

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 08/15/2021 11:47am.

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:

July 1, 2018 - June 30, 2021
(Example: January 1, 2019-March 31, 2019)

CMS Project Number

34305-23119
(This number can be found on your CMS approval letter.)

TDH Contract Number

Z19179059
(This number can be found on the first page (bottom right hand corner) of your TDH contract.)

Project Name

ARTS-Jackson (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: THM Phase 2 2018-iN2Lcontract.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:

1200
(Total number impacted for all reporting periods)

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

9
(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 nine 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 the project. Examples of some of the stories from each building follow:
 Crestview: The iN2L system has become part of the regular routine here. The systems are used for multiple things each day. The activity department use the computers daily for Bingo, Movie Day, trivia, memory games, exercise classes and sensory games. The restorative team has incorporated the system in their schedule. The residents have given positive feedback on the exercise bike that is connected to iN2L system. The residents love the fact they can "ride the bike through the woods or different backgrounds and they can pick music to play in the background while they pedal the bike. The staff that work on the memory care unit state the therapeutic music is very helpful during mealtimes and helpful in the evening when they play the sun-downing music.

Decatur Co.: The iN2L units are frequently used to engage and/or entertain our residents and patients. We use Google Earth to take our patients and residents to homes they have lived in the past and many times give them a street view of their front door. Bingo is played biweekly with all the residents that wish to play.

From a rehab perspective, we use the iN2L for games to assist with upper extremity gravity resisted ROM and balance training during unsupported sitting or standing exercises. Our Speech-Language Pathologist uses the iN2L for: positive interactions, visual recall, command following, demonstration and practice with memory strategies to name a few treatment approaches.

We also use the unit for calming some of our residents that are agitated by playing soothing music or finding videos of movies from their younger days. We like to use the balance tab a lot to use the mirror image to allow pt's to see their posture and use the lines to correct to upright posture. This is very successful in improving sitting posture and body awareness. Pt's enjoy listening to music while exercising from "their younger days" and it brightens their days. The ST uses the iN2L frequently with her cognition patients and sees great results in focusing, hand-eye coordination, visual perception and mood.

Forest Cove: A Forest Cove patient wrote in her own handwriting to us that she, "really likes using the computer and it is very entertaining and it is also a much needed tool. The computer helps in times of boredom and it is a good tool to use to connect to social media so you can reach your friends and loved ones."

Lewis County: We have a gentleman at our facility that enjoys watching the rodeo videos. Until he was introduced to the sports on the iN2L he did not participate in many activities but now he watches sports daily and also other men have joined in with him and they also watch boxing and they reminisce during this time. We have one of our younger residents that listens to country music daily also.

Lexington: The staff and residents love it. The residents enjoy watching the different types of fish on the Aquarium. The iN2L system has increased conversations between the staff and residents.

McNairy: One of the residents stated, "I love it!"

amazing the things you can do on iN2L. It is educational of endless things to do. I also like that I can get on Facebook anytime."

Northbrooke: We have seen wonderful engagement in the rehab department. We have had a stroke patient who could barely speak and move his own bingo chips. After 4 weeks, with Rehab and the use of the iN2L he could clearly yell "bingo" and move his own chips after incorporating iN2L into his rehab. They were also able to improve this strength and stamina by utilizing his favorite music to dance. Another thing we love is breaking down the cultural barrier. We have individuals who do not primarily speak English and we are able to provide extra activities for these residents on the iN2L in their native language. Its such a heartwarming experience to see their faces light up.

Savannah: A resident stated the following, "I love this, I can see my family in Hawaii. This is great, I can see my old house on here with google maps."

Westwood: Our speech therapist uses the iN2L during most, if not all, of her tx sessions. She stated that it helps enhance patient engagement and attention. It also helps to reduce a patient's attention to pain and fatigue by redirecting to task. It also utilizes a variety of sensory input for multilevel cognitive pts ranging from low cognition for sensory integration to high level cognition for thought organization and safety awareness.

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.Final Report.pdf]

Do you have additional materials to upload?

Yes
 No

Please upload any additional materials.

[FILE: Marketing.Final Jackson Report.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 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. Several employees at each facility were 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.

A clinical project manager would have been hired to facilitate, motivate, and train the staff to hold them accountable and assist where needed. That would be the first thing we would have done differently. 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 10-15% 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. Questionnaires were developed for this goal in which fifteen different questions were asked to several residents using the system per facility per quarter. Questions ranged from how much time the resident felt full of pep, to feeling calm, to feeling rested and relaxed, to being able to concentrate or were they feeling sad within the past two weeks of being surveyed. The goal during this project was to maintain or improve the patients' emotional status in each community by using the ARTS program. This goal was clearly met as each question during the length of the project increased from a neutral standpoint to more of a positive outcome. Through the data attached, you will see for all nine 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 14.8% decrease from the beginning of the project to the middle of the project. Facilities were able to make up 1/2 of that difference in bathing from June 2020 to June 2021. 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, 2,114 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 2.9 to 3.4 asking the question, "How much of the time during the past two weeks have you felt full of pep." 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, the number of patients using iN2L for restorative remained steady throughout the project until March 2020.

4. iN2L Monthly Usage Reports - For the entire project averaged Y1, 652 hours of iN2L usage each month, Y2 averaged 649 hours and year three averaged 444 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 Census Usage Data - Fin...12.21.xlsx]

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: ARTS ADL Data - Final Jackso...12.21.xlsx]

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 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 Mid-West & 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.