



# ADAPT QUERI Newsletter

SPRING  
2024



## Two QUERIs, One Newsletter

With two QUERIs headquartered in the same Center, we combined forces for a **new ADAPT QUERI bi-annual newsletter!** This publication will be used to share best practices and foster collaboration among front-line providers, clinical leaders, researchers, and patients to maximize impact and ultimately improve health outcomes and equity for Veterans.



**Function QUERI**  
Optimizing Function and Independence  
Quality Enhancement Research Initiative



**DYNAMIC  
DIFFUSION  
NETWORK**  
QUERI PROGRAM

Combined, these QUERI programs have supported hundreds of VA employees in implementation and evaluation so these practices can be sustained over time. In this issue, we will share key updates from both QUERI programs and how we are collaborating with partners to make substantial impacts on Veteran health.

### Implementation Focused Programs

Often, it can take years for effective innovations to be integrated into clinical practice. In response, the Veterans Affairs **Quality Enhancement Research Initiative (QUERI)** is leveraging scientifically supported quality improvement methods along with Veterans' needs to identify and address barriers to help rapidly close the innovation-to-implementation gap. The Durham VA Center to Accelerate Discovery and Practice Transformation (**Durham ADAPT**), a leader in the field of implementation and dissemination, is home to two QUERI funded programs: Optimizing Function and Independence QUERI ("**Function QUERI**") and Dynamic Diffusion Network QUERI ("**DDN QUERI**"). Both programs support the implementation of evidence-based practices (EBPs) across 142 VA medical centers, advancing implementation science to improve Veteran function and independence as well as mental and behavioral health.

### Table of Contents

- 2** Partnerships and Publications
- 3** DDN QUERI - Moral Injury Group
- 4** DDN QUERI - ACDC
- 5** Function QUERI - Group PT
- 6** Function QUERI - Caregivers FIRST
- 7** Function QUERI - STRIDE

# The Home of **TWO QUERIS**

## Function QUERI

Since 2016, **Function QUERI** (Level 3 program) is testing the scale and spread of three EBPs with the overall goal of optimizing Veteran function and independence. The EBPs include STRIDE, a National Diffusion Award mobility program for hospitalized older adults, Caregivers FIRST family caregiver skills training, and Group Physical Therapy for Veterans with knee osteoarthritis.

## Dynamic Diffusion Network (DDN)QUERI

Launched in 2021, the DDN QUERI (Level 1 program) leverages implementation strategies and frameworks to spread two EBPs beyond early adopters of innovation. The EBPs include Integrated Mental Health & Chaplain Moral Injury Groups – a mental health provider and a chaplain co-facilitate therapy groups for Veterans experiencing moral injury, and Advanced Comprehensive Diabetes Care – a nurse-administered telehealth program for Veterans with persistently poor diabetes control despite use of existing VA services.

## Partnerships

·VHA Innovation Ecosystem

·VHA Office of Rural Health

·VHA Office of Mental Health & Suicide Prevention

·VHA Integrative Mental Health

·VHA National Chaplain Service

·VHA Office of Connected Care

·VHA Office of Physical Medicine and Rehabilitation

·VHA Office of Geriatrics and Extended Care

·VHA Office of Nursing Services

·VA Caregiver Support Program

·Center for Healthcare Organization and Implementation Research (CHOIR)

·Center for Clinical Management Research (CCMR)

·Center for Innovation to Implementation

## Publications and Announcements

**Function QUERI published protocol papers for all three 2.0 subprojects over the past year in *Implementation Science Communications*:**

- Caregivers FIRST: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10428549/>
- Group Physical Therapy for Knee Osteoarthritis: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10571277/>
- STRIDE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10790254/>



### Publications by DDN QUERI

- Moral Injury Groups: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7405892/>
- ACDC: <https://pubmed.ncbi.nlm.nih.gov/34981358/>

# DDN QUERI - Moral Injury Groups

A network of mental health/chaplain-led therapeutic groups for Veterans experiencing moral injury. The groups share core components (e.g., co-facilitation, exploration of forgiveness, ritual) and procedures to deliver care to Veterans. This project is led by **Jason Nieuwsma and George Jackson**.

## Moral Injury Groups

18 chaplains and mental health providers trained to implement moral injury groups

Over 1,000 Veterans impacted

Part of the VHA Diffusion Marketplace



## Moral Injury Group News

Cheers to the DDN QUERI Moral Injury Groups for officially completing implementation phase of the practice across 8 participating VA facilities! To mark this completion, chaplains and mental health provider teams across sites came together this past July for a 2-day concluding conference and celebration of completing the implementation phase of Moral Injury Groups. Facilitated by Melissa Smigelsky, the concluding conference was grounded in co-learning and co-sharing information and resources related to fostering moral injury care, best practices, lessons learned, and considerations for group dynamics and facilitation among other network-building discussions and activities. Each team even had an opportunity to share and demonstrate unique practices and rituals offered to Veterans during group sessions. The DDN QUERI Implementation Core, through Andrea Nevedal, also shared key findings from a series of interviews convened with participating chaplains, mental health providers and Veterans. Jason Nieuwsma, Keith Meador and Summer Anderson also led the groups in discussion and presented information. Teams are continuing to offer moral injury groups to Veterans as part of the DDN QUERI Sustainment Phase, which will continue into summer 2024.

To learn more, email [IMH@VA.gov](mailto:IMH@VA.gov) or visit:

<https://marketplace.va.gov/innovations/collaborative-moral-injury-groups>



# DDN QUERI - Advanced Comprehensive Diabetes Care

Advanced Comprehensive Diabetes Care (ACDC) is a nurse-administered telemedicine program for Veterans with advanced diabetes. The program uses standard telemonitoring services to deliver diabetes self-management support and clinician-guided medication management. This project is led by **Matt Crowley, Sarah Cutrona, and George Jackson.**

## ACDC

39 telehealth nurses and med managers trained to implement ACDC

Historical reduction of HbA1c by 1.6% at 6 months

Part of the VHA Diffusion Marketplace

## ACDC News

ACDC is moving full speed ahead with implementing the home telehealth-based program among Veterans with type 2 diabetes! Home telehealth nurses and medication managers across 9 VA facilities have begun enrolling Veterans into the program. Through phone encounters, home telehealth nurses are currently delivering module-based teachings to Veterans on diabetes self-management, which is occurring over 6 months, every 2 weeks. The nurses are also monitoring the Veterans' blood glucose and working with the medication manager as needed on any medication changes.

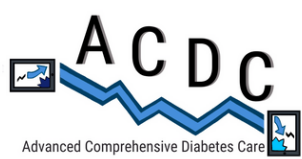
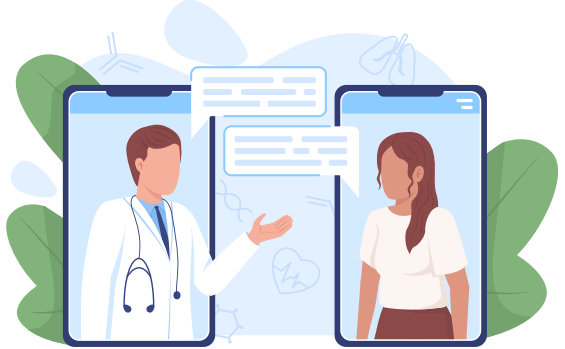
Unique to ACDC within the DDN QUERI is the use of smaller networks and an implementation facilitator, Summer Anderson, and home telehealth nurse mentor, Lisa Sidoli, who meet with teams via individual and network calls to offer pertinent operational and clinical guidance on ACDC. Teams also have a MS Teams group whereby information can be shared among sites.



Teams will continue to implement ACDC through the spring/early summer. A concluding conference is currently being planned to bring teams together in-person.

As of April 2024, DDN QUERI ACDC teams have **enrolled 158 Veterans** into their local ACDC programs and **completed nearly 1,000 ACDC Home Telehealth Encounters**

To learn more, contact [VHADurACDC@VA.gov](mailto:VHADurACDC@VA.gov) or visit: <https://marketplace.va.gov/innovations/advanced-comprehensive-diabetes-care-acdc>



Group PT is an efficient model for delivering physical therapy services to Veterans with knee osteoarthritis. It includes 6 classes with functional exercises, guidance on progression, and delivery of specific didactic content (e.g., activity pacing and managing pain with exercise). By delivering PT in a group setting, the program can: increase access to PT services, reduce the cost of PT delivery and improve functional status among Veterans who complete the program. This project is led by **Kelli Allen**.

## Group PT News

The Group PT project concluded its implementation phase in February 2024! Since June of 2021, we had 18 facilities enroll and successfully launch Group PT as a clinical program! During that time, a total of **265 unique Veterans attended at least one Group PT class**. We would like to **thank the dedicated staff** who committed their time and effort to implementing Group PT. Not only did they provide valuable feedback about the resources required to deliver a new clinical program, but they also **improved efficiency** and **increased access to care** for many Veterans.

While the implementation has concluded, there is still much to do! Our next phase is two-fold: **data analysis** and **dissemination**! We are beginning to analyze survey responses and interview transcriptions to understand our primary research question: **What level of support is needed to foster widespread delivery of a new clinical program?** Meanwhile, we have been pleased to partner with several of our sites to present patient effectiveness outcomes. Most recently, we partnered with our two Connecticut facilities to present at the 2nd Annual VA Residency Forum, and we have an upcoming poster presentation at the VISN 8 Geriatrics Research Education Clinical Center (GRECC) Conference in partnership with the Orlando VA at Lake Nona. This continues to be an exciting time for Group PT!

1. Boise VA
2. Connecticut VA at West Haven
3. Connecticut VA at Newington
4. Harry S. Truman VA
5. Ioannis A. Lougaris VA
6. Jacksonville Southpoint Clinic
7. North Florida/South Georgia VA at Lake City
8. Orlando VAMC at Lake Nona
9. Pittsburgh VA
10. Raymond G. Murphy VA
11. Robert J. Dole VA
12. Rochester Clinton Crossings VA Clinic
13. Southeast Louisiana VA
14. W.G. Hefner VA at South Charlotte Clinic
15. Wm. "Bill" Kling VA Outpatient Clinic
16. Wm. Jennings Bryan Dorn VA
17. VISN 4 CRH
18. VISN 22 CRH

## Group PT Sites



To learn more contact: [GroupPT@VA.gov](mailto:GroupPT@VA.gov)



**Function QUERI**  
Optimizing Function and Independence  
Quality Enhancement Research Initiative

# Function QUERI - Caregivers FIRST

Caregivers FIRST, led by **Courtney Van Houtven**, is a group training for friends or family members of Veterans, designed to improve caregiver skill building and support. In collaboration with the VA Caregiver Support Program (CSP), Caregivers FIRST was selected for national rollout across 142 medical centers. To date, Caregivers FIRST has provided training and implementation toolkits to more than 1,300 VA employees across all sites nationwide, training over 4,600 caregivers. The journey of Caregivers FIRST's development and spread was featured in the Winter 2024 national QUERI newsletter.

There are few evidence-based caregiver trainings that have been disseminated nationally. From April 2022-April 2023, 25 VA medical centers participated in a type III effectiveness implementation trial to test the impact of scalable implementation support strategies to understand the optimal level of support needed to successfully offer Caregivers FIRST. Now that evaluation data collection is complete, the research team is working on data analysis and sharing preliminary with our partners at VA CSP.



## Caregivers FIRST News

Recently, **Nicki Hastings** (shown in photo) presented how adaptations of Caregivers FIRST impacted intervention adoption at the 16th Annual Conference on the Science of Dissemination and Implementation in Health, where **Amanda Blok** and **Connor Drake** found that site-level adaptations were diverse and occurred more frequently among sites with early adoption of Caregivers FIRST.

**To learn more contact: [CaregiversFIRST@va.gov](mailto:CaregiversFIRST@va.gov)**

## New Rapid Response Project

Part of QUERI's mission is to improve Veteran health by accelerating the adoption of evidence into real world health care and policy impacts. Function QUERI completes two Rapid Response Team (RRT) projects each year, consisting of short-term evaluation projects collaborating with VA clinical and policy partners to address health care system priorities. **Courtney Van Houtven** is leading a new RRT project for the Tech Enabled Respite and Homecare Model (TERHM) pilot, partnering with the **VHA Innovation Ecosystem** and the **Office of Geriatrics & Extended Care**. The pilot allows Veterans to choose who provides their homecare, including respite, as well as when and how care is delivered. This pilot directly supports a Presidential Executive Order on "Increasing Access to High-Quality Care and Supporting Caregivers" and blends aspects of traditional agency care and self-directed service models that may be preferred by Veterans and their caregivers. Function QUERI launched the RRT in January, which will collect and analyze evaluation data that will be used to inform the future of this pilot.



**STRIDE** (assiSTed eaRly mobility for hospitalized older vEterans), led by **Nicki Hastings**, is a supervised walking program for older Veterans designed to address the important clinical problem of immobility during hospitalization and its negative consequences, including hospital-associated disability. **STRIDE** has been implemented in **67 VAs across the country** and has provided implementation toolkits and self-guided training to more than **350 VA employees**. STRIDE is proud to partner with the Office of Geriatrics and Extended Care, Office of Nursing Services, Diffusion of Excellence, Safe Patient Handling and Mobility, and Quality Enhancement Research Initiative to ensure VAs get hospitalized Veterans back on their feet.

STRIDE was submitted to VHA's 2018 Diffusion of Excellence Shark Tank and was chosen as one of the **10 Gold Status practices**. In 2019, STRIDE was endorsed by Deputy Undersecretary Carolyn Clancy, and selected for national diffusion by the Diffusion of Excellence. In 2022, STRIDE won the **National Diffusion Award** (photo: Director Nicki Hasting and STRIDE Implementation Specialist Ashley Choate accepting the award).




Pictured left to right: David Edelman, Ashley Choate, Nicki Hastings, Alyshia Smith, and Kenneth Goldberg

## STRIDE's Partnership with GEC


STRIDE partners with the Office of Geriatrics and Extended Care (GEC) to fund sites interested in the adoption of STRIDE through the Mentoring Partnerships Program. Interested sites apply for two years of funding to begin implementation and receive support to stand up their STRIDE program. GEC has been a longstanding partner with STRIDE.


GEC is currently funding 9 STRIDE sites, including the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin who promoted their STRIDE program with a poster presentation at the University of Wisconsin School of Nursing poster fair (shown to the right).



### Implementing the STRIDE Mobility Program

Charlotte James, Elizabeth Buss, Timothy Erickson, Matthew Soergel, Donald Marsh & Heather Royer  
William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin



Background	Results	Conclusion																																
<ul style="list-style-type: none"> <li>Previous research at the Madison VA suggests that Mobility is one of the top 2 missed nursing cares</li> <li>The top barrier to mobilization of hospitalized older Veterans is the amount of nursing time needed to mobilize patients</li> <li>STRIDE= AssiSTed EaRly Mobility for HospitalizEd vEterans is an evidence-based program that has been adopted by some VA hospitals to improve the frequency of mobility in hospitalized Veterans</li> <li>A key element of the STRIDE Program is a dedicated Mobility Aide (1.0 FTE) to mobilize hospitalized Veterans</li> <li>Although the STRIDE Program exists, it has not yet been implemented at the Madison VA</li> </ul> <p><b>Purpose of Project</b></p> <ul style="list-style-type: none"> <li>The purpose of this project is to implement the STRIDE Mobility Program at the Wm. S. Middleton Memorial Veterans Hospital</li> </ul> <p><b>Methods</b></p> <ul style="list-style-type: none"> <li>A 1.0 FTE Mobility Aide (PTA) was hired, and initial pilot implementation of the STRIDE Program began in January 2023 on one inpatient unit</li> <li>A strong partnership between Physical Therapy (PT) and Nursing was developed to build a successful workflow between disciplines.</li> <li>RN STRIDE unit champions were identified to support engagement</li> <li>Mobility aide performs 1 mobility session per day and cues Nursing to continue mobility throughout the day</li> <li>After a successful pilot on one unit, the program was spread to all inpatient units</li> <li>Data on program utilization and staff satisfaction were closely monitored                             <ul style="list-style-type: none"> <li># of Veterans engaged in STRIDE</li> <li># of STRIDE walking Sessions</li> <li>RN satisfaction – open ended survey</li> </ul> </li> </ul>	<p><b>Results</b></p> <p>STRIDE Sessions Completed with Unique Veterans January 2023-July 2023</p> <table border="1"> <tr><th>Period</th><th>Sessions</th></tr> <tr><td>1/3-2/3</td><td>17</td></tr> <tr><td>2/3-3/3</td><td>32</td></tr> <tr><td>3/3-4/3</td><td>30</td></tr> <tr><td>4/3-5/3</td><td>26</td></tr> <tr><td>5/3-6/3</td><td>44</td></tr> <tr><td>6/3-7/3</td><td>48</td></tr> <tr><td>7/3-8/3</td><td>53</td></tr> </table> <p>Total Number of Walking Sessions Completed by PTA January 2023-July 2023</p> <table border="1"> <tr><th>Period</th><th>Sessions</th></tr> <tr><td>1/3-2/3</td><td>53</td></tr> <tr><td>2/3-3/3</td><td>118</td></tr> <tr><td>3/3-4/3</td><td>159</td></tr> <tr><td>4/3-5/3</td><td>181</td></tr> <tr><td>5/3-6/3</td><td>160</td></tr> <tr><td>6/3-7/3</td><td>109</td></tr> <tr><td>7/3-8/3</td><td>129</td></tr> </table> <p><b>RN Satisfaction Comments</b></p> <ul style="list-style-type: none"> <li>"More patients are up and walking in the halls throughout the day helping their mobility!"</li> <li>"Patients become more engaged in their own care, appear happier and more motivated overall."</li> <li>"Very useful program that helps RNs and CNAs, but most of all, the patients."</li> </ul>	Period	Sessions	1/3-2/3	17	2/3-3/3	32	3/3-4/3	30	4/3-5/3	26	5/3-6/3	44	6/3-7/3	48	7/3-8/3	53	Period	Sessions	1/3-2/3	53	2/3-3/3	118	3/3-4/3	159	4/3-5/3	181	5/3-6/3	160	6/3-7/3	109	7/3-8/3	129	<ul style="list-style-type: none"> <li>The hospital wide STRIDE Program was successfully implemented and sustained</li> <li>Careful coordination between Physical Therapy and Nursing was vital to the development of a new workflow to support the STRIDE Program</li> <li>Staff acknowledge the value of the STRIDE Program and are engaged in referring to the program</li> <li>Having a dedicated FTE to support the STRIDE Program was vital to program success</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>Intentionally building STRIDE consult into the RN and PT workflow helps to ensure sustainment</li> <li>Weekly email updates to unit managers and all Nursing staff provides data on # of STRIDE consults, number of walks and amount of nursing time saved each week by having STRIDE eligible patients mobilized by the STRIDE Mobility Aide</li> <li>Nursing and PT executive leadership continue to advocate for and support the STRIDE Program</li> <li>Executive leadership has approved permanent FTE for STRIDE Mobility Aide</li> </ul>  <p><small>The contents do not represent the views of the Department of Veterans Affairs or the United States Government. Reprints are available upon request.</small></p>
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