The Research

What was the family members' perspective of the relocation experience?

- hermeneutic phenomenology qualitative methods
- Purposive sample of 10 family members

What was the impact of relocation on cognition, function, severity of dementia and behaviors of individuals with mild to moderate dementia.

- quantitative, descriptive study using pre and post measures
- Sample of convenience of first 41 residents to move into the PCR_s

The Research

What were the care providers' perspectives of the Protective Community Residences?

- Qualitative description
- Thematic analysis
- Focus group sessions with 15 staff



The Outcomes: Question 1

Six Key Themes:

- Ongoing Communication
- Relief and Contentment
- Meaningful Activities
- Enhanced Environment
- Improved Functioning
- Engaged Staff

The Outcomes: Question 1

- Implications
 - Some improvements needed within the bungalow
 - Ongoing resources allocated for recreation programs
 - Continued support from leadership
 - Ensure ongoing family involvement and open communication
- Key Message
 - Resident-centred care results in positive outcomes for residents and family members

The Outcomes- Question 2

Table 1 Demographics of Initial Residents Admitted to PCR 1-3 (N = 41)

Variable	N(%)
Relocated from:	
• Private Homes	15(36.6)
• Personal Care Homes	7(17.1)
• Acute Care	10(24.4)
• Long Term Care	9(21.9)
Current status as of September 2012	
• Currently a resident of PCR	4(10)
• Discharged still living	8 (20)
• Discharged but deceased post discharge	23 (55)
• Deceased as resident of PCR	6 (15)

The Outcomes: Question 2

Table 2 Resident Functioning Pre and Post Relocation*

Variable	Pre Relocation <i>M</i>(<i>SD</i>)	Post Relocation <i>M</i>(<i>SD</i>)	<i>Z</i> Score	<i>P</i>
MMSE	17.71(3.35)	16.57(4.56)	-1.336	0.18
GDS	3.37(0.62)	3.46(0.74)	-0.775	0.44
DAD	74.24(11.53)	77.79(21.09)	-1.501	0.13

The Outcomes: Question 2

Table 3 Neuropsychiatric Inventory Questionnaire Pre and Post Relocation (N = 41)*

Variable	Pre	Post	Pre	Post	McNemar Test <i>p</i>
	N(%)	N(%)	N(%)	N(%)	
	YES		No		
Delusions	11(28.2)	5(14.3)	28(71.8)	30(85.7)	N/S
Hallucinations	6 (15)	5(14.3)	34(85)	30(85.7)	N/S
Agitation/Aggression	14(35)	10(28.6)	26(65)	25(71.4)	N/s
Depression/Dysphoria	10(25)	6(17.1)	30(75)	29(82.9)	N/S
Anxiety	8(20.5)	4(11.4)	31(79.5)	31(94.3)	N/S
Elation/Euphoria	0(0)	0(0)	40(100)	35(100)	N/S
Apathy/indifference	2(5)	2(5.7)	38(95)	33(94.3)	N/S
Disinhibition	2(5)	2(5.7)	38(95)	33(94.3)	N/S
Irritability/Lability	9(22.5)	5(14.3)	31(77.5)	30(85.7)	N/S
Motor Disturbance	3(7.5)	4(11.4)	37(92.5)	31(88.6)	N/S
Nighttime Behaviors	4(10)	3(8.6)	36(90)	32(91.4)	N/S
Appetite/Eating	3(7.7)	1(2.9)	36(92.3)	33(97.1)	N/S

The Outcomes: *Question 3*

Satisfaction of the care providers was found to fall into eight main themes:

- Orientation
- Quality of Care
- Physical Environment
- Resident Safety
- Staff Safety
- Placement Appropriateness
- Support
- Job Satisfaction

Benefits of Using a Collaborative Approach

- Research questions - relevant to all partners
- Research design-skills acquisition, improved quality of data
 - Building internal capacity within health system
- Data analysis and interpretation-skills acquisition
- Contextual factors considered- therefore improved relevance and acceptance of conclusions

Benefits of Using a Collaborative Approach

- Division of labour
- Team skill mix
 - Partnerships facilitate having the right expertise around the table
 - Appropriate health system decision maker involvement/leadership
- Established partnerships can facilitate future projects
 - HARP research grant and working group for Centre on Aging

Benefits of Using a Collaborative Approach

- Dissemination of results-broader distribution-multiple conferences both research and leadership focus, and publications.

Question 1. Hutchings, D., Wells, J.L., O'Brien, K., Wells, C., Alteen, A.M. and Cake, L.J. (2011). From Institution to "Home": Family perspective on a unique relocation process. Canadian Journal on Aging 30(02): 223-232.

<http://dx.doi.org/10.1017/S0714980811000043>

Question 2. Manuscript submitted to Perspectives: Canadian Journal of Gerontological Nursing April 2013.

Question 3. Repeat testing (post-test) and publication planned.

Challenges of Using a Collaborative Approach

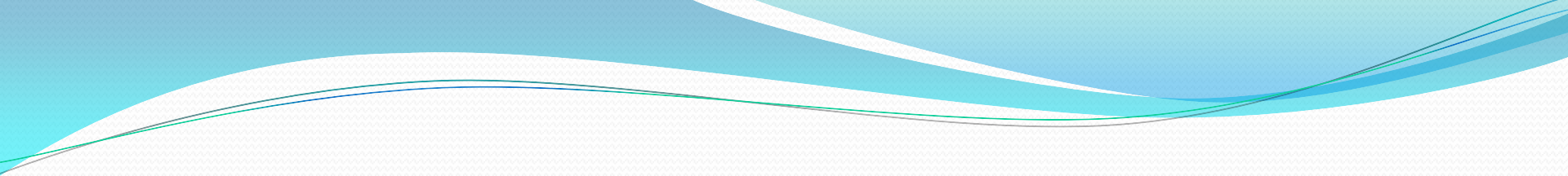
- Cultural differences between academia and other organizations
 - Historical lack of incentives – promotion and tenure expectations
- Practical, operational barriers
 - Research funding
 - Ethical approval process more rigorous with vulnerable populations
 - Investment to develop relationships

Challenges of Using a Collaborative Approach

- Practical, operational barriers (cont'd)
 - Timelines, schedules, and competing priorities become complicated when dealing with multiple partners
 - Reliance on others to complete their tasks in a timely fashion
- Defining accountabilities
 - Needs to be clear upfront
 - Frameworks exist around collaborative research that can be used (for eg. CHSRF)

Lessons Learned

- Knowledge of all elements of ethics
- Need to have the right skill mix on the research team
- Need for decision makers to be part of the research team to facilitate the implementation of recommendations
- Close geographic proximity facilitated the progression of our work



“People acknowledge that when they are involved in making decisions affecting their future, they develop a sense of ownership and commitment to carrying out those decisions”

-John Burbridge, Beyond Prince and Merchant

Conclusion

This case study illustrates how local partners, including community, were effectively engaged in a meaningful research project.



Care and Support Team • PCR Planning Team
Assessment and Placement Team • LTC Redevelopment Team
Evaluation Team

Discussion & Questions

