SESSION 1910 (PAPER)

EDUCATION IN LONG TERM CARE

TEAM-UP CLINICAL TRIAL: INVESTIGATING REPOSITIONING INTERVALS FOR NURSING HOME PRESSURE ULCER/INJURY PREVENTION

T. Yap¹, S. Kennerly², S. Horn³, N. Bergstrom⁴, C. Colon-Emeric⁵, 1. Duke University, 2. East Carolina University College of Nursing, 3. University of Utah School of Medicine, 4. University of Texas at Houston, School of Nursing, 5. Duke University and Durham VA GRECC

The universally accepted approach to pressure ulcer/injury (PU) prevention is to minimize pressure exposure through frequent repositioning intervals; however, optimal repositioning intervals have yet to be determined. CurrentPU prevention protocols recommend repositioning nursing home (NH) residents every 2 hours. Turn Everyone and Move for Ulcer Prevention (TEAM-UP) is a cluster randomized clinical trial (National Institute of Nursing Research/National Institute of Aging R01 NR016001-01A1) investigating whether repositioning intervals times can be safely extended by examining 2, 3, and 4-hour assigned NH-wide intervals and nursing staff compliance with on-time resident repositioning for a 4-week period. Preliminary results are presented for one 3-NH cluster (2, 3, and 4 hour). Each NH used resident activity monitoring technology to determine repositioning interval compliance, and this technology also visually cued nursing staff and scheduled documented repositioning occurrence; furthermore, standardized protocols for risk assessment (Braden Scale Score > 10) and visco-elastic mattress surface were used. Residents at low, moderate, and high risk for PU development (n=321) with varied levels of medical severity who were repositioned at 2, 3, or 4-hour intervals experienced no PU development in contrast to each NH’s 12-month pre-intervention PU prevalence of 2.7–6.2% for the 2, 3, and 4-hour facilities, respectively. Nursing staff on-time repositioning compliance ranged from 93% to 99% with every 4-hour compliance consistently achieving the highest percentage of on-time repositioning. Focus group results revealed a positive experience. Clinical implications of findings thus far will be discussed along with strategies for addressing barriers to effective resident repositioning.

ESTABLISHMENT OF A DISTANCE BASED LONG-TERM CARE NURSE RESIDENCY PROGRAM

L. Edelman¹, S. Neller¹, N. McLeskey¹, L. Garrett¹, S. Davis¹, 1. University of Utah College of Nursing, 2. HealthInsight

Long-term care (LTC) nursing is challenged by caring for individuals with increasingly complex chronic conditions in a highly regulated environment. LTC RNs are less likely to be baccalaureate prepared and few have received gerontological or leadership training. Post-graduate nurse residency programs (NRPs) intent on helping new nurses transition into independent nursing practice are increasingly common in acute care settings and are reported to increase confidence and job satisfaction and decrease turnover. We established a 9-month NRP for LTC nurses working in 20 rural and urban LTC facilities in our state. Working with LTC and community partners, we identified key topic areas: caring for the LTC resident, the LTC regulatory environment, and nursing leadership of interprofessional teams. The program is distance-based, and the majority of content is delivered asynchronously to accommodate work schedules and RNs’ location. Videoconferences and on-site visits allow residents to develop relationships and receive individualized training. The program has grown from 7 residents in the pilot cohort to 20 in the second cohort. Our LTC corporate partners express increasing support for the program and RN interest in the program continues to grow. Barriers to the program include varying attendance of residents, lack of support by individual LTC facility administrators, and educating RNs on a variety of educational levels. While a distance-based LTC NRP faces unique challenges, it is a viable educational tool for LTC RNs, providing them with gerontological, leadership and quality improvement training that can enhance quality of care, improve RN job satisfaction and decrease RN turnover.

PERSONAL, SOCIAL, AND ENVIRONMENTAL FACTORS INFLUENCING SEDENTARY BEHAVIOR IN LONG-TERM CARE COMMUNITY RESIDENTS

M. Kotlarczky, A. Hergenroeder, B. Gibbs, F. Cameron, M. Hamm, J. Brach, University of Pittsburgh, Pittsburgh, PA, USA

Sedentary behavior, sitting with low energy expenditure during waking hours, has emerged as an important public health issue in the past decade. More time spent being sedentary is associated with increased mortality risk, independent of time spent doing moderate-to-vigorous intensity physical activities. Interventions to reduce sedentary behavior have largely focused on children and working adults even though older adults represent the most sedentary age group. Determining modifiable influences on sedentary behavior is essential for designing effective interventions in this overpopulated population. We conducted eight focus groups across two independent living and two assisted living communities to explore the personal attitudes, social influences, and environmental factors that affect the sedentary behavior of long-term care community (LTCC) residents. Audio-recordings were transcribed and coded for salient themes using an iterative approach. Participants discussed concerns about their physical abilities, with difficulty standing and fear of falling contributing to more sedentary behavior. Many participants also felt that low activity levels are an inevitable part of aging. The importance of personal motivation to seek out and participate in activities was also discussed. Influences of the social and physical LTCC environment were raised including social activities and meals that require residents to be seated for bouts of an hour or more. Several participants felt facility amenities and services led to a more sedentary lifestyle. Our results indicate that interventions to reduce sedentary behavior in LTCCs should consider not only individual behavior change strategies, but also incorporate approaches to address the unique influences of the LTCC living environment.

PSYCHOMETRIC EVALUATION OF THE TEAM MEMBER PERSPECTIVES OF PERSON-CENTERED CARE SURVEY FOR LONG-TERM CARE HOMES

V. Boscarr¹, M. Davey², J. Ploeg², G. Heckman¹, S. Dupuis¹, L. Sheiban², J. Luh Kim², S. Sidani¹, 1. Conestoga College, 2. Schlegel Centre for Advancing Seniors Care,