Developing an Implementation Plan for Case Conferences in Nursing Homes

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1. Background
2. Case Conferences: Key sequences
3. Goal of the Study ‘FallDem’
4. Implementation Strategy
   • At Research Level
   • At Nursing Home Level
5. Process Evaluation of the Implementation
6. What have we learnt so far?
Existence of challenging behavior of people with dementia

Challenging behavior is a way to express individual needs (PwD), often not easy to understand (caregiver)

Case conference is a method to address these needs and help to understand the behavior of the PwD as well as the own (professional caregiver) reaction

e.g. Algase et al., 1996; Bartholomeyczik et al., 2007; Kolanowski, 1999
Case Conference is a complex intervention (weak evidence so far)

- help to influence (reducing) challenging behavior
- improves the competence of professionals
- are not easy to integrate into daily practice (e.g. time consuming)

Reuther et al., 2012
## Wittener Case Conference Model for Dementia (Welcome)

Structured way to conduct a case conference

<table>
<thead>
<tr>
<th>Approach of understanding</th>
<th>narrative way of understanding</th>
<th>Using an Innovative dementia orientierted Assessment (IdA) Halek et al. 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequence 1</td>
<td>Preparation of the case conference</td>
<td></td>
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<tr>
<td>Sequence 2</td>
<td>Narrative description of the problem</td>
<td>Structured analysis of the problem</td>
</tr>
<tr>
<td>Sequence 3</td>
<td>identifying possible reasons for the behavior within the team</td>
<td>identifying possible reasons using questions from the IdA</td>
</tr>
<tr>
<td>Sequence 4</td>
<td>Planning of (psycho-social) interventions</td>
<td></td>
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<tr>
<td>Sequence 5</td>
<td>Closing</td>
<td></td>
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<tr>
<td>Sequence 6</td>
<td>Post-process, incl. Evaluation</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Requirements:**

Undisturbed room; 60-90 min; moderator; case reporter; time keeper; colleagues
Goal of the Study in 12 Nursing Homes (NH)

Analyzing the effect of a **structured case conference model** with **two different approaches** on

- **primary outcome** (resident)
  - challenging behavior (NPI-NH)
  - Psycho-medication
  - QoL (QUALIDEM, ADRQL)
- **secondary outcome** (professional caregiver)
  - Burnout (CBI)
  - Burden (BelaDem),
  - Professional competencies (**KRI**\textsubscript{36})

Halek et al. (2013, submitteds proposal)
Implementation Strategy at Research Level
Stepped Wedge Design

Group 1 (2 NH)
Group 2 (+ 2 NH)
Group 3 (+ 2 NH)
Group 4 (+ 2 NH)
Group 5 (+ 4 NH)

T
B
T
B
T
B
T
B
T
B
T
B

T0 T1 T2 T3 T4 T5

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control phase (care as usual)
training phase
Training on the job (Case conference with support)
case conferences conducted independently

DZNE e. V. – Witten  Modifiziert nach Hussey & Hughes, 2007  (Sven Reuther et al. 2012)
Implementation strategy at NH level

Reaching Sustainability
Case Conference is part of 'daily routine’

Phase 3: self-conducted CC
Each participating nursing homes conducts at least 3 case conferences after finishing training on the job

Phase 2: training on the job
Each team (Nursing home/unit) receives support while conducting 4 case conferences

Phase 1: Education
Module 1: Dementia and challenging behavior
Module 2: Case Conference model (narrative or IdA)
Module 3: training of the moderator
Module 4: developing an implementation plan

Facilitating
Hotline and reminders

Roes (2014-05-03)
(modified based on Ines Buscher, 2013)
Stepped-Wedge Design and Prozess Evaluation

- Effect of Case Conference (Narrative vs. IdA)
- Feasibility
- Implemented Case Conference
- Nursing Homes (1-12)
- Output
- Process Evaluation

Stepped Wedge Design:
- (a) Effect of Case Conference (Narrative vs. IdA)
- (b) Feasibility
- (c) Implemented Case Conference
- (d) Nursing Homes (1-12)
- (e) Output
- (f) Process Evaluation

Roes (2014-05-03)
Process Evaluation of the Implementation Strategy

Consolidated Framework for Implementation Research
CFIR (Damschroder)

Framework

Theory

Process Evaluation (Grant)

A set of context-independent propositions

Adoption (Grol)

A set of specific aspect at micro level

Model

broad set of propositions
Process Evaluation of the Implementation Strategy

CFIR

Framework

Process Evaluation (Grant)

A set of context-independent propositions

Response
Delivery
Recruitment
Unintended consequences
Effectiveness
Maintenance

Adoption (Grol)

A set of specific aspect at micro level

Orientation
Insight
Acceptance
Change
Maintenance

Model

Theory
Process Evaluation of the Implementation Strategy

Analyzing the implementation

**Education**
- Protocols
- Questionnaire

**Conducting CC**
- Protocols of each the CC
- 8 Transcripts of CC
- Reminder

**Context**
- Rapid interviews
- Plan-Is Assessment
- Characteristics of the NH

**Acceptance**
- Interview after 3 Month
- Interviews at the end
- Questionnaire for staff (conduction CC)

Implementation Degree

(modified based on Ines Buscher, 2013)
What have we learnt so far?

- Group 1 (2 NH)
- Group 2 (+ 2 NH)
- Group 3 (+ 2 NH)
- Group 4 (+ 2 NH)
- Group 5 (+ 4 NH)

Legend:
- T = control phase (care as usual)
- B = training phase
- B = Training on the job (Case conference with support)
- = case conferences conducted independently
What have we learnt so far?

8 Focus group discussions in 2 NH (1x narrative / 1 x IdA)
-> 3 Month after start (e.g. training finished, training on the job finished, NH specific implementation plan finished)

Focus groups
- Steering group
- CC-Moderators
- Staff unit A
- Staff unit B

Focus group NH (narrative CC)
- Steering group (7 people, incl. coordinator of all moderators)
- CC-Moderators (4 people, incl. coordinator of all moderators)
- Staff unit A (3 people)
- Staff unit B (5 people)

Focus group NH (IdA CC)
- Steering group (6 people)
- CC-Moderators (6 people, incl. coordinator of all moderators)
- Staff unit A (4 people)
- Staff unit B (3 people)
What have we learnt so far?

Differences between both NH

<table>
<thead>
<tr>
<th>Nursing Home A (narrative)</th>
<th>Nursing Home B (IdA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The implementation of CC is part of an organizational development process</td>
<td>The implementation of CC is additional to other projects (other CC models)</td>
</tr>
<tr>
<td>Staff competence is very important, and relevant for ‘best output/outcome’</td>
<td>Depends highly on the coordinating moderator</td>
</tr>
<tr>
<td>Management selected moderator</td>
<td>Management selected moderator</td>
</tr>
<tr>
<td>Decentralized understanding of leadership</td>
<td>Central decision making philosophy</td>
</tr>
<tr>
<td>Highly supportive Top Management</td>
<td>Low support from the top management at the start of the project</td>
</tr>
<tr>
<td>New NH (started in 2012)</td>
<td>Started after a going through a rough time (e.g. high turnover, and sick rate)</td>
</tr>
</tbody>
</table>
What have we learnt so far?

Most important in both NH

- **The coordinating moderator (new role)**
  - To organize each CC on the participating units
  - To support the case reporter in the preparation phase
  - To be a member of the steering group

- **The moderator (requirement of the CC-model)**
  - To work close with the coordinating moderator
  - To support the case reporter in the preparation phase
  - To be responsible for the ‘CC-rules’

- **The CC-structure (according to the CC-model)**
  - To think about ‘challenging behavior’ form the perspective of the resident
  - To get a deep insight into possible causes for ‘challenging behavior’
  - To learn different perspectives and to accept individual experiences
  - To be able to identify a variety of tailored (psycho-social) interventions
  - To observe change in the behavior of the resident and myself
Questions?

Thanks a lot for your attention

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