

What additional resources can we provide to providers in order to encourage participation in existing funded projects and in applying for funds?

Sally's Focus Group: Replicate evidence based projects and develop a communication plan related to any replication; amend the length of grant(s); multiple facilities apply under 1 grant; EDVC. Corp/exec. Level Re: program

Jacy's Focus Group: Condense and simplify the application; create a 1-page grant application; provide grant-writing resources; provide additional manpower for grantwriting; develop templates for project development; feature funding opportunity in local news channels

Survey Results:

- Consider having more "Parade of Projects" presentations and invite nursing homes to send representatives. The creativity outcomes that working and new ideas generated will help promote future QI projects.
- Provide assistance/training re: assessment/outcomes measurement
- Resources to apply for grants and experience in writing for grant dollars is limited. If resources could be available to assist interested parties work through the grant applications there could be additional participation. A formal invitation to each potential participant may also be effective. In our organization, we've sent written formal letters. I would think receiving a letter with an official state seal that looks very official would get the attention of the administrators in nursing facilities.
- Designate a focused work group for dementia care training for direct service workers.

Who are the major players in each public health region (see provided map) that could support nursing homes in applying for funds and would have an interest in working on projects that support nursing homes/nursing home residents?

Sally's Focus Group: Large Hospital Systems (Ballad), UT, ETSU/College of Law?, Chamber of Commerce, public health councils (local/regional), High school health science students, workforce, behavioral health (trauma informed care – New CMS guideline), universities across all disciplines, Medicare advantage plans/organizations

Jacy's Focus Group: Partnering with academia (med schools, nursing); hospital systems; NQIIC; paramedicine; LTC Vendors (i.e. WashSense); Behavioral Health

Survey Results:

- jennifer.kim@vanderbilt.edu Vanderbilt School of Nursing
- rkoszali@utk.edu Koszalinski, Rebecca Susan UT Knoxville School of Nursing
- University of Memphis School of Public Health: Dr. Marian Levy: mlevy@memphis.edu
- The QuILTSS Institute, Contact: Gretchen Napier | Assistant Deputy Chief of Quality, Accountability and Innovation, 310 Great Circle Road,

Given the current projects that exist in Tennessee, deficiency and quality data, and existing initiatives, what types of projects should be the focus of funding the next year? Should RFAs continue to be open statewide, or have a more focused approach?

Sally's Focus Group: Regional projects w/possibility of moving to statewide project; Focus areas -> CMS Regulations Phase 3, Career path to recruit RN's, preventable hospitalizations, HAIs, unnecessary antipsychotics, telehealth

Jacy's Focus Groups: Focus areas: Palliative care, Gerontological Nursing Certification (Univ. of Nebraska); Projects should have a focused approach (looking at individualized approaches for each participating facility; Projects which require a larger "lift" should pilot with only a few facilities (or just one) to determine success before going statewide; If an entity has strong statewide connections and support for the project, no problem implementing project statewide.

Survey Results:

- Alzheimer's disease and dementia care
- Dementia caregiver support
- Direct staff training for dementia care
- Fall prevention
- Infection reduction
- Food safety (preparation and handling)
- Opioid adverse drug events,
- pain management,
- reducing ED visits and
- reducing readmissions
- Training and education for direct service workers to include competency based training in dementia care and customer service skills.

What level of awareness do universities, nursing homes, advocacy agencies, and others in the aging community have about the CMP Reinvestment Program? What engagement opportunities can you connect our team with to share the information?

Sally's Focus Group: NHC (Chair of Excellence), health professional boards, willingness to share contacts/provide info, Medicare Advantage

Jacy's Focus Group: Some people are still missing messaging; Could partner with TCAAD and utilize connections through elder abuse initiatives; utilize Facebook/social media to do targeted marketing campaigns

Survey Results:

- Relatively unknown
- Consider presenting to long-term-care conferences run by nursing home chains
- staff turnover
- administrative turnover
- low salaries for staff (I don't know how these can be addressed without direct economic support)
- Consider the Tennessee Health Care Association, Tennessee Nurses Association or possible other medical societies to collaborate and inform members of the CMP Reinvestment Program. THCA - Phone (615) 834-6520 Jesse Samples jsamples@thca.org
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What are the top three issues facing the nursing home community? How can our program support nursing homes in tackling these issues? (Example: creating work groups, opening funding opportunities specific to these topics, providing special topics webinars, etc.)

Sally's Focus Group: See question 3

Jacy's Focus Group: Turnover, corporate ownership change and everything being survey-focused in the nursing home are the biggest issues facing the nursing home community; Cross-training employees may provide opportunities to help mitigate issues

Survey Results:

- Low public opinion - "Parade of Projects" presentations should have a press release with reporters invited
- Staff turnover is a concern as it affects continuity of care as well as how well special projects such as the CMP program are administered.
- Staffing for direct service workers and professionals
- Financial pressure due to low census
- SNFs not preventing hospital readmissions

If we were to develop work groups to address the above identified issues, what partners would need to be in attendance? As an advisory committee member, would you be willing to chair a workgroup?

Sally's Focus Group: Members would be willing to chair a workgroup.

Jacy's Focus Group: Partners to be in attendance for working on above identified issues: Residents and frontline staff, current administrators, DON; members would be willing to chair a workgroup

Survey Results:

- Researchers from schools of nursing across the state
- Representatives of nursing home chains

- Yes, happy to participate or chair a session
- Any partner could provide insight into addressing staff turnover and perhaps determine job enrichment programs for care givers. Being new to the NH care setting I am happy to serve but not sure I would be the best chair person given inexperience.