

LeadingAge Washington Nursing Home Music and Memory Initiative

Abstract

In partnership with the Department of Social and Health Services (DSHS), LeadingAge Washington will promote an initiative to certify its membership nursing homes to implement Dan Cohen’s Music and Memory Program. The Department (DSHS) and LeadingAge are committed to improving the quality of life for citizens living in the association’s nursing homes, and recognizes the value the Music and Memory program can have on their lives.

Vulnerable adults experience various challenges that may include cognitive impairment. The Department and LeadingAge believe the Music and Memory program will connect citizens living in the association’s nursing homes to their identity, families, and friends. Nursing home staff will be able to provide person-centered care. The means of connection will be personalized music and play lists; the video, *Alive Inside*, nicely demonstrates these personalized connections.

The Department will work with LeadingAge Washington to maintain contact with interested association nursing facilities to implement the program. LeadingAge Washington will assist in gathering feedback and evaluation information through direct connection with its participating providers.

The Department and LeadingAge’s goal is to provide knowledge and resources to the association’s nursing home providers so they can enhance their services to improve resident care for optimal clinical and quality outcomes.

Submitting Organizations

Department of Social and Health Services Residential Care Services Aging and Long Term Support Administration www.dshs.wa.gov	LeadingAge Washington 1102 Broadway, Suite 201 Tacoma, Washington 98402 www.leadingagewa.org
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Purpose

Using CMP (approximately \$124,486.50), LeadingAge Washington’s Nursing Home Music and Memory Initiative would fully fund the certification of approximately 45 association nursing homes as “Music and Memory” facilities. The program would fully fund start-up and equipment costs for 15 residents per nursing home. Based on the demonstrated impact music has on one’s ability to connect internal thoughts and feelings with external behaviors and words, LeadingAge wants to provide this program to residents to improve their quality of life, cognitive ability, and enrich their interactions they enjoy with those around them.

Statement of Need

LeadingAge has 45 nursing homes serving approximately 3800 residents. The prevalence of dementia among nursing home residents is high, with estimates ranging between 50 - 80 percent of persons admitted to long-term care facilities (Kamble, Chen, Sherer & Aparasu, 2009; Magaziner et al, 2000; Rovner et al., 1990). In the state of Washington for example, 10,185 or 48.5 percent of nursing home residents have a diagnosis of Alzheimer's disease or related dementia (Centers for Disease Control and Prevention, 2012). In the US, between 30-40 percent of persons with dementia have been reported to have significant behavioral or psychiatric symptoms (The American Geriatrics Society and American Association for Geriatric Psychiatry, 2003). Among nursing homes, the prevalence of behavioral symptoms is even higher, affecting 75 percent of those with dementia (Lyketsos et al., 2002). To treat these symptoms, psychotropic medication is often used, with 33 percent of residents with dementia receiving medication (Kamble et al., 2009). These behavioral symptoms are further associated with care-related stress and with increased costs of care.

“Music and Memory”, a music therapy program, is an example of a non-pharmacologic treatment to address behavioral issues of residents with dementia. Programs such as this have received increasing attention among practitioners, policy makers and researchers (Brotons, Koger & Pickett-Cooper, 1997; Koger, Chapin & Brotons, 1999; Sherratt, Thornton & Hatton, 2004; Spiro, 2010). Music programs, especially the preferred music listening programs, are regarded as innovative, low-cost alternatives to pharmacologic treatments or physical restraints that maximize quality of life (e.g., by increasing engagement with others) and minimize negative outcomes (e.g., by decreasing behavioral problems and depressive symptoms in residents) (Brotons et al., 1997; Koger et al., 1999; Sherratt et al., 2004; Spiro, 2010).

The Music and Memory program is a popular program that has been increasingly adopted in nursing homes to support individuals with dementia. This program utilizes personalized playlists delivered on iPods or other digital devices which are set up by caregivers who are trained in the program (Music & Memory, 2013). The underlying premise of the Music and Memory program is that these musical favorites tap deep memories not yet lost to dementia. The awakening of these memories can facilitate residents to communicate, engage, and socialize.

The Music & Memory (“M&M”) program was created by Dan Cohen, MSW. Mr. Cohen began trying various approaches to connect with residents living with Alzheimer's disease, and recognizing the success that many music therapy programs had achieved, he decided to take the concept to a more person-centered level. Mr. Cohen worked with family members and staff caring for residents diagnosed with forms of dementia to learn about each resident's life experiences in an effort to learn what specific songs, or types of songs each person may enjoy. Then Mr. Cohen simply loaded those songs onto an iPod Shuffle fitted with headphones. As the residents listened to their music, the changes in their demeanor, mood, ability to communicate with family and staff were both profound and immediate. These residents literally came alive when given the opportunity to listen to music that was special to them. They became able to engage in lively and interactive conversations with those around them. And, as an added bonus, the residual effects of their music lasted even after the music had ended.

Expected Outcomes

Outcomes

- Reduces reliance on anti-psychotic and anti-anxiety medications;
- Reduces agitation and sun-downing;
- Enhances engagement and socialization, fostering a calmer social environment;
- Provides a way to give pleasure to persons with dementia;
- Offers an enjoyable, fulfilling activity for persons in dialysis, on vent or bed-bound;
- Increases cooperation and attention, reduces resistance to care – a real boost for staff morale; and
- Adds research to the growing national list of studies examining the effects portable music has on an elder with Alzheimer’s or related dementia.

Deliverables

- 45 LeadingAge Washington nursing homes certified as a “Music and Memory” facility;
- Up to 675 residents with a diagnosis of Alzheimer’s or related dementia equipped with and participating in a robust personalized music program;
- Improved staff morale in the 45 participating nursing homes, as staff witness the reawaking of some of their residents through the personalized music experience.

Sustainability

- With 45 association nursing homes certified as Music and Memory Facilities and with on-going support, this project will not only affect current residents of the participating facilities but will positively affect future residents;
- Potential of an evidenced-based treatment protocol as an outcome may result from the study;
- Treatment protocol will spur more nursing homes to incorporate this initiative into their operations.
- A major component of the “Music and Memory” certification is to engage the community. Community engagement will help expand the project within the participating nursing home and may extend into non- participating nursing homes as the word spreads.
- Leadership will acknowledge the need for ongoing sustainability to promote positive resident outcomes.

Potential issues and solutions

- Selected nursing homes do not complete initial or recertification training in specified amount of time. Possible solution: provide facilities with clearly defined outline of when and how training is to take place, include suggested timeline, and supportive resources as needed for ways to address staffing challenges that may hinder completion of successful training.

- Selected program participants (nursing home residents) do not want to participate in the program. Possible solution: identify list of possible alternative residents for program participation who meet pre-determined criteria for participation.
- DPOA/guardian does not want selected resident to participate in the program. Possible solution: nursing home to secure population geared educational materials for DPOA, guardian, family to ensure that they too are familiar with the program and how it can enhance quality of life for their loved one. Involve them in the learning and growing process and encourage to remain involved after initial roll-out of program; Alive Inside viewing, etc. Ensure they are aware that they can and are encouraged to participate in the program with their loved one.
- Lead staff unfamiliar with how to operate key equipment (e.g. laptop); staff unavailable, leave organization, etc. Possible solution: Ensure back-up staff are trained in how to operate equipment and other pertinent skills to ensure staff have full access to equipment as needed and are supported.
- Residents who were not selected for the program express desire to participate in the program. Possible solution: Although these residents may not be able to participate due to unavailability of slot (15 per nursing home), or not meeting initial program participation criteria (cognitive disability, etc.), it can be offered for them (meaning family etc.) to secure access to music through personal means, and/or they can be noted as a resident who wishes to participate in the program if an open slot becomes available.
- Resident has a negative/undesired reaction to music (e.g. resident with PTSD where music brings unpleasant memories). Possible solution: Suggest to nursing homes that as a part of the care planning process interventions are identified to limit this occurring; actions to take if it does occur.
- Projected roll-out/training dates delayed for reasons beyond the control of project key stakeholder(s). Possible solution: Internally establish alternative plans for roll-out/training in the event of delays.

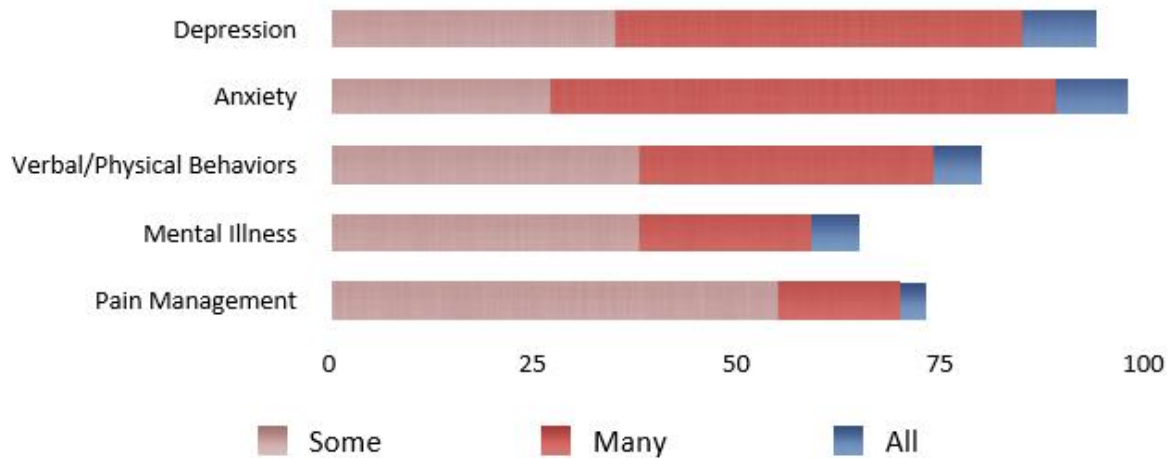
Results Measurement

The most persuasive case for the therapeutic benefits of Music and Memory's personalized playlist system comes from those who have experienced it first-hand. In spring 2012, a survey of professional care staff in Music and Memory Certified Care Facilities provided these results:

- 100 percent of respondents said that personalized music brought more pleasure to residents most (74 percent) or all (26 percent) of the time.
- Just over two-thirds of respondents (68 percent) reported that personalized music helped them care for residents most of the time. Another nine percent said it helped all of the time.
- More than half (58 percent) said personalized music was substantially effective for many or all residents with depression.
- 71 percent of respondents said personalized music was substantially effective for many or all residents with anxiety.
- 62 percent of respondents said personalized music was substantially effective for many or all residents with verbal and/or physical behaviors.

- 53 percent of respondents believed that personalized music can help reduce use of anti-psychotic medications; another 44 percent responded that it may help.
- 100 percent of respondents said they would recommend the program to other nursing homes.
- Personalized music helped ease residents' incidents of depression, anxiety, and challenging behaviors. Some residents experienced a reduction in pain symptoms when listening to their personalized playlists.

The following table represents the percentage of respondents who reported that personalized music was substantially effective in treating some, many, or all of their participating residents with:



A skilled nursing facility in California, Lemon Grove Health Care, tracked a 50% reduction in the use of antipsychotic medications after the implementation of Music and Memory.

Rocky Knoll Health Care Center in Plymouth, Wisconsin, reports that staff are asking for more involvement and use of Music and Memory because residents are seeing more cooperation with cares, meals, etc.

Benefits to Nursing Home Residents

We believe that the benefits of the Music and Memory program created by Dan Cohen to residents, staff and family outcomes will be complex and interrelated. Resident outcomes should include behavioral symptoms, mood, engagement and interaction with others, and cognition/memory. One important aspect of quality of care, use of psychotropic or anti-anxiety medication and physical restraint will also be included. Staff outcomes include attitude towards residents with dementia and perceptions of the Music and Memory program's training and support. Family outcomes include attitude towards their resident and overall satisfaction with care.

Through the activity of listening to familiar/favorite music, the Music and Memory program is expected to improve mood; reduce the negative behavioral symptoms such as wandering, agitation, crying out and related behaviors; and increase the quality and quantity of interactions between staff and residents and family members. Exposure to preferred music is expected to trigger positive emotions and memories, resulting in lower-levels of depression and anxiety, and ultimately, lower levels of negative behavioral symptoms. Music, targeted to the specific preferences of individuals, may activate attentional processes which are vital for encoding new information and it may also serve as a mechanism by which existing memories are activated. By stimulating positive memories and improving the mood of the resident, we expect to observe increases in opportunities for verbal expression by the resident resulting in increased conversations with others. As residents experience improved mood and less depression, they may initiate interactions with staff and other residents with greater frequency. In turn, more resident-initiated, positive interactions may improve staff attitudes towards residents, prompting staff to initiate more frequent and meaningful interactions. Since positive social exchanges are thought to persist even after the Music and Memory sessions are over, so too are the positive impacts on mood. Finally, as a future aim we want to explore the possibility that M&M may delay decline in cognitive function and memory of residents through sensory stimulation.
(www.musicandmemory.org)

These target outcomes have been selected for several reasons: 1) they are important to the well-being, dignity and quality of life of the residents; 2) they reflect outcomes that are important to direct caregivers, affecting the caregivers' daily experiences and interactions with residents; 3) improvement with these outcomes could relieve stress and concern of the resident's family members; 4) these are reasonable outcomes to investigate given the modifiable features that have been identified; and 5) improvement in these outcomes has the potential to reduce the cost of care through direct and indirect mechanisms.

Non-Supplanting

This proposal does not supplant any existing responsibilities of nursing home to meet the Medicare/Medicaid requirements of nursing homes. Current federal regulations require nursing homes to have an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident. Participation of a resident in the Music & Memory program will be based on a comprehensive assessment of an individual resident's interests, background and preferences. The Music & Memory program will be used to augment a facility's current program of activities for persons with Alzheimer's disease and other dementias and to improve quality of life for residents.

Consumer and Other Stakeholder Involvement

The Department and LeadingAge will work in partnership with state of Washington Aging and Long term Support Administration; key nursing home personnel, administrators, social services staff, recreational therapists, certified nursing assistants (CNAs) and residents' families. They will coordinate meetings with stakeholders throughout the project. These meetings will seek to:

1. Provide information about the Music and Memory program implementation process in the association's participating nursing homes;

2. Provide certification to ample staff to utilize the Music and Memory program created by Dan Cohen, as well as continued training for additional or new staff to sustain program utilization;
3. Identify a staff person(s) designated as the main contact(s) for the implementation and evaluation of the program;
4. Explore potential barriers to implementation of the Music and Memory program in clinical practice and in the implementation of research protocols and identify strategies for overcoming these barriers.

Funding

For this two year project to launch in the Summer of 2017, we project the following expenses for up to 45 participating facilities. Facilitation of equipment purchasing will be done through a single point of contact with the Music and Memory program:

Item	Quantity	Price	Total
Music and Memory Certification	45	\$ 600.00	\$ 27,000.00
Music and Memory Certification – LeadingAge Washington	1	\$ 600.00	\$ 600.00
Music and Memory Certification renewal – first year	45	\$ 200.00	\$ 9,000.00
Music and Memory Certification renewal – LeadingAge Washington	1	\$ 200.00	\$ 200.00
iPod Shuffles - 2 GB (15 per facility)	675	\$ 46.00	\$ 31,050.00
Headphones (15 sets per facility)	675	\$ 3.00	\$ 2,025.00
Nylon Pouch with clip for iPod	675	\$ 5.00	\$ 3,375.00
Headphone foam replacement covers (pack of 25)	45	\$ 12.50	\$ 562.50
External Speakers (2 per facility)	90	\$ 20.00	\$ 1,800.00
Multi-USB Charger Strip – A/C adapter Model (3 per facility)	135	\$ 20.00	\$ 2,700.00
3.5 mm Headphone Splitter (2 per facility)	100	\$ 5.00	\$ 500.00
iTunes Card (1 per facility)	45	\$ 150.00	\$ 6,750.00
Storage Container (1 per facility)	45	\$ 50.00	\$ 2,250.00
Laptop with CD reader (min 160 GB) (1 per facility)	45	\$ 500.00	\$ 22, 500.00
External Hard Drive for backup (1 per facility)	45	\$ 65.00	\$ 2,925.00
Alive inside license for LeadingAge	1	\$349.00	\$ 349.00
Travel and Training Expenses	1	\$ 10,000.00	\$ 10,000.00
Shipping/Handling	45	\$ 20.00	\$ 900.00
GRAND TOTAL			Approx. \$ 124,486.50

Involved Organizations

Music and Memory
160 First Street
PO Box 590
Mineola, NY 11501

LeadingAge Washington
1102 Broadway, Suite 201
Tacoma, Washington 98402
www.LeadinAgewa.org

Community Stakeholder Partners

Alzheimer's Association Washington State Chapter
100 W Harrison Street Suite N200
Seattle, WA 98119

Alzheimer Society of Washington
Suite A1, 1301 Fraser St.
Bellingham, WA 98229

Ombuds Program

Washington State Long-Term Care Ombuds Program
PO Box 23699
Federal Way, WA 98093-0699

State Agency

Department of Social and Health Services
Aging and Long Term Care Administration
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