

Application for CMP Funds

CMS Region X

Olympia Transitional Care and Rehabilitation Center

REQUEST: Music and Memory® Dementia Care Performance Improvement Project

Date of Application: 12/28/2018

PART 1: Background Information

Page 6

Organization Name	Woodard Creek Healthcare, Inc.
Address Line 1	430 Lilly Road, NE
Address Line 2	-----
City, County, State, ZIP Code	Olympia, Thurston, Washington 98506
Tax Identification Number	47-2453854
CMS Certification Number	50-5243
Medicaid Provider Number	20-45680
Name of Project Leader	Dan Bauman, BA, Social Services Director
Address	430 Lilly Road, NE
City, County, ST, ZIP Code	Olympia, Thurston, Washington 98506
Internet E-mail Address	dbauman@ensignservices.net
Work Phone	360 491 9700
Cell Phone	360-413-4908

Have other funding sources been applied for/and or granted for this proposal? Yes

No

If yes, please explain and identify sources and amount N/A

Application for CMP Funds

CMS Region X

PART II: Certified Nursing Home Requesting Use of CMP Funds

Page 7

Name of Facility	Olympia Transitional Care and Rehabilitation Center
Address Line 1	430 Lilly Rd, NE
Address Line 2	Olympia, WA 98506
Telephone number:	360-491-9700
CMS Certification Number	50-5243
Medicaid Provider Number	20-45680
Date of Last Recertification Survey	10/09/18
Highest Scope and Severity (A-L)	G

Is the facility currently enrolled/previously designated as a Special Focus Facility?	Yes	<input type="checkbox"/> No
Is the facility currently participating in a Systems Improvement Agreement?	Yes	<input type="checkbox"/> No
Does the facility have an outstanding Civil Money Penalty?	Yes	<input type="checkbox"/> No
Is the facility in bankruptcy or receivership?	Yes	<input type="checkbox"/> No

Administrator's Name	Doug Bowen
Owner of the Nursing Home	Woodard Creek Healthcare, Inc.
CEO Telephone Number	360 491 9700
CEO Email Address	dobowen@ensignservices.net
Name of Management Company	Pennant Healthcare
Chain Affiliation – Name and address of parent org.	Ensign Group 27101 Puerta Real Suite 450 Mission Viejo, CA 92691
Outstanding Civil Money Penalty	No
Nursing Home Compare Star Rating	Overall score: 1 of 5 stars
Date of Nursing Home Compare Rating	12/21/18
Is the Nursing Home in Bankruptcy or Receivership	No

Application for CMP Funds

CMS Region X

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five (5) calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP grant application award shall be sent to CMS and the State Agency.

PART III: Project Category

Page 8

Please place an "X" by the project category for which you are seeking CMP funding.

Direct Improvement to Quality of Care

Resident or Family Councils

Culture Change / Quality of Life

Consumer Information

Transition Preparation

Training

Resident Transition due to Facility Closure or Downsizing

Other: Please specify

PART IV: Funding Category

Please specify the amount and place an "X" by the funding category.

Amount Requested: **\$15,493.86**

\$2,500 or less

\$2,501 - \$5,000

\$5,001 - \$10,000

\$10,001 - \$25,000

\$25,001 - \$50,000

Over \$50,000

PART V: Proposed Period of Support

Page 9

From: 04/16/2019To: 12/31/2019**PART VI: Purpose and Summary**

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of the funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

COVER LETTER

Dear Director,

Olympia Transitional Care and Rehabilitation is a 135 bed (dually-certified) skilled nursing facility that provides care and services to high acuity residents. The facility maintains an average daily census of 100 residents. Our 28-bed secured dementia unit accepts residents in various stages of Alzheimer's and other dementia-related disorders. At any given time, dementia residents demonstrate mild to very aggressive, challenging behaviors toward other residents, family members, and staff. In addition, several residents throughout the facility remain bed-bound due to catastrophic events and/or suffer from debilitating and terminal conditions and will also benefit from music therapy. The facility is committed to serving all residents, and is constantly seeking ways to improve their quality of life. One way to achieve this goal would be with personalized Music Therapy that has been proven to be a side-effect-free way to help manage agitation, irritability, aggression, restlessness, wandering, impaired memory, and concentration, erratic verbal or physical behaviors and impaired mood. Several studies have shown that singing and listening to familiar songs. In addition, Music Therapy has been shown to help those with Alzheimer's communicate more clearly and better understand what is being said to them and improve relationships with family and caregivers.

According to MUSIC & MEMORY®, this program is “grounded in extensive neuroscience research about how our brains respond to music, tested and proven...our personalized music system has helped thousands of residents...Here's why: Musical memory is profoundly linked to emotions, stored deep in the brain. While Alzheimer's and other dementias damage ability to recall facts and details, the connections between a favorite song and memory of an important life event remain intact—even an event that occurred long ago—until late stages of the disease. Hearing beloved music and recalling associated memories can also help individuals cope with pain in all its forms as well as other cognitive, physical and emotional conditions.” The program offers the potential of communication and self-expression when verbal language abilities are diminished; replace confusing environmental stimuli with something understandable; decrease agitation and provide a distraction from fear and anxiety as individuals are calmer and less agitated when listening to their musical favorites; sun-downing is often reduced; may be more cooperative, attentive and willing to accept care. The program has the potential to reduce reliance on anti-psychotic, anti-anxiety and anti-depressant medications, reduce falls and hospital readmissions.”

The purpose of this CMP funding request is to be able to provide personalized music therapy to residents as they advance through the stages of dementia and other illnesses. The ability to provide music therapy may improve their comfort, reduce anxiety, calm aggressive behaviors, and improve their overall quality of life. Using music therapy as a nursing intervention can be evaluated by assessing their comfort, pain, anxiety levels and behaviors. Implementing the music therapy program and performing monitoring and evaluations can provide valuable information for long term care residents in the same or similar situations, and may prevent repeated hospitalizations, reduce the use of opioids, anti-psychotics, anti-depressant and anti-anxiety medications.

Purpose/Summary: The purpose of this funding request is to assist in implementing the well-established, personalized Music and Memory program for 28 residents who reside in the secured dementia unit, and 10 residents throughout the facility who are bed-bound and live with dementia, traumatic brain injuries, and other illnesses that require anti-psychotic, opioid pain medications, and demonstrate isolation, loneliness and challenging behaviors. Research has shown that personalized music therapy significantly improves quality of life for residents by reconnecting them with the world they loved. The funding would provide the opportunity to train nursing rehabilitation and specialized rehabilitation staff, who know the challenges of maximizing clinical outcomes and enhance therapy results and would improve residents' quality of life. The CMP funding would also include the Restorative Nursing staff, PT, OT and SLP and will create the potential for residents to achieve better outcomes, sustained/longer treatments, and would engage our more challenging residents in the dementia unit, and other residents who have physical, mental and social challenges.

Implementation time frame: Trainings are offered by the Music and Memory staff via 2 live 90-minute webinar sessions and 1 online 90-minute training that would begin in April 16, 2019 and would conclude all staff training by 12/31/19. The 2 new 90-minute training sessions specifically for PT, OT and SLP will begin on July 21, 2019 and conclude on November 6, 2019. By 12/31/19, it is expected all staff will have received M&M training; IPODs will be loaded with music, and will be in daily use by December 31, 2019.

Outcome Measures: Measures include evaluation of the number of residents engaged; improved behavior management; reduction in antipsychotics to below national average; reduction in opioid medications; increased and consistent resident participation in Music & Memory Activity; additional activities by enhanced participation in specialized rehabilitation therapies and nursing rehabilitation programs.

Training: Groups of staff members, Interdisciplinary Team, including specialized rehabilitation staff, will be trained on the program to ensure effective implementation and consistent program management. The facility will select the team members for training to include the Activity Director, charge nurses, Social Services Director, Director of Nursing, Administrator and Director of Rehabilitation and one or more Nursing Rehabilitation staff. **Total Funding Request:** \$15,493.86

Doug Bowen, Administrator
Olympia Transitional Care and Rehabilitation
430 Lilly Rd NE, Olympia, WA 98506

The contact for this program will be:
Candice Mohar, PhD, RN, MSN, APFNS
Advanced Practice Forensic Nurse Specialist
Clinical/QAPI Educator
camohar@ensignservices.net
PHONE: 360 970 6851
FAX: 360 923 5330

PART VII: Expected Outcomes

Page 12

Project Abstract

Provide an abstract summary of the project that is no longer than one page. Include the requester's background and qualifications, the need for the project, a brief description of the project and its goals and objectives. Of utmost importance is information regarding how the project will be evaluated to measure the success of the programs. Specific the person(s) who will be accountable for the project evaluation.

Statement of Need:

The statement of need should describe the problem that the project will attempt to address. Also describe any problems that may be encountered in the implementation of this project. Articulate the contingency plan to address these issues.

Program Description

Describe the project or program and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcomes. A timeline shall accompany all proposals which outline benchmarks, deliverables and dates. Attach supplemental materials such as brochures, efficacy studies and peer review literature.

The Social Services Director (Project Champion) holds a BA degree and has several years of experience working with, and investigating vulnerable populations, including those with dementia. He is familiar with the research and success of the Music and Memory Therapy program. He is committed to implementing the program and believes the music therapy program would be of significant benefit to our residents in the dementia unit and others who are living throughout the facility with debilitating illnesses who share their feelings of loneliness and isolation. The SSD, with help from the Activity Director and IDT, will be responsible for the project management team's implementation, oversight and evaluation of the program.

The need to implement this program is evident. In the past year, several residents in the secured dementia unit have been involved in altercations due to escalating behaviors that resulted in an Immediate Jeopardy during full survey 12/15/17. In addition, bed-bound residents with physical, mental and social challenges have demonstrated increasing negative behaviors and requesting more and more opioids to manage chronic pain. It is imperative facility residents be provided an alternative to opioids and anti-psychotic medications for behavior management, and to reduce repeated hospital visits. Currently, there are over 60 residents with a diagnosis of dementia and/or dementia related illnesses and 28 residents (full capacity) in the secured dementia unit in various stages of dementia progression. Residents with

Alzheimer's disease or a related type of dementia and behavioral/traumatic brain injury, Parkinson's dementia etc. consistently demonstrate ever-challenging dementia-related behaviors with increases in medication for the behaviors and/or opioid pain management. Many residents share feelings of frustration, loneliness and isolation from friends and family.

We are participating in numerous efforts to educate our staff and family caregivers on these diseases and their common progression through various education programs. A full time activity staff member has been assigned to the dementia unit and will assist with the M&M program. What we have learned is that there is not a one-size-fits-all approach, and we must have access to evidence-based alternatives to improve the quality of life for these residents. As we look at the growing population of those we serve with dementia or dementia related illnesses, it is imperative to find more appropriate, more dignified alternatives to pharmacological interventions to treat the symptoms and behaviors as part of these diseases. For those residents, often among our most challenging, the Music and Memory program will provide known engaging and life-enhancing tools with which to create new and memorable experiences and improve their quality of life. Currently we are working with our internal and external mental health consultants and new medical director to decrease the use of antipsychotics and reduce falls with residents who have dementia, as well as reducing increased hospital re-visits. The Music and Memory program has proven effective and will significantly contribute to these efforts.

The expectation is to start staff training April 16, 2019 and continue each month through December 31, 2019. The selected facility staff will receive the 4.5 hours of live webinar training provided by the Music & Memory organization. The specialized rehabilitation staff will receive the new additional 2 sessions of 3 hours of training on October 29, 2018 and final session on November 5, 2018 by the Music and Memory rehabilitation staff. ("**2019 training Schedule** January 15 and 16; 1:00-2:30 p.m. EST, February 12 and 13; 1:00-2:30 p.m. EST, March 12 and 13; 1:00-2:30 p.m. EST, April 16 and 17; 1:00-2:30 p.m. EST, May 14 & 15; 1:00-2:30 p.m. EST, June 18 & 19; 1:00-2:30 p.m. EST. Specialized Rehabilitation staff training on June: 18 & 25, 1-2pm EST, July 30 & Aug 6, 1-2pm EST Oct 29 & Nov 5, 1-2pm EST, Nov 26 & Dec 3, 1-2pm EST Cost: \$450 per rehabilitation department team." All trainings are provided by skilled, qualified Music and Memory instructors).

1) The QAPI self- assessment tool will be reviewed for implementation of program, 2) specific IDT, rehab, and care staff members will receive the webinar training from the Music & Memory program staff, as well as education on QAPI and PIPs, and 3) Baseline Measures for tracking improvement will be collected using specific measuring tools described below.

By slowly implementing the Music &Memory program, it is expected by December 31, 2019 residents will have iPods with music of their preference to include use of the iPad Pro that allows for downloading music and for voice/image recordings and/or direct face-time with

family and friends to help alleviate fear and anxiety and reduce feelings of isolation in a timely manner. Weekly, monthly and quarterly program reports will be completed by IDT and shared with QAPI committee and governing body. This will include program updates and reports required by the State Agency and CMS. As with implementation of any new program, we anticipate there will be obstacles to overcome and by taking time to slowly develop the process, we will have more chance for successful monitoring and evaluation. By utilizing the Model for Improvement (Plan, Do, Study, Act), and the SMART approach as outlined in the technical assistance ‘QAPI at a Glance’ guidance from CMS, we will track the progress of the Music & Memory program using Quality Measure data and Satisfaction Survey data throughout the program.

PART VIII: Results Measurements

Include a description of the methods by which the project results will be assessed (including specific measures). Multi-year projects shall include a provision for submission of interim progress reports and updates from the project leader to CMS. Staff attending training shall articulate how knowledge/skills learned will be shared among other long term care employees and ultimately how the information will improve resident outcomes. Quarterly reports regarding the progress of the project shall be submitted to CMS and the State Agency.

The organization will measure the progress of this project in the following manner:

Outcome Measures: The number of residents participating monthly, the percent of antipsychotics reduced to below national average in the facility to be measured quarterly beginning with second Quarter 2019 (April – June, 2019), and baseline will be Quarter 3, 2019, July through September, 2019). Resident Participation in Music & Memory Activity will be measured daily, weekly, and monthly. In addition, an impaired cognitive activity assessment will be conducted prior to each resident beginning the program and monthly after the program has been implemented. Special focus will be implemented to determine a reduction in fear/anxiety, use of opioids, anti-psychotic, anti-depressant, and anti-anxiety medications and reduction in hospitalizations via observations, interviews and records.

PART IX: Benefits to Nursing Home (NH) Residents

Page 15

Include a detailed description of the manner in which the project will directly benefit and enhance the well-being of nursing home residents.

The anticipated benefits will be to enhance participating residents' quality of life through the implementation of the Music and Memory program (M&M). The program will provide an opportunity to improve their dignity, self-worth, self-esteem and their quality of life as they advance through the stages of illness/disease/dying process. It is expected that medication-controlled behaviors can be reduced and/or eliminated through the use of the Music and Memory program/activity. It is also expected that medication-controlled behaviors, anxiety, boredom, isolation, loneliness etc. can be reduced through the use of the Music and Memory program. According to the Music and Memory staff, the program is "grounded in extensive neuroscience research about how our brains respond to music, tested and proven in MUSIC & MEMORY® Certified Care Organizations, our personalized music system has helped thousands of residents, clients, patients, and the staff who care for them...Here's why: Musical memory is profoundly linked to emotions, stored deep in the brain. While Alzheimer's and other dementias damage ability to recall facts and details, the connections between a favorite song and memory of an important life event remain intact—even an event that occurred long ago—until late stages of the disease. Hearing beloved music and recalling associated memories can also help individuals cope with pain in all its forms as well as other cognitive, physical and emotional conditions."

PART X: Consumer/Stakeholder Involvement

Include a brief description of how the nursing home community (including resident and/or family councils and direct care staff) will be involved in the development and implementation of the project. Describe how the governing body of the nursing home or organization shall lend support to the project.

The QAPI Committee will coordinate with the governing body and local stakeholders to share outcomes of project and to encourage ongoing financial support. Members of the QAPI will coordinate sharing program and outcomes of the implementation of the Music & Memory Program with Local chapters of the Alzheimer's Association, Area Agency on Aging, Long Term Care Ombudsman Program, local service organizations, medical director, attending physicians, and medical community to provide education and awareness on the need for quality Dementia care and the vastness of how many people, both directly and indirectly, are affected by Dementia and related disorders.

The resident council will be included in the planning and implementation of an activity program that will create meaningful and lasting experiences through the M&M. Monthly Resident Council meetings are held and information related to the program will be included to engage, educate, and support family and direct care caregivers as they cope with the challenges of caring for someone with Dementia and dementia-related, and other life-altering/terminal illnesses.

As part of the monthly QAPI meeting, the facility's QA&A committee will oversee the planning, implementation, and outcomes management of the Dementia Care Performance Improvement Project: Music & Memory.

PART XI: Funding

Include an Excel spreadsheet with the budget expenses for the project, along with a narrative explanation of the costs. Mention any co-funding that you are planning to use from other sources. The narrative shall include the specific amount of CMP funds to be used for the project, the time period for such use, and an estimate of any non-CMP funds that the State or other entity expects to be contributed to the project.

At this time, there is no funding for this project and no expected contributions from other entities. Nursing, psychology and social services students from local colleges and universities will be invited to study, participate in, and help evaluate the program.

Music and Memory Program certification costs:

Olympia Transitional Care and Rehabilitation - \$800 total (\$600 for initial certification and \$200 for second year renewal fee)

iPAD Pro

The facility will purchase a dedicated iPad Pro to store the Music Library and be used with families and residents for music selections and individual recordings. There are 800 old-time radio shows available for download as well. The iPad screen is 12.9 inches and audio/visuals can be made and downloaded for residents who need family/friend support in time of distress and may help calm them with face-time with family or see/hear recorded images/messages for immediate help if family/friends cannot face-time or be in the facility in a timely manner when the residents demonstrate escalating behaviors. The current cost of the iPad Pro, per Apple, is \$1099.00. The Social Services Director will secure the iPad Pro, loaner iPods in the SSD office.

Music Library

Page 17

Per the Music and Memory Program information, it is suggested to download 100 songs per each of the 10 genres of music to create a library. To create the library is a one-time fee for each facility. Once the songs are downloaded to the iPad Pro, which will house the library, the individual resident iPods can be downloaded and filled with the specific resident playlist of their preference of about 100 songs and a selection from 800 old-time radio shows. In addition, to download a song from iTunes, the cost ranges from free to anywhere from .49 cents to \$1.99. The estimate from Apple iTunes showed the average cost per song is .94. At a .94 x 1000 songs is \$940 for participating residents.

iPODs

The iPods will be purchased to accommodate the 28 bed dementia unit and for 10 residents throughout the facility with other dementia and/or behavioral illnesses that would require immediate intervention. Each iPod will remain secured as part of the bed and room equipment in order for residents use quickly and frequently. The Social Services and Activity Director will manage the remaining 10 iPod devices will that will be available to share with other facility residents and those with dementia who are participating in specialized rehab programs. The cost of each iPod is *\$199.00 for the 32 GB*. The number of residents was obtained through Quality Measure and diagnosis information. The 38 residents x \$199 = \$7562.00.

Headsets for iPods

Each iPod requires a head set. Per Amazon.com the cost per headset is *\$17.98*. $\$17.98 \times 38 \text{ residents} = \683.24

AC adapters for iPods

Each iPod requires an AC adapter. Per Amazon.com the cost per adapter is *\$9.99*. $\$9.99 \times 38 \text{ residents} = \379.62

Portable Locks

Each iPod will be secured to resident equipment wherever the resident may be, to include going out of the facility for tests, appointments etc. Per Targus, each lock will be \$10.00 per iPod $\$10.00 \times 38 \text{ residents} = \380.00

PART XII: Involved Organizations**Page 19**

List a contact name, address, internet e-mail address and telephone number of all organizations that will receive funds through this project. List any sub-contractors and organizations that are expected to carry out and be responsible for components of the project. Copies of contracts and subcontracts shall be available upon request to CMS and the State.

Doug Bowen, Administrator
Olympia Transitional Care and Rehabilitation
430 Lilly Rd NE, Olympia, WA 98506

The contact for this program will be:
Candice Mohar, PhD, RN, MSN, APFNS
Clinical/QAPI Educator
camohar@ensignservices.net
PHONE: 360 970 6851
FAX: 360 923 5330

At this time, only webinar/online registration is required and no contracted entities. Colleges and Universities in the area will be contacted to enlist volunteer support from students in nursing, social services and psychology programs.