Poster # 30

Title of poster: Postdoctoral research proposal: Development and initial testing of a facilitation intervention to enhance evidence uptake in the management of depression in long-term care

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Abstract

Depression is the most common mental illness among older adults and is more prevalent among those living in long-term care (LTC). Depression is undertreated, underdiagnosed and misdiagnosed in this population. The Resident Assessment Instrument-Minimum Data Set (RAI-MDS) 2.0 contains a depression rating scale (DRS) originally validated nearly 15 years ago. Guidelines exist for assessing and treating depression but the extent of their uptake is unknown. However, we do know that a consistent finding in clinical and health services research is a failure to translate research into practice. Facilitation is gaining recognition as a knowledge translation intervention but little empirical research exists on its effectiveness and none in this sector. The purpose of this project is to revalidate the DRS and evaluate feasibility and effectiveness of facilitation as an intervention to enhance depression guideline uptake by healthcare aides caring for elderly residents with depression in LTC in Alberta. The research involves 3 phases:

(1)   I will conduct an environmental scan to understand depression screening and management practices and assess baseline state of guideline use with respect to engaging healthcare aides in managing depression. I will then revalidate the DRS in the RAI using the same approach as in the original validation.

(2)   I will use Normalization Process Theory (NPT) and intervention mapping (IM) to develop a tailored, theory-informed facilitation intervention. NPT addresses processes by which new practices are operationalized in healthcare. It taps into the actual work routines and tacit knowledge base of workers, an important consideration for the healthcare aide group. IM involves conducting a needs assessment, creating objectives for change, planning for adoption and implementation of an organized programme, evaluating change and supporting sustainability. I will also work with care aides in focus groups to tailor the intervention to their work practices and identify potential barriers to implementation.

(3)   I will evaluate the acceptability and feasibility of doing the facilitation intervention with healthcare aides using process evaluation. I will select a LTC facility with at least three resident care units and 6-8 care aides from each unit and perform the intervention with these groups. In this feasibility study I will also evaluate use of flowcharts to capture guideline uptake. The process evaluation will involve examining to what extent the programme is implemented as planned, evaluating reach, participant satisfaction, implementation of activities, intervention performance, and quality assurance. Data collected will include flowchart documentation, interviews, focus groups, and surveys. The appropriate approach to quantitative analysis of

flowchart data and surveys will be determined. The qualitative data will be analyzed using the inductive approach of constant comparison.

This research will add to our understanding about facilitation as an intervention to enhance the use of research. This will help us know if this strategy can be used with care aides as one tool to improve depression management, an important contribution to quality of life for this vulnerable population of older adults.