

Civil Monetary Penalty Reinvestment Reporting Tool

Please select the report type or types you are submitting for this reporting period. Questions associated with each report type will appear. Please answer each question and/or upload the appropriate documents associated with each question.

Please note that the "Program Expense Report" is included in your contract as Attachment 4 or Attachment 5, depending on when your contract was established. Please reference the CMP Reinvestment Program Instruction Packet if you have any questions related to reporting requirements.

Thank you!

Response was added on 05/17/2021 2:17pm.

Please select the type of report you are submitting. Select all that apply.

- Quarterly Narrative Report
- Quarterly Expense and Budget Report (Expenditure Form)
- Annual Expense and Budget Report
- Follow-up Monitoring Report
- Final Progress Report

Reporting Period: April 1, 2018 - March 31, 2021 (Example: January 1, 2019-March 31, 2019)

CMS Project Number 2017-04-TN-0608 (This number can be found on your CMS approval letter.)

TDH Contract Number Z18172268 Amended - Z18176942 (This number can be found on the first page (bottom right hand corner) of your TDH contract.)

Project Name ARTS-Memphis (Activities, Restorative & Therapy in Sync) (Please enter your specific project name. Do not enter "CMP".)

Project Contact Name Ann Bagwell

Project Contact Email abagwell@amhealthpartners.com

If any agreements or subcontracts were developed to ensure completion of project activities, please attach. [FILE: Tennessee Health Management....23.18.pdf]

Total number of staff trained during the entire duration of the project (If applicable): 1000 (Only enter a numerical value)

- Project Category:
- 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

Focus area(s):

- Healthcare-Associated Infections
- Emergency Preparedness
- Preventable Hospitalizations
- Improving nursing facilities' overall star rating
- Residents' Rights (Elder Abuse/Neglect or Alzheimer's disease and other dementias)
- Person-Centered Care and/or Trauma-Informed Care
- Distressed and At-Risk Counties
- Quality Measures
- Culture Change
- Other

Total approximate number of nursing home residents impacted throughout the duration of the project:

1100
(Total number impacted for all reporting periods)

Total number of nursing homes impacted throughout the duration of the project:

10
(Total number impacted for all reporting periods)

What success stories have resulted from the project and how do you plan to showcase successes with stakeholders?

Through the entire ARTS project, the ten facilities involved in this phase were able to provide residents in their care an improved quality of life through the use of It's Never Too Late (iN2L) blending activities, restorative and therapy into an individualized approach. The equipment aligned the patients' goals and interests to make activities, restorative and therapy enjoyable while residents maintained and/or improved their ADLs.

Before the pandemic, we found that many of the facilities used the ARTS program to bolster social connections and engaged the residents in more purposeful activities. It impacted many resident's lives through the use of the engagement technology to reduce social isolation and support personalized engagement experiences. At the time, we were able to hold group activities and include many of the residents which in turn supported social interaction, cognitive and physical exercise and therapy, education, reminiscing and memory support.

This is so important for the elderly population and during the first year or more of the project you could see the impact it made not only for the residents but also the staff.

One of the many positive success stories that the ARTS program brought to our facilities is that the engagement technology made it easier for staff to provide individual person-centered care through the personal profiles staff set up for the residents that participated in the program. At any time, a staff member or the resident could access their favorite content, personal photos and videos through their profile. We heard many stories regarding some of our residents who had an unmet need or was feeling agitated, the ARTS program empowered staff with the ability to pull the engagement system directly in front of the resident to divert their energy towards the system which had a very calming effect. This created a positive intervention in situations where PRN medication might otherwise be used.

During the pandemic, we found the engagement system to be a life saver when families were unable to visit their loved ones in person. Skype was one of the applications downloaded on iN2L and at many of our facilities the only equipment with a camera where families and residents could visit during one of the most difficult times many of us will ever face. It brought relief to the families, residents and staff to see this equipment used in such a profound way. Success stories with stakeholders were shared throughout the project on Facebook, corporate management meetings, staff meetings and we even presented at the American Health Care Association Convention in October of 2018 sharing the impact the ARTS project had on our residents.

Please provide any feedback that has been received from staff, family, or residents as a result of the project.

We received positive feedback from staff, family and residents throughout this project. It would be too many to mention them all, but I will list a few. Applingwood reported on a patient that required a hooyer lift for transfers. Through the use of the ARTS program for balance and coordination; the patient was able to increase his standing tolerance to two minutes and then up to eight minutes. He no longer required the hooyer lift to transfer. One success story at Bright Glade found one of our long term patients who had a right CVA with left-sided weakness. Through the use of the ARTS program, he began to spontaneously use his left hand and arm through games such as Solitaire, matching games and various other computer card games during his Occupational Therapy sessions. This eventually improved his wheelchair mobility as he could use his left arm to assist in propelling his wheelchair. At Covington Care one of our RNs had her mother admitted after a hospital stay. She did not want to get out of bed or leave her room. The Activity Director talked her into coming to an activity with iN2L and she got of the bed. She met a few friends and they started arranging times to meet and play the different games on the engagement system. The group of ladies played bingo, word games and worked puzzles on the system. The ladies were able to entertain themselves. It had become their own little social club. The mother is now leading the welcoming committee, her weight is better and her mother is smiling when she visits with her. One male patient at Dyersburg was a veteran who had aggressive behaviors at times. He was a mechanic in the Army. Staff were able to place the patient in front of the iN2L system to calm him down. The male patient enjoyed watching videos and looking at old photos of helicopters. He started naming the models of the helicopters and would point to the screen and tell staff the name of the part and how he use to repair it. His demeanor changed, he calmed down and it allowed the staff to deescalate the aggressive behaviors. One of the residents at Humboldt was a member of the Rockabilly Hall of Fame. He was needing some encouragement to participate in his Occupational Therapy sessions. The iN2L system played some of his actual songs on YouTube which they accessed off the iN2L system. This made coming to therapy a lot easier when he could hear his own songs played in the therapy gym.

One family member from Harbor View voiced appreciation for the system when she visited her family member one night and noticed everyone was just sitting around and waiting for bedtime. The staff started moving the system in to a public area in the evenings where they were able to play old movies for some of the residents (pre-COVID-19). This created dialog between some of the patients and the family member felt that it improved their quality of life prior to going to bed. One resident at McKenzie wrote the following review, "I always love playing solitaire and family feud in my room. I'm not as bored as before and I enjoy going to activities now." One resident at Paris was assigned to the secured unit. He had advanced dementia and was a challenge to get him to follow commands and participate in therapy. He was a retired minister. We were able to engage him in activities by playing gospel music and the

in church services, he stood for each hymn. Plus his sweet voice singing along with every word of the hymns made them all tear up! A Union City staff member stated the following, "We look forward to our group activities when the iN2L system is used, it adds so much to our programs." One resident at VanAyer was originally from India and Hindu was her religion. She did not have anyone to interact with as it related to her religion and culture. The ARTS program provided not only music but spiritual programs that were specific to her religion. She was also able to skype with her daughter at times who lived in London.

Please attach any materials, meeting minutes, or attendee lists that have resulted from the project. Examples: toolkits, process documents, training materials, marketing materials, photos, etc.

[FILE: Training.Combined.05.17.21.pdf]

Do you have additional materials to upload?

Yes
 No

Please upload any additional materials.

[FILE: Marketing Combined.05.17.21.pdf]

Please upload any additional materials.

What do you consider to be the greatest impact(s) of the work performed utilizing CMP funds?

The ARTS program which includes the iN2L platform and the equipment have proven to be an asset for activities, restorative, and therapy to support social interaction, cognitive and physical exercise and therapy, education, reminiscing, areas of interest and memory support. Dementia, cognitively impaired patients and/or patients who were difficult to engage in activities, restorative or therapy were one group where we were able to reach and motivate through the ARTS Program. Participation in activities increased along with happier residents and increased socialization were also noticed during the project.

What best practices resulted from the project and how can other facilities or other organizations duplicate the project?

The ARTS program took the engagement technology out of the activity department and embedded it across the community which led to multilayered returns on investment. We found that one of the most beneficial outcomes of the project provided a wealth of resources for the community throughout the day and year. Some of the resources available assisted the communities with holiday celebrations, recognition, music, movies, games, bingo, YouTube videos, travel, puzzles and health and wellness. Speech Therapy found many cognitive games and puzzles to use within their therapy sessions to help meet their goals.

What activities have occurred to ensure sustainability since the completion of the project?

A meeting was held with operation management to consider the budgetary costs involved with continuing the subscription to the iN2L systems. It was decided that each facility will continue the iN2L subscription on one of the systems in each building as we move forward. The other two systems will include various applications downloaded which will be individualized for each facility depending on their needs and usage. It is the plan for the subscription cart to be used between Activities and Therapy up to 85% of the time while approximately 10% of the time utilized by Restorative in most of the facilities. Our sustainability plan also includes ongoing training which will be made available to new staff and hopefully soon to volunteers and family members when the facilities can open back up to the public. A designated employee at each facility will be provided some additional training to be shown some of the new features that were recently downloaded. Usage reports and other data collection will be discussed with operations and staff to make sure utilization continues as the facilities are allowed to start providing group activities and group therapy sessions again.

Describe any plans for moving forward and what, if anything, you will do differently.

What we would do differently is to hire a clinical project manager to facilitate, motivate, and train the staff to hold them accountable. We believe we would have reached full capacity/utilization out of the ARTS program with a clinical project manager in place. We would have included this added position within the budget. This project manager would have been able to coordinate clinical quality control with the system, help drive the ADLs and develop goals on the initial grant that were associated with Quality Measures to make recording and reporting data much easier.

One of the stumbling blocks during the project was the change in the Project Contact, the original contact left the company around July 2020, she was very passionate about writing grants and was the one who wrote the grant for this project. She knew the details of the project inside out and was able to promote the project from the beginning and get the buy-in. Once COVID-19 hit in early 2020, it was difficult to continue the momentum and then it did not help that the Project Contact left and was taken over by someone who knew very little about the project and the reporting obligations that went along with the grant. This is another reason, why someone that would have been in place as a clinical manager, would have helped with some of the details involved collecting the data, etc.

Lastly, the coordination of training on a regular basis for all new hires and annually would have been very beneficial to the utilization of the systems. We found out more than halfway through the project, that we were not able to add courses to our Relias training module due to budgets and timing.

We continue to do in-house training through staff members who already use the system.

Please list the major goals and objectives of the project and answer the following questions for each:
-Did you meet the outlined goal or objective? Why or why not? Please provide a detailed response.
-What impact did your activities targeted at meeting the outlined goal or objective had on nursing home residents in the facility or facilities?

The goals of the project were 1) to improve or maintain ADL function, and 2) increase patient participation in person-centered recreational and rehabilitation activities that produces a better quality of life for each resident.

The data (see attached graphs) shows that throughout the course of the project we had our highs and lows with each ADL. The ADLs tracked included bed mobility, transfers, dressing, eating, toilet use and bathing. We compiled quarterly data from individual patients MDS to track each ADL and to see whether the patient stayed the same, made improvements or had declines. You will notice that from the beginning of the project to the end, we were able to remain consistent with each individual ADL goal by staying within a 2-3% range from beginning to end. This data is difficult to report on when the world experienced a pandemic in the middle of this project. Unforeseen staffing shortages, isolated patients, decrease in census, infection control to name a few hindered the project to meet our goals and objectives throughout the project. Our second major goal was to increase patient participation and offer a better quality of life for each resident. Through the data attached, you will see for most of the ten facilities, usage minutes increased throughout the first half of the project. As staff were trained and more residents grew interested in the ARTS program, usage minutes increased and participation in Activities and Restorative grew. Unfortunately, with the on-set of COVID-19, we struggled with many barriers that were listed above. Again, the project would have seen much greater success without having to live through a world-wide pandemic.

Please list any project deliverables that are outlined in the project description and answer the following for each:

-Did you meet the project deliverable? Why or why not? Please provide a detailed response.

-What impact did your activities targeted at achieving the project deliverable have on nursing home residents in the facility or facilities?

The Activity, Restorative, and Therapy in Sync (ARTS) project gave our staff the opportunity to make a difference in the lives of the people we care for by using the iN2L system as a tool to engage the residents in their daily activities. We used the interaction between activities, therapy and restorative to engage a higher number of residents in meaningful exercise and stimulation mental games to improve and maintain each resident's ADL's. Access to person-centered care and to communication applications that connected residents with their families, friends and the community at large also improved their emotional well-being. The ARTS program improved the quality of life of many residents who were enrolled in the project by improving or maintaining ADL function and enriching activities and social connections for our patients. This was clearly evident in the first half of the project according to the attached data and success stories throughout the grant period. Again, the second half of the project's numbers are skewed due to the pandemic and it made it very difficult to utilize the equipment due to patients remaining in their rooms and staff just trying to keep up with the day to day tasks at hand within the facility.

Results Measurement(s): Please indicate what measurement methods you utilized to track progress and project success. Please provide a summary of measurable project results.

1. The percentage of long-term residents in the evaluation group that are documented with a decrease in ADL function on the Minimum Data Set (MDS). - Overall, bathing independently or with little assistance was the category that resulted in a 2.9% decrease from the beginning of the project to the end. After discussion with staff, it was determined with the pandemic, patients have been confined more to their room, patients were hesitant to leave their room and go to the shower room. Many patients felt it was easier to take sponge baths in their room and have the aides help them as needed. Due to the bathrooms being small in their rooms, we felt that the aides were more apt to assist the patients. Also, some patients may have had a slight decline due to the COVID-19 social distancing requirements and requested to bathe in their rooms due to some being weaker.

2. The quarterly Resident Questionnaire on quality of life. Overall, 2,305 surveyed patients revealed averages per category of neutral to very positive. No averages were negative or very negative. The highest increase went from an average of 3.2 to 3.5 asking the question, "How much of the time during the past two weeks have you felt tired." The question that asked, "How much time during the past two weeks have you felt down in the dumps that nothing could cheer you up?" was one where we say an average of 4.1 but fell to a 3.9 by the end of the project. Again, we believe the pandemic had a huge impact on the resident's behaviors and moods throughout the project. We were happy to report that there really was no huge significant decline in any of the quality-of-life questions that were asked during this project.

3. The Restorative Participation Log - Number of residents participating monthly. - Although the total census decreased throughout the project in all facilities except for VanAyer, the number of patients using iN2L for restorative increased by 35-45% in most facilities through January - December of 2019.

4. iN2L Monthly Usage Reports - For the entire project averaged Y1, 362 hours of iN2L usage each month, Y2 averaged 333 hours and year three averaged 217 hours, respectively. We found that due to many extenuating circumstances mentioned throughout this report our facilities did the best job they could with the resources they had to best use the equipment as they saw fit. It was very difficult to get staff engaged, when you had people working overtime hours just to get the necessities taken care of in each facility.

Results Measurement: Please upload any relevant data or graphs related to project final outcomes and/or success. Please segment all data as appropriate.

[FILE: ARTS-Memphis-Final.05.17.21v.3.pdf]

Examples:

- Unidentified MDS data for residents participating in the program before and after implementation;
- Infection rates at baseline and after project implementation;
- Number of participating residents each quarter;
- Pre and post survey results;
- Costs savings.

Do you have additional results measurement documentation to upload?

Yes
 No

Please upload additional results measurement documentation.

[FILE: Examples of Usage Reports.Fi....17.21.pdf]

Please upload additional results measurement documentation.

Please provide any additional information you would like to include in your final report.

This report has been tricky to write as you well know it has been a difficult year for the healthcare industry and especially skilled nursing facilities as we were challenged with so many obstacles throughout this ARTS program project and the pandemic. We do hope everyone that reads this report understands that our communities gave it their all during these tough times and made the best of each day for their residents. Every reporting period, we heard of great success stories for many of our patients. This truly impacted not only our residents but also our staff. We are so very thankful to the State of TN Dept. of Health and CMS for allowing us the opportunity to access these CMP Reinvestment funds o allow us to purchase the iN2L equipment and serve our nursing home patients throughout West Tennessee. It truly provided our residents an improved quality of life for those we serve and impacted the culture in our communities for years to come.

Please upload any additional documentation you would like to share in your final report.