

**MOTIVATE Evaluation Report  
Preliminary Findings from an Interprofessional, Blended-Learning Program  
on Oral Health for Long-Term Care Teams**

**Phase 1: Maine Veterans' Home System**

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## **Acknowledgements**

As part of the MOTIVATE Phase 1, in partnership with the Lunder-Dineen Health Education Alliance of Maine in collaboration with Massachusetts General Hospital, researchers and staff from the University of Maine Center on Aging were enlisted to conduct both a formative and post-program impact evaluation and offer recommendations for future program enhancements.

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## Background and Context

Research tells us that good oral health is linked to good overall health and that oral health inequities and disparities exist for our nation's most vulnerable individuals: older adults who can no longer provide their own oral health care and who may no longer have dental insurance. In addition, most health professionals have very little education on the subject of oral health care for older adults in medical/nursing school or certificate programs

The dynamic state of health care delivery can present challenges for organizations across the continuum of care, to balance the time needed to meet the care needs of patients/residents, with the time needed to efficiently address the on-going learning needs of the health care team. To address these issues, the Lunder-Dineen Health Education Alliance of Maine (Lunder-Dineen) created the MOTIVATE program in Maine, which provides interprofessional teams in long-term care settings with cost-free education, to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote an evidence-based oral health care model. The MOTIVATE educational design model is efficient, accessible and focuses on addressing the identified learning needs of the health care team; the need to know, not nice to know. The acronym MOTIVATE stands for **M**aine's **O**ral **T**eam-based **I**nitiative: **V**ital **A**ccess to **E**ducation.

The MOTIVATE program teaches not only oral health basics, but how to translate this knowledge and skill to easily actionable steps, while supporting interprofessional teams and influencing them to work together and make oral health a priority. The interprofessional, blended-learning program is provided to Certified Nursing Assistants (CNA's), dietary teams, facilities management/housekeeping teams, nurses, pharmacists, respiratory therapists, social workers, and therapy departments (PT, OT, SLP). When health care providers learn about each other, with each other, and from each other, it builds a foundation for high-functioning, interprofessional practice and high-quality health care delivery. MOTIVATE is an evidence-based and learner-informed innovative approach to education.

Phase 1 of the MOTIVATE project, was possible because of the strong three-way collaboration between Lunder-Dineen, the Maine Veterans' Home (MVH) system and the University of Maine Center on Aging. MVH had an existing commitment to the oral health of their residents and thus was an ideal pioneer pilot site due to their support from leadership and commitment to practice innovation and providing the best care possible to their residents. Two of the MVH homes served as early adoption sites for MOTIVATE, providing suggested timeline, processes, and policy modifications for future sites.

The MOTIVATE Program has further benefited from an active and engaged interprofessional advisory team of Maine-based and national experts along with representatives from MVH homes. This team has used learner data and feedback to provide informed guidance to improve pilot implementation over time. The integration of MVH sites into the Advisory Team and the use of ongoing data review ensured that the program was continually informed by the on-the-ground participant experience. A continuous quality improvement process was carried out by Lunder-Dineen staff during the phase of formative evaluation by using project data and feedback. Program improvements resulted over the course of Phase I.

## Evaluation Methods and Approach

**Method** - The Lunder-Dineen team employed a collaborative, data-informed and innovative approach to creating the educational core of MOTIVATE. Prior to embarking on the program's rollout across the MVH system, the team completed a pre-program needs assessment by surveying all six homes, which identified oral healthcare topics that were crucial to the MVH team's training. This information was used to create the MOTIVATE online modules that are now offered on-demand, along with a DVD recording of the live workshop for those unable to attend in-person and a MOTIVATE manual: a guide for implementing the program from A to Z. This approach further clarifies the process, provides content reminders as necessary, and creates low-cost, low-barrier access to oral health education to the MVH's busy staff. In addition, on-site monthly consultation was provided to support and coach the MVH site team during the rollout and to examine opportunities for care enhancement, as they applied what they had learned. Access to dental experts was also provided at each home on two occasions during the life of the pilot and in one home, access to dental hygiene students was provided in addition to these supports.

**Purpose** - The purpose of the proposed evaluation effort is to examine the MOTIVATE project implementation across the entire MVH system and to identify and articulate outcomes of the Phase 1 at both the impact and process-level. As the first-of-its-kind, the MOTIVATE model evaluation represents a unique opportunity to conduct exploratory research into the key factors that shape the implementation and ultimate success of an interprofessional education model carried out within a long-term care setting. The Maine Veterans' Homes pilot sites are serving as pioneers in this implementation by testing the model and providing continuous feedback as it is rolled out.

**Aim** - The aim of the MOTIVATE project evaluation is to identify the implementation strategies that have worked well and opportunities for project adjustments and adaptations across all three implementation strategies (Education and Training; Practice Facilitation; and Expert Consultation), to both strengthen the project for subsequent rollouts across the MVH system and for the eventual MOTIVATE program Phase 2 expansion into other LTC sites.

The evaluation effort entailed the collection of quantitative learner data (survey data) and qualitative data (staff feedback) over the course of an approximately 17-month period of time from January 2018 through May 2019. The "Evaluation-at-a-Glance" table found in Appendix A of this report provides a quick reference to the data collection tools used in the evaluation.

**Surveys and collection of existing data** - Data were collected directly from staff learners and administrators at each MVH site using survey tools delivered at key points in the education timeline (see Figure 1 below). The main vehicles for this data collection were immediate post-education and training surveys collected from staff learners (both online and live workshop trainings) as well as a post go-live survey which was administered after MOTIVATE was fully implemented at each pilot site.

**On-site debrief meetings** - Each of the six pilot sites participated in a post-implementation debrief meeting focused on both process and impact of the MOTIVATE model. Each debrief meeting occurred on-site and lasted approximately one to one and half hours. A wide range of staff were recruited to attend each meeting and generally included representation from RN, CNA, rehabilitation, activities, nutrition, and administration staff. A uniform debrief discussion guide was developed to both guide the discussion and formally record feedback from participating sites.



Figure 1. MOTIVATE evaluation activities and timeline

## FINDINGS

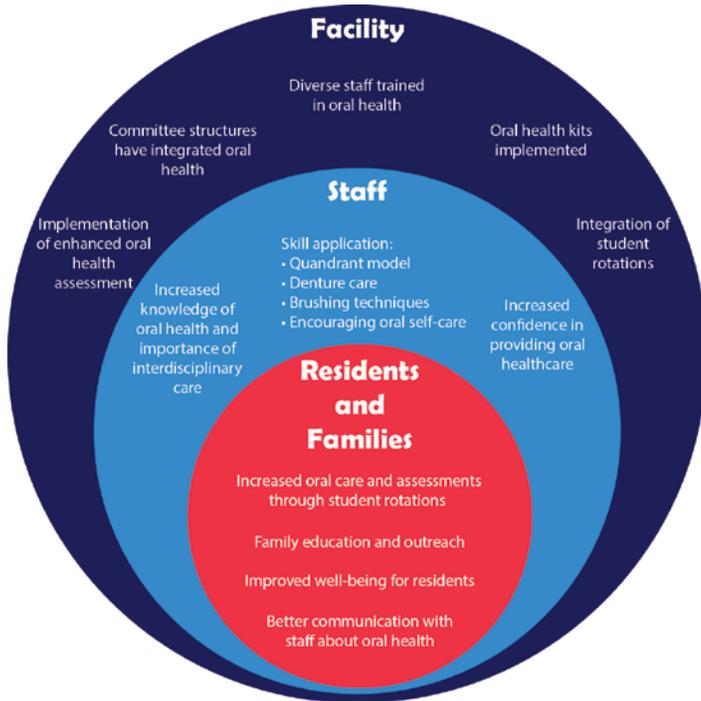


Figure 2: MOTIVATE Outcomes Overview

The MOTIVATE model evaluation represents a unique opportunity to conduct exploratory research into the key factors that shape the implementation and ultimate success of an interprofessional education model carried out within a long-term care setting. The Maine Veterans' Homes sites served as pioneers in this implementation by testing the model and providing continuous feedback as it has been rolled out across the system.

The evaluation effort entailed the collection of survey data and staff debrief feedback throughout the pilot implementation process. Data on learner knowledge, attitudes, and practice skills were collected from staff at six MVH sites prior to the completion of the initial online learning modules, again at the completion of the modules, again at the completion of the live workshop, and finally after Go-Live. Go-Live refers to the day staff

begin implementing oral health care assessments and care (the day determined to start officially applying the education and best practices). The evaluation identified process improvements and challenges, and impacts at the level of resident, staff, and facility. These impacts are summarized in Figure 2 above.

### Program Highlights

- Statewide reach through six MVH homes participating in Phase 1
- Over 20 in-person workshops delivered by Lunder-Dineen and dental expert to staff at MVH sites
- 407 participants received oral health education via the MOTIVATE modules, workshops, DVD, and live trainings and have gained the knowledge and skills to provide care to (potentially impacting the lives of over 600 residents)
- All participants received a toothbrush, MOTIVATE bag and MOTIVATE badge pin.
- 4 post-program consultation sessions at Go-Live with a dentist
- Over 700 oral health supply kits for enhanced resident oral health care distributed to participating homes with an equal size replenishment in spring of 2019.
- Family engagement in oral health trainings offered by two sites via resident council meetings and family informational sessions. Remaining sites within MVH are offering family education through MOTIVATE tip-sheets provided upon resident admission.



Completion kit bags were provided to staff at each Go-Live event to recognize their commitment in completing the MOTIVATE training

Program highlights are provided below.

## Testing the Proof of Concept

**MOTIVATE Concept Statement:** Providing interprofessional teams in long-term care with education to advance their knowledge, skills and attitudes about oral health, while supporting best practices to promote evidence-based oral health care, will strengthen both an interprofessional collaborative practice model and total health care for older adults.

The following data points from the pilot evaluation demonstrate the MOTIVATE proof of concept (see Figure 3 below for illustration of the pathway between education and practice):

- The majority of learners (80%) reported increased knowledge as a result of completing the MOTIVATE online modules.
- Oral health knowledge and attitudes measures remained positive and high after Go-Live (MOTIVATE kick-off).
- Live workshop evaluations have documented the positive impact of live trainings including improving the ability of staff to work as a team on oral health care planning.
- Follow-up evaluation data have documented the various ways staff have translated MOTIVATE evidence-based learning into evidence-based practice with residents.
  - Research literature documents the health and oral health impacts of these evidence-based practices. By extension, the implementation of these practices within MVH homes has resulted in improved care and health and oral health impacts.
  - Staff have also provided individual stories of the impact of these new and enhanced practices and approaches on individual resident health and quality of life.
- These findings were present across staff roles at MVH sites indicating the value of an interprofessional approach.

The instructional design of the program met the various educational needs of interprofessional adult learners.

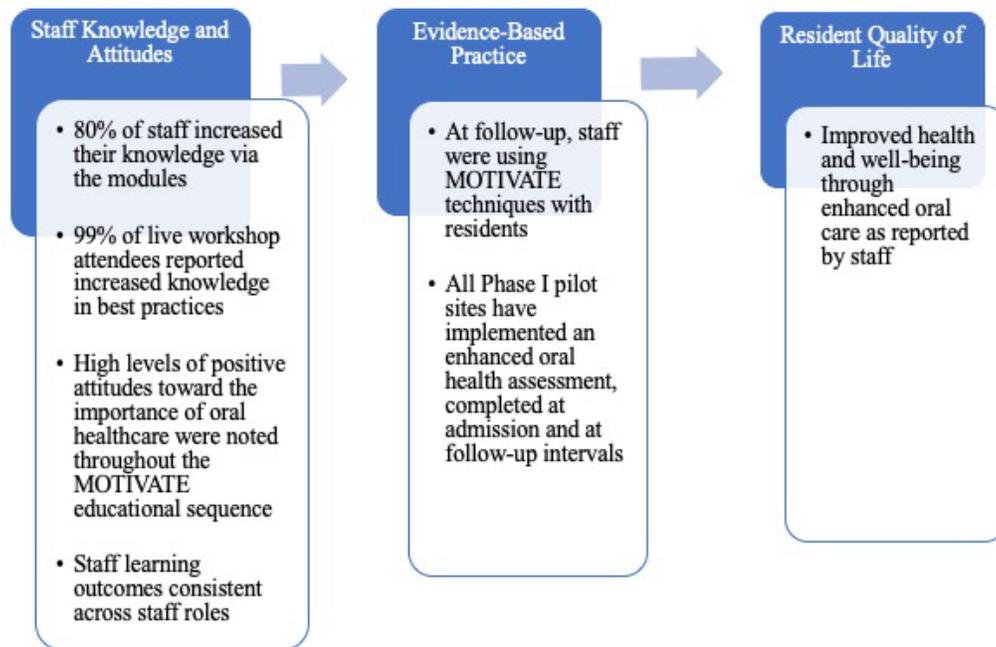


Figure 3. Demonstrating the MOTIVATE Proof of Concept: Pathway between education and resident impact

The following is a summary of findings by MOTIVATE implementation strategy supporting the proof of concept analysis:

### Education and Training

Evaluation data underscore the effectiveness of MOTIVATE training in increasing knowledge across staff roles, which has ultimately led to the acquisition of new skills and implementation of practices with older residents, as noted under the practice facilitation findings below. The following points are derived from the evaluation efforts:

Findings demonstrate growth in oral health knowledge and application of evidence-based practice.

- As noted above, the majority of learners (80%) reported increased knowledge as a result of taking the online modules.
- After completing the module focused on staff roles in the delivery of oral health care, 84.5% of participants indicated that they were able to identify the specific oral health care role each member of an interprofessional team provides.

Participants in the modules and live workshops gained more knowledge about identifying and responding to oral health emergencies.

- Upon completion of the module on identifying warning signs, 87.8% of participants indicated that they learned more about uncovering signs and symptoms of oral health problems. Upon completion of the live workshop, 98.6% of individuals indicated that the workshop helped them to identify the warning signs of an oral health problem.

Additionally, 100% indicated that the live workshop helped them to appreciate that it's important and valuable to identify symptoms of oral health problems as soon as possible.

- After completing relevant modules, 87% of respondents indicated a greater knowledge of action steps for when an oral health problem is uncovered and 89.4% indicated a greater knowledge of action steps to be taken in response to oral health emergencies.
- Live workshop evaluations have documented the impact of live trainings including: increasing staff ability to recognize and respond to emergencies and improving the ability of staff to work as a team on oral health care planning. These surveys also document the various ways staff intend to put MOTIVATE learning into practice.
- Knowledge and attitudes scores from baseline (pre-education) to Go-Live demonstrated an upward trend over time.
- Evaluation survey data have also documented the various ways staff intend to put MOTIVATE learning into practice including:
  - Conducting assessments
  - Encouraging residents to perform their own oral care
  - Collaborating with other staff to improve care
  - Increasing skills in oral care including using the quadrant model, a model of care that emphasizes cleaning a quadrant of the mouth when a full mouth cleaning is not possible during a care session

Factors that contributed to learning outcomes included:

- A wide variety of staff, meaning a good interprofessional mix, attended MOTIVATE trainings and completed online learning modules.
- Tight sequencing of education and rollout helps to maintain momentum.
- Alignment with facility-based CNA trainings was seen as a positive aspect of the program.
- An organizational culture marked by existing commitment to both oral health and ongoing professional development

Learning outcomes were facilitated by:

- Diverse staff involvement
- Alignment of MOTIVATE with organizational culture and practices
- Flexible and engaging training methods closely followed by program rollout

- Live trainings were noted to be particularly engaging and valuable to participants.

- On-demand online trainings provided flexibility to participants.

The following barriers to education and training were also noted:

- The pilot learning management system navigation and registration presented challenges for staff learners.

- Because the modules were integrated into the MGH learning management system and not the MVH learning

management system, MVH leadership were not able to directly track completion of the modules by individual staff. This required additional time and effort to interface with the MOTIVATE team to track this information. Lunder-Dineen provided weekly tracking updates to the homes.

- As true with most LTC homes, staff are busy, and time is limited for education and training. This is likely to have impacted staff sentiments about module time commitment as some staff felt that module time commitment was extensive given the time they had available.
- There is an opportunity for improved oral health committee and/or Champion communication to the front-line staff of how everyone plays a role in supporting oral health care delivery. Communication at times between the oral health committee and/or Champions to front-line staff was not always clear. As such, there is an opportunity for improved communication about how everyone plays a role in supporting oral health care delivery.

## Practice Facilitation

Practice facilitation focuses on the translation of MOTIVATE training into daily care practices at participating sites. The evaluation provides evidence of new skills obtained and practices implemented as a result of pilot efforts as well as those conditions that promote or inhibit the application of new skills as follows:

- When asked if they had been able to successfully implement what they learned from the MOTIVATE training components, 86.8% answered “yes” via the post Go-Live survey mechanism.
- Staff reported using new oral care skills such as denture care, and the quadrant model of care, as well as a renewed awareness of the connection between oral health and total health, which carries over into the care they provide.
- All sites now have a mechanism for reviewing oral health training and practice issues either through specific oral health committees or through the integration of oral health into existing committee structures.
- All sites have implemented the enhanced oral health screening assessment which is conducted at intake.
- Staff are anecdotally identifying ways in which MOTIVATE has improved resident oral care and well-being by identifying and addressing oral health care issues and by staff supporting residents in their own oral health routines.

Staff have implemented MOTIVATE training. Policies, and procedures have been adopted throughout the MVH system to support oral health practice.

The following factors contributed to the translation of education into practice:

Practical tools such as oral health kits and the four-quadrant model have helped to facilitate practice of oral health principles.

- The ability to customize oral care supply kits to reduce waste was viewed as a positive aspect of the program.
- The MOTIVATE oral health supply kits also help to keep supplies organized.
- Knowing where to find supplies and who to ask for additional information were noted as key facilitating factors.
- The alignment between training content and staff roles and care responsibilities were key factors in increasing uptake of MOTIVATE.
- Development of policies and procedures by sites pioneering the model will assist other implementation sites by providing templates for other facilities to use.
- Several sites noted that the four-quadrant model of oral health care, when you attempt to brush at least one fourth of the mouth per approach, was a successful care strategy. This is particularly the case for individuals who may not be able to tolerate oral health care and thus present challenging behavior.



Over 700 MOTIVATE supply kits were distributed to the 6 Phase I pilot sites

Barriers to implementation included:

- The need to prioritize multiple care needs means staff need techniques and approaches that will fit into busy schedules.
- Some sites faced challenges with regard to the Champion component due to turnover or lack of Champion role clarity.
- The four-quadrant model may be difficult to implement across shift changes without an established method for communicating which quadrants have been brushed and integrating this information into the EMR system.
- On-boarding processes and refresher content was not intended as part of the pilot phase 1 implementation. However, together with MVH leadership, Lunder-Dineen encouraged on site teams to explore how best to implement new staff onboarding across the entire system.
- Due to the nature of the paced implementation process (e.g., home to home) sites found they needed to refocus on MOTIVATE efforts on a continual basis to avoid loss of momentum for the initiative.

## Expert Consultation

Expert consultation has helped to identify care gaps and facilitate process improvements

Expert consultation has been integrated into the project through the use of a MOTIVATE Project Advisory Team (PAT), dental hygiene student rotations, and dental health experts who have provided on-site live training and consultation via the live workshop component, the Go-Live events, and a recent community CME dinner. This component is a recent addition to the

MOTIVATE curriculum. These expert consultation activities thus far have resulted in:

- Expanded on-site care and assessment options for residents who otherwise would not have had access to such care.
- Interactive and engaging live training that is highly rated by staff.
- Opportunities for staff to have care consultations with a dental expert post-implementation during Go-Live
- New and potential partnerships with local professionals as a result of the Machias Continuing Medical Education (CME) dinner, which are intended to result in expanded local oral care collaborations.
- Continual improvements to the MOTIVATE model that facilitate implementation based on PAT review and discussion.

Facilitating the use of expert consultation has identified gaps in care for residents (particularly for those who may not be able to easily leave the facility for oral health care) and the preference of staff for live in-person demonstrations with dental care experts. Barriers to implementing expert consultation include a lack of time and resources to coordinate student visits and space and equipment needs that often prohibit on-site dental care.

## Continuous Quality Improvements

Adhering to the principles of the Plan-Do-Check-Act cycle, data collected via the evaluation was continually shared and discussed with sites and the MOTIVATE Project Advisory Team. The bullets represent continuous quality improvement, i.e. enhancements that we made in real time.

- MVH was able to secure the participation of a consulting pharmacist in the MOTIVATE training, which was a challenge identified by implementing sites
- Inclusion of frontline CNA staff in initial MOTIVATE meetings to help secure buy-in and gain feedback from those who will be working most closely with resident oral care
- Modifying the length of the live workshop training component to better respond to staff time and interest
- The inclusion of a Champion (on-site leader) in the rollout demonstrations at sites and the provision of learning system support around registration and navigation provided by Lunder-Dineen staff
- Instituting tighter timing between online module completion and Go-Live to sustain staff interest and energy
- Instituting the use of an FAQ document to help address staff questions in a timely fashion
- Continual refinement of the implementation manual by Lunder-Dineen based on staff feedback
- Piloting a “super user” rollout structure at the final MVH home to address previously identified learning system access and navigation issues experienced by novice online learners

## Recommendations for Phase II Expansion

Based on a review of the MOTIVATE evaluation impact data collected to date, it is clear that staff are learning new concepts and, in most cases, applying that learning to their daily care practices. These practices were identified by Lunder-Dineen based on the initial program needs assessment data and evidence-based best practices within the field. The final selection of policies and practices implemented through the Phase I pilot was ultimately decided by MVH leadership and individual homes.

Data suggest that these new techniques and approaches are having an impact on resident oral health and well-being. MOTIVATE has been successful in integrating new policies and practices into the long-term care landscape including an enhanced oral health assessment protocol, care guidelines, enhanced supplies, and resident and family education and outreach tools. Initial partnerships have contributed to this work by connecting dental hygiene students and community partners with MVH sites to support resident care. Oral health experts have also further supported training by offering on-site hands-on training and feedback, which was positively received by staff as an engaging component.

Evaluation data also offer insight into further adjustments and considerations for MOTIVATE as it looks to expand into new care systems and settings. For example, staff feedback suggests that abbreviated training content might be preferable and the current learning system presents navigation barriers to some that may be less familiar and comfortable with online learning, that need to be addressed. Working in partnership with interprofessional staff to determine the content areas deemed too lengthy, would further inform any future program content revisions.

Onboarding is also an area that has not yet been adequately addressed at each practice site.

Feedback suggests that practice facilitation is affected by aspects of culture and buy-in of staff, which can be further strengthened. Feedback gathered from sites and partners has also suggested

### Recommendations for Phase II Expansion

- Streamline training by assigning module completion based on staff roles and responsibilities
- Improve module navigation
- Develop and implement packaged refresher trainings and materials
- Encourage homes upfront to develop and pilot an onboarding plan.
- Support optimal conditions for practice facilitation
- Support and strengthen the oral health Champion role
- Engage frontline staff at program launch
- Create local and regional partnerships for oral health assessment and care

that there are additional replicable components that could be further solidified and packaged for future rollout, namely partnerships with dental education programs and community partners. Based on the evaluation efforts to-date, the following recommendations are supported for future MVH implementation as well as implementation within other systems and settings:

## Education and Training

**Live workshop replication.** The purpose of the live workshop was to provide adult learners with the opportunity to apply what they have learned from the online learning modules using a case study of a typical resident in a classroom type setting. In doing so, they practice working as an interprofessional team. The workshop also afforded the opportunity to learn from a dental expert and engage in discussions and questions with peers. The live workshop component was highly rated by staff in particular because staff found it useful and engaging to have access to a dentist or dental health expert on-site during those training. While a DVD recording of the live training is currently available to sites, staff prefer the in-person and interactive nature of the live training. This is also supported by evaluation data which demonstrates that the participants who view the live training recording rate their learning slightly lower than those who attend the in-person version. This type of training (interactive, in-person) should continue to be part of the MOTIVATE model when possible. As MOTIVATE implementation expands, potentially out-of-state or into hard to reach communities the following considerations are needed:

- Will Lunder-Dineen retain the same experts for these trainings as they expand in state and possibly out of state or will part of the replication process include an MOU with a local dentist or dental provider or local dental school or dental hygiene school?
- Could consultation be provided on a limited basis using distance technologies, as has been done successfully through other Lunder-Dineen initiatives, to provide access to expertise?

An additional recommendation is to continue to offer more than one live workshop on-site to facilitate the attendance of staff from different shifts. This option was offered and implemented early on at some of the larger homes. In addition, it is recommended that the recorded version of the workshop be reviewed to identify opportunities to integrate interactive video features which may be more impactful for learners who are not able to attend in-person.

**Finetuning the online education component.** Setting dedicated time aside for clinical staff to complete training is a challenge across all health care settings. During debriefs, sites consistently noted that the time commitment to complete MOTIVATE training components was high given other resident care priorities and tasks. Staff also noted that a barrier to implementing training was that they did not perceive a connection between the content and their role or a perception that MOTIVATE only applies to those with direct care functions. In addition, some staff members such as housekeeping questioned whether such extensive content was necessary for their particular roles. As such, it is recommended that content be streamlined, or reduced to only its most critical components and training needs for each role. Specific actions to address staff feedback about the training components include:

- Remove potential barriers related to completing the online learning modules by ensuring that staff have adequate time, space and support to complete them such as a quiet environment.
- To further customize curriculum so that staff only complete the most critical components in relation to their role. This would help to strengthen the connection between training and implementation and reduce the time commitment for staff. A list of recommended modules by role should be developed and discussed with each implementing site with a core set of content for every staff and then a configuration of modules completed based on direct/indirect roles.
- To further address the perception that MOTIVATE only applies to those staff members with direct care responsibilities, encouraging the leadership team to identify opportunities to highlight the value and importance each member of the team brings to the provision of oral health care such as, when assigning modules for completion and during staff meetings would be beneficial.
- Training modules could also be shortened into smaller segments, or module sections, by topic or distinct time allotments (for example, 15 minutes of content = one section) to facilitate training for those staff who have direct care responsibilities and for whom leaving the unit or finding time for training is a challenge.

**Improve module navigation.** The training learning management system should be reviewed to identify methods for improving navigation as this is likely a factor in staff perceptions of the length of time needed for training. Even though Lunder-Dineen staff have worked with Champions to help them navigate the system, feedback indicates that navigation is still a barrier. Additional recommendations to address module navigation include:

- The use of “super users” at each site who are well-versed in registration and module navigation. These individuals would be available, across shifts, to assist other staff with accessing the modules.
- The “super user” concept was piloted at the South Paris home and while it was helpful to have super-users available, this support was not sufficient to fully overcome the limitations of the novice adult learners using a new learning management system for the first time. This strategy should be implemented in tandem with learning system improvements or through the use of an alternative learning management system, one with more user-friendly navigation. Since this evaluation process began, Lunder-Dineen through their partnership with the Partners Continuing Professional Development office under the leadership of Dr. Robert J. Birnbaum, and a Partners wide effort, are adopting a new learning management system in late 2019.
- Package training components for deployment through site-based learning systems (such as the Relias system used at MVHs). This will assist staff in navigating the content and assist with on-site tracking of training completion. This recommendation is currently being piloted at the South Paris MVH site which is integrating the live workshop recording into their on-site training system. Since this evaluation process began, Lunder-

Dineen has begun the work of packaging the entire MOTIVATE program for the MVH system to be able to continue to maintain and educate new staff.

**Provide packaged refresher training options and materials.** For sites that have been implementing MOTIVATE techniques the longest, staff report that energy around oral health and application of learning tends to drop off over time without ongoing reinforcement. Staff noted that this is not something unique to MOTIVATE, but impacts nearly all of their training if reinforcement is not provided. The following would strengthen refresher trainings through a “MOTIVATE 2.0” next-level project:

- MOTIVATE 2.0 should offer simple re-packaged training items in a variety of formats such as tipsheets, posters, or quick learning activities that can easily be used by staff to maintain energy and focus on improved oral health practices.
- It is also recommended that each future implementation site develop a plan up-front, for how they will provide refresher training to staff, after the initial roll-out. This plan should include the frequency of re-training and methods for tracking.

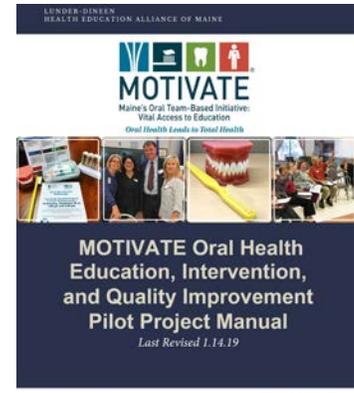
**Ensure sites have an onboarding plan at launch.** Onboarding training is still under discussion and development at many of the pilot sites. For future implementations, it is recommended that an onboarding plan and a trial run of the onboarding processes and policies be conducted with each pilot site prior to launch. This will allow MOTIVATE staff to better evaluate and strengthen the onboarding component for replication. The onboarding process should be clear, simple, and easy to follow and include the following:

- Identification of a staff member or staff members who will track new employees to ensure they are trained within a given period of time after hire
- Use of a “tickler” system to ensure that all new employees are flagged for MOTIVATE training within a given period of time after hire.
- A defined timeline in which all new employees should complete the MOTIVATE training (i.e. within the first three months of hire, within the first month, etc.)

## Practice Facilitation

**Focus on creating optimal conditions for the transfer of knowledge to practice (facilitating factors).** Post Go-Live survey findings suggest that knowing where to find supplies, knowing who to ask for help, and alignment with daily care and role-related responsibilities, as well as working within an interprofessional collaborative model are key to translating training into practice. Using this information, future rollouts should include an emphasis on ensuring that all staff are trained not just in MOTIVATE content, but also trained to know who the Champion is at their facility, how to access that Champion, where supplies are, how supplies can be requested should they run low, and how the various MOTIVATE tools and techniques should be integrated into daily workflow. This training should be provided house-wide and should be reinforced regularly with staff. It is recommended that implementing sites identify what will work best for their site. Specific recommendations include:

- Integrating this site-level information (locating supplies, who to ask for help, interprofessional collaborative practice, etc.) into the live training component or unit-level trainings
- Continuing the already established process of providing collateral materials to reinforce this information. For example, a poster in each unit with a picture of the oral health supply location along with the name and picture of the unit Champion or go-to person for oral health questions could be posted.
- Staff Champions could have a special badge attachment letting other staff know they can ask that person questions about oral health care in the facility
- The MOTIVATE manual provides additional ideas for strengthening practice facilitation. Future implementation sites should continue to use this manual to generate their own site-level approaches that reinforce learning.



Pictured above: MOTIVATE manual cover. Each Phase I site received a manual for reference as well as an overview in navigating the manual and using it to support implementation.

**Strengthen the oral health Champion role.** At least two of the participating sites noted difficulties with the Champion role either due to a lack of clarity in role function or lack of clarity regarding who is or is not designated as a Champion. This Champion role could be further solidified by using training certification or tapping into existing structures (such as the CNA leadership ladder) to strengthen the role. In regards to training certification, Champions should have the highest level of training and be able to support the facilitating factors noted in the recommendation above (serve as a point person for information, know where the supplies are and how they can be ordered, etc.). Tapping into existing structures, as some homes have done, means aligning the Champion role with other work responsibilities. For example, tapping the MDS coordinator or the staff development coordinator who may already have quality assurance or training responsibilities. For homes with a CNA leadership ladder, CNA IIIs, those at the highest tier of the CNA ladder, could be tapped to be Champions. Regardless of the configuration, everyone should be able to identify who the champions are within their facility. In addition, it may be useful to offer champion-level supports such as:

- A regular MOTIVATE Champion newsletter with learning activity ideas and new research and practice guidance from the field
- Opportunities for Champion support and peer exchange through periodic group calls, webinars, or web meetings

These supports would add a professional development value to the role and potentially make it more enticing for staff while building a community of learners across implementation sites. These supports could be part of a MOTIVATE 2.0 or even 3.0 undertaking.

**Engage frontline staff upfront at program launch.** At least two of the MVH homes visited discussed a need for more frontline staff to be involved in the program design and launch at each home. The program design was based on the latest evidence and informed by their pre-program needs assessment that was conducted asking front line staff what they need to know and how they prefer to learn. But, since frontline staff are a critical staff line to engage in this work and their buy-in early and up front will help to facilitate program uptake. Providing an opportunity for frontline staff to help set the timeline, communications and other operational components of the program particularly around practice facilitation will likely achieve additional buy-in and investment from this important group. This recommendation was successfully implemented at the South Paris home where a CNA staff member has been involved in early planning meetings with the MOTIVATE team.

### Expert Consultation

**Create local and regional partnerships for oral health assessment and care.** Preliminary findings suggest that partnerships that bring students and local professionals on-site provide value to sites by increasing capacity and connections for oral care and assessment. To the extent possible, this fostering of partnerships component could be more formalized for replication. Potential ways to increase these partnerships:

- Develop an add-on toolkit on specific ways that sites can engage locally with oral health experts.
- Develop a supplemental toolkit with specific information for engaging dental medicine and dental hygiene schools that would help walk both the site through how to partner with such programs as well as walk academic partners through aligning their curriculum with a non-traditional practice setting like long-term care.
- If Lunder-Dineen remains involved in this component, a partnership could be formed with national dental care networks to facilitate location connections should sites expand outside of Maine.

These modifications could be part of an enhanced, next-level, implementation of MOTIVATE 2.0.

### Additional Considerations

As the MOTIVATE model continues to launch and refine its mechanisms, it has focused on allowing site-specific customization of components as each home, even within the same system has its own culture and way of doing things. The aim of this customization was to increase uptake of the model and facilitate implementation. However, it is recommended that the program focus on increasing standardization heading into Phase 2, Expansion. In order to build a growing knowledge base of the effects of MOTIVATE, it will be important to understand the essential features of the program to ensure that those features are not compromised in future rollouts. Anecdotal qualitative data has also surfaced broad feedback and issues outside the primary scope of this educational project, but nonetheless topics germane to the overall goal of addressing oral health of older adults. Ideas that have surfaced and could be pursued by other advocates, policymakers, and administrators to advance oral healthcare for older adults include:

- The opportunity to identify additional reimbursement streams for LTC homes to cover the cost of enhanced oral health care which would help to offset the costs of providing such care
- The need for preventive oral healthcare services coverage or low-cost options for older adults to avoid the need for more costly interventions and to stave off the systemic health cascade associated with poor oral health (i.e. fluoride applications for older adults)
- The opportunity for developing internal metrics related to health outcomes that would help LTC staff and administrators track the impact of enhanced oral health care on resident health, similar to the metrics used to track other healthcare issues of interest such as falls, or the use of anti-psychotic medications

## APPENDIX A: MOTIVATE Evaluation-At-A-Glance

Method	When	Who	Sites	Incentive	Format
<b>Post-Module Evaluation Survey</b>	Administered after completion of online learning modules	All MVH staff who complete the four online learning modules	Machias, Bangor, South Paris, Caribou	N/A-Required to complete online learning component	Paper or e-mail survey depending on site preference
<b>Live Workshop Evaluation Survey</b>	Completed immediately following the live workshop or DVD viewing (for those who miss the live workshop)	All MVH staff who attend a live workshop or view the DVD recording	Machias, Bangor, South Paris, Caribou, Scarborough and Augusta forms are already on file	N/A-Required to complete the live workshop/follow-up training component	Paper survey
<b>On-Site Debrief</b>	Completed after MOTIVATE launch (1-2 months post Go-Live)	Evaluation staff and MVH oral health committee members and administrators	Scarborough, Augusta, Machias, Bangor, South Paris, Caribou	Refreshments provided during meeting	In-person on-site facilitated discussion
<b>Post Go-Live Survey</b>	Complete 1 month after Go-Live or as soon as feasible for sites that have already launched	All MVH staff who have completed the MOTIVATE learning and are implementing oral health care techniques	Scarborough, Augusta, Machias, Bangor, South Paris, Caribou	\$10 gift card provided to each staff member who completes a survey	Paper or e-mail survey depending on site preference