

Expected Outcomes

PROJECT ABSTRACT

LeadingAge Washington is seeking to change lives of people living with dementia through the “iNSPIRE” project. The goals of the project are to: 1) reduce the use of antipsychotics by addressing the behavioral and psychological symptoms of dementia (BPSD) in a non-pharmacological manner, and thereby, 2) improve the quality of life (QOL) of skilled nursing home residents living with dementia throughout the state of Washington. We expect to achieve these goals by decreasing isolation and depression, increasing the residents’ participation in group and one-on-one activities and enhancing their interactions through the implementation of the iN2L Program, which delivers engaging and individualized recreational and leisure activities (RLAs) via the use of engagement technology. We expect that this person-centered approach will result in reduced agitation and emotional turmoil, and an improved quality of care (QOC).

The iN2L Program will allow twenty-one (21) skilled nursing communities throughout Washington State to **I**ntegrate **f**un, **S**ustainable, **P**rograming that is **I**nnovative, **R**ewarding and **E**nriches (iNSPIRE) the lives of all their residents through the implementation of engagement technology with access to thousands of experiences and life-enriching activities. The iN2L Program addresses the unique abilities and needs of residents while improving or maintaining their level of cognitive and physical function. We will achieve our goals by offering, individualized small group and one-on-one activities, creating personal activity pages and life stories, and providing access to communications applications, which will foster reminiscence and opportunities for success. In addition, by providing staff with the opportunity to learn new skills and more about the residents in their care, the *iNSPIRE* project will enhance resident/staff interactions, which will result in an improved quality of care and reduce the use of antipsychotics. This distinctive initiative will be led by LeadingAge Washington in partnership with It’s Never 2 Late and senior living administrators, with the assistance of staff, families, volunteers and interns.

LeadingAge Washington is a member association serving not-for-profit and mission-driven organizations dedicated to providing quality housing and skilled long-term services. We support 35,000 of our state’s seniors and disabled individuals each day. About 12,000 employees work for, and more than 5,000 people volunteer, at our member communities. LeadingAge Washington represents and promotes the common interests of its members through leadership, advocacy, education, and member services to enhance their ability to provide quality care and service to their residents and clients. LeadingAge Washington advocates for its members in the advancement of innovation, quality, and social responsibility in aging services. Our Member Core Values...each member organization and its staff and trustees strive to continually achieve the highest level of public trust and quality in aging services. Each of our member organizations acknowledge that our strength and commitment to achieving public trust and quality in aging services is based on a shared, common purpose which is founded on the following core principles: Mission-driven values; Quality; Social accountability; Collaboration for advocacy and member support; and Mutually beneficial relationships make a commitment to support one another in achieving our common purpose and agree to be held based on integrity.

The *iNSPIRE* project, which will establish an integrated and enriched activities program for the residents in all the participating communities, will improve QOC and QOL via clear and measurable objectives: 1) the reduction of antipsychotics— 20 percent (20%) less residents will require antipsychotics, and there will be

a 20 percent (20%) reduction in the use of these drugs; and 2) a 20 percent (20%) participation increase person-centered activities. These objectives will be achieved over a 2-year period and the communities will continue to maintain or improve these percentages after the conclusion of the project. A Washington State iN2L Program Administrator (iPA) will be hired to manage the project and provide trainings to ensure program sustainability. The iPA will also oversee the evaluation process and data collection for all the participating communities and LeadingAge Washington. Pat Sylvia, Director of Education and Member Development, will submit the evaluation reports to the state.

STATEMENT OF NEED

Residents experiencing cognitive decline sometimes experience the behavioral and psychological symptoms of dementia (BPSD). BPSD includes physical and verbal aggression, emotional turmoil, anxiety, confusion, and agitation; which can be troubling or disabling to residents living with dementia and cause significant stress to caregivers.¹ Antipsychotic drugs are sometimes used to treat people experiencing BPSD, despite that they have never been diagnosed with a condition for which antipsychotic medications were approved by the Food and Drug Administration (FDA). In addition, the side effects of these drugs include gait and balance disturbance, falls, decreased levels of cognition, and diminished functioning in terms of activities of daily living (ADLs). As result of these negative sideeffects, in 2014, the Centers for Medicare & Medicaid Services' (CMS) National Partnership to Improve Dementia Care in Nursing Homes established a national goal of reducing the use of psychotropic drugs in long-stay nursing home residents.²

According to the 2016 *Update Report on the Centers for Medicare & Medicaid Services (CMS) National Partnership to Improve Dementia Care in Nursing Homes: 2014 Quarter 2 – 2015 Quarter 3*, Washington ranks 19 in the nation in psychotropic drug use.² While our ranking is better than 31 states and there has been a decline in the use of these drugs since 2011, we want to do better by our residents. By reducing antipsychotic use even further, there will be fewer side effects related to these medications; residents living with dementia will be more alert, engaged and involved in their lives; and they will experience better interactions with their caregivers and families. In addition, according to CMS, antipsychotic medications cost more than \$13 billion annually— nearly 5% of all U.S. drug expenditures.³ By using less of these drugs we allow us to address other chronic conditions experienced by Medicare beneficiaries.

Research has demonstrated the positive impact of meaningful types of activities on quality of life aspects, such as loneliness, isolation and depression. However, the activities provided in senior living settings are mostly aimed to promote attendance, not active engagement. This “one-size-fits-all” approach to recreational and leisure activities doesn’t take into consideration individual preferences or problems in other life domains, and as result, often impedes opportunities for choice and the establishment and fostering of trusting relationships. Some of the limitations of current RLA programs for people with cognitive impairment include: 1) the participant’s limited attention span and/or lack of interest due to the “one size fits all” model—the RLA’s inability to address individual preferences, 2) the lack of opportunities for interactivity, and 3) the absence of difficulty level options to optimize *opportunities for success*.

¹ Oliveira, A.M., et al. (2105). Nonpharmacological Interventions to Reduce Behavioral and Psychological Symptoms of Dementia: A Systematic Review. BioMed Research International, 2015, Article ID 218980, 1-9.

² Centers for Medicare & Medicaid Services. (2014). Update Report on the Centers for Medicare & Medicaid Services (CMS) National Partnership to Improve Dementia Care in Nursing Homes: 2014 Quarter 2 – 2015 Quarter 3. <https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/SurveyCertificationGenInfo/Downloads/SC-Letter-16-28-Partnership-Update-Report.pdf> ³ Alexander, GC, et al. (2011). Increasing Off-Label Use of Antipsychotic Medications in The United States, 1995-2008. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3069498/>.

PROGRAM DESCRIPTION

The iN2L Program is a comprehensive approach to engaging life enrichment activities, redirection and rehab interventions for senior living residents. The Program integrates engagement technology, which offer thousands of computer-based experiences; continuous training and support for staff to ensure program sustainability; and data collection and assessment to demonstrate quantitative and qualitative outcomes. To deliver a person-centered experience, and to meet the specific needs of Washington's skilled nursing community residents and staff, the iN2L Program's systems include:

Wellness content –exercise videos, cognitive and therapy content—including fall prevention and strengthening program videos, scientifically designed brain training games, and content developed by iN2L's certified therapy staff. Engagement content – designed to allow residents to stay engaged through thousands of computer based experiences and activities—including games, puzzles, and virtual travel applications, as well as spiritual, history, and reminiscence content. Reminiscence content – includes experiential and relaxation videos, easy to follow trivia games, and movie memories. myiN2L.com – this web-based tool helps families partner in the care of their loved ones by giving them the ability to customize their iN2L *My Page* button with specific applications within the system, and upload pictures and videos. Digital Biographies – developed by iN2L to provide a person-centered experience, this application helps family and professional caregivers set up a snapshot of the person's life—interests, accomplishments, preferences, as well as pictures and music. Memory Coach – memory care trainings for staff and volunteers—including Best Friends™, Positive Approach to Brain Change™ by Teepa Snow, and Cognitive Pathway by Vertis Therapy. CMS content – direct access to the www.medicare.gov and www.cms.hhs.gov to enable residents, family members and others to access nursing home data and information. A link to the Washington State Department of Social and Health Services website. Access to identity theft and Web tips information, and an introduction to the *Hand in Hand Toolkit*.

Equipment

The implementation of the iN2L Program in other states and CMS Regions, has demonstrated that several system configurations are best suited to achieve antipsychotic drug reductions and improved quality of life. The participating skilled nursing communities have been offered different combinations of engagement technology systems. The communities have selected a configuration that best meets their community and residents' needs, staff/resident ratios, and building layout. A detailed list of the system configurations is available in [Appendix A](#) (page 15) of this proposal. The system mixes include a combination of the following systems:

Mobile FLEX - provides complete mobility with a touch screen computer on an articulating arm attached to a height adjustable electric stand. Included peripherals: Engagement



FOCUS



Package (flight simulator, bike simulator and Music Maker), TV adaptor, adaptive keyboard, video camera, and software. Used for large and small group activities, rehab interventions, individual interactions and easily transportable to the rooms of residents who tend to self-isolate or must be isolated.

Mobile FLEX Lite – Same as the Mobile FLEX minus the Engagement Package.



FOCUS Tablet- An android tablet that provides access to all residents. Perfect for private use or with family and friends. Easily customizable based on preference or cognitive ability with easy access to a person's favorites to redirect and reengage. Loved ones can easily send videos, photos or messages.



Mobile 70 - A 70-inch touchscreen TV mounted on a custom wheeled cart for easy mobility. Includes mini-computer, speaker bar, keyboard/trackpad. Designed to engage users in large and small group recreational activities.



Adjustable Wall Mount 70 - A 70" system that combines full television functionality with a touchscreen interface. Includes mini computer, speaker bar, keyboard/trackpad. Designed to engage users in group recreational activities and to enhance rehab sessions.

Participant Recruitment

LeadingAge Washington began providing information about the iN2L Program and the *INSPIRE* Project during the LeadingAge Washington Conference in June 2018. Interested participants were informed about the project and were invited to join several webinars that provided comprehensive information about the CMP Grant, iN2L Program, the project's goals and reporting requirements, and the importance of program sustainability beyond the conclusion of the grant cycle.

Twenty-one (21) communities have agreed to participate in the project. They will take an active part in the program's evaluation and in making the program sustainable. Upon the grant's award by CMS to LeadingAge Washington, the iPA will be hired and trained by iN2L's Director of Implementation and Customer Relations Manager (CRM). The participating communities will be asked to sign the iN2L Program/iN2L Project Facility Agreement (a copy is available in [Appendix B](#), page 16). Once the Facility Agreement is signed, LeadingAge Washington's project manager, iN2L's Director of Implementation, CRM, and the iPA will contact the communities' Project Leaders to schedule each Program Launch and review the tasks that must be completed prior to the Launch.

Implementation

The participating communities will identify Project Leaders who will work with the iPA to ensure the project's success. While the participating communities will engage all of their residents through technology-delivered RLAs, prior to the Program Launch, 15%-20% of their residents who take or have taken antipsychotics will be identified at each community to participate in the project's evaluation protocol. Each community will record baseline data on antipsychotic drug use for the residents. In addition, to track the program's QOL goal attainment, a baseline assessment will be conducted by the Project Leaders with the assistance of the iPA by using the iN2L Quality of Life Survey. Residents will be assured complete anonymity and confidentiality and those who cannot answer on their own will be provided assistance by family members, and volunteers. All this data will be tabulated and monitored throughout of the project to assess reduction rates, make program adjustments should these be needed, and demonstrate the achievement of the project's main goals.

LeadingAge Washington and the iPA will partner with the communities' leadership staff to establish best practices from the project's onset. Leadership staff will be expected to participate in the Program Launch, to which families, volunteers and other stakeholders will also be invited. With the assistance of the iPA, the communities' Project Leaders will establish an "iN2L Training Schedule" for staff (current and new) to be informed of and participate in monthly training webinars. Activities staff will participate in bi-monthly Content Update Webinars, which take place on the 1st and 2nd weeks in January, March, May, July, September and November, and with the assistance of the iPA will incorporate two new content applications into the Activities Calendar every other month.

The iPA will assist the communities' leadership and Project Leaders to achieve "buy-in" from residents, staff, family members by utilizing the iN2L Media Kit with images and documents, such as an Intro Letter, Media Release and Intro flyer to share the news of the iNSPIRE Project and implementation of the iN2L Program through newsletters, flyers and resident council meetings. The iPA will also partner with each community to host a meeting to unveil the iN2L Program to which family members, volunteers, the Board of Directors, interns and all relevant stakeholders will be invited. With the assistance of the iPA, the communities' Project Leaders will oversee the creation of individual iN2L user buttons, which will contain content/applications that address the needs, interests and preferences of individual residents. The nursing staff at each of the communities will be instructed on using iN2L to redirect and reengage residents who become restless or might be experiencing BPSD. Life enrichment teams will schedule small and large group activities featuring specific iN2L content that will engage, entertain and activate their residents. They will also be trained to use the iN2L Activity Guides, and Holiday and Theme recommendations to plan their Activities Calendars, and all iN2L activities will be highlighted on the Calendars to increase the participation of families, volunteers and non-activities staff. They will also schedule one-on-one activities for residents who are isolating and will provide individualized activities on an as-needed basis to residents who might be experiencing bio-psycho-social distress. New residents will be identified throughout the duration of the project and will be enrolled in the Program. This will be an ongoing process that will be handled by accessing the resident's records upon arrival in our community.

Should the communities encounter any issues with the systems or interface, the iPA will contact the iN2L technical support team, which is available 7 days a week. 7am – 5pm Mountain Time (except during major public holidays). These days/times will be posted by all machines in use so operators will know who they can call.

Program Launch and Refresher Trainings

The iN2L Program Launch consists of the installation and rollout of the iN2L systems and is followed by a customized Onsite Training conducted by an iN2L Trainer and iPA and attended by staff directly involved in the project, including the:

Administrator, Assistant Administrator, Director of Nursing, Activities Director, Resident Services Director, Activity Assistants, LPNs, CNAs, Housekeepers, Volunteers, Interns, Family Members and Marketing Director.

Training Agenda includes: – Grant-specific information – including community-specific goals; What’s included in the iN2L systems; Technical information; Content (including an overview of the systems’ applications with a focus on those that will help the communities meet the project’s goals);

Personalization (including the Family iN2L program); Content updates; Best practices for introducing the iN2L Program to the residents; and Q&A.

To address staff turnover and ensure program sustainability, Onsite Refresher Trainings conducted by the Program Administrator will be scheduled and conducted between the 9th and 12th and 22nd and 24th months project. Onsite Refresher Trainings will be customized to address the challenges and successes of each of the participating communities.

The Program Launch will allow each of the communities to establish a “train the trainer” model, which will recognize staff who take a leadership role in implementing and creating best practice uses for the iN2L Program. All iN2L Onsite Trainings provide eligible staff with Continuing Education Units (CEUs).

Project sustainability

To ensure program sustainability, the project’s participating communities’ leadership agree to support fundraising activities/strategies and budgetary reallocations that will pay for the iN2L Program’s monthly subscription once the grant term comes to an end. Each of the participating communities selected the iN2L system mix configuration that best suited their population, resident/staff ratio and budgetary resources.

The iN2L Program’s sustainability plan also includes ongoing training opportunities which will be made available to new staff, volunteers, and family members, as well as staff wishing to learn more about how to maximize use of the iN2L engagement technology. These training opportunities include:

1. Two Onsite Refresher Trainings will be conducted by an iN2L Trainer and the iPA.
2. Site visits by the iPA to provide mini trainings to address the communities’ needs and expectations
3. iN2L monthly refresher webinars
4. Overview Training Videos that reside on the iN2L systems demonstrating how the system can enhance music, reminiscence, physical fitness, and sensory activities
5. Activities staff will participate in bi-monthly iN2L Content Update webinars
6. Best-Practices Group Calls facilitated by the iPA—these forums will allow the project’s participating communities to find solutions to the challenges they may encounter, share successes, and identify and motivate the project’s champions

A timeline outlining all the iNSPIRE Project's milestones is provided in [Appendix C \(pages 16 & 17\)](#) of this proposal.

System maintenance and security

Since the iN2L systems will be handled by a number of people, the *iNSPIRE* Project's participating communities will take infection control measures to ensure that the systems remain free of contagious agents. Under the supervision of Nursing and Activities staff, Housekeeping personnel will be assigned to clean and disinfect the systems on a daily basis and more often when required. They will be instructed to use the communities' preferred disinfecting agent.

There is also the possibility that electronic equipment could be stolen. iN2L has in the past taken measures to track and recover equipment that has been misappropriated at other communities. Should any of the iN2L equipment be taken from any of the communities, they will be instructed to contact the iPA or iN2L Tech support team directly to facilitate its tracking and return. The iN2L System ID Number, which appears on the system, shipping packing slip, iN2L Playbook (Manual), and all iN2L invoices will aid in the tracking of a misappropriated system. Since the iN2L FOCUS tablets are small, communities will be instructed to store these units at the nurses' stations or any other appropriate location that provides easy access along with security.

Results Measurement

The goals of the *iNSPIRE* project are to: 1) reduce antipsychotics; and 2) improve the quality of life of all the residents in the participating communities by reducing isolation and providing opportunities to engage and have fun. To achieve these goals, several specific, measurable, achievable and relevant objectives will be achieved over the 2-year project. These objectives will be accomplished with the assistance of the iN2L Program Administrator, family members and volunteers. Each of the participating communities will:

1. Create *My Page* individual content pages/buttons for at least twenty percent (20%) of their residents. Those participating in the projects evaluation will take priority.
2. Create digital biographies for at least twenty percent (20%) of their residents. Those participating in the projects evaluation will take priority.
3. We will increase the participation of our residents' involvement in group activities by twenty percent (20%).
4. We will increase the participation of our residents' involvement in individualized activities twenty percent (20%).
5. CNAs will use the iN2L Systems to redirect residents experience BPSD.

Prior to the iN2L Program Launch, residents at each community will be identified to participate in the project's evaluation and baseline data will be collected on the key indicators. To track a reduction in the use of antipsychotic drugs, the participating communities will use the medication tracking tool they are currently using. All data will be anonymized by the participating communities prior to collection by the iPA to ensure privacy protection. Additional data security steps will also be taken: 1) the data will never reside on any laptop or personal computer, but instead in on a secure, password protected iN2L server; and 2) only the iPA, the LeadingAge Washington project managers, and iN2L Leadership will have access to this anonymized data.

To track a decrease in boredom and isolation and an increase in joyful, enthusiastic, and peaceful feelings the participating communities will utilize a validated *Quality of Life Survey*, which measures both the positive and negative emotional status of the individual over the previous two-week period. The survey **follows a Likert (five-point) scale format—Very Negative=1 to Very Positive=5**. The survey will be completed online by the communities Project Leaders. Residents will be provided assistance to complete the survey and will be assured complete anonymity and confidentiality.

The iN2L systems also tabulates **the number of hours the systems are used and generate Monthly Usage Reports showing: 1) usage hours per day, 2) the 10 most used applications, and 3) the top 10 websites visited by the users. iN2L will provide Usage Reports by the 10th of each month.**

The iPA will be responsible for collecting this data from the following reports provided by the communities and iN2L systems. In partnership with LeadingAge Washington, the iPA will tabulate all the data to create comprehensive reports that will include:

1. Reports generated by the medication tracking tool used by the communities
2. Quality of Life Survey Quarterly Reports (sample provided in [Appendix D](#), page 17)
3. iN2L Monthly Usage Reports (3 months)
4. Anecdotal evidence demonstrating the program's acceptance and successes

The baseline data collected and tabulated will be sent to the state by LeadingAge Washington as the first quarterly report at the conclusion of the third month after the project's contract start date. Subsequent reports will be sent on the 6th, 9th, 12th, 18th and 21st months of the project. The Final Quarterly Report will be sent on the 24th month of the project and will also include a final assessment of the project by LeadingAge Washington and data collected through the iN2L Program Evaluation Report.

Benefits to Nursing Home (NH) Residents

Though they may be overlooked to focus on the need to attend to basic activities of daily living (ADLs), recreational and leisure activities (RLAs) are extremely important for a sense of well-being throughout the lifespan, in particular for older adults living with dementia. People living with dementia appear to experience a greater sense of well-being, better mood, reduced agitation, delayed progression of cognitive impairment, and the reduction in BPSD when participating in RLAs.³ This can result in a better quality of life and decreased use of psychotropic drugs.⁴

Connecting with someone living with dementia is not always easy and antipsychotics have been too often used instead of a person-centered approach. **By implementing the iN2L Program as a tool for our staff to provide senior living residents with access to person-centered RLAs and communication applications to connect with their families, friends and the community at large, the INSPIRE project will give staff the opportunity to make a difference in the lives of the people in their care.** iN2L's content reaches a range of function levels and interests to help engage a person living with dementia, and by using personalized RLAs, staff will be able to engage to refocus and

³ Schreiner, A. S., Yamamoto, E., & Shiotani, H. (2005). Positive affect among nursing home residents with Alzheimer's dementia: the effect of recreational activity. *Aging & Mental Health*, 9(2), 129–34.

⁴ LeadingAge CAST (Center for Aging Services Technologies). (2015). *Reducing the use of psychotropic drugs and improving quality of life through entertaining technology-driven activities*.

entertain to redirect, as well as emphasize the strengths rather than the diminished abilities of skilled nursing community residents. This will result in a reduction in the bio-psycho-social distress the residents may be experiencing.

Personalized, purpose-driven RLAs have been shown to help a person living with dementia to relax, be entertained, reminisce, laugh and participate in enjoyable, easy to follow exercise programs. A study conducted by the University of Washington evaluating iN2L in a memory care community listed among its benefits— facilitated interactions, learned more about the resident, enjoyment, mental stimulation, recover physical mobility, self-esteem, aided attention and served as a visual memory aid. The study also found that family members can benefit from being more involved in using the technology and by being able to augment their loved one's usual care (e.g., through awareness of their activity preferences, and facilitating their activities).

We expect the same benefits for the residents of all participating communities. In addition, by focusing on the activities, images and music an individual prefers, the staff is better able to facilitate interactions between themselves and residents, as well as residents and family members. Personalized, purpose driven RLAs have been shown to help residents relax, be entertained, reminisce, laugh and participate in enjoyable, easy to follow exercise programs. Mather Lifeways Institute on Aging partnered with The Green House Project to evaluate iN2L in four Green House homes. Results proved participants to be more energetic, demonstrated higher activity and social engagement levels, and expressed more positive emotions—we expect the same results at the participating communities.

The iN2L Program will also allow the participating communities to more residents than it might be currently possible with challenging activities staff/resident ratios. With the implementation of the iN2L Program, they will be able to provide personalized life-enriching, reengaging, and redirecting activities to more residents than ever before. In addition, by addressing the bio-psycho-social distress of the residents living with dementia in a non-pharmacological manner, will allow them to focus on the residents' personhood honoring their individual choices and unique needs, and create a true home in which they can thrive and live a meaningful life. Furthermore, by also training CNAS, LPNs, and RNs, in addition to the Activities/Life Enrichment staff, the communities will take a more inclusive approach to caring for their residents who are undergoing cognitive decline. Not only will this allow staff to interact with memory care residents in more meaningful ways, but these interactions will result in the residents living their lives as fully as possible.

While at the beginning of the project it may be challenging to motivate those residents who tend to isolate, since most of the iN2L systems are portable, the communities' staff will be able to take them into their rooms. Over time, we expect that those residents will feel more relaxed about joining in with their peers. We also expect the iN2L Program to increase and enhance resident/family interactions.

Furthermore, based on a review of start-up activity programmatic costs for most communities, it has been determined that the implementation of the iN2L Program will replace approximately 70% of all basic activity supply costs, and 71% of all start-up electronic materials costs. Ongoing replacement costs of all these items would also be saved.

Consumer/Stakeholder Involvement

Residents' families and volunteers will be invited to participate in the program launch and will be trained to use the iN2L systems in one-to-one engagement activities. They will also be instructed to create My Page user buttons for a person-centered experience for the residents. Families will be able to create these buttons online and will have the opportunity to download pictures and videos for their loved ones. Those interested will be asked to share their stories and impression throughout the duration of the project. Their contributions will be included in the evaluation reports to the state. At the conclusion of the project, all the stakeholders will be invited to a final meeting to celebrate the project's accomplishments and provide their feedback on the program's success and/or challenges.

Leading Program

Pat Sylvia - Director of Education and Member Development at LeadingAge Washington. Pat is responsible for conference and event planning and other critical trainings needed to support and advance the work of members throughout the year. She prepares member education-related communication materials, develops promotional materials for the association, manages the website content, and promotes our members and provider partners using social media. She supports the shared learning experiences of LeadingAge Washington's member professional networks which is critical to their success at all service levels within member communities.

iN2L Program Administrator (iPA) – will be hired to manage the program by partnering with the Community Project Leaders to ensure goal attainment, project success and program sustainability. The iPA will liaise between the project's participating communities, LeadingAge Washington and iN2L and will manage the project's data collection and evaluation protocol.

Community Project Leaders (CPLs) – each of the participating communities will identify at least one Project Leader to work with the Program Administrator to rollout and promote the project, address challenges and highlight successes.

Supporting Program

Laura Hofmann, MSN, RN – Director of Clinical and Nursing Facility Regulatory Services at LeadingAge Washington. Laura brings her over 20 years of registered nursing practice in skilled nursing facilities to influence policy on Federal & State clinical practices supporting resident health outcomes in both skilled nursing facilities and assisted living. She has expertise in both federal 5 Star and state quality measures and informs and assists members to identify areas of clinical focus for improved outcomes and reduced hospitalizations. Laura assists members to improve assessment and documentation requirements using the MDS or CARES assisted living tools.

Kristi Stoglin, MA - VP, Client Success at iN2L. Kristi began her career with iN2L as a National Trainer. Two years later she moved into the position of Director of Customer Experience at iN2L, which encompasses the content, account management, training and technical support teams. In 2016, she was promoted to Vice President of Operations. She brings more than 20 years of experience to iN2L in a variety of areas including teaching, training and account management. Kristi's passion for elders drives her and motivates her team to provide the best possible experience for the customer and elder at every level.

Scott Smith, Director of Implementation at iN2L. Scott has trained over 3,500 senior living staff members in 300+ buildings across the United States. His trainings focus on how to utilize the iN2L program to deliver meaningful, personal, and active engagement to the aging population. Scott also leads a team of Customer Success Managers that work with existing customers to ensure the success of the iN2L program in their buildings. Scott attended Ohio State University and Ashland University earning a degree in Education. He started his career as a high school teacher and coach and has worked at It's Never 2 Late since the Spring of 2012.

Funding

BUDGET NARRATIVE

LeadingAge Washington is requesting **\$840,320.31** for the "INSPIRE" Project. This funding will provide 21 participating communities the following:

Equipment **\$252,096.00**

ENGAGE Mobile FLEX - Complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. It includes an Engagement Package—Music Maker, bike simulator, joystick—TV adaptor, adaptive keyboard, video camera, and software. It will be used for large and small group activities, rehab interventions, individual interactions and will be transported to the rooms of residents who tend to self-isolate or must be isolated.

(25) Mobile FLEX @ \$6,299 = \$157,475

ENGAGE Mobile FLEX Lite - Complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. It will be used for large and small group activities, rehab interventions, individual interactions and will be transported to the rooms of residents who tend to selfisolate or must be isolated.

(11) Mobile FLEX Lite System \$4,499 = \$49,489

ENGAGE Mobile 70 - 70-inch touchscreen TV mounted on a custom wheeled cart for easy mobility. Includes mini-computer, speaker bar, keyboard/trackpad. Designed to engage users in large and small group recreational activities.

(2) Mobile 70" @ \$10,439 = \$20,878

ENGAGE Adjustable Wall Mount 70 – 70-inch system that combines full television functionality with a touchscreen interface. Includes mini-computer, speaker bar, keyboard/trackpad. Designed to engage users in group recreational activities and to enhance rehab sessions.

(1) Height Adjustable Wall Mount 70 @ \$12,599 = \$12,599

FOCUS Tablet - Easily customizable android tablet that provides access to all residents. Designed for personalized and family interactions.

(37) iN2L FOCUS Tablet @ \$315 = \$11,655

Personalized Subscription**\$249,000.00**

24-Month ENGAGE & FOCUS Personalized Subscriptions - The iN2L content is designed to allow residents to stay engaged and connected through over four thousand engagement and therapeutic applications and activities. This content is primarily updated on a bi-monthly basis, with some applications updated daily and others weekly. The subscription also includes, 1) the ability to create an unlimited number of user buttons by which we will be able to provide residents a person-centered experience via the use of communication applications, website favorites, photos and calendar; 2) unlimited technical support; and 3) evaluation data—24 Monthly Usage Reports & 4 Quarterly Outcome Surveys Reports per year.

(9) ENGAGE 24-Month Personalized Subscription (1 system/community) \$250/month
= \$2,700/year = \$5,400/2 years = \$48,600

(9) ENGAGE 24-Month Personalized Subscription (2 systems/community) \$410/month
= \$5,400/year = \$10,800/2 years = \$97,200

(2) ENGAGE 24-Month Personalized Subscription (3-4 systems/community)
\$625/month = \$7,500/year = \$15,000/2 years = \$30,000

(1) ENGAGE 24-Month Personalized Subscription (5-6 systems/community) \$850/month
= \$10,200/year = \$20,400/2 years = \$20,400

(31) FOCUS 24-Month Personalized Subscription (1-2 systems/community)
\$64/month = \$768/year = \$1,536/2 years = \$47,616

(6) FOCUS 24-Month Personalized Subscription (3+ systems/community)
\$36/month = \$432/year = \$864/2 years = \$5,184

Program Launch & Trainings**\$132,300.00**

MULTIDISCIPLINARY Program Launch and Refresher Trainings - The iN2L Program Launch takes place at the onset of the project. The iN2L Training staff will install the systems and will provide a customized program rollout. Staff, volunteers, and family members will have a hands-on opportunity to explore all hardware and software components of the iN2L engagement technology; they will also learn about iN2L applications throughout all disciplines including nursing, activities and social services; as well as learn how to develop and implement person-centered experiences for the community's residents. The iN2L Program will also provide two (2) customized refresher training between the 9th and 12th months and again during the 20th and 24th months of the project to ensure program sustainability. Staff will also have access to monthly training webinars and Quarterly Best Practices Group Calls for the duration of the project.

(21) MULTIDISCIPLINARY Program Launch - Installation, Project Rollout and Training @ \$2,500 = \$52,500

(42) MULTIDISCIPLINARY Onsite Refresher Trainings @ \$1,900 = \$79,800

Personnel**\$140,000.00 iN2L**

Program Administrator – will manage the program for 2 years by partnering with LeadingAge Washington and the iNSPIRE Project's participating communities. Will assist the communities' Project Leaders to ensure goal attainment and program sustainability. Will manage the project's evaluation protocol.

Annual Salary + Benefits = \$70,000/year

\$57,000 base and \$23,000 benefits. The benefits constitute ~40% of the amount being requested.

Shipping & Handling **\$18,778.00**

(25) Mobile FLEX @ \$450 = \$11,250

(11) Mobile FLEX Lite @ \$300 = \$3,300 (2) Mobile 70 @ \$1,125 = \$2,250

(1) Adjustable Wall Mount 70 @ \$1,200 = \$1,200

(37) iN2L FOCUS @ \$19 = \$703

Sales Tax **\$48,221.31**

A detailed Excel Budget table is also being provided with this proposal. *Attached.*

Involved Organizations

LeadingAge Washington It's Never 2 Late

1102 Broadway, Suite 201 5889 Greenwood Plaza Blvd, Suite 320

Tacoma, WA 98402 Greenwood Village, CO 80111

253.964.8870 303.806.0797

A list of the communities that will be participating in the project and their contact information is provided in Appendix A of this proposal.

Conflict of Interest Prohibition Statement

No known conflict of interest exists with staff members at LeadingAge Washington, It's Never 2 Late or their contractors.

Attestation Statement

LeadingAge Washington attests that the funds provided through this grant will be used to enhance the quality of care and life for residents in 21 Washington State facilities. No known conflicts exist with LeadingAge Washington and the facilities, including family members.

Appendix A – Participating Communities

Community Name	Address	Main Project Leader	System Configuration
Arlington Health and Rehab	620 Hazel St, Arlington, WA 98223	Terry Myers	1MF, 2FOCUS
Bailey-Boushay House	2720 E. Madison, Seattle WA 98112	Brooke Tilley	1MF, 2FOCUS
Bothell Health Care	707 228th St SW, Bothell, WA 98021	Jennifer Alcantara	1MF, 2FOCUS
Cheney Care Community	2219 N 6th Street, Cheney WA 99004	Kris Bahr	1MF, 1MFL, 2FOCUS
Emerald Heights	10901 176th Cir NE, Redmond, WA 98052	Alexandra Clark	1MF, 2FOCUS
Foss Home and Village	13023 Greenwood Ave N, Seattle, WA 98133	Rachael Gerdis	1MF, 2MFL, 3FOCUS
Hearthstone	6720 E. Green Lake Way North, Seattle, WA 98103	Suzanne Gollhofer	1M70, 2FOCUS
Judson Park	23600 Marine View Dr S, Des Moines, WA 98198	Brenda Adams	1MF, 1MFL, 2FOCUS
Kline Galland Home	7500 Seward Park Ave S, Seattle, WA 98118	Heather Geier	4MF
Living Care Retirement Community	3801 Summitview Ave, Yakima, WA 98902	Jennifer Vimont	1MF, 1MFL, 2FOCUS
Martha and Mary Health & Rehab	19160 Front St NE, Poulsbo, WA 98370	Lynette Ladenburg	1MF, 1MFL, 1FOCUS
McKay Healthcare & Rehab	127 2nd Ave SW, Soap Lake, WA 98851	Mary Nickel	3MF, 2MFL
Mirabella Seattle	116 Fairview Avenue North, Seattle WA 98109	Erika Campbell	1MF, 3FOCUS
Mt. Baker Care Center	2905 Connelly Ave, Bellingham, WA 98225	Catherine Reis-El Bara	1MF, 2FOCUS
Panoarama City	1751 Circle Lane SE, PO Box 127, Lacey WA 98503	Rosemary Graeber	1MF, 1M70
Parkshore	1630 43rd Avenue E, Seattle WA 98112	Kiely Erwin	1AWM70, 2FOCUS
Riverview Retirement	1810 E. Upriver Drive, Spokane, WA 99207	Kayla Schrieber	1MF, 1MFL, 2FOCUS
Rockwood Retirement Communities	2903 East 25th Avenue, Spokane WA 99223	Natalie Kostoff	2MF, 2FOCUS
View Ridge Care Center	5129 Hilltop Rd, Everett WA 98203-3163	Jennifer Mack	1MF, 2FOCUS
Warm Beach	20420 Marine Drive, Stanwood WA 98292	Gary Dewhirst	1MF, 1MFL, 2FOCUS
Wesley Homes Des Moines	816 S 216th St, Des Moines, WA 98198	Nani Poulivaati-Mounga	1MF, 1MFL, 2FOCUS

System Configuration


MF = Mobile FLEX

MFL = Mobile FLEX Lite

M70 = Mobile 70

AWM70 = Adjustable Wall Mount 70

Appendix B – Facility Agreement



iN2L program
iNSPIRE project

FACILITY AGREEMENT

Certified Nursing Facility Name:

Street Address:

City, State, Zip Code:

CMS Certification Number, if applicable:

Date of Last Recertification Survey: / /

Highest Scope and Severity Determination: (A – L)

Date of Last Complaint Survey: / /

Highest Scope and Severity Determination: (A – L)

Administrator's Name:

Email: **Phone:**

Project Leader's Name:

Title:

Email: **Phone:**


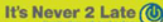
By participating in the iNSPIRE Project, your nursing facility agrees to:

- Ensure that members of the Leadership, Nursing and Activities/Life Enrichment teams participate in the Program's Launch, which includes system installation, project rollout and a 4-hour onsite training.
- Provide time for staff members to participate in the 4-hour Refresher Trainings between the 10th and 15th and 20th and 24th months of the project.
- Identify and recruit residents to participate in the Project's evaluation process.
- Support the Project's evaluation requirements—which includes, conducting QOL Surveys with the designated participating residents and recording this data, as well as collecting antipsychotic drug use data and providing it to the iN2L Program Administrator (iPA) for the Evaluation Reports to the state.
- Promote the program among all the community's stakeholders—including, but not limited to residents, volunteers, family members, Board of Directors—with the assistance of the iPA.
- Create My Page Buttons and schedule Skype sessions for residents with the assistance of the iPA.
- Consider various fundraising methods or budgetary allocations that will allow for program sustainability—the continuation of the iN2L Program subscription.

Administrator's Signature: _____ **Date:** _____

Director of Nursing's Signature: _____ **Date:** _____

Activity Director's Signature: _____ **Date:** _____





Appendix C – Project Timeline and Milestones

Project Tasks / Process Objectives	Task Month/Year	Responsible Party
Grant is awarded and State of Washington contract is signed	Dec-18	LeadingAge Washington
Master Purchase Licensing Agreement (MPLA) and Sales Order Agreement are signed	Dec-18	LeadingAge Washington and iN2LVP of Client Success
iN2L Program Administrator job interviews begin	Dec-18	LeadingAge Washington and iN2L VP of Client Success
Purchase iN2L equipment; schedule Program Launch; review Program Evaluation Protocol	Jan-19	LeadingAge Washington & iN2L Implementation Director
iN2L Program Administrator is hired	Jan-19	iN2L VP of Client Success and LeadingAge Washington
Collect and record antipsychotic use baseline data from all the participating communities; conduct baseline QOL Survey and enter data online	Jan-19	iN2L Program Administrator; Community Project Leaders
Inform community stakeholders of the project through the newsletters, flyers, and meetings	Jan-19	iN2L Program Administrator; Community Project Leaders and Marketing Directors
Participate in Program Launch— System Installation, Project Rollout and MULTIDISCIPLINARY Onsite Training	Feb-19	iN2L Program Administrator; Community Project Leaders
Host meeting to unveil the systems to families, volunteers, program supporters	Mar-19	iN2L Program Administrator; Community Project Leaders and Marketing Directors
Begin creating <i>My Page</i> buttons for residents	Mar-19	iN2L Program Administrator; Community Project Leaders
Begin creating digital biographies for residents	Mar-19	iN2L Program Administrator; Community Project Leaders
Begin highlighting iN2L activities on the Activities Calendars—this will be done monthly going forward	Mar-19	Project Leaders with iN2L Program Administrator assistance
Begin announcing Monthly Training Webinars— new and interested staff, volunteers, families participate	Apr-19	Project Leaders with iN2L Program Administrator assistance
Submit Baseline Quarterly Evaluation Report— request QOL Survey baseline report; gather Usage Reports; monitor program impact; prepare and submit report prior to deadline	Apr-19	LeadingAge Washington with iN2L Program Administrator assistance

Activities staff begins to participate in bi-monthly Content Update webinar; add updated applications to the Activities Calendar throughout the duration of the program	Jun-19	Project Leaders with iN2L Program Administrator assistance
Staff begins to participate in quarterly Best Practices Group Calls	Jun-19	Project Leaders with iN2L Program Administrator assistance
Submit Quarterly Evaluation Reports—collect data and assemble antipsychotic drug use report data; conduct QOL Survey and request report; gather Usage Reports; prepare data comparison spreadsheets; monitor program impact; prepare and submit prior to deadline	Jul-19 through Oct-21	Program Administrator and LeadingAge Washington
Schedule first 4-hour MULTIDISCIPLINARY Onsite Refresher Training	Nov-19	iN2L Program Administrator; Community Project Leaders
Conduct first 4-hour MULTIDISCIPLINARY Onsite Refresher Training	Jan-20	iN2L Program Administrator; Community Project Leaders
Schedule second 4-hour MULTIDISCIPLINARY Onsite Refresher Training	Sep-21	iN2L Program Administrator; Community Project Leaders
Conduct second 4-hour MULTIDISCIPLINARY Onsite Refresher Training	Nov-21	iN2L Program Administrator; Community Project Leaders
Submit Final Evaluation Report—collect data and assemble collect and assemble antipsychotic drug use report; conduct QOL Survey and <i>Program Evaluation Survey</i> ; request Surveys reports; gather Usage Reports; prepare data comparison spreadsheets; monitor program impact; prepare and submit	Jan-22	LeadingAge Washington with iN2L Program Administrator assistance

Appendix D – QOL Evaluation Survey Sample




**iN2L program
outcome survey**

QUALITY OF LIFE

Participant _____ Date _____ Evaluation Quarter # _____

Emotional Status - Positive	Never	Rarely	Sometimes	Most of the time	All the time
How much of the time during the past two weeks have you felt full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been able to find joy in life over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt excited about something over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of the time during the past two weeks have you felt calm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of the time during the past two weeks have you had lots of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of the time during the past two weeks have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt peaceful over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much time have you felt rested and relaxed over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Status - Negative	All the time	Most of the time	Sometimes	Rarely	Never
During the past two weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had little interest or pleasure in doing things over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had trouble falling asleep or staying asleep over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you had trouble concentrating over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of the time during the past two weeks have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt fidgety or restless over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of the time during the past two weeks have you felt tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt sad over the past two weeks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interviewer _____



It's Never 2 Late
dignity through technology

For a sample copy of the online version of this survey—

<http://www.surveygizmo.com/s3/1514534/Outcome-Measures-Quality-of-Life>

Appendix E – Letter of Support



October 4, 2018

Pat Sylvia
Director of Education and Member Development
LeadingAge Washington
1102 Broadway, Suite 201
Tacoma, Washington 98402

Dear Ms. Sylvia,

We are delighted to assist you with the *iNSPIRE* project proposal being submitted by LeadingAge Washington to the Washington State Department of Social and Health Services, Aging and Long-Term Support Administration.

Your project to improve the quality of life of the residents of 21 skilled nursing communities throughout Washington State by reducing the use of antipsychotics, as well as enriching their social connections and interactions intersects with our work at It's Never 2 Late (iN2L). We strive to ensure that our engagement technology delivers person-centered experiences that increase a sense of empowerment and positive affect. As you know, our technology has been the focus of several case studies, which have supported the benefits of technology-delivered, person-centered engagement experiences for older adults living in long-term care communities.

On behalf of iN2L, I am pleased to work with LeadingAge Washington to have the iN2L Program become a part of project's participating communities' efforts to achieve goals the align with CMS' objectives. Extending our experience to help improve the quality of life of older adults is a primary focus of our work.

Our team is looking forward to working with you, the team at LeadingAge Washington, as well as the leadership and staff of the participating communities on this exciting project. This is a great opportunity to improve the health and well-being of senior living residents through this replicable model.

Sincerely,

A handwritten signature in black ink, appearing to read 'J York', is positioned above the printed name.

Jack York
President / Co-Founder