

What is one word that comes to mind when you see or hear the word "research"?

Chat Question

Rate your level of agreement with the following:

Research can improve the care I provide.

1

STRONGLY
DISAGREE

2

3

4

5

STRONGLY
AGREE

Be in the KNOW!

Vision
for PATLC-KNOW:
A Post-Acute and Long-
Term Care Knowledge
Network for Older Adults
and Workforce

“Success will look like **a network of experts** focused on meaningful ways to **enhance the joy of life and work in PALTC**. Collectively, our workforce, our providers, our residents and caregivers make up the experts of PALTC.”

Introducing PALTC-KNOW



The Heart of PALTC...

"This isn't like a factory production job. This is human care. I feel like the element of human care gets lost because we have to be so task oriented. I try to spend as much time—I try to organize my tasks as much as I can, as quickly as I can, so I can spend my precious moments being with who I'm around because the rewards of working with the elderly—the love that they give you in return for your love that you give them is profound. I feel like that's what keeps people there, but it does—it creates an element that you can burn yourself out very quickly 'cause you don't get your cup filled to the point that you need. I feel like that's a lot to do with why we have such a shortage."

Pragmatic vs Traditional Research

Table 1. Nine Dimensions for Assessing the Level of Pragmatism in a Trial, as Proposed in the Pragmatic–Explanatory Continuum Indicator Summary 2 (PRECIS-2) Tool.*

Dimension	Assessment of Pragmatism
Recruitment of investigators and participants	
Eligibility	To what extent are the participants in the trial similar to patients who would receive this intervention if it was part of usual care?
Recruitment	How much extra effort is made to recruit participants over and above what would be used in the usual care setting to engage with patients?
Setting	How different are the settings of the trial from the usual care setting?
The intervention and its delivery within the trial	
Organization	How different are the resources, provider expertise, and organization of care delivery in the intervention group of the trial from those available in usual care?
Flexibility in delivery	How different is the flexibility in how the intervention is delivered from the flexibility anticipated in usual care?
Flexibility in adherence	How different is the flexibility in how participants are monitored and encouraged to adhere to the intervention from the flexibility anticipated in usual care?
The nature of follow-up	
Follow-up	How different is the intensity of measurement and the follow-up of participants in the trial from the typical follow-up in usual care?
The nature, determination, and analysis of outcomes	
Primary outcome	To what extent is the primary outcome of the trial directly relevant to participants?
Primary analysis	To what extent are all data included in the analysis of the primary outcome?

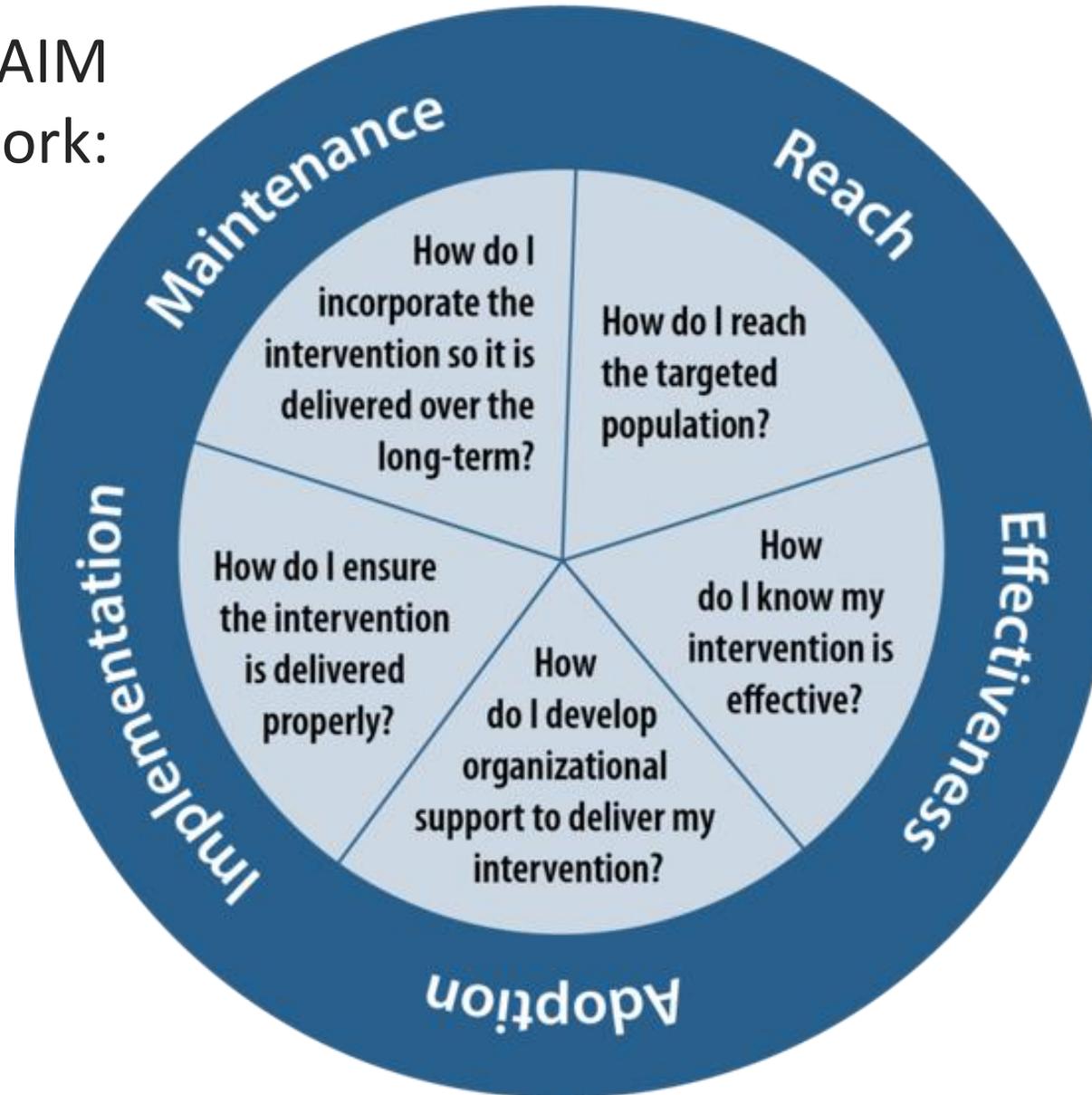
* Information in the table is adapted from Loudon et al.²²



<p><u>Can</u> treatment work? → EFFICACY</p> <ul style="list-style-type: none"> - Hypothesis testing - Ideal circumstances 	<p><i>WHAT?</i></p>	<p><u>Does</u> treatment work? → EFFECTIVENESS</p> <ul style="list-style-type: none"> - Comparing treatment strategies - Usual care
<p>Assess <u>cause – effect</u> of drug</p>	<p><i>WHY?</i></p>	<p>Inform <u>decision makers</u></p>
<p><u>Minimize</u> variation:</p> <ul style="list-style-type: none"> - Rigid protocol 	<p><i>HOW?</i></p>	<p><u>Maximise</u> generalisability:</p> <ul style="list-style-type: none"> - Protocol reflecting usual care
<p><u>Selective</u> inclusion</p>	<p><i>WHO?</i></p>	<p><u>Broad</u> inclusion</p>
<ul style="list-style-type: none"> - Data collection > usual care - Outcomes <u>research</u> relevant 	<p><i>METHOD?</i></p>	<ul style="list-style-type: none"> - Data collection = usual care - Outcomes <u>clinically</u> relevant

RE-AIM Domains and Examples

Elements of the RE-AIM Framework:



Living Lab Conceptual Framework



Verbeek H, Zwakhalen SMG, Schols JMGA, Kempen GJM, Hamers JPH. The Living Lab In Ageing and Long-Term Care: A Sustainable Model for Translational Research Improving Quality of Life, Quality of Care and Quality of Work. *J Nutr Health Aging*. 2020;24(1):43-47. doi: 10.1007/s12603-019-1288-5.

PMID: 31886807; PMCID: PMC6934630.

Key Informant Interviews with Frontline Staff

- Purpose: to gather information about how to make research in nursing homes meaningful to those providing care in this setting
- Period of Data Collection: March-July 2021
- Sample: N=14
 - 4 RNs, 3 LPNs, 1 consultant dietician, 1 social worker, 1 staffing coordinator, 1 unit manager, 1 dining services director, 1 activities director, 1 director of nursing services
- Thematic analysis supported by Dedoose software

Care and Support: Themes

- Patient-centered care
- Continuity of care
- Lower staff-to-patient ratios
- Addressing loneliness



Staffing and Innovation Management Themes

- Quality time to develop staff-patient relationships/Needs-based staffing
- Valuing frontline staff
- Collaborative relationship with management
- Teamwork and communication
- Better training and opportunities for continued education



Redesign of Care: Themes

- **Compassionate Care Model**

- Sense of home
- Sense of community
- Autonomy



- **Compassionate Care Model Institutional Supports:**

- Training (beyond tasks and informed by the why)
- New staffing models (needs-based patient: staff ratio; fluid teaming approaches)
- Supportive (more flexible) rules and regulations

Quality of Life

“People ... don’t wanna leave their house because they think like nursing home is just like putting them in a dumpster. That’s the way they see it, which is not good. ... There was one woman. She used to take care of her husband at home. Finally, she couldn’t. Then he came to us. I think it was as hospice. ... Then one day, ... his wife was sitting. What I did was I sing. I don’t even know how to sing, but I sing You are My Sunshine, ‘Mr. Green. Let’s go sing.’ ... The patient, he sings. He doesn’t even talk, but that day, he sings. He sings with me. The wife was kind of, ‘You don’t know what you’re doing,’ she told me. My goodness, I’m gonna get fired now. [Laughter] I was thinkin’, ‘What is she gonna say? Maybe I did something wrong? I’m not supposed to.’ ... She was in angry state by putting him in a nursing home, because she used to take care of him for years. Then she said, she cried, and she said—she gave me a hug. ‘He doesn’t even talk or call me my name, but you make him sing this song,’ she said. Then she said, ‘I want my husband to be your patient.’ ... We had a good time. He died very happy. Even he used to eat for me, and she was pleased. Now, what I’m trying to say is if we have good mechanism, financially, ... good nurses and staff, the nursing home could be a good home for the patients.”

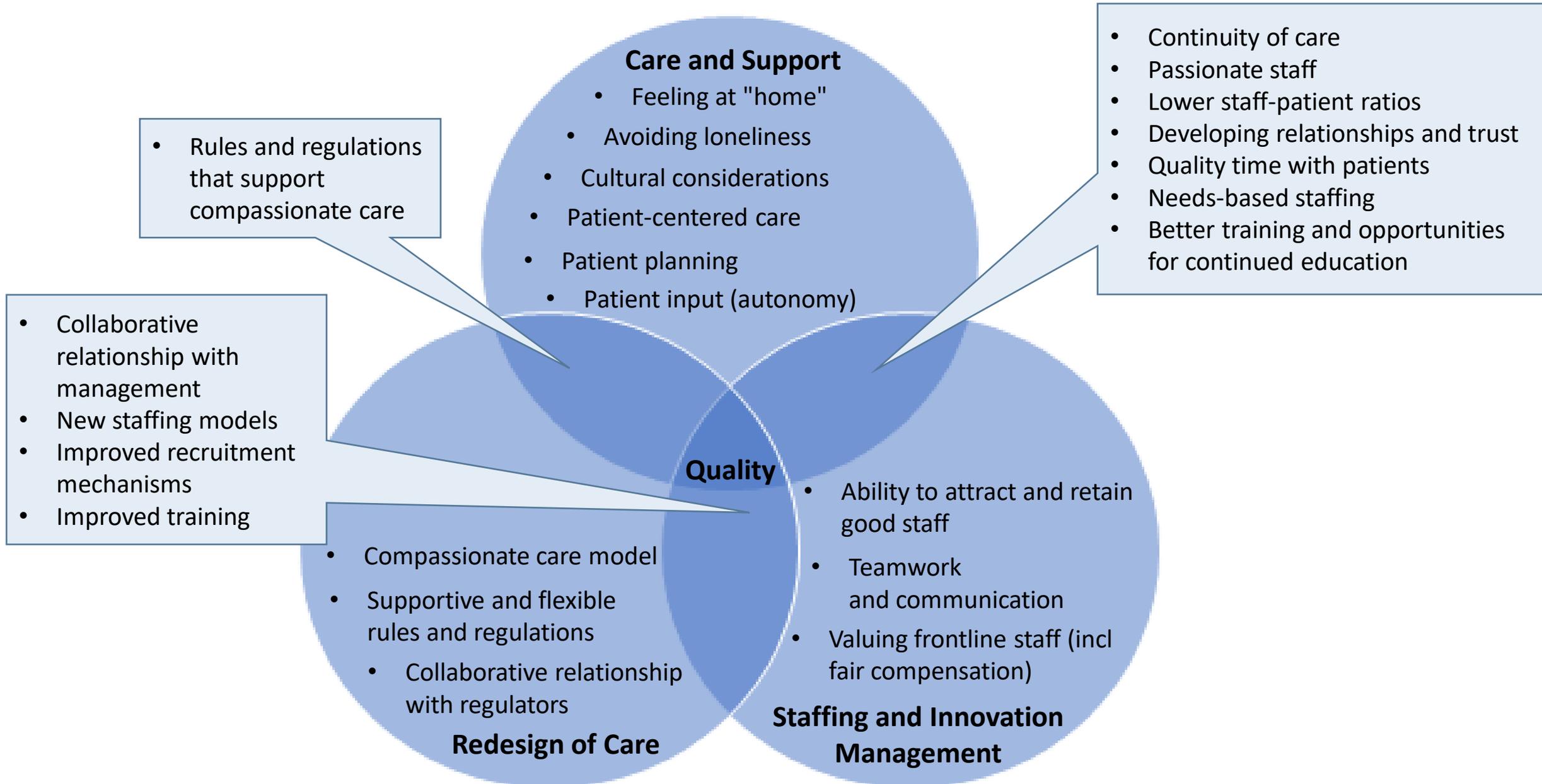
Quality of Care

"Yes, most thing I see is, when they're in the nursing home, just mostly you want to help the patient, but most things just lead to, push her to—on the paperworks. Instead of more patient care, you force her to lean to the paperwork. I know we still—we try as much as we can, take care of the patients, but in the back, waiting for us, we have to deal all those paperworks, charting, everything. Still, I know, I understand it's necessary, but those things always bothering me. Instead of giving more time to the patient care, just leading to the paperwork. That's the more—always just bothers me over there."

Quality of Work

"... Most people work two, three jobs in the nursing home. The nurse aids, even the nurses, you see a lot of calls, callings, so sometimes—I can't say most people or so, they just consider it—they just starting to find another place more okay, and they start not showing up, or they just changing another job, and until they find another staff, we are working on a shorter staff. We have to cover, sometimes, a patient has to be three, four nurse aid has to be, just maybe you have only one nurse aid. Some nurses, they cannot handle that, all the patients, because a lot of things to do. The reason you have to jump in and help the nurse aid, that means you have to hold your staffs there while you have to do the end of the shift. As a team, also, the end of the shift, you have to still—you need to chart; you need to finish up, and this time the management's not gonna be happy on you going overtime. "

Interconnections between Framework Foundational Elements

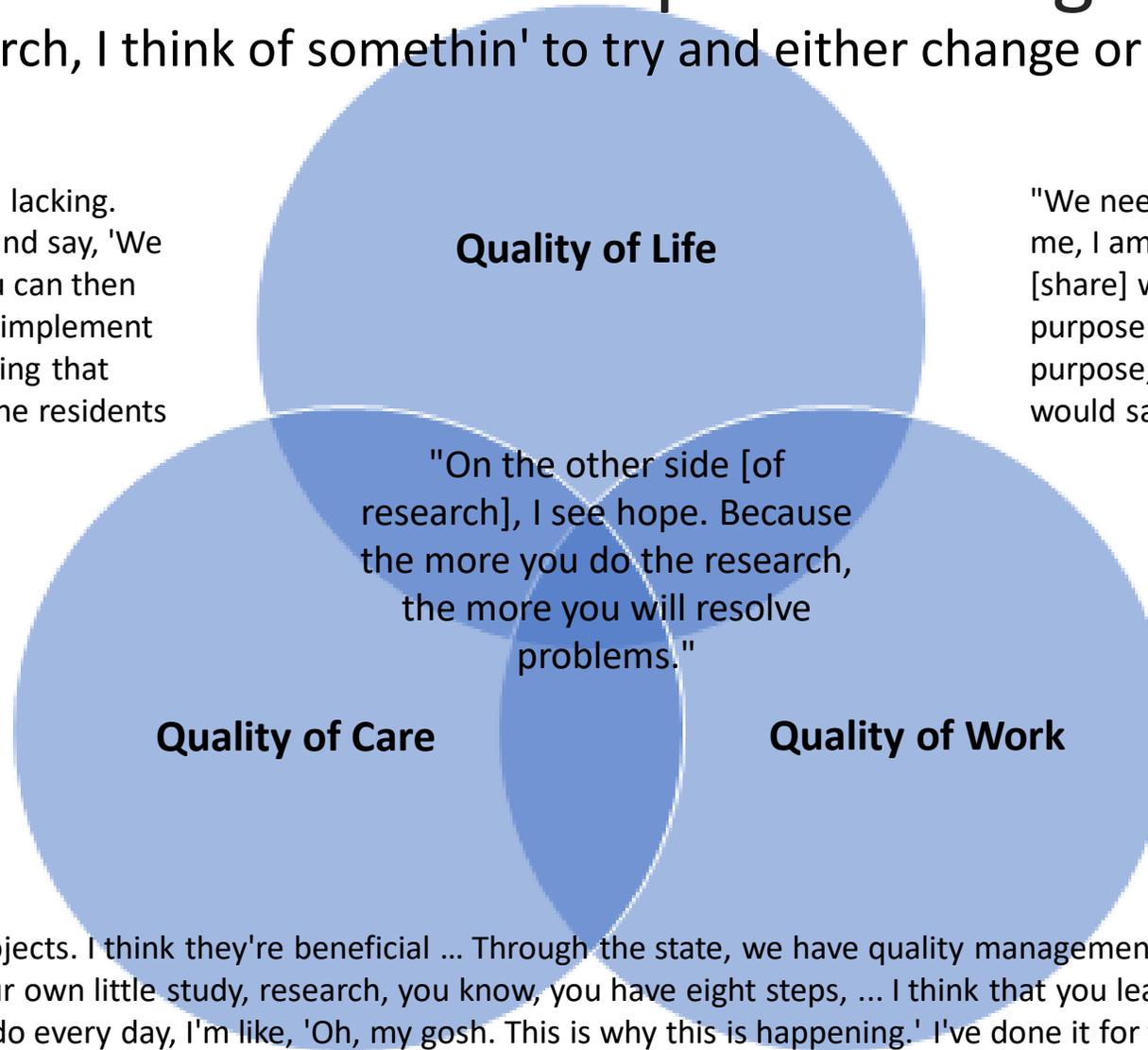


Potential of Research to Uphold Living Lab Pillars

"When I hear research, I think of somethin' to try and either change or make things better."

"There could be potentially something lacking. Through research, ... they come back and say, 'We feel like you're missing A, B and C.' You can then take that and create your own plan to implement what the research found. I think anything that could potentially improve quality for the residents and the staff is always a good thing."

"We need to participate [in research], ... For me, I am so glad to meet and talk, to [share] what I feel, what I see, what I know. The purpose is very important. If you know the purpose, if that purpose is yours, it's a must, I would say."



"I love projects. I think they're beneficial ... Through the state, we have quality management plans. You are doing your own little study, research, you know, you have eight steps, ... I think that you learn from those. Things I do every day, I'm like, 'Oh, my gosh. This is why this is happening.' I've done it for the past week, but now it finally clicks, and I find a solution and it betters the care, the staffing [to address] that situation. It's all a learning experience. I think health care is a learning experience every day."

The Living Lab for PALTC at AMDA

- Each group will ponder a key question and produce a final product – a 10-minute presentation featuring:
 - The major question your group tackled
 - A key solution
 - A description of some innovative aspect of this solution
 - Implications for clinical practice, research and policy
 - Specific action steps that workgroups can achieve in the coming months to move toward the key solution.



Example

Landmark Study



Key solutions – HOPE!

- ▶ **H**armonize and integrate a needs- or value-based suite of services (integrated network of support)
 - ▶ Implementation supported by interprofessional teams (incorporate broad array of service providers)
- ▶ **O**bjective data based on operationalization of value (cross-culturally validated)
- ▶ **P**erson-directed goals serve as drivers of new models
- ▶ **E**ngaging relevant stakeholders in all stages:
 - ▶ design, implementation, evaluation, dissemination



For those interested...

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