Final Grant Report for Year Three

The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831

"Reframing Dementia Through Person-Directed Practice"

Final Grant Report Contents

The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831
"Reframing Dementia Through Person-Directed Practice"

Final Grant Project Outcomes for Year Three

The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831
"Reframing Dementia Through Person-Directed Practice"

Project Purpose and Scope

The Tennessee Eden Alternative Coalition (TEAC), in collaboration with The Eden Alternative, has completed the third and final year of an educational project featuring the provision of a training kit called *Reframing Dementia*, an Eden Alternative offering. This training explores the art of building meaningful relationships as the fundamental building block for care that puts the person living with dementia first. Participants gain a powerful appreciation for the role of sensitivity, awareness, and presence in identifying the needs of those living with dementia in long-term care communities.

This 3-year grant project was built on the efforts of the Centers for Medicare and Medicaid Services (CMS) to provide meaningful outcomes for people who live with dementia. Through person-directed concepts and practical tools, direct care staff are empowered to engage other stakeholders in the reduction of antipsychotic use, while improving quality of life and quality of care for those they support. To help meet federal requirements, this project promoted an approach to care that moves beyond the symptom (or so-called "behaviors") to identify the unmet needs that cause distress and subsequent medication use for those living with dementia.

Each year of the project has featured the following project scope:

- Each enrolled nursing home created a "Change Agent Team" of 3-4 people for full participation in the project. Designated team members are asked to possess skills in teaching, coaching, and leadership and be willing to return to their organizations prepared to share what they've learned through education and daily infusion of the concepts into operations.

- Each Change Agent Team received one *Reframing Dementia* Training Kit (1 per organization) and specific skills and resources for how to put these materials to work back in their organizations. By focusing on observation, communication, and interpersonal skills needed to identify the unmet needs of people living with dementia, *Reframing Dementia* prepares employees, family members, and volunteers to effectively respond to challenging interactions and expressions of need with awareness, presence, and compassion.

For successful application of the training kit in each project year the project included the following supports:

- Two in-person/interactive educational events (2 different locations/dates) per project phase called *Reframing Dementia: Train the Change Agent.* This 1-day event covers highlights of the training content, offer tips on how to facilitate the training, and how to engage others in applying the content back in the homes they represent. Participating Change Agent Teams are encouraged to open their in-house *Reframing Dementia* training(s) to family members, local ombudsmen, and state surveyors to extend learning and create systems of support.

- At the *Train the Change Agent* event, Change Agent Teams received the following hard copy materials: 1)a comprehensive training kit; 2) a crosswalk tool aligning *Reframing Dementia* content with complementary modules from CMS' *Hand in Hand* training, thus combining the strengths of both

curricula and creating a comprehensive resource that meets different learning needs; and 3) a project action planner which includes everything they need to support their implementation process.

- Change Agent Teams implemented what they learned back in their organizations by focusing implementation efforts initially on a sample group of up to 25 residents living with dementia and up to 25 employees that work most closely with them daily. This sample group is the focus of their training efforts and active application of new approaches for the duration of the project phase.

- Change Agent Teams were also given the option to attend at least one of two virtual gatherings (webinars) with renowned geriatrician and author, Dr. Al Power and/or other experts on the subject of dementia, who will answer questions and concerns about person-directed dementia care.

  Click here to see the Year Three, Dr. Power Info Session #1 Recording, **DATE:** 1-24-2018
  https://edenalt.sharefile.com/d-se2fb8ece1474d88b

  Click here to see the Year Three, Dr. Power Info Session #2 Recording, **DATE:** 3-18-2018
  https://edenalt.sharefile.com/d-sbcdbc849d65446fb

- Dr. Power also provides an informational webinar for nursing home medical directors:

  Click here to see the Year Three Medical Director Info Session Recording, **DATE:** 8-21-2018
  https://edenalt.sharefile.com/d-sc273de658e44ca0b

  Lastly, for the purposes of recruitment, **a virtual gathering took place on August 9, 2018 to inform the top 20 largest nursing home companies** in the state about the benefits of this project. We had 18 participating sites on this webinar, and then the recording was shared widely throughout the remainder of our recruitment process. In Year One, this event was scheduled as a live event that no one registered for. The shift to a virtual gathering paid off in Year Two and Year Three. Click here to see the recording for this virtual session: https://edenalt.sharefile.com/d-sbeb1d9af07949d48

Key Challenges

Year Three started out with reasonable enrollment for the project and enthusiastic engagement at the *Train the Change Agent* events. Yet, like Year Two, the commitment to implement all project activities dropped off significantly not long after the completion of the *Train the Change Agent* events. By the end of Year Three, we had 42 organizations fail to fulfill project expectations. Compiled by CMS request, the following list details efforts made by the grantee to secure engagement of participating organizations through the end of Year Three:

- The *Train the Change Agent* events took place on September 11 and 13, 2018, and before training began, we asked participants to check a box on the registration form indicating they would comply with grant requirements. We also provided the requirements in print at the in-person events, and the emphasized them at the events throughout the day.

- A user-friendly landing page was created to share with participants, noting the project evaluation details and online survey links.

- The TN Department of Health CMP Reinvestment Program team and the QIO were contacted to inquire if they would create a contact list dedicated to this project and send emails regularly to these contacts throughout the duration of the project. TEAC agreed to create content for the email template, and the TN

DOH and QIO agreed to send emails alongside us, with the goal of improving our open rates and ensuring that teams actually fully implemented the project details.

- An email was sent to participating Change Agent Teams on 10/25/2018 to touch base after the *Train the Change Agent* event, reminding them to select their sample group and schedule their first *Reframing Dementia* training before Dec. 15th. A link was also provided to the webinar recording for Medical Directors.

- TEAC asked the QIO to send an email on 12/18/2018 to participating Change Agent Teams, alerting them that, if they hadn't met the Dec. 15th deadline for teaching the first round of *Reframing Dementia*, that it wasn't too late. The deadline was extended until February to complete this. This email also reminded them of the webinar with G. Allen Power, M.D for Change Agent Teams on Jan. 23, 2019.

- TEAC asked the QIO to send an email on 1/2/2019 to participating Change Agent Teams, alerting them that, if they hadn't met the Dec. 15th deadline for teaching the first round of *Reframing Dementia*, that it wasn't too late. We extended the deadline to February to complete this. This email also reminded them of the webinar with G. Allen Power, M.D for Change Agent Teams on Jan. 23, 2019.

- The Eden Alternative reached out to corporate contacts that attended the 1-day training and provided them a list of nursing homes in the project that had yet to submit data asking them to complete the full project scope.

- TEAC Board members, TN Department of Health CMP team and QIO made phone calls in February to Change Agent Teams who had yet to submit any data regarding their progress with the grant. During the phone calls, callers checked for both administrative and staff changes; teams that completed training, but had not submitted data; and those who admitted they couldn't complete grant requirements.

- To secure a complete data set, implementing teams with data gaps were contacted and asked to make sure that they filled each of these gaps.

Expected vs. Actual Outcomes

Outcome #1: *For each phase of the project, 200-400 people will participate in 1 of 2 in-person events for Train the Change Agent.*

Actual Outcome: We had a **grand total of 253 people registered, comprising a total of 73 Change Agent Teams, to participate in the Train the Change Agent 1-day event.** Therefore, our outreach efforts were not successful in reaching and engaging our projected numbers (80 nursing homes). We also followed up with registrants via email and personal phone calls to make sure they still had training dates in the calendars. However, **we had 76 no-shows** across the project, even though they were registered and confirmed to attend training events. Thus, **we had a total of 177 people show up from 58 nursing homes to participate both training events combined.** This is below the projected range captured in Outcome #1 by 15 people.

The 1-day *Train the Change Agent* event took place two different times in two different places in September 2018:

	Attendees	# of Nursing Homes
Sept. 11 (Murfreesboro)	118	36
Sept. 13 (Chattanooga)	59	22
TOTAL	**177**	**58**

Outcome #2: *By the end of each project phase, project activities will help effect a 5% overall shift toward person-directed perceptions of, and approaches to, dementia care.*

Actual Outcome: When Change Agent Teams delivered the *Reframing Dementia* training back in their organizations, they administered a pre/post/ follow-up survey process for training participants to complete. **Participants of *Reframing Dementia* training experienced a 15% average shift toward person-directed perceptions of dementia care**, from the pre-test survey to the immediate post-test survey administered immediately after the training. **This is well above the projected shift of 5%.** From the **pre-test all the way through to the follow-up survey**, the change in perceptions remained above the projected 5%. *Reframing Dementia* participants **experienced a 9% average shift** toward person-directed care. **(See the Aggregate Report for *Reframing Dementia* in the Appendix.)**

Other findings:
The Post-Training assessment asked for a most valuable point from the training, and 166 participants responded. Many participants noted the importance of recognizing the differing perceptions of others, and learning new techniques. Also frequently noted was the value of learning more about dementia generally.

The Follow-up assessment asked what skill or concept continued to stand out for participants, and among the 88 responses, a significant portion of responses included patience, and viewing the management of dementia as a process. The concepts of listening, compassion, and being considerate were also common themes.

Perceptions of the information presented were very positive, after the passage of time between the Post-Training and the Follow-Up assessment.

When asked whether *Reframing Dementia* training offered useful information and whether that information remained useful over time, **94% of respondents said DEFINITELY immediately after the training and 89% said DEFINITELY 4 months after the training.**

When asked whether the information provided during the training helped participants improve care for individuals living with dementia, **93% said DEFINITELY immediately after the training and 90% said DEFINITELY 4 months after the training.**

Qualitative reactions to *Reframing Dementia* include the following comments:

- *I learned that people living with Dementia are still whole and are people just like you and I.*
- *I now know how to interact with someone living with dementia, where before I would just get frustrated.*
- *I learned to slow down, be calm, and take time with the residents.*
- *Another concept that stood out was the Three Plaques of loneliness, helplessness, and boredom. It explains why some residents react the way they do.*
- *I learned the importance of not taking away someone's independence in the name of trying to help them.*
- *Elders living with dementia can help themselves and can also help others.*

***Outcome #3: During each phase of the project**, participating organizations will complete 2 interim implementation assessments that will highlight specific benchmarks of progress reached within their designated sample group. At least half of the participating organizations will meet 50% of the suggested implementation benchmarks in the sample group by the end of the project phase.*

Actual Outcome: Responding Change Agent Teams achieved an average 73% positive response regarding whether or not they completed designated benchmarks listed on Implementation Assessment #1. This exceeds the projected goal of meeting 50% of suggested implementation benchmarks. **For Implementation Assessment#2, participants achieved an average 84% positive response regarding whether or not they completed designated benchmarks.** This also exceeds our projected outcome that they would respond positively to having completed at least 50% of the implementation benchmarks. (For details see the NRC report on Implementation Assessments in the Appendix of the report.)

Other findings:

Implementation steps teams focused on the most… Implementation assessment analysis revealed that the top four implementation steps most frequently taken by participating Change Agent Teams were:

For Implementation Assessment #1:

- Delivered a presentation to organization leaders highlighting key learning points from Reframing Dementia.
- Facilitated first round of Reframing Dementia training by December 31.
- Held Learning Circles with organization leaders asking them what signs of loneliness, helplessness, and boredom they see in those who live with dementia in your care community.
- Held Learning Circles with sample group of employees engaged in the project.
- Held Learning Circles with Leadership Team asking them to identify what barriers exist in your care community to strengthening close and continuing relationships with those who live with dementia.

For Implementation Assessment #2:

- Our team has practiced learning circles with the Leadership Team asking them to identify what barriers exist to strengthening close and continuing relationships with those who live with dementia in our care community.

- We delivered Reframing Dementia training in our organization.

- We have held follow-up Learning Circles with a sample group of employees who attended the training about what signs of loneliness, helplessness, and boredom they've seen in those who live with dementia.

These are all strong steps toward effectively shifting dementia care practices.

Outcome #4: By the end of the 3-year grant project (Phase One –Three), *the project has a goal of helping to effect at least an overall 5% reduction for Tennessee in the use of antipsychotic medications.*

Actual Outcome: This outcome was intended to be fully addressed at the end of the entire 3-year project.

Data needed for this analysis is provided by CMS' Nursing Home Compare (NHC) dataset. NHC pulls this data from the Minimum Data Set 3.0 (MDS) Repository quarterly. Data in NHC are risk adjusted by CMS at the nursing home level using exclusions and resident-level adjustments. **One limitation of NHC as a data source is a time lag of two to three quarters (depending on the time of the data pull).** This said, please note the following excerpt from Dr. Amy Elliot's report (please review the complete methodology and analysis details in Dr. Elliot's full report included in this report's Appendix).

Percentage of Long-Stay Residents Who Received an Antipsychotic Medication

It's important to note that the overall participant data includes participants that started in Year Three of the project. These homes would have attended training in the 4th quarter of 2018. Hence, post-data is not available for those 37 homes, and the expectation would be that these homes trend in a manner similar to non-participants at the end of 2018. Table 4 and the chart below support this expectation and highlight that homes that started with the project in Year One had the largest relative mean reduction of 26.3% from 2016 to 2018. Year Two start homes had the second overall highest relative decrease of 16.4%. However, Year Three start homes (where post-data is not yet available) attained relative reductions aligned with non-participants. Chart 1 illustrates this graphically with the Year 3 and No Start lines displaying smaller slopes than the Year One and Year Two Start homes. Again, changes are statistically significant from the pre-to-post timeframes for all groups, but the fact that the length of project participation is highly correlated with reductions is compelling. Although Year One Start homes did begin the project at the highest mean levels in 2016 (and hence had more opportunity for change), Year Two Start homes began the project with the lowest mean levels and still achieved a high percentage of relative change.

Table 3: Pre- to Post-Change for the Percentage of Long-Stay Residents Who Received an Antipsychotic Medication

Long-stay Antipsychotic Measure by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[1]
Project Participants	19.13	15.17	-3.96	-20.7%
Non-Participants	16.95	14.85	-2.10	-12.4%
Tennessee Overall	18.08	15.01	-3.07	-17.0%

Pre-to-Post differences for all groups are statistically significant at the .01 level. A difference-in-difference comparison of changes from participants to non-participants is significant at the .01 level (indicating significant correlation between project participation and long-stay antipsychotic reductions).

Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication

The project Outcome Goal #4 (a 5% relative reduction in antipsychotic use for the state) relating to this measure was achieved by the end of the 3-year grant project with a 19.3% relative reduction in the 4-quarter average of short-stay antipsychotic medications for the state of Tennessee. However, there was no statistical correlation with project participation and reductions for this measure with participants attaining a 19.2% relative reduction and non-participants achieving a 19.6% relative reduction. As with the long-stay measure, Tennessee lowered the gap between the state and national mean percentage points from 2016 to 2018 (with both at a 1.8% average at the end of 2018).

Table 5: Pre- to Post-Change for the Percentage of Short-Stay Residents Who Received an Antipsychotic Medication

Short-stay Antipsychotic Measure by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[2]
Project Participants	2.30	1.86	-.44	-19.2%
Non-Participants	2.28	1.83	-.45	-19.6%
Tennessee Overall	2.29	1.85	-.44	-19.3%

Pre-to-Post differences for all groups

Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

Although there was not a specific outcome goal relating to this measure, the state of Tennessee achieved an overall 10% relative reduction in the 4-quarter average of long-stay antianxiety or hypnotic medications. As with the short-stay antipsychotic measure, there was no statistical correlation between project participation and reductions for this measure with participants reaching an 11% relative reduction and non-participants realizing a 9% relative reduction. For this measure, Tennessee *did* remain significantly above the national average (a 33.3% average for Tennessee in 2018 versus a 20.7% national average).

[1] Relative % Change = (2018 % - 2016 %)/2016%

[2] Relative % Change = (2018 % - 2016 %)/2016%

Table 6: Pre- to Post-Change for the Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

Antianxiety or Hypnotic Medication by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[3]
Project Participants	37.95	33.69	-4.26	-11.2%
Non-Participants	36.31	32.90	-3.41	-9.4%
Tennessee Overall	37.15	33.31	-3.84	-10.3%

Pre-to-Post differences for all groups are statistically significant at the .01 level.

Dr. Elliot's report summary details the following excellent outcomes:

- Project participants achieved a significantly higher reduction in the *Percentage of Long-stay Residents who Received an Antipsychotic* measure than non-participants from the pre-to-post timeframes. Specifically, project participants achieved a -20.7% relative reduction for this measure, while non-participants attained a -12.4% relative reduction. The overall effect was a -17.0% relative decrease in the use of long-stay antipsychotics from 2016 to 2018 for the state of Tennessee.

- The length of time engaged with the project was also highly correlated with reductions for the state. Participants starting with the project in Year One achieved a -26.3% relative reduction from 2016 to 2018, and participants that started with the project in Year Two attained a -16.4% relative reduction in the use of long-stay antipsychotics.

- The two additional measures, *Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication* and *Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication*, also attained significant reductions from the 2016 to 2018 timeframes for project participants, non-participants, and the state of Tennessee. However, unlike the long-stay antipsychotic measure, there was no significant difference in the relative change between participants and non-participants.

- The Outcome Goal #4 for the project was achieved. The state of Tennessee closed the gap on the national average for all three measures, coming close for the long-stay antipsychotic measure in 2018 (with less than a .5% difference) and currently equaling the national average for the short-stay antipsychotic measure.

- These outcomes were featured in the following press release: http://www.prweb.com/releases/new_analyses_reveal_that_the_eden_alternative_is_associated_with_a_significant_difference_in_nursing_home_five_star_ratings_and_reductions_in_long_stay_antipsychotic_use/prweb16464333.htm

[3] Relative % Change = (2018 % - 2016 %)/2016%

Experiential Impact of Events/Content/Materials

In Year One, we administered a pre/post/follow-up survey format to assess the experiential impact on members of each change agent team. We found that this format confused participants and created more survey fatigue in the end. In Year Two and Year Three, we decided to simplify our efforts to capture this data by administering 2 experiential assessment questionnaires, with one administered immediately after the *Train the Change Agent* event and the second roughly 4 months later.

Results of the first Experiential Assessment for Year Three are extremely positive; **98% of respondents agreed or strongly agreed to each of the six questions asked.** Further, there were three open-ended questions, asking what was most valuable, what changes are recommended, and general comments. The amount of interaction, resources, techniques for training others, breakout sessions, and hands-on approach were frequently called out as most valued.

Results of the second Experiential Assessment **are quite positive with all responses positive or neutral.** The respondents all agreed or strongly agreed that they continue to apply what they gained from the Reframing Dementia experience. All respondents also indicated they felt the learning and materials helped them improve wellbeing for those who live with dementia, and all but two noticed more confidence in themselves as facilitators/trainers.

The second experiential assessment asked for specific examples of how materials or learnings from the Train the Change Agent event and Reframing Dementia Training Kit have helped make a difference for the respondent or someone they've trained. Awareness was cited by multiple respondents. Respondents also mentioned how specific situations and more personal care improved from the training. Other comments (in response to the final open-ended question on the assessment) were appreciative for the training and assisting them to provide better care and training.

Grant Project Process Review

The Eden Alternative, CMS Project Number 2015-04-TN-0831
"Reframing Dementia Through Person-Directed Dementia Practice"

The table below captures both our actions and outcomes for Year Three of this project. "What Worked" reflects the process strengths and "Lessons Learned" captures how we adjusted Year Two's progression and our specific implementation.

What Worked	Lessons Learned
In addition to partnering with QSource of Tennessee, we utilized assistance from the Tennessee Department of Health's Healthcare Licensure and CMP offices, which made a tremendous difference in our recruitment efforts. QIO provided data that identified providers with high antipsychotic utilization rates and low star ratings and their e-mails supplemented the initial correspondence from the Eden Alternative Home Office, which was then supported with additional	Our change to a virtual webinar for years two and three permitted interested companies to understand the scope of our grant and to better enable corporate support. Recorded webinars were available for others who were unable to participate in the initial informational session.

mailings from the CMP office and announcement of training during the regional trainings provided by the Licensure Office.	
Year Three saw many of the same challenges encountered in Year Two (people changing/resigning positions or corporate priorities shifting/ownership changes).	Several communities called with a request to have current care partners take the training, as those participants in Year One and Two were no longer with the care community. For teams that wished to repeat the grant due to staff turnover, a letter of corporate support was required by CMS for approval to permit these communities to repeat the program. In only one instance did this effort become a two sided sword for our efforts as the corporate officer who promised to follow the home's efforts and submission of required data resigned her position and did not share her commitment with other management colleagues. The community in question would not accept the commitment made by the former corporate officer and claimed they only attended the training to see if they were interested in participating in the grant and refused to implement the training or submit data.
We provided continuing education hours to participants to encourage participation from communities that had yet to attend either of the first or second year trainings.	While it was an appreciated bonus for those participants who are required to attend continuing education programs to maintain licensure, some came only for the provided hours and never intended to implement the training. The TEAC board was able to identify the communities and also note that those were the homes unable to provide reasons as to why the training was never implemented.
To identify appropriate venues for Year Three training events, we again used a map to plot the concentration of homes with the highest antipsychotic utilization rate and which of these homes had not attended either of the first or second year's training. We looked at cities that allow these and other participants unable to attend previous trainings to not have more than an hour's drive to the venue..	Our Year Two revamped registration form required unique email addresses for each registrant and during the day long training participants were given an opportunity to provide more accurate e-mail addresses in the event the initial address was modified through position change or acquisition of community by another company. However, in the final year, several homes still registered everyone under one phone number which provided a bit of a challenge when attempting to contact participants. Several participants did not have staff clerical assistance or voice mail and we had to rely on switchboard messages and e-mails for contact purposes.

The *Train the Change Agent* training was fun, engaging and very participatory and it was our hope the teams would bring the same energy to their implementation. What became evident to us during the first year was that some change agent teams were reluctant to apply the training and supplemental kit to their communities.	The *Train the Change Agent* event was designed to showcase parts of the *Reframing Dementia* kit, and also assist teams in adult learning principles. Based on certain outcomes in Year One's outreach, the educators spent more time discussing project expectations and detailed instruction in kit use and outcomes from the last year's teams to encourage them to use this as a Performance Improvement Project (PIP)
QSource and both Department of Health offices was kept abreast of data entry completed by participating communities. In Q-Source's one-on-one calls with providers, they were able to redirect them to the project and ask that they stay engaged and submit data. The CMP office joined TEAC board members in making calls and continued support from the Healthcare Licensure office included mention during regional training as well as e-mail reminders of required data submission.	As will continue to be the case in long- term care, ownership and management changes as well as staff turnover will be stumbling blocks in grant training. Senior leaders were still invited to participate, but were encouraged to register care partners who had more hands on time with elders and could implement training for colleagues. In many cases there were no training positions and in a few communities that had such a care partner, he/she was often placed on the floor in care positions with staff shortages.
As with Year One and Two, our efforts had few responses to the surveys after the training. We made telephone calls, followed by supporting e-mails, to each provider to discuss the missing data and answer any questions they had. Because of this outreach, and the deadline extension given to promote data submission, our responses did increase.	Many communities validated our knowledge of both "survey and grant fatigue." We added additional touch points for data submission and made an Eden Educator available to assist with submission questions but found ourselves with many communities unable to submit data. Our continued support from the State of Tennessee did assist in making a dent. Our documentation was extended to include name of contact person, if the message was left on voice mail or we were able to speak to the individual, what the challenges were and asked the specific question if they would be able to implement the training before deadline.
Collecting best practice stories from implementing organizations worked well in capturing anecdotal evidence of the success of the project. Several of the stories were included in minutes shared with TEAC members following Board meetings.	As we learned in Year One and Two, there were common threads of turnover and leadership change that kept providers from taking necessary steps to implement. We provided an extension to May 15 in hopes communities would meet the expected outcomes. While it did slightly increase the number of communities who met grant obligations this year, we also had to rely on our corporate contact who had agreed to monitor community progress and data submission to truly increase our level of commitment.

Concluding Thoughts Regarding the Project as a Whole

While consistent project implementation for Year Three dropped off quite bit, as it did in both Years One and Two, participant satisfaction with the content, resources, and materials remains positive. Change Agent Teams that followed through with implementation also consistently completed suggested implementation steps, as outlined by the project. With the conclusion of Year Three, Dr. Amy Elliot's analysis of Nursing Home Compare data revealed that nursing homes participating in this project achieved significantly higher reductions in long-stay antipsychotic use than nonparticipants, with participating homes achieving a 20.7 percent relative reduction (versus a 12.4% relative reduction for non-participants). Length of time in the project was also correlated with reductions. In particular, the group of participants starting in the first year of the project realized a 26.3 percent relative reduction in long-stay antipsychotic use overall.

The Tennessee Eden Alternative Coalition wants to thank CMS for the opportunity to support the efforts of states to reduce antipsychotic use and improve the quality of care and quality of life for those who live with dementia and their care partners.

Appendix

Grant Report (Year Three)

The Eden Alternative, Grant No. 2015-04-TN-0831

"Reframing Dementia Through Person-Directed Practice"

TEAC YEAR 3

REFRAMING DEMENTIA

PRE-TRAINING, POST-TRAINING, & FOLLOW UP ASSESSMENTS

COMPREHENSIVE REPORT

nrc HEALTH | Human understanding

1245 Q Street | Lincoln, NE 68508
P: 1 800 388 4264 | F: 1 402 475 9061

nrchealth.com

REFRAMING DEMENTIA

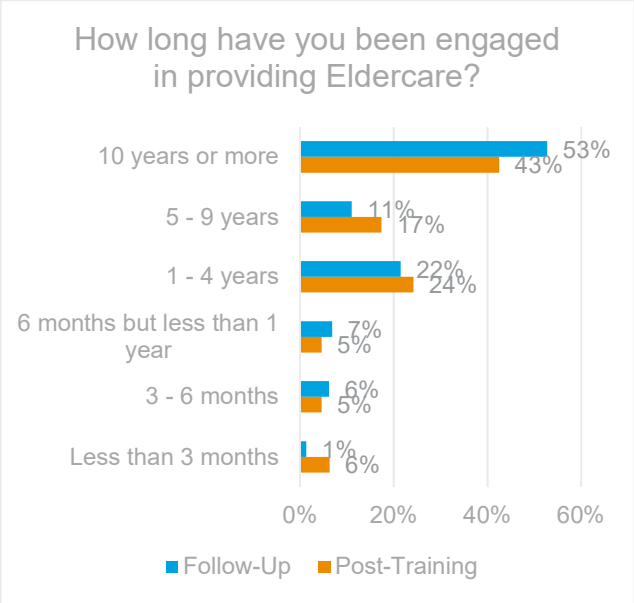
Overview

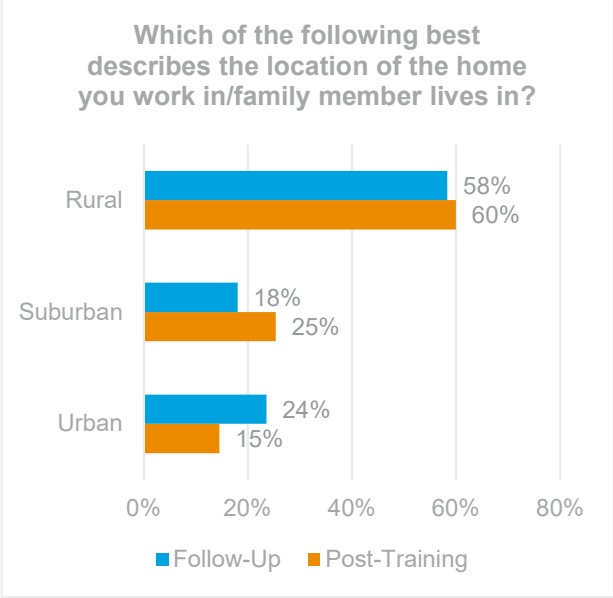
Measurement of the impact of the Reframing Dementia experience was conducted in a three-part method, with a Pre-Training assessment for measuring the baseline starting point for participants and then a Post-Training assessment immediately following the session. Then, after participants had returned to their care facility for some time, a second Follow-Up assessment was conducted, to gauge the long-term retention and impact of the program.

The Participation for the Pre- and Post- assessments were highly similar groups, as would be expected since these were done at the training event. The Follow-Up Assessment had a lower response, with half as many organizations represented in the final round of measurement.

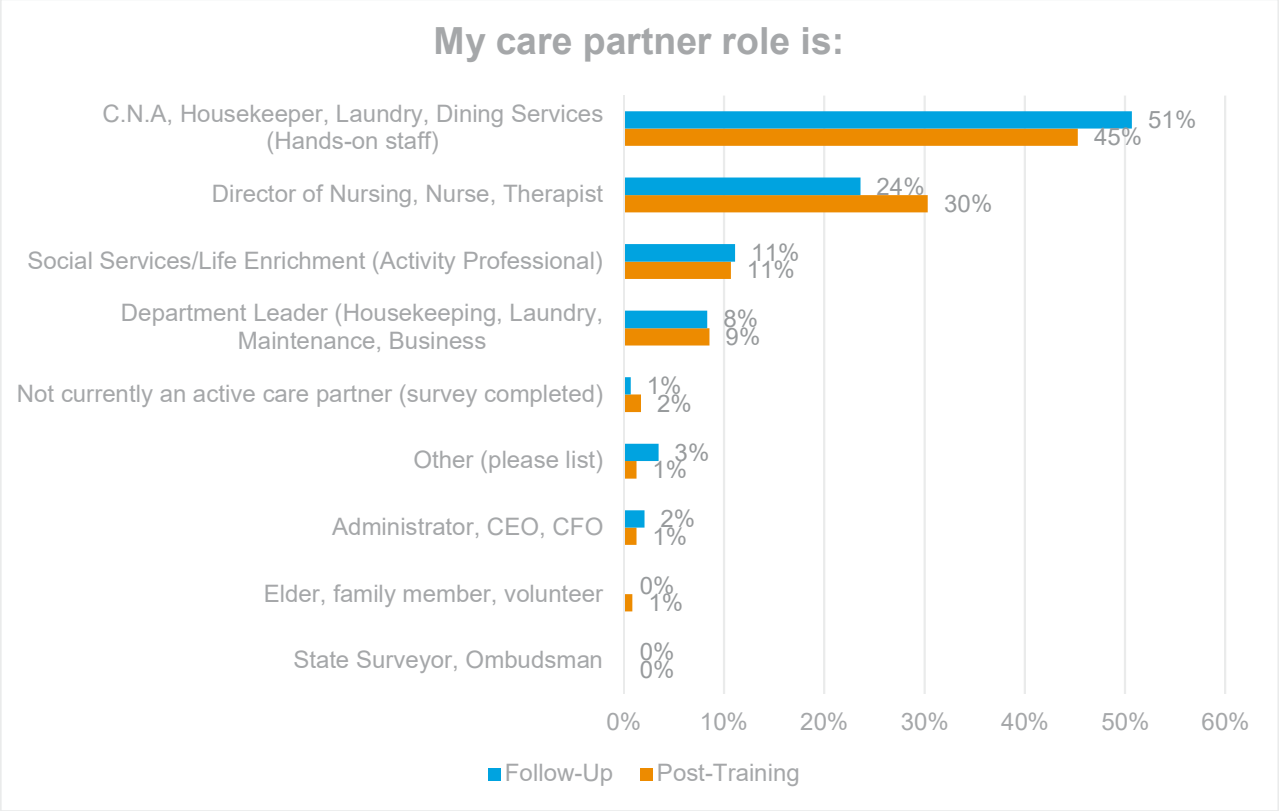
Summary	Total Respondents	Total Organizations
Pre-Training Assessment	271	22
Post-Training Assessment	240	18
Follow-Up Assessment	144	14

Since the Pre- and Post- assessments were collected together, descriptive questions about respondents were asked on the Post-Training assessment (respondents completed both these in the same setting, so this is by design). The participants invited to complete the later Follow-Up assessment were from the same cohort, and have a similar, but not the same profile as the original group, since some institutions had far fewer or no respondents in the Follow-Up assessment. Of note, the Follow-Up cohort was more experienced and more urban (less suburban) than the original whole group participating in the Reframing Dementia experience.



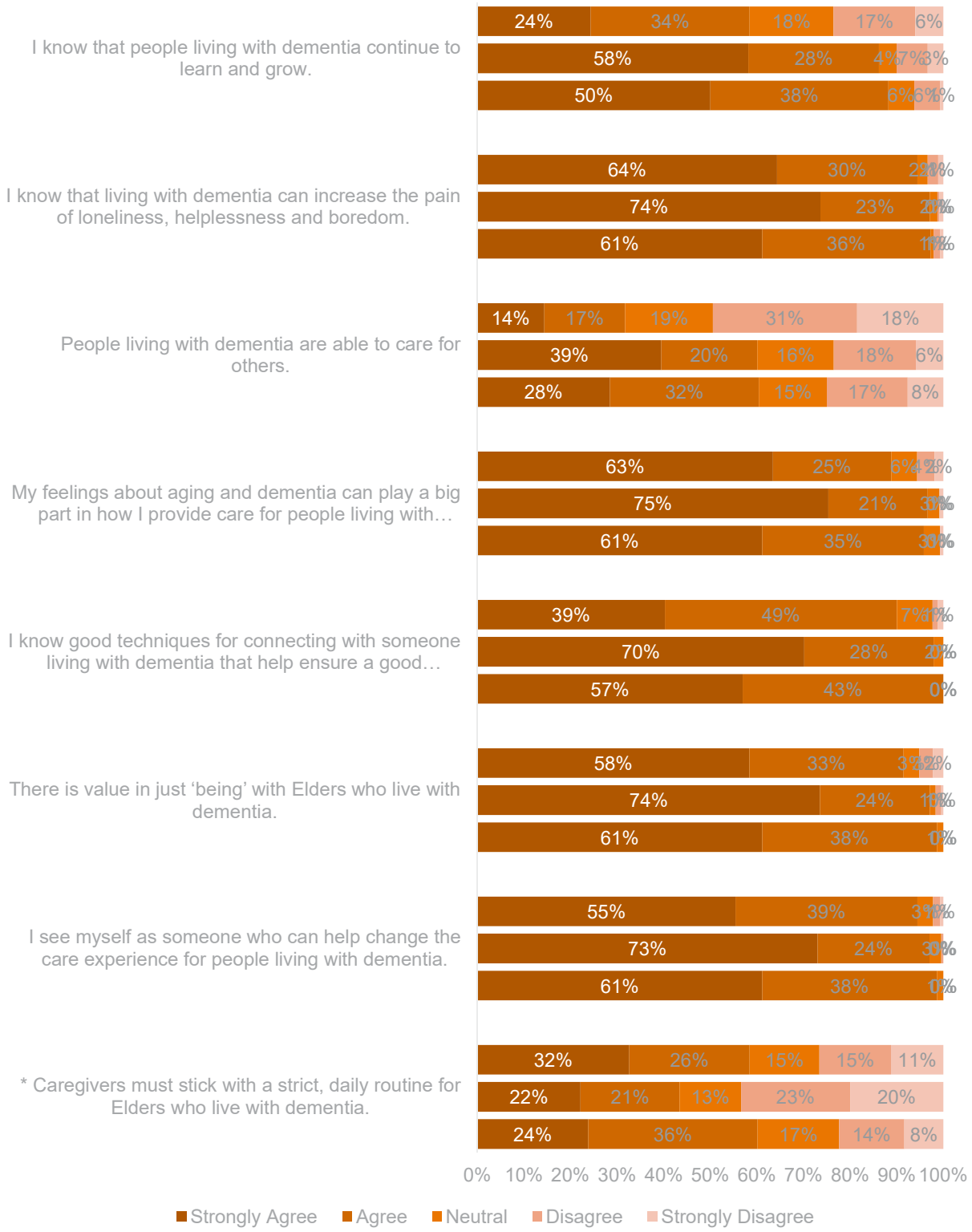


The makeup of the Post-Training and Follow-Up respondent groups were very similar in terms of their care partner roles. No individual category differed by more than 6 percentage points between the immediate post-test and later follow-up.



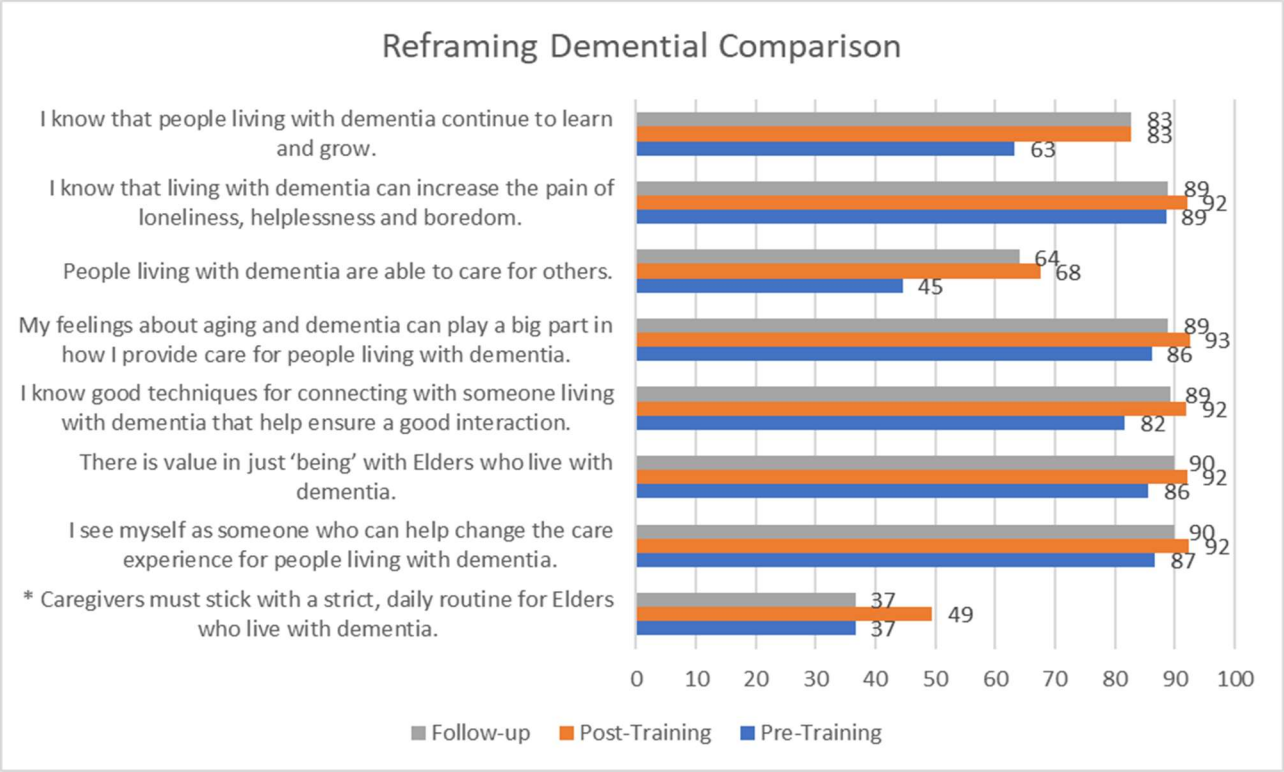
Note that for display clarity, bars reflect precise values and may not appear of equal size where the value label is the same due to rounding the labels to whole percentages.

Structured Questions Overview



* Item marked is reverse-scale type, and so strongly disagree is the desired response to the item. Increases in the percentages strongly disagree/disagree over the three assessments indicate successful learning of this concept.

Average scores are calculated by assigning the following values: Strongly Agree = 100; Agree = 75; Neutral = 50; Disagree = 25 ; Strongly Disagree = 0. Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Pre-Training Score	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Post-Training Score	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Follow-up Score
	Pre-Training						Post-Training						Follow-up					
I know that people living with dementia continue to learn and grow.	24%	34%	18%	17%	6%	63	58%	28%	4%	7%	3%	83	50%	38%	6%	6%	1%	83
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	64%	30%	2%	2%	1%	89	74%	23%	2%	0%	1%	92	61%	36%	1%	1%	1%	89
People living with dementia are able to care for others.	14%	17%	19%	31%	18%	45	39%	20%	16%	18%	6%	68	28%	32%	15%	17%	8%	64
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	63%	25%	6%	4%	2%	86	75%	21%	3%	0%	1%	93	61%	35%	3%	0%	1%	89
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	39%	49%	7%	1%	1%	82	70%	28%	2%	0%	0%	92	57%	43%	0%	0%	0%	89
There is value in just 'being' with Elders who live with dementia.	58%	33%	3%	3%	2%	86	74%	24%	1%	1%	0%	92	61%	38%	1%	0%	0%	90
I see myself as someone who can help change the care experience for people living with dementia.	55%	39%	3%	1%	1%	87	73%	24%	3%	0%	0%	92	61%	38%	1%	0%	0%	90
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	32%	26%	15%	15%	11%	37	22%	21%	13%	23%	20%	49	24%	36%	17%	14%	8%	37



* Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores.

Structured Questions Score Change Analysis, Pre-Training and Post-Training

	Pre-Training	Post-Training	Score Difference	% Change
I know that people living with dementia continue to learn and grow.	63	83	19	24%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	89	92	4	4%
People living with dementia are able to care for others.	45	68	23	34%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	86	93	6	7%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	82	92	10	11%
There is value in just 'being' with Elders who live with dementia.	86	92	7	7%
I see myself as someone who can help change the care experience for people living with dementia.	87	92	6	6%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	37	49	13	26%
Average Difference			11	15%

* Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

Structured Questions Score Change Analysis, Post-Training and Follow Up

* Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

	Post-Training	Follow-up	Score Difference	% Change
I know that people living with dementia continue to learn and grow.	83	83	0	0%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	92	89	-3	-4%
People living with dementia are able to care for others.	68	64	-3	-5%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	93	89	-4	-4%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	92	89	-3	-3%
There is value in just 'being' with Elders who live with dementia.	92	90	-2	-2%
I see myself as someone who can help change the care experience for people living with dementia.	92	90	-2	-3%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	49	37	-13	-35%
Average Difference			-4	-7%

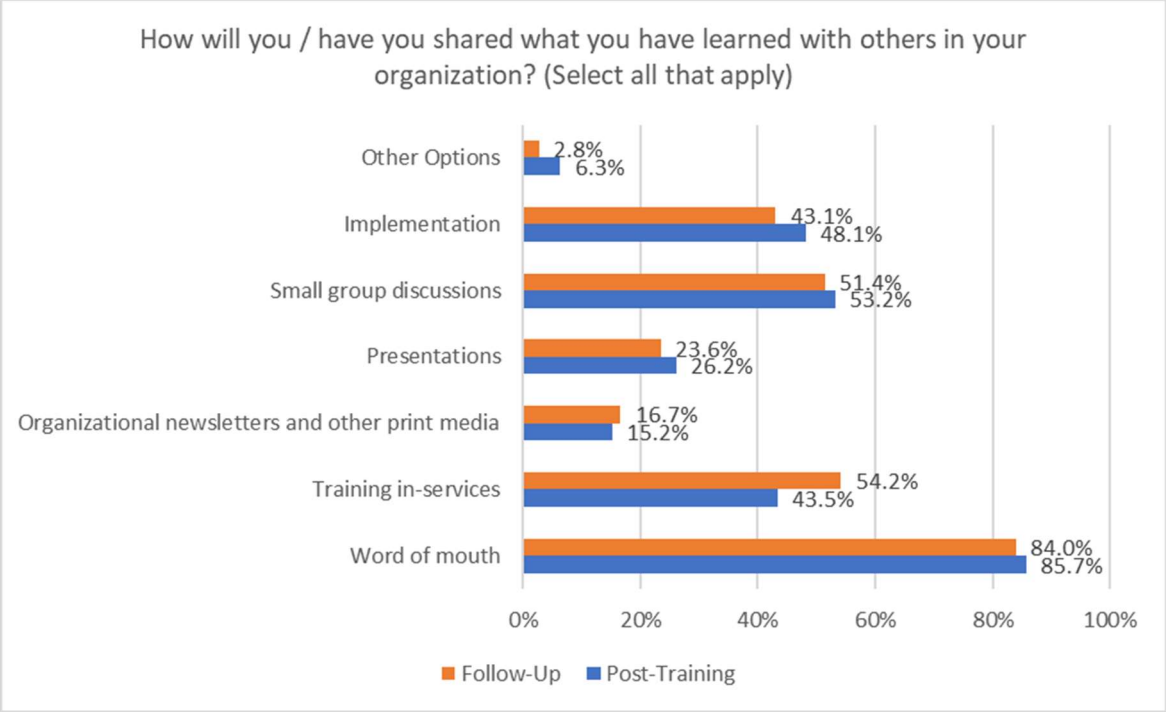
Structured Questions Score Change Analysis, Pre-Training and Follow Up

* Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

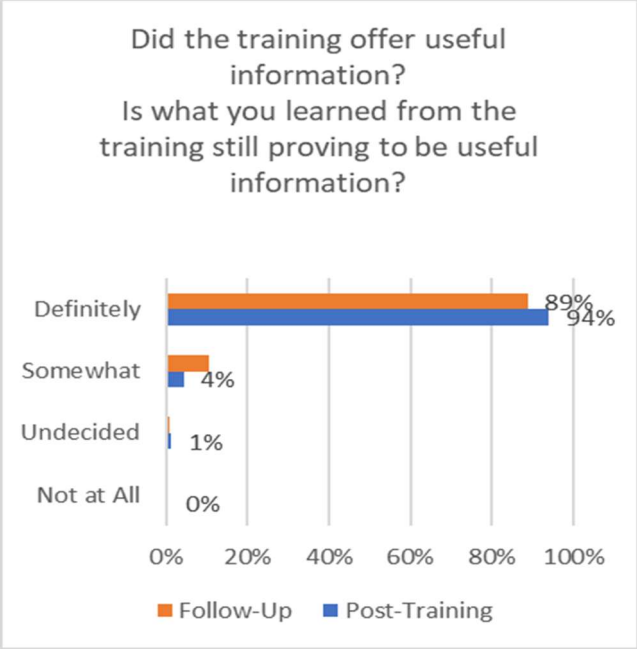
	Pre-Training	Follow-up	Score Difference	% Change
I know that people living with dementia continue to learn and grow.	63	83	20	24%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	89	89	0	0%
People living with dementia are able to care for others.	45	64	20	30%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	86	89	3	3%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	82	89	8	8%
There is value in just 'being' with Elders who live with dementia.	86	90	4	5%
I see myself as someone who can help change the care experience for people living with dementia.	87	90	3	4%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	37	37	0	0%
Average Difference			7	9%

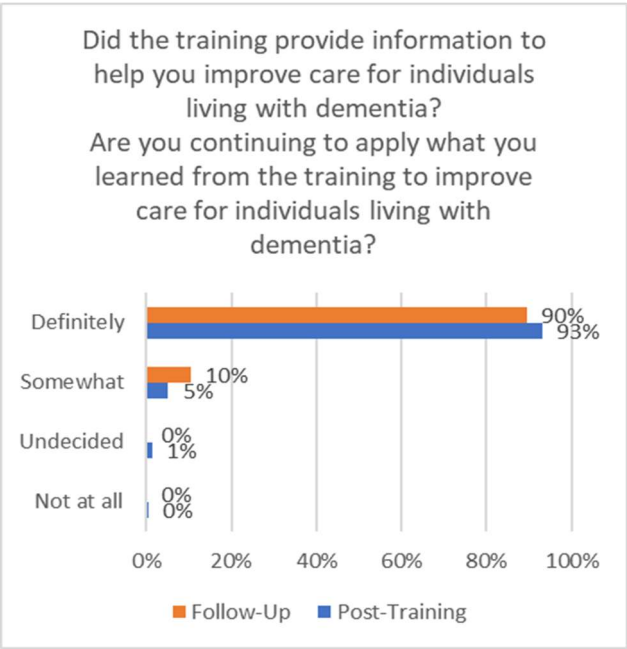
Additional Questions

In the Post-Training and Follow-Up assessments, several questions asked about the training and the participants' perceptions of the information presented, its utility, and their plans for implementation of the ideas and ideals within their caregiving setting. Overall, the plans for sharing the content and the actual ways participants shared the content are highly similar, with word of mouth being far and away the most common method of disseminating the information.



Perceptions of the information presented were very positive, after the passage of time between the Post-Training and the Follow-Up assessment, the “definitely” responses to usefulness and self-reported ability to apply the learning trended up slightly.





The Post-Training assessment asked for a most valuable point from the training, and 166 participants responded. Many participants noted the importance of recognizing the differing perceptions of others, and learning new techniques. Also frequently noted was the value of learning more about dementia generally.

The Follow-up assessment asked what skill or concept continued to stand out for participants, and among the 88 responses, a significant portion of responses included the patience, and viewing the management of dementia as a process. The concepts of listening, compassion, and being considerate were also common themes.

TEAC YEAR 3

EXPERIENTIAL ASSESSMENT

COMPREHENSIVE REPORT

nrc HEALTH | Human understanding

1245 Q Street | Lincoln, NE 68508
P: 1 800 388 4264 | F: 1 402 475 9061

nrchealth.com

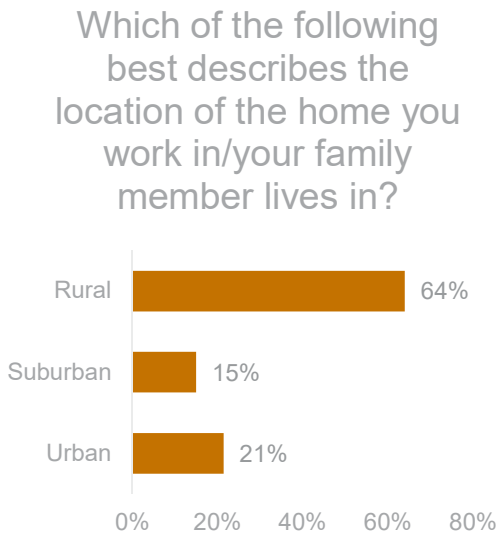
Experiential Assessment

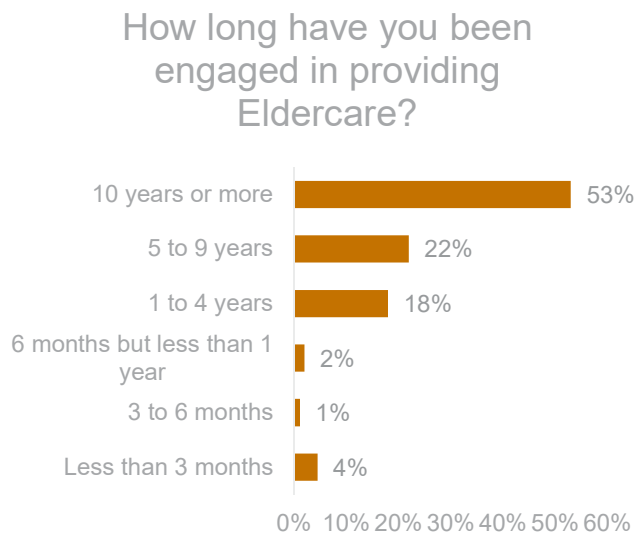
Experiential Assessment 1

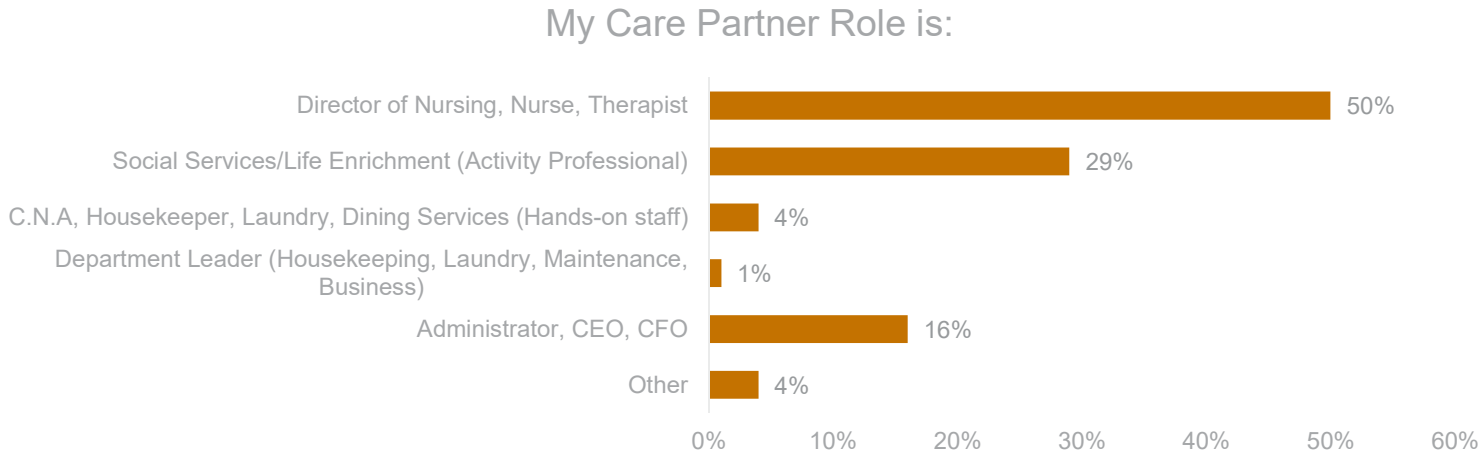
Experiential analysis in this project year involved two experiential assessment questionnaires administered at different times. For the first questionnaire, there were up to four responses per organization, with 48 unique organizations participating in the first round of evaluation of the experience. There were 40 responses which did not list an organization.

Summary	Total Respondents	Total Organizations
Experiential Assessment 1	122	48

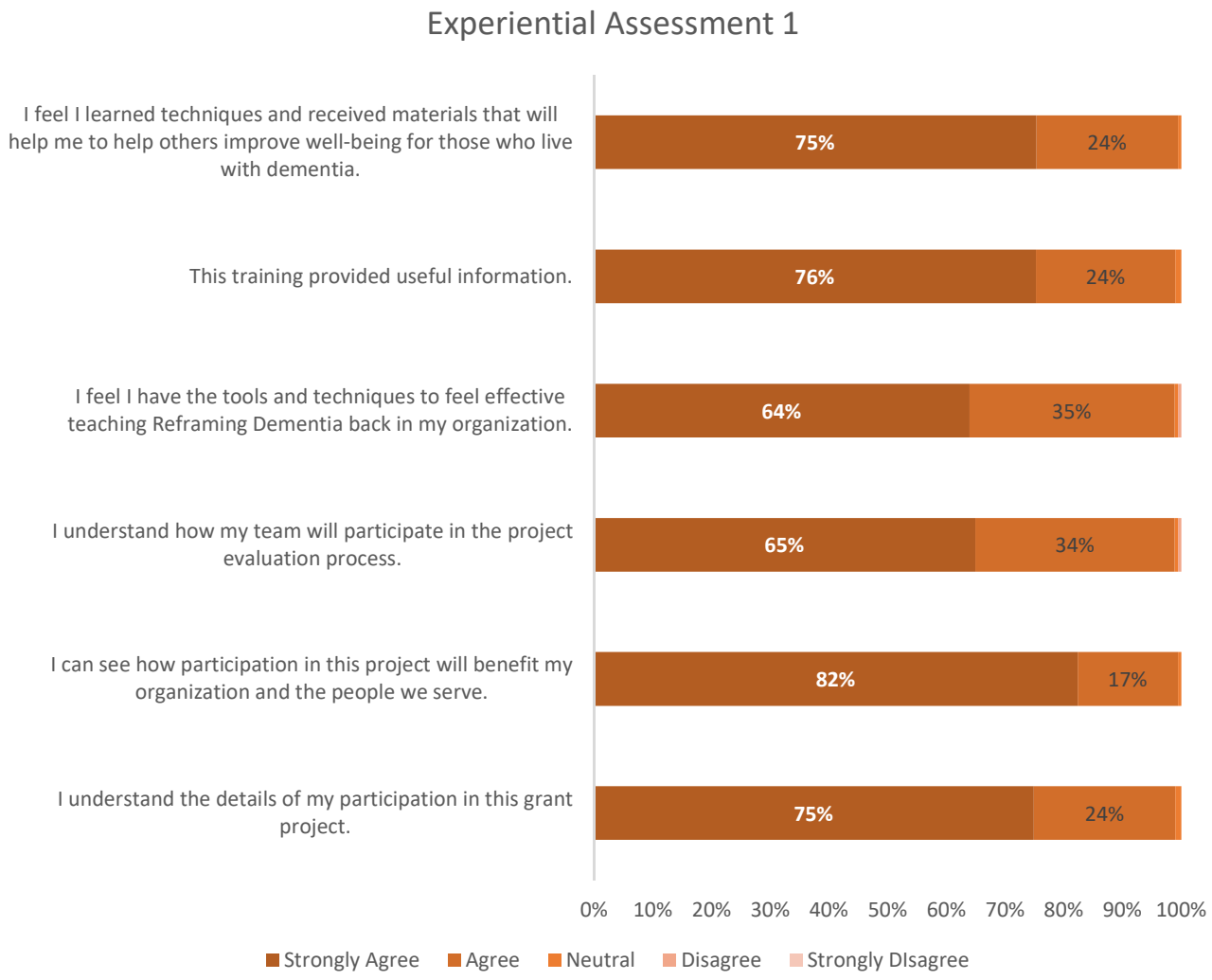
The organizations participating were 2/3 rural, and participants have very high experience levels in eldercare, with 75% having over five years caregiving. The Respondents in the first Experiential Assessment hold a variety of care partner roles in their organizations, allowing the project to reach multiple areas of the care environments more fully. Half the respondents were in the nursing and therapy professions and just over a quarter were activity professionals.







Results of the first Experiential Assessment are extremely positive; 98% of respondents agreed or strongly agreed to each of the six questions asked. Further, there were three open-ended questions, asking what was most valuable, what changes are recommended, and general comments. The amount of interaction, resources, techniques for training others, breakout sessions, and hands-on approach were frequently called out as most valued. Most suggestions for change revolve around having a shorter day, or more breaks in between sessions. Some even wanted less material because the whole day full of learning can be overwhelming.



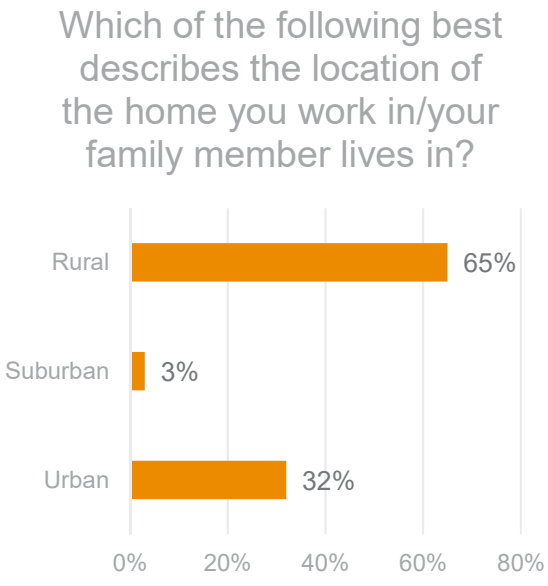
The neutral, disagree and strongly disagree results for all questions are between 0% and 2%, so labels are not displayed

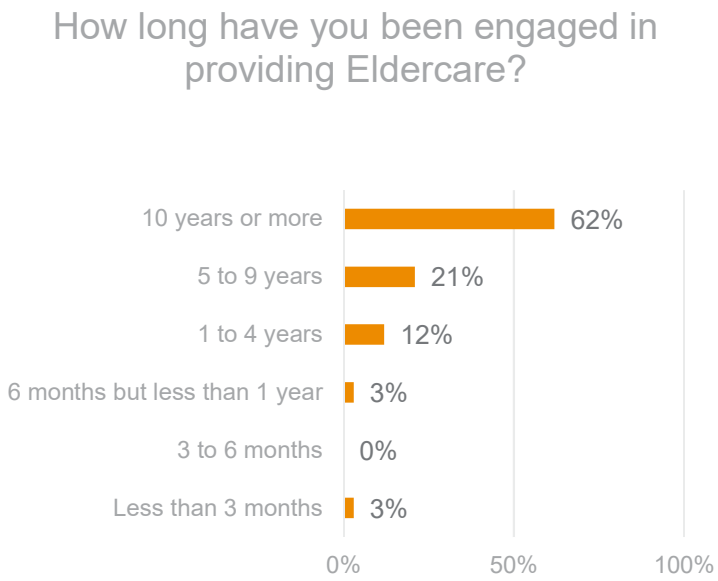
Experiential Assessment 2

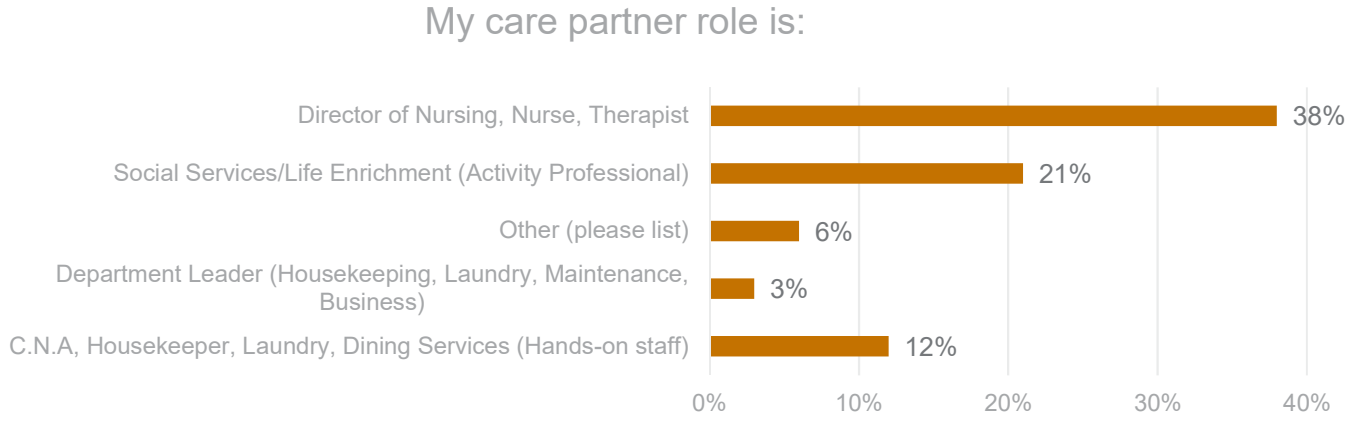
For the second Experiential Assessment, there were up to four responses per organization, with eight unique organizations participating in the second round of evaluation of the experience, with a total of 17 responses received.

Summary	Total Respondents	Total Organizations
Experiential assessment 2	34	15

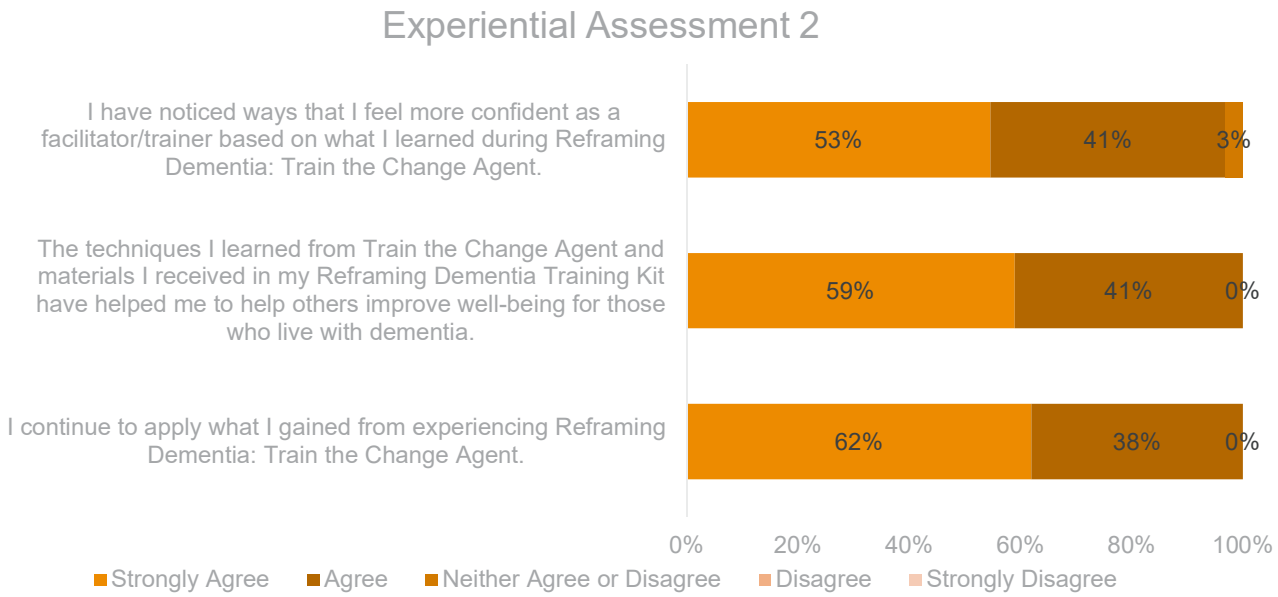
The organizations participating are similar to the first experiential assessment with slightly more being urban, less suburban. There was a greater portion of the participants have very high experience levels in eldercare, with 83% over five years caregiving. The respondents in the second Experiential Assessment hold a variety of care partner roles in their organizations, with 38% in the nursing and therapy professions, 21% activity professionals, and 12% hands-on staff.







Results of the second Experiential Assessment are quite positive with all responses positive or neutral. The respondents all agreed or strongly agreed that they continue to apply what they gained from the Reframing Dementia experience. All respondents also indicated they felt the learning and materials helped them improve wellbeing for those who live with dementia, and all but two noticed more confidence in themselves as facilitators/trainers.



The disagree and strongly disagree results for all questions are 0% so labels are not displayed

The second experiential assessment asked for specific examples of how materials or learnings from the Train the Change Agent event and Reframing Dementia Training Kit have helped make a difference for the respondent or someone they've trained. Awareness was cited by multiple respondents. Respondents also mentioned how specific situations and more personal care improved from the training. They also mentioned how they used examples given from training like "verbal imagery of a dandelion puff and how when the wind blows each tiny helicopter that leaves it is a memory gone from someone with Dementia" and applied that to when they were training others to better understand dementia.

Other comments (in response to the final open-ended question on the assessment) were appreciative for the training and assisting them to provide better care and training.

TEAC YEAR 3

IMPLEMENTATION COMPREHENSIVE REPORT

nrc HEALTH | Human understanding

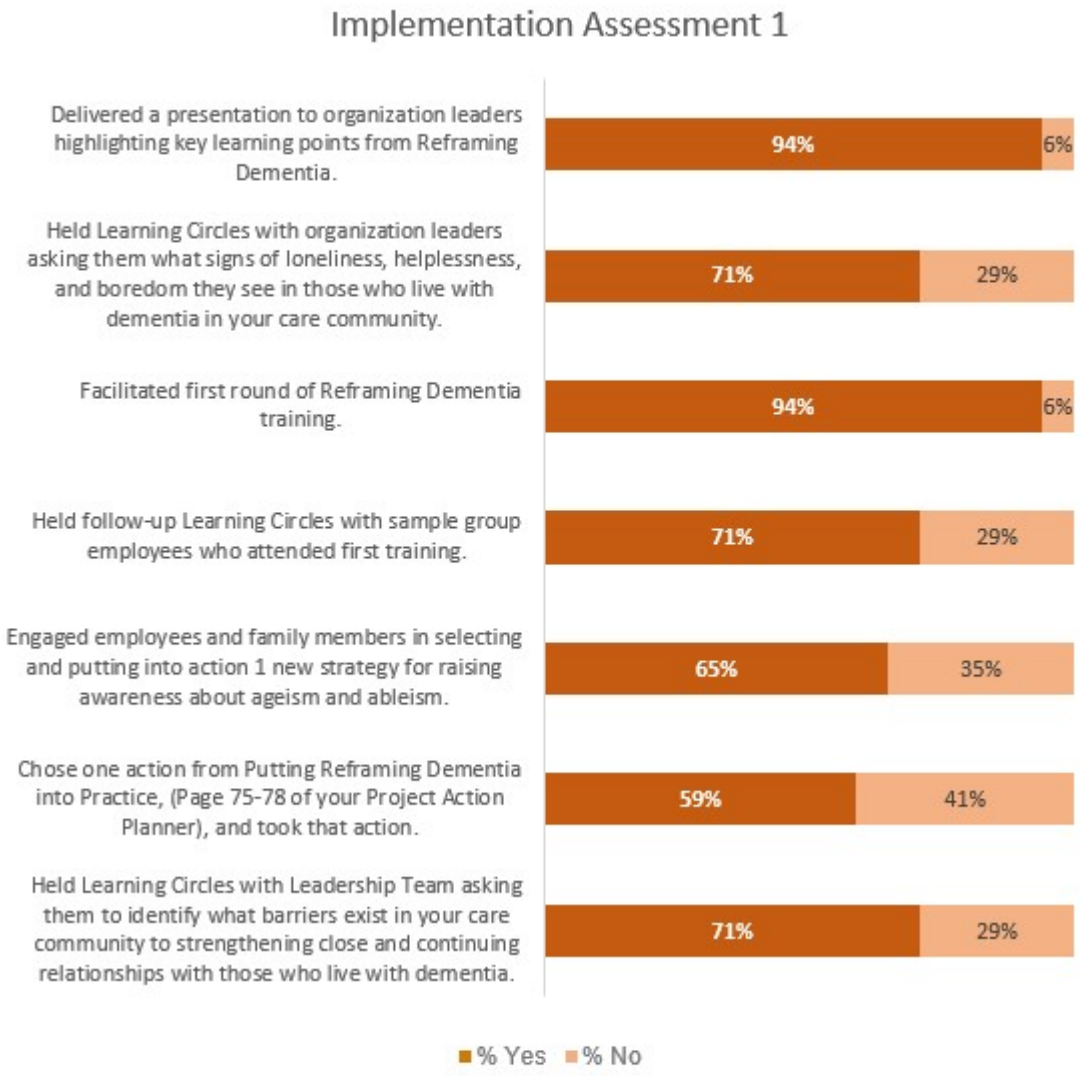
1245 Q Street | Lincoln, NE 68508
P: 1 800 388 4264 | F: 1 402 475 9061

nrchealth.com

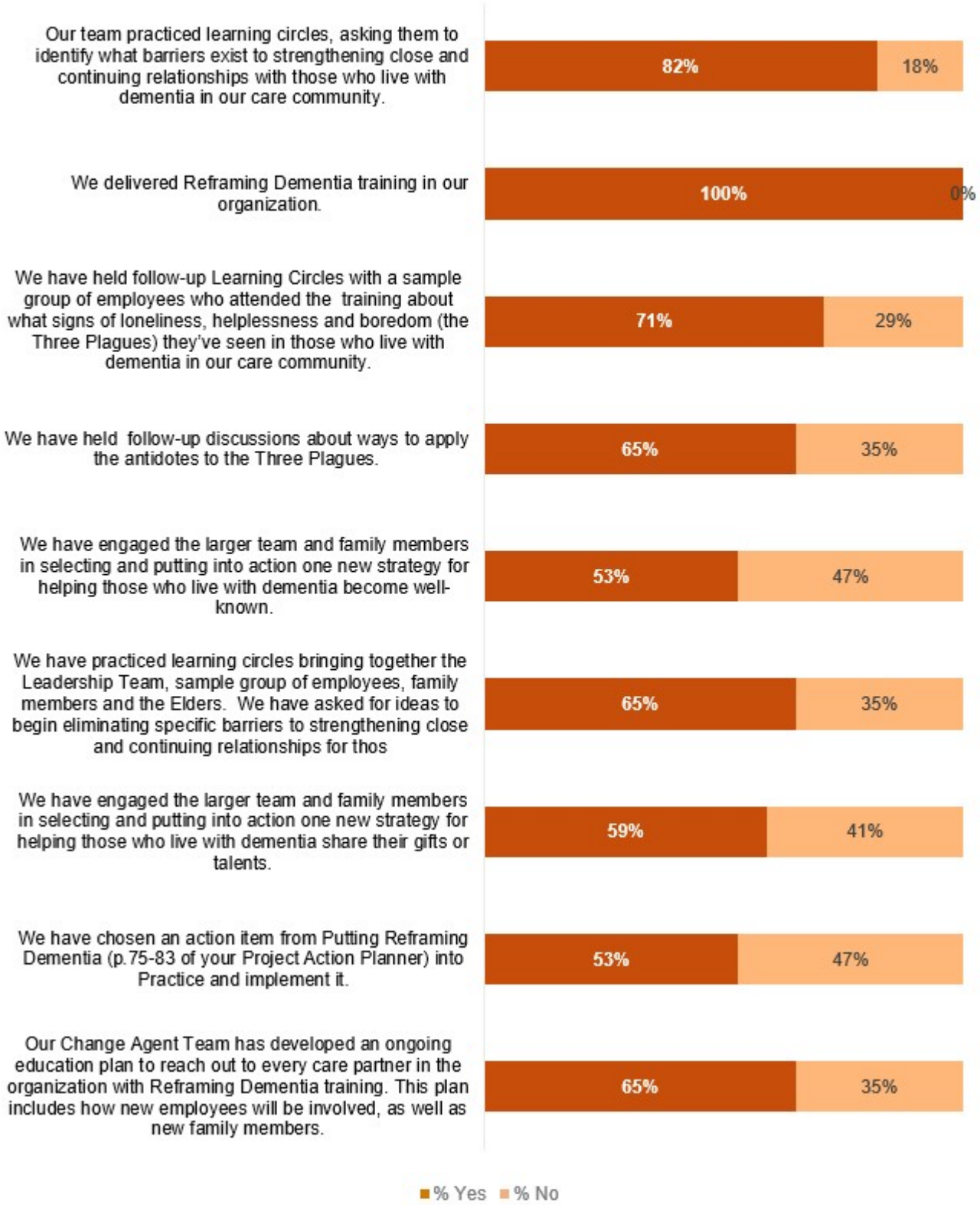
Implementation

Implementation analysis in this project year involved two implementation assessment questionnaires administered at different times. There was one response from 17 organizations for each questionnaire in this year's evaluation of the implementation.

Summary	Total Respondents	Average % Yes (Average for all items on the assessment)
Implementation Assessment 1	17	73%
Implementation Assessment 2	17	84%



Implementation Assessment 2



Open-Ended Comments on Implementation Assessments

In addition to the structured questions reported above, the implementation assessments also included open-comment style questions. On implementation assessment #1, seven opportunities for follow-up comments were provided; one for each structured question asking for an example or details of how the preceding question was addressed in their organization. Between eleven and sixteen comments were left for each of these items, describing learning circles, conversations, events and actions.

The second implementation assessment asked a larger number of structured questions with one opportunity to share optional comments at the end of the assessment. Seven participants provided comments on this assessment, some topics discussed were about who was receiving the training and some concerns about key personnel missing from the training.

Report to the
The Eden Alternative®

TEAC “Reframing Dementia through Person-Directed Practices” Project

Amy E. Elliot, Ph.D.
June 28th, 2019

Contents

Data and Analysis

Data represent the following components as reported in the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare (NHC) dataset:

- Percentage of long-stay residents who received an antipsychotic medication;
- Percentage of short-stay residents who newly received an antipsychotic medication; and
- Percentage of long-stay residents who received an antianxiety or hypnotic medication.

NHC pulls this data from the Minimum Data Set 3.0 (MDS) Repository quarterly. Data in NHC are risk adjusted by CMS at the nursing home level using exclusions and resident-level adjustments. One limitation of NHC as a data source is a time lag of two to three quarters (depending on the time of the data pull). However, NHC is often used by CMS to report reductions in the use of antipsychotics through the National Partnership to Improve Dementia Care (i.e., the limitation is an accepted industry standard).

Participation for Year One (Q1-Q4 2016), Year Two (Q1-Q4 2017), and Year Three (Q1-Q4 2018) of the project were coded in the CMS provider data for each year and then merged for longitudinal analysis. Although some homes participated in the project for more than a single year, homes were coded by the year that they started to participate (i.e., Year One start, Year Two start, Year Three start). The number of participants by start year is illustrated in Table 1 below (tabulated by each nursing home's unique provider ID for longitudinal analysis). *Note: Since many homes participated over multiple years, the number of homes detailed in Table 1 does not equate to event attendance.*

Table 1: Tennessee Project Participation by Number of Homes and Start Year with the Project

Start Year (if applicable)	# of Homes
Year One	77
Year Two	44
Year Three	37
Non-Participants	153

Table 2 illustrates that 158 nursing homes engaged with the project over the three years, and 153 nursing homes did not participate. The total of 311 Tennessee homes represents all the CMS certified homes in Tennessee at the end of 2016. Six additional homes became CMS certified over the next two project years. Those homes were not included in this analysis to maintain longitudinal consistency for comparison.

An analysis of 2016 to 2018 quality measures is included in this report. Specifically, the 4-quarter yearly average percentage (a Nursing Home Compare datapoint) from 2016 to 2018 was compared for each measure.

Table 2: Overall Tennessee Project Participation

Overall Project Participation Across Years	# of Homes
Project Participants	158
Non-Participants	153
Total Tennessee	311

Results

Percentage of Long-Stay Residents Who Received an Antipsychotic Medication

Given the relationship-based focus of the *Reframing Dementia* training, the use of antipsychotics for long-stay residents represents a valid, clinical outcome of the project's focus. This measure facilitates circumstances where building relationships and understanding unmet needs is more likely. The project Outcome Goal #4 (a 5% relative reduction in antipsychotic use for the state) relating to this measure was achieved by the end of the 3-year grant project with an overall 17% relative reduction in the 4-quarter average of long-stay antipsychotic medications for the state of Tennessee and an even greater 20.7% relative reduction in the long-stay antipsychotic use for project participants from the pre- to post-timeframe as highlighted in Table 3. Non-participants in Tennessee also experienced a significant change from 2016 to 2018. However, a difference-in-difference comparison[1] of changes from participants to non-participants was significant at the .01 level (indicating that the participants reduced the 4-quarter average percentage of long-stay antipsychotic use significantly more than non-participants for this measure). Although the National Partnership to Improve Dementia Care and government policies aimed at reducing the use of antipsychotics have resulted in a national downward trend for this measure, project participation had a significant effect on the decrease for Tennessee based on this analysis. Although Tennessee was 3 mean points above the national average for this measure at the end of 2016, the state was only slightly above (.4 mean points) the national average by the end of the project with averages of 15.0 and 14.6 respectively.

It's important to note that the overall participant data includes participants that started in Year Three of the project. These homes would have attended training in the 4th quarter of 2018. Hence, post-data is not available for those 37 homes, and the expectation would be that these homes trend in a manner similar to non-participants at the end of 2018. Table 4 and the chart below support this expectation and highlight that homes that started with the project in Year One had the largest relative mean reduction of 26.3% from 2016 to 2018. Year Two start homes had the second overall highest relative decrease of 16.4%. However, Year Three start homes (where post-data is not yet available) attained relative reductions aligned with non-participants. Chart 1 illustrates this graphically with the Year 3 and No Start lines displaying smaller slopes than the Year One and Year Two Start homes. Again, changes are statistically significant from the pre-to-post timeframes for all groups, but the fact that the length of project participation is highly correlated with reductions is compelling. Although Year One Start homes did

[1] Difference-in difference estimate = (Year One Participants 2018 % – Year One Participants 2016 %) – (Non-participant 2018 % – Non-participant 2016 %)

begin the project at the highest mean levels in 2016 (and hence had more opportunity for change), Year Two Start homes began the project with the lowest mean levels and still achieved a high percentage of relative change.

Table 3: Pre- to Post-Change for the Percentage of Long-Stay Residents Who Received an Antipsychotic Medication

Long-stay Antipsychotic Measure by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[2]
Project Participants	19.13	15.17	-3.96	-20.7%
Non-Participants	16.95	14.85	-2.10	-12.4%
Tennessee Overall	18.08	15.01	-3.07	-17.0%

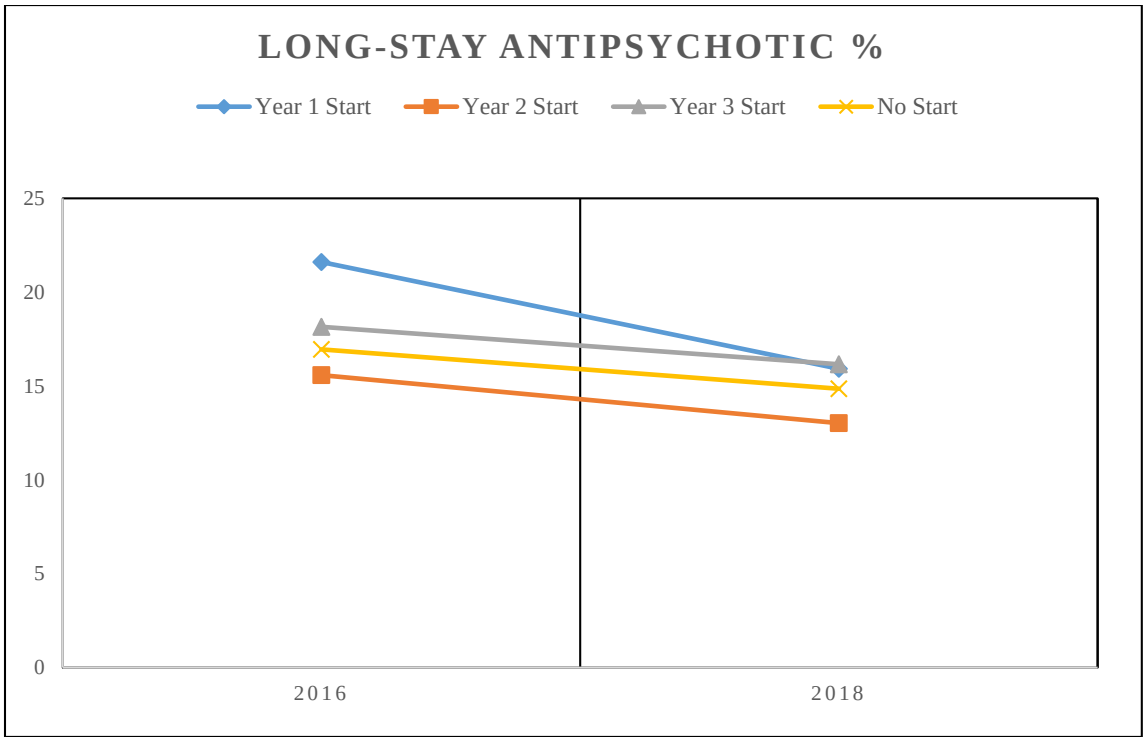
Pre-to-Post differences for all groups are statistically significant at the .01 level. A difference-in-difference comparison of changes from participants to non-participants is significant at the .01 level (indicating significant correlation between project participation and long-stay antipsychotic reductions).

Table 4: Pre- to Post-Change by Start Year

Long-stay Antipsychotic Measure by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change
Year One Start Participants	21.60	15.91	-5.69	-26.3%
Year Two Start Participants	15.58	13.02	-2.55	-16.4%
Year Three Start Participants (post data not available)	18.15	16.16	-1.99	-11.0%
Non-Participants	16.95	14.85	-2.10	-12.4%

Pre-to-Post differences for all groups are statistically significant at the .01 level.

[2] Relative % Change = (2018 % - 2016 %)/2016%



Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication

The project Outcome Goal #4 (a 5% relative reduction in antipsychotic use for the state) relating to this measure was achieved by the end of the 3-year grant project with a 19.3% relative reduction in the 4-quarter average of short-stay antipsychotic medications for the state of Tennessee. However, there was no statistical correlation with project participation and reductions for this measure with participants attaining a 19.2% relative reduction and non-participants achieving a 19.6% relative reduction. As with the long-stay measure, Tennessee lowered the gap between the state and national mean percentage points from 2016 to 2018 (with both at a 1.8% average at the end of 2018).

Table 5: Pre- to Post-Change for the Percentage of Short-Stay Residents Who Received an Antipsychotic Medication

Short-stay Antipsychotic Measure by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[3]
Project Participants	2.30	1.86	-.44	-19.2%
Non-Participants	2.28	1.83	-.45	-19.6%
Tennessee Overall	2.29	1.85	-.44	-19.3%

Pre-to-Post differences for all groups are statistically significant at the .01 level.

[3] Relative % Change = (2018 % - 2016 %)/2016%

Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

Although there was not a specific outcome goal relating to this measure, the state of Tennessee achieved an overall 10% relative reduction in the 4-quarter average of long-stay antianxiety or hypnotic medications. As with the short-stay antipsychotic measure, there was no statistical correlation between project participation and reductions for this measure with participants reaching an 11% relative reduction and non-participants realizing a 9% relative reduction. For this measure, Tennessee *did* remain significantly above the national average (a 33.3% average for Tennessee in 2018 versus a 20.7% national average).

Table 6: Pre- to Post-Change for the Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

Antianxiety or Hypnotic Medication by Project Participation	Four Quarter Average 2016	Four Quarter Average 2018	Mean % Change	Relative % Change[4]
Project Participants	37.95	33.69	-4.26	-11.2%
Non-Participants	36.31	32.90	-3.41	-9.4%
Tennessee Overall	37.15	33.31	-3.84	-10.3%

Pre-to-Post differences for all groups are statistically significant at the .01 level.

Limitations

Although the strong correlation between project participation and the reduction of long-stay antipsychotic medications is compelling, the national trend for reductions in this measure makes it challenging to assess the full effects and impact of project activities. The complexity of nursing home environments and medication reductions requires more rigorous comparison studies that control for explanatory and confounding variables to attribute any causality from the project intervention to the reduced use of antipsychotic medications. Hence, this analysis is descriptive and high-level in nature.

Summary

- Project participants achieved a significantly higher reduction in the *Percentage of Long-stay Residents who Received an Antipsychotic* measure than non-participants from the pre-to-post timeframes. Specifically, project participants achieved a -20.7% relative reduction for this measure, while non-participants attained a -12.4% relative reduction. The overall effect was a -17.0% relative decrease in the use of long-stay antipsychotics from 2016 to 2018 for the state of Tennessee.

- The length of time engaged with the project was also highly correlated with reductions for the state. Participants starting with the project in Year One achieved a -26.3% relative reduction from 2016 to 2018, and participants that started with the project in Year Two attained a -16.4% relative reduction in the use of long-stay antipsychotics.

[4] Relative % Change = (2018 % - 2016 %)/2016%

- The two additional measures, *Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication* and *Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication*, also attained significant reductions from the 2016 to 2018 timeframes for project participants, non-participants, and the state of Tennessee. However, unlike the long-stay antipsychotic measure, there was no significant difference in the relative change between participants and non-participants.

- The Outcome Goal #4 for the project was achieved. The state of Tennessee closed the gap on the national average for all three measures, coming close for the long-stay antipsychotic measure in 2018 (with less than a .5% difference) and currently equaling the national average for the short-stay antipsychotic measure.

Type	Status	Company	Name
Sept. 13th - CHATTANOOGA	Attended	Alexian Village Health and Rehabilitation Center	Chapman, Retha
Sept. 13th - CHATTANOOGA	Attended	Alexian Village Health and Rehabilitation Center	Hamilton, Meredith
Sept. 13th - CHATTANOOGA	Attended	Alexian Village Health and Rehabilitation Center	Howell, Amanda
Sept. 13th - CHATTANOOGA	Attended	Alexian Village Health and Rehabilitation Center	Yates, Kami
Sept. 13th - CHATTANOOGA	Attended	Asbury Place Kingsport	Cochran, Norene
Sept. 13th - CHATTANOOGA	Attended	Asbury Place Kingsport	Conkin, Ashley
Sept. 13th - CHATTANOOGA	Attended	Asbury Place Kingsport	Gray, Erin
Sep. 11th - MURFREESBORO	Attended	Beech Tree Manor	Bell, Velvet
Sep. 11th - MURFREESBORO	Attended	Beech Tree Manor	Bowlin, Christy
Sep. 11th - MURFREESBORO	Attended	Beech Tree Manor	Brown, Kevin
Sep. 11th - MURFREESBORO	Attended	Beech Tree Manor	Williams, Christie
Sep. 11th - MURFREESBORO	Attended	Blakeford at Woodcrest	Gleaves, Brandon
Sep. 11th - MURFREESBORO	Attended	Blakeford at Woodcrest	Henderson, Terronda
Sep. 11th - MURFREESBORO	No-show	Blakeford at Woodcrest	Michaels, Chris
Sep. 11th - MURFREESBORO	No-show	Blakeford at Woodcrest	Phillips Arnold, Eureka
Sept. 13th - CHATTANOOGA	Attended	Bledsoe County Nursing HOme	Harris, Sharla
Sept. 13th - CHATTANOOGA	Attended	Bledsoe County Nursing HOme	McMillen, Stephanie
Sept. 13th - CHATTANOOGA	Attended	Bledsoe County Nursing HOme	Trujillo, Sue
Sept. 13th - CHATTANOOGA	No-show	Bledsoe County Nursing HOme	Holliday, Sharon
Sep. 11th - MURFREESBORO	Attended	Boulevard Terrace Rehabilitation & Nursing Cen	Chissler, Joanne
Sep. 11th - MURFREESBORO	Attended	Boulevard Terrace Rehabilitation & Nursing Cen	Doerr, Ruth
Sep. 11th - MURFREESBORO	Attended	Boulevard Terrace Rehabilitation & Nursing Cen	Ogata, Verna
Sep. 11th - MURFREESBORO	Attended	Boulevard Terrace Rehabilitation & Nursing Cen	Stidham, Brenda
Sep. 11th - MURFREESBORO	Attended	Briarwood Community Living Center	Atchison, Regina
Sep. 11th - MURFREESBORO	Attended	Briarwood Community Living Center	Hearns, Edward
Sep. 11th - MURFREESBORO	Attended	Briarwood Community Living Center	Maness, Tammy
Sep. 11th - MURFREESBORO	No-show	Briarwood Community Living Center	Adams, Samantha
Sept. 13th - CHATTANOOGA	Attended	Church Hill Health Care	Armstrong, Petra
Sept. 13th - CHATTANOOGA	Attended	Church Hill Health Care	Goodson, Teresa
Sept. 13th - CHATTANOOGA	No-show	Church Hill Health Care	Rogers, Louise
Sep. 11th - MURFREESBORO	No-show	CLARKSVILLE NURSING AND REHABILITATI	Clatterbuck, Faith
Sep. 11th - MURFREESBORO	No-show	CLARKSVILLE NURSING AND REHABILITATI	Mueth, John
Sep. 11th - MURFREESBORO	No-show	CLARKSVILLE NURSING AND REHABILITATI	Van toor, Debra
Sept. 13th - CHATTANOOGA	Attended	Concordia Transitional Care and Rehab-Maryvill	Burgess, Rebecca
Sept. 13th - CHATTANOOGA	Attended	Concordia Transitional Care and Rehab-Maryvill	Schnelle, Rusti
Sept. 13th - CHATTANOOGA	No-show	Concordia Transitional Care and Rehab-Maryvill	Bowers, Jennifer
Sept. 13th - CHATTANOOGA	Attended	Cornerstone Village	Combs, Eric
Sept. 13th - CHATTANOOGA	Attended	Cornerstone Village	Peters, Tonya
Sep. 11th - MURFREESBORO	No-show	Countryside Health & Rehab	Haslip, Rita
Sep. 11th - MURFREESBORO	No-show	Countryside Health & Rehab	McAdoo, Timothy
Sep. 11th - MURFREESBORO	No-show	Countryside Health & Rehab	Weldon, Jenny
Sept. 13th - CHATTANOOGA	No-show	Four Oaks Health Care	Bewley, TJ
Sept. 13th - CHATTANOOGA	No-show	Four Oaks Health Care	Hensley, Kristi
Sept. 13th - CHATTANOOGA	No-show	Four Oaks Health Care	Hudson, Brittany
Sep. 11th - MURFREESBORO	Attended	Glen Oaks Health and Rehabilitation	Anderson, Tonya
Sep. 11th - MURFREESBORO	Attended	Glen Oaks Health and Rehabilitation	Belinc, Tamara
Sep. 11th - MURFREESBORO	Attended	Glen Oaks Health and Rehabilitation	Stewart, Shannon
Sep. 11th - MURFREESBORO	No-show	Grace Healthcare of Whites Creek	Burton, Cornesha
Sep. 11th - MURFREESBORO	No-show	Grace Healthcare of Whites Creek	Campbell-Clay, Temick
Sep. 11th - MURFREESBORO	No-show	Grace Healthcare of Whites Creek	Findley, Monyette
Sep. 11th - MURFREESBORO	No-show	Grace Healthcare of Whites Creek	McGovern, Benjamin
Sep. 11th - MURFREESBORO	Attended	Hartsville Health and Rehab	Drown, Dana
Sep. 11th - MURFREESBORO	Attended	Hartsville Health and Rehab	Seelow, Lucy
Sep. 11th - MURFREESBORO	No-show	Hartsville Health and Rehab	Dalton, London
Sep. 11th - MURFREESBORO	No-show	Hartsville Health and Rehab	Morton, Jamie
Sep. 11th - MURFREESBORO	Attended	Hillcrest Healthcare	Bryant, Marcella
Sep. 11th - MURFREESBORO	Attended	Hillcrest Healthcare	Douglas, Jacklyn
Sep. 11th - MURFREESBORO	Attended	Hillcrest Healthcare	Rastelli, Rhonda
Sep. 11th - MURFREESBORO	Attended	HMC Health and Rehab	Anderson, Shannon
Sep. 11th - MURFREESBORO	Attended	HMC Health and Rehab	Franks, Jeanne
Sep. 11th - MURFREESBORO	Attended	HMC Health and Rehab	Overton, Allison
Sep. 11th - MURFREESBORO	Attended	Horizon Health and rehab	Clark, Tara
Sep. 11th - MURFREESBORO	Attended	Horizon Health and rehab	Neil, Faye
Sep. 11th - MURFREESBORO	No-show	Horizon Health and rehab	Chamberlain, L. Kyle
Sep. 11th - MURFREESBORO	Attended	Laurelwood Health Care Center	Lewis, Elizabeth

Type	Status	Company	Name
Sep. 11th - MURFREESBORO	Attended	Laurelwood Health Care Center	Norvell, Sherry
Sep. 11th - MURFREESBORO	Attended	Laurelwood Health Care Center	Weeks, B J
Sep. 11th - MURFREESBORO	Attended	Lewis County Nursing and Rehabilitation	Brown, Amy
Sep. 11th - MURFREESBORO	Attended	Lewis County Nursing and Rehabilitation	Horton, Tracy
Sep. 11th - MURFREESBORO	Attended	Lewis County Nursing and Rehabilitation	Miller, Margaret
Sep. 11th - MURFREESBORO	No-show	Lewis County Nursing and Rehabilitation	Hinton, Kaitlin
Sep. 11th - MURFREESBORO	Attended	Lexington Healthcare and Rehabilitation	Baldwin, Kathy
Sep. 11th - MURFREESBORO	Attended	Lexington Healthcare and Rehabilitation	Belcher, Kristie
Sep. 11th - MURFREESBORO	Attended	Lexington Healthcare and Rehabilitation	Reeves, Brian
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Athens	Betencourt, Michael
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Athens	Goodman, Susan
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Athens	Musiyevich, Marina
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Athens	Ricks, Jeffrey
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Centerville	Gilard, Natasha
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Centerville	Graham, Brandi
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Centerville	Wall, Beverly
Sept. 13th - CHATTANOOGA	No-show	Life Care Center of Cleveland	Bails, Amy
Sept. 13th - CHATTANOOGA	No-show	Life Care Center of Cleveland	Carroll, Wendy
Sept. 13th - CHATTANOOGA	No-show	Life Care Center of Cleveland	Howe, Cathy
Sept. 13th - CHATTANOOGA	No-show	Life Care Center of Cleveland	Smith, Jacklyn
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Collegedale	Loga, Alice
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Collegedale	McCann, Lauren
Sept. 13th - CHATTANOOGA	Attended	Life Care Center of Collegedale	West, Jala
Sept. 13th - CHATTANOOGA	No-show	Life Care Center of Collegedale	Choate, Beth
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Columbia	Bottoms, Hollie
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Columbia	Johnson, Brenda
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Columbia	Tarpley, April
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Columbia	Whiteside, Brandon
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Crossville	Gunter, DeShay
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Crossville	Hutchings, Teresa
Sep. 11th - MURFREESBORO	Attended	Life Care Center of Crossville	Seaman, Sara
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Sparta	Bennett, Cheryl
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Sparta	Green, Pam
Sep. 11th - MURFREESBORO	No-show	Life Care Center of Sparta	Wilhite, Emy
Sep. 11th - MURFREESBORO	Attended	lynchburg nursing center	Felts, Stephen
Sep. 11th - MURFREESBORO	Attended	lynchburg nursing center	Hice, Amanda
Sep. 11th - MURFREESBORO	Attended	lynchburg nursing center	Linder, Cassandra
Sept. 13th - CHATTANOOGA	Attended	Madisonville Health and Rehab	Ingram, Gage
Sept. 13th - CHATTANOOGA	Attended	Madisonville Health and Rehab	Scott, Melanie
Sept. 13th - CHATTANOOGA	Attended	Madisonville Health and Rehab	Wences, Shelly
Sep. 11th - MURFREESBORO	Attended	Magnolia creek nursing and rehab	Davis, Linda
Sep. 11th - MURFREESBORO	Attended	Magnolia creek nursing and rehab	Harris, Linda
Sep. 11th - MURFREESBORO	Attended	Magnolia creek nursing and rehab	Jackson, Britney
Sept. 13th - CHATTANOOGA	Attended	Magnolia creek nursing and rehab	Donaldson, Willie
Sept. 13th - CHATTANOOGA	Attended	Magnolia creek nursing and rehab	Jackson, Dorothy
Sept. 13th - CHATTANOOGA	Attended	Magnolia creek nursing and rehab	Price, Vicky
Sep. 11th - MURFREESBORO	Attended	McKendree Village	Grisham, Daphney
Sep. 11th - MURFREESBORO	Attended	McKendree Village	Martins, Mary
Sep. 11th - MURFREESBORO	Attended	McKendree Village	Petty, Jennifer
Sep. 11th - MURFREESBORO	Attended	McKendree Village	Scott, Shae
Sep. 11th - MURFREESBORO	Attended	Millington Healthcare	Klein, Torrie
Sep. 11th - MURFREESBORO	Attended	Millington Healthcare	Lackey, Tiffany
Sep. 11th - MURFREESBORO	Attended	Millington Healthcare	Stiles, Holly
Sept. 13th - CHATTANOOGA	Attended	NHC Chattanooga	Cox, Helen
Sept. 13th - CHATTANOOGA	Attended	NHC Chattanooga	Stacy, Betty
Sep. 11th - MURFREESBORO	Attended	NHC HealthCare Columbia	Bidwell, Scott
Sep. 11th - MURFREESBORO	Attended	NHC HealthCare Columbia	Dale, Susie
Sep. 11th - MURFREESBORO	Attended	NHC HealthCare Columbia	Hopwood, Velvet
Sep. 11th - MURFREESBORO	Attended	NHC HealthCare Columbia	Tucker, Emily
Sept. 13th - CHATTANOOGA	Attended	NHC Healthcare Hendersonville	Boswell, Julie
Sept. 13th - CHATTANOOGA	Attended	NHC Healthcare Hendersonville	Easton, Shannon
Sept. 13th - CHATTANOOGA	Attended	NHC Healthcare Hendersonville	Redferin, Cara
Sept. 13th - CHATTANOOGA	Attended	NHC Healthcare Hendersonville	West, Martin
Sep. 11th - MURFREESBORO	Attended	NHC Healthcare, Smithville	Drennan, Nancy
Sep. 11th - MURFREESBORO	Attended	NHC Healthcare, Smithville	Holland, Jessica

Type	Status	Company	Name
Sep. 11th - MURFREESBORO	Attended	NHC Healthcare, Smithville	Murphy, Sabra
Sep. 11th - MURFREESBORO	Attended	NHC Healthcare, Smithville	Taylor, Jacqui
Sept. 13th - CHATTANOOGA	Attended	NHC Sequatchie	Baker, Huel
Sept. 13th - CHATTANOOGA	Attended	NHC Sequatchie	Gray, Jennifer
Sept. 13th - CHATTANOOGA	No-show	NHC Sequatchie	Griffith, Johnnie
Sep. 11th - MURFREESBORO	Attended	Northside Health Care	Cable, Erika
Sep. 11th - MURFREESBORO	Attended	Northside Health Care	Fuller, Courtney
Sep. 11th - MURFREESBORO	Attended	Northside Health Care	Lovering, Tiffany
Sept. 13th - CHATTANOOGA	No-show	Oneida Nursing and Rehab Center	Chitwood, Angie
Sept. 13th - CHATTANOOGA	No-show	Oneida Nursing and Rehab Center	Gibson, Shauntella
Sept. 13th - CHATTANOOGA	No-show	Oneida Nursing and Rehab Center	Shepherd, Jessica
Sep. 11th - MURFREESBORO	Attended	Park Rest Health Center	Blackwelder, Christy
Sep. 11th - MURFREESBORO	Attended	Park Rest Health Center	Duncan, Stephanie
Sep. 11th - MURFREESBORO	No-show	Park Rest Health Center	Hardin, Cody
Sep. 11th - MURFREESBORO	No-show	Park Rest Health Center	Ramey, Ginger
Sep. 11th - MURFREESBORO	No-show	Parkway Health & Rehab Center	Gant, LaRonda
Sep. 11th - MURFREESBORO	No-show	Parkway Health & Rehab Center	Lowe, Tamara
Sep. 11th - MURFREESBORO	No-show	Parkway Health & Rehab Center	Rice, Erika
Sep. 11th - MURFREESBORO	No-show	Parkway Health & Rehab Center	Strong, Theresa
Sept. 13th - CHATTANOOGA	Attended	Raintree Manor	Dixon, Marilyn
Sept. 13th - CHATTANOOGA	Attended	Raintree Manor	McPeak, Nicole
Sept. 13th - CHATTANOOGA	Attended	Raintree Manor	Watts, Brenda
Sept. 13th - CHATTANOOGA	No-show	Raintree Manor	Bean, Tara
Sep. 11th - MURFREESBORO	Attended	Regional One Health	Brown, Valerie
Sep. 11th - MURFREESBORO	Attended	Regional One Health	Lowe, Nicole
Sep. 11th - MURFREESBORO	Attended	Regional One Health	Minor, Annette
Sep. 11th - MURFREESBORO	Attended	Regional One Health	Traylor, Theresa
Sep. 11th - MURFREESBORO	Attended	Richland Place	Greer, Susan
Sep. 11th - MURFREESBORO	Attended	Richland Place	Hayes, Mary
Sep. 11th - MURFREESBORO	Attended	Richland Place	Jones, Christina
Sep. 11th - MURFREESBORO	Attended	Richland Place	Underwood, Kathryn
Sep. 11th - MURFREESBORO	No-show	Signature Health Care- Pickett County Care and	Hammock, Heather
Sep. 11th - MURFREESBORO	No-show	Signature Health Care- Pickett County Care and	Huddleston, Victoria
Sep. 11th - MURFREESBORO	No-show	Signature Health Care- Pickett County Care and	Nivens, Megan
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare - Standing Stone Care and	Malone, Casey
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare - Standing Stone Care and	Snow, Amber
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare - Standing Stone Health a	Placek, Autumn
Sept. 13th - CHATTANOOGA	Attended	Signature HealthCARE - The Bridge at South Pi	Blevins, Lauren
Sept. 13th - CHATTANOOGA	Attended	Signature HealthCARE - The Bridge at South Pi	Jacobs, Michelle
Sept. 13th - CHATTANOOGA	Attended	Signature HealthCARE - The Bridge at South Pi	Seabolt, Cathy
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE Corporate Team	Cantrell, Shelia
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE Corporate Team	Conatser, Michael
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE Corporate Team	Goodman, Darian
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE Corporate Team	O'Conner, Shawn
Sept. 13th - CHATTANOOGA	Attended	Signature HealthCARE Corporate Team	Parrott, Chrystal
Sept. 13th - CHATTANOOGA	No-show	Signature HealthCARE Corporate Team	Dennis, Cathy
Sept. 13th - CHATTANOOGA	No-show	Signature HealthCARE Corporate Team	Neff, Rebecca
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Memphis	Durham, Terry
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Memphis	Emmons, Deborah
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Memphis	Harris, Tamara
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Memphis	Payne, Jackie
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE of Monteagle	Brock, Cathy
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE of Monteagle	Hall, William
Sep. 11th - MURFREESBORO	Attended	Signature HealthCARE of Monteagle	Lintner, Kim
Sep. 11th - MURFREESBORO	No-show	Signature HealthCARE of Monteagle	Green, Selena
Sep. 11th - MURFREESBORO	No-show	Signature HealthCARE of Portland	Bailey, Brandi
Sep. 11th - MURFREESBORO	No-show	Signature HealthCARE of Portland	Emerson, Jannell
Sep. 11th - MURFREESBORO	No-show	Signature HealthCARE of Portland	Hobson, Lisa
Sept. 13th - CHATTANOOGA	No-show	Signature healthcare of Primacy	Grimes, Carlisa
Sept. 13th - CHATTANOOGA	No-show	Signature healthcare of Primacy	Maddox, Ashley
Sept. 13th - CHATTANOOGA	No-show	Signature healthcare of Primacy	Matthews, Brenda
Sept. 13th - CHATTANOOGA	No-show	Signature healthcare of Primacy	Strickland, Felix
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Putnam County	Bilbrey, Melinda
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Putnam County	Dixon, Hannah
Sep. 11th - MURFREESBORO	Attended	Signature Healthcare of Putnam County	Woodard, Cierra

Type	Status	Company	Name
Sept. 13th - CHATTANOOGA	Attended	Signature Healthcare Rogersville TN	Perry, Martha
Sept. 13th - CHATTANOOGA	Attended	Signature Healthcare Rogersville TN	Trent, Joanne
Sept. 13th - CHATTANOOGA	No-show	Signature Healthcare Rogersville TN	Littrell, Bobbie
Sept. 13th - CHATTANOOGA	Attended	Soddy Daisy Healthcare	Elrod, Wendy
Sept. 13th - CHATTANOOGA	Attended	Soddy Daisy Healthcare	Gravell, Jeremy
Sept. 13th - CHATTANOOGA	No-show	Soddy Daisy Healthcare	Clift, Diana
Sep. 11th - MURFREESBORO	No-show	Southern Tennessee Regional Health Systems	Brewer, Devan
Sep. 11th - MURFREESBORO	No-show	Southern Tennessee Regional Health Systems	Hopkins, Holly
Sep. 11th - MURFREESBORO	No-show	Southern Tennessee Regional Health Systems	Shelton, Penny
Sept. 13th - CHATTANOOGA	Attended	St. Barnabas at Siskin Hospital	Clayton, Joan
Sept. 13th - CHATTANOOGA	Attended	St. Barnabas at Siskin Hospital	Wheeler, Cindy
Sept. 13th - CHATTANOOGA	No-show	St. Barnabas at Siskin Hospital	Cyrus, Lisa
Sept. 13th - CHATTANOOGA	Attended	Tennova Newport Medical Center	Black, Sharon
Sept. 13th - CHATTANOOGA	Attended	Tennova Newport Medical Center	Broyles, Amber
Sept. 13th - CHATTANOOGA	Attended	Tennova Newport Medical Center	Frisbee, Randall
Sept. 13th - CHATTANOOGA	Attended	Tennova Newport Medical Center	Hale, Tonia
Sep. 11th - MURFREESBORO	Attended	The Cambridge House	Green, Reda
Sep. 11th - MURFREESBORO	Attended	The Cambridge House	Nunez, Evelyn
Sep. 11th - MURFREESBORO	Attended	The Cambridge House	Perez , Maria
Sep. 11th - MURFREESBORO	Attended	The Cambridge House	Rich, Suzanne
Sept. 13th - CHATTANOOGA	Attended	The Highlands of Dyersburg	Hurst, Andrea
Sept. 13th - CHATTANOOGA	Attended	The Highlands of Dyersburg	Ray, Leigh
Sept. 13th - CHATTANOOGA	No-show	The Highlands of Dyersburg	Parker, JoAnn
Sep. 11th - MURFREESBORO	Attended	The Palace Care & Rehabilitation	GILPATRICK, ANNETT
Sep. 11th - MURFREESBORO	Attended	The Palace Care & Rehabilitation	Goolsby, Angel
Sep. 11th - MURFREESBORO	Attended	The Palace Care & Rehabilitation	Underwood, Nikki
Sep. 11th - MURFREESBORO	Attended	The Palace Care & Rehabilitation	Vermillion, Brian
Sep. 11th - MURFREESBORO	Attended	The Village at Germantown	Brown, Lula
Sep. 11th - MURFREESBORO	Attended	The Village at Germantown	DeRousse, Rebecca
Sep. 11th - MURFREESBORO	Attended	The Village at Germantown	Gillard, Hazel
Sep. 11th - MURFREESBORO	Attended	The Village at Germantown	Smith, Tracy
Sep. 11th - MURFREESBORO	Attended	The Waters of Cheatham	Cox, Sheree
Sep. 11th - MURFREESBORO	Attended	The Waters of Cheatham	Crowell, Robin
Sep. 11th - MURFREESBORO	Attended	The Waters of Cheatham	Gray, Tiea
Sep. 11th - MURFREESBORO	No-show	The Waters of Gallatin	Harper, Linda
Sep. 11th - MURFREESBORO	No-show	The Waters of Gallatin	Willmore, Robin
Sept. 13th - CHATTANOOGA	Attended	The Waters of Roan Highlands	Birchfield, Rebecca
Sept. 13th - CHATTANOOGA	Attended	The Waters of Roan Highlands	Holsclaw, Jessica
Sept. 13th - CHATTANOOGA	Attended	The Waters of Roan Highlands	Townsend, Tracy
Sep. 11th - MURFREESBORO	Attended	The Waters of Robertson	Burton, Sylvia
Sep. 11th - MURFREESBORO	Attended	The Waters of Robertson	McBride, Fran
Sep. 11th - MURFREESBORO	No-show	The Waters of Robertson	Stewart, Amanda
Sep. 11th - MURFREESBORO	No-show	The Waters of Robertson	Wilson, Jessica
Sep. 11th - MURFREESBORO	Attended	The Waters of Winchester	Fuentes, Jose
Sep. 11th - MURFREESBORO	Attended	The Waters of Winchester	Glassco-Jonhston, Car
Sep. 11th - MURFREESBORO	Attended	The Waters of Winchester	Lowhorn, Anastasia
Sep. 11th - MURFREESBORO	No-show	The Waters of Winchester	Lowery, Beverly
Sep. 11th - MURFREESBORO	Attended	Waters of Shelbyville	Ward, Michael
Sep. 11th - MURFREESBORO	No-show	Waters of Shelbyville	Allison, Stacey
Sep. 11th - MURFREESBORO	No-show	Waters of Shelbyville	Parks, Melissa
Sep. 11th - MURFREESBORO	Attended	Westmoreland Care and Rehabiliation Center	Evans, Regina
Sep. 11th - MURFREESBORO	Attended	Westmoreland Care and Rehabiliation Center	Madden, Jessica
Sep. 11th - MURFREESBORO	Attended	Westmoreland Care and Rehabiliation Center	Malo, Ryan
Sep. 11th - MURFREESBORO	Attended	Westmoreland Care and Rehabiliation Center	Welsh, Benton
Sep. 11th - MURFREESBORO	Attended	Whitehaven Community Living Center	Wallace, Shirley
Sep. 11th - MURFREESBORO	No-show	Whitehaven Community Living Center	Brown, Horace
Sep. 11th - MURFREESBORO	No-show	Whitehaven Community Living Center	Cowians, Kenyatta
Sep. 11th - MURFREESBORO	No-show	Whitehaven Community Living Center	Craine, Brenda

Projected Vs. Actual Costs

The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831 **7/1/2018 - 6/30/2019**

Reframing Dementia Through Person-Directed Practices

Note: 1/2 Day Event was replaced by an online webinar event

PROFESSIONAL FEE/ GRANT & AWARD	YEAR 3 BUDGET	ACTUAL	VARIANCE
2 Lead Trainers for in-person training: 8 hours@150/hour/pp x 2 Trainers x 2 events	$4,800	$ 4,800.00	$ -
6 Facilitators for In-Person Training: 8 hours@$75/hour/pp x 6 Facilitators x 2 events	$7,200	$ 3,200.00	$ 4,000.00
Virtual Gatherings- Dr. Al Power- $500/hr x 1.5 hours x 2 events	$1,500	$ 1,500.00	$ -
Medical Directors Webinar- Presentation	$1,250	$ 1,200.00	$ 50.00
Facilitator Fee for 1/2 day event (largest operators)	$600	$ -	$ 600.00
2 support staff for on-site event management for 1 day event	$1,000	$ 1,000.00	$ -
1 support staff for on-site event management for 1/2 day event (largest operators)	$500	$ -	$ 500.00
Data Entry Contracted for Survey input	$330	$ 330.00	$ -
Project Administration	$6,000	$ 6,000.00	$ -
Telemarketing for Recruitment	$1,000	$ 1,000.00	$ -
Partner Support for Recruitment	$5,000	$ 3,000.00	$ 2,000.00
Project Evaluation Process (NRC)	$8,514	$ 8,513.32	$ 0.68
Project Evaluation Process (Amy Elliot)	$1,667	$ 1,667.00	$ -
PROFESSIONAL FEE/ GRANT & AWARD TOTAL	**$39,361**	**$ 32,210.32**	**$ 7,150.68**
TRAVEL/ CONFERENCES & MEETINGS			
Food/Beverage for in-person training- $40/person x 200 attendees x 2 events	$16,000	$ 8,295.50	$ 7,704.50
Snack/Coffee for 1/2 day event- $20/person x 60 (largest operators)	$1,200	$ -	$ 1,200.00
Venue- one day event: $1,500/event x 2 events	$3,000	$ 2,397.75	$ 602.25
Venue- 1/2 Day event (largest operators)	$1,500		$ 1,500.00
AV- one day event: $1500 x 2 events	$3,000	$ 3,359.54	$ (359.54)
AV- 1/2 Day Event (largest operators)	$1,000		$ 1,000.00
Travel for 2 lead trainers- $1,000 per person- 2 events	$4,000	$ 2,066.08	$ 1,933.92
Travel for 6 facilitators- $800 per person- 2 Events	$9,600	$ 2,665.76	$ 6,934.24
Travel for two support staff for in person training	$4,000	$ 1,342.44	$ 2,657.56
Travel for Facilitator and 1 support staff for 1/2 Day Event (largest operators)	$2,000	$ -	$ 2,000.00
TRAVEL/ CONFERENCES & MEETINGS TOTAL	**$45,300**	**$ 20,127.07**	**$ 25,172.93**
SUPPLIES			
In-Person Training/ Registration supplies	$1,160	$ 4,145.00	$ (2,985.00)
Training Material- Handouts/info for 1/2 day event 60 x $46 each (largest operators)	$2,760		$ 2,760.00
1/2 day event- registration/training supplies (largest operators)	$225		$ 225.00
Training Material- Training Kits, $475/kit x 80 Homes +7 extra (-$398.34 in kind)	$40,927	$ 27,550.00	$ 13,376.66
SUPPLIES TOTAL	**$45,072**	**$ 31,695.00**	**$ 13,376.66**
POSTAGE & SHIPPING			
Fulfillment- Assembly, packing, shipping of training kits and onsite training materials ($6/kit shipping to training site)	$1,040	$ 1,042.36	$ (2.36)
Fulfillment- Materials, printing, packing, shipment of training materials for 1/2 day event	$75	$ -	$ 75.00
POSTAGE & SHIPPING TOTAL	**$1,115**	**$ 1,042.36**	**$ 72.64**
TOTAL REQUEST	**$130,848**	**$ 85,074.75**	**$ 45,772.91**
IN-KIND			
In-person training: $275/pp x 200 attendees x 2 events/year	$110,000	$ 48,675.00	$ 61,325.00
Kit discount 599-cost of kit (delta of regular cost minus discounted cost)	$12,400	$ 7,192.00	$ 5,208.00
TOTAL IN-KIND EXPENSE	**$122,798**	**$ 55,867.00**	**$ 66,931.34**
TOTAL PHASE III	**$253,646**	**$ 140,941.75**	**$ 112,704.25**