

**Progress Report: Oregon RUSH Project**

**Determining The Effectiveness of a Collaborative Support Model  
To Train Community-Based Care Providers How To Implement AAC  
With Persons Who Have Alzheimer's Disease In Community Settings**

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**Determining The Effectiveness of a Collaborative Support Model  
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With Persons Who Have Alzheimer's Disease In Community Settings**

This project, which commenced on May 1, 2007, is on schedule as of January 31, 2008 . Below is a summary of the proposed project and a detailed report of completed activities, as specified in the MOA between OHSU and SEDL.

***Overview of the RUSH Project***

Outcomes of the Field Initiated Project #H133G040176, "AAC Applications in Dementia", form the basis for this research utilization project. This 3-year randomized clinical trial (RCT) asked the question: *What are the most effective input and output modes in a communication device to support conversations by persons with Alzheimer's disease (AD)?*

Our goal is *to improve the awareness and implementation of augmentative and alternative communication (AAC) strategies for persons with Alzheimer's disease (AD) by licensed long-term care providers in accredited Alzheimer's Disease Care Units (ADCUs). By effecting change in this group of providers, we expect to increase capacity for communication management in the ADCUs, and to eventually change accreditation criteria for the Oregon Administrative Rules.*

The target audience is licensed long-term care providers in 9 ACUs certified by the State of Oregon Department of Health and Human Services who provide residential care for individuals with dementia. Staff at these centers is required to participate in regular training workshops provided by Ms. Beedle. These licensed long-term care providers have a high need to understand communication for health, safety, social and recreational purposes.

The AAC training package will be provided as part of regular training forums mandated for licensed long term care providers for people with AD; it will include the provision of materials to facilitate implementation of AAC techniques. The face-to-face training will be delivered as part of workshops routinely provided by the State of Oregon to licensed long term care providers of persons with AD. Joyce Beedle provides these workshops.

While the intended target audience includes licensed long-term care providers who support persons with Alzheimer's disease, there are far reaching outcomes that go beyond this target group. We propose that the ACUs where the adults with AD live, and where the licensed long-term care providers work, will gain capacity in communication management that eventually will be transmitted to accreditation requirements through changes in the Oregon Administrative Rules.

***Specific aims for the proposed utilization research are:***

**Specific Aim 1:** To determine the differences between awareness and knowledge of AAC for persons with AD by licensed long-term care providers before and after collaborative training.

**Specific Aim 2:** To determine differences in frequency of use of AAC boards and rate of initiations of conversations by persons with AD before and after collaborative training of their care providers.

**Specific Aim 3:** To determine differences in satisfaction with AAC use by licensed long-term care providers before and after collaborative training.

**Specific Aim 4:** To determine the differences in program and state policies related to competencies for licensed long-term care providers in ADCUs before and after collaborative training.

***Study Design***

Nine care centers in the Portland area have been randomly assigned to one of three groups and will be followed for a period of six months in a staggered treatment model. Repeated measures in the form of a questionnaire for caregivers and observation of persons with AD are administered three times over the six-month period. A baseline assessment will be conducted initially for all providers in each center. Training 1 will involve Group 1 only. The second assessment will occur after Training 1 and again will involve all providers for all nine sites. Training 2 will involve Groups 2 and 3, with Group 2 receiving AAC training and Group 3 receiving unrelated mandated training about AD care. All nine centers will be assessed a final time following Training 2. As a courtesy, Group 3 will be offered AAC training after completion of the study period and after all measures needed for the study have been collected. A questionnaire has been developed by project staff to measure awareness, knowledge and satisfaction of care providers will be administered at Times 1, 2 and 3 for all groups. Observational data on initiation of conversation by persons with Alzheimer's disease and the frequency with which they use AAC boards will be collected in the ADCUs on the same time schedule. The study design is shown in table format, below. Assessments 1, 2 and 3 each involve administration of the questionnaire to care providers and direct observations of persons with AD in ADCUs.

Table 1: AAC RUSH Study Design

Group	Center	Assessment 1	Training 1	Assessment 2	Training 2	Assessment 3
Group 1	1	Baseline data	AAC tx	Follow-up	None	Follow-up
	2	Baseline data	AAC tx	Follow-up	None	Follow-up
	3	Baseline data	AAC tx	Follow-up	None	Follow-up
Group 2	4	Baseline data	None	Follow-up	AAC tx	Follow-up
	5	Baseline data	None	Follow-up	AAC tx	Follow-up
	6	Baseline data	None	Follow-up	AAC tx	Follow-up
Group 3	7	Baseline data	None	Follow-up	Unrelated tx	Follow-up
	8	Baseline data	None	Follow-up	Unrelated tx	Follow-up
	9	Baseline data	None	Follow-up	Unrelated tx	Follow-up

### Proposed time line for major activities

	May	June	July	Aug	Sept	O	N	D	J	F	M	A
1. Develop training materials & measurement instruments												
2. Conduct Assessment 1												
3. Provide Training to Group 1												
4. Conduct Assessment 2												
5. Provide Training to Groups 2 & 3												
6. Conduct Assessment 3												
7. Collect qualitative data												
8. Analyze data												
9. Write final report												

*As discussed in previous quarterly reports, the project staff completed the tasks through Activity 4 according to the proposed deadline.*

### **Accomplishments to January 31, 2008**

Activities 5, 6, and 7 have been accomplished to date in compliance with the original timeline. A description of completed tasks related to these activities follows.

#### **Activity 5a. Provide training to group 2**

1. The 3 sites that comprise Group 2 have received training. The training included:
  - a. An interactive Power Point presentation given by Joyce Beedle, nurse educator.

- b. Slide show handout for group.
- c. A questionnaire (q-aire 2, post-training) distributed, completed by staff, and collected immediately after training.
- d. Communication board assembly, a hands-on “make and take” activity, was completed by participant groups, with 2 staff/group. Kits consist of:
  - I. Lightweight storage clipboard with handle
  - II. 32 laminated images on thick, durable 3.5x4 cardstock
  - III. 32 hook velcro dots and 6 loop velcro dots
  - IV. 6 loop velcro dots are placed on the outside of the clipboard. 32 hook velcro dots are placed on the backs of all images.
  - V. Up to 6 images at a time (or as few as 1) can be displayed on the communication board
- e. Discussion about optimal placement of communication boards in ACU.

### **Activity 5b. Provide training to group 3**

1. The 3 sites that comprised Group 3 (the control group) have received a non-communication related training. The training includes:
  - a. An educational session provided by Joyce Beedle, nurse educator
  - b. A questionnaire (q-aire 2, post non-comm training) was distributed, completed by staff, and collected immediately after training.

### **Activity 6a. Conduct Assessment 3**

1. Questionnaire 3 (follow-up) was distributed to all consenting individuals at the 3 Group 2 sites.
2. Questionnaire 4 (follow-up #2) was distributed to all consenting individuals at the 6 Group 1 & 2 sites.
3. Observation 1 (pre-training) has been completed for Group 2.

4. Observation 2 (post-training 1) has been completed for Group 2.
5. Observation 3 (post-training 2) has been completed at the 6 Group 1 & 2 sites.

**Activity 6b. Conduct Assessment 3**

1. Questionnaires 3 & 4 have been distributed to all consenting individuals at the 3 Group 3 sites (the control group).
2. Observations 1, 2 & 3 have been completed at the 3 Group 3 sites (the control group).

**Activity 7. Collect Qualitative Data**

1. All data have been gathered (all questionnaires and observation sheets) for all 3 groups (6 experimental sites and 3 control sites) in preparation for data analysis.