



**OHIO NURSING HOME QUALITY IMPROVEMENT PROJECT**

**Music & Memory<sup>SM</sup> – Phase II Report**

**3rd Project Quarter (CY2016 Quarter 2)**

In the third quarter of the project, Phase II expanded Music & Memory<sup>SM</sup> to an additional 14 nursing homes and provided support and supplies for the homes as they enrolled.

**MAJOR ACTIVITIES AND ACCOMPLISHMENTS**

Upon approval of the project expansion proposal on September 18, 2015, the Ohio Department of Aging (ODA) focused activities in the following areas:

*Facility certification*

The conclusion of the ODA contract with Music & Memory<sup>SM</sup> at the end of the fiscal year meant a number of activities were geared toward final certification efforts. Ombudsmen programs approached homes that had signed participation agreements but had not completed the training and made last attempts to get other facilities to sign onto the project so that their certification costs could be borne by the grant. The next quarter's report will reflect those homes that made the June cut off for certification training costs.

*Facility education*

The Department presented three informational webinars in support of the Music & Memory<sup>SM</sup> certified facilities. Webinars are required for project participants and free to any other nursing home or individual interested in Music & Memory<sup>SM</sup> and available via recording for future participants or those who were unable to participate.

- Trauma Informed Care;
- Building Community, Promoting Strengths and Helping Residents Find Their Voices through Creative Programming;
- Using Music & Memory In Therapy

*Survey activities*

The Long-Term Care Ombudsman program continues to conduct initial client and family surveys in newly certified nursing homes and post-project surveys of residents and families in homes that have been participating in the project for a longer period of time. Some results of those surveys are highlighted below.

### *Technical assistance and consultation*

Long-term care ombudsmen spent more than 250 hours in providing technical assistance to nursing homes involved in the Music & Memory<sup>SM</sup> quality improvement project. A few examples of the kind of work performed, edited to remove identifying information:

- Ombudsman met with the activities department, Director of Nursing (DON), and Licensed Nursing Home Administrator (LNHA) and discussed the Music & Memory<sup>SM</sup> program. They discussed steps moving forward to get the program expanded within the NH and ideas to help gain additional equipment. The Activities Director (AD) stated that she had identified many residents they felt could benefit from the program. They discussed ideas of how the NH could reach out to groups in the community to look for additional funds and resources and discussed working with scout groups, churches, and local schools to raise funds and recruit volunteers. Additionally, the ombudsman provided the NH a donation box to put in the front of the building.
- Ombudsman met with LNHA and AD. The LNHA acknowledged that they have not completely rolled out the project. She stated that they have identified 2 potential people that this would benefit, and have started to slowly implement it. Ombudsman suggested residents that have high dosage prescription of anti-psychotic medications, those with sundowning syndrome, advanced Alzheimer's or dementia, or excessive symptoms of those diagnoses may benefit most from the program. She stated that that information made her think of a few more residents. The ombudsman and LNHA discussed adding Music & Memory<sup>SM</sup> to the residents' care plans as interventions and part of their daily lives. They agreed to meet in two weeks to discuss in more depth the residents that they have identified as participants.
- Ombudsman provided staff in-service to the direct care staff of a nursing home to introduce them to Music & Memory<sup>SM</sup> and their role in the project. They discussed how Music & Memory<sup>SM</sup> might make their work easier with residents at ease, actively reminiscing about good times
- Ombudsman conducted interviews with the residents that were able to communicate. One raved about the program. He stated that he had a traumatic brain injury and this has been helping him immensely. He stated that sometimes he gets so very angry and he could just snap but with his music he can really relax before he makes a decision that he will regret. He stated he loves to listen to his music right before he goes to bed and it makes sleeping so much easier for him. The client did repeat himself multiple times and did admit he has some memory issues going on as well with the brain damage, but the music helps with everything. He is very happy to be on the project and hopes it can stay for a very long time.

### **MEASUREMENT**

Fourteen nursing homes joined Phase II of the Music & Memory<sup>SM</sup> Quality Improvement Project in the third quarter of the project (Qtr 2 of CY2016). In total, 431\* nursing homes have been certified in Music & Memory<sup>SM</sup> since the beginning of the project efforts in early 2015; 362\* of those are participating the Nursing Home Quality Improvement Project.

\*Note that facilities may have joined the project but not yet become certified at the writing of this report. Facility closures impacted the totals as well.

### Quality Measures

For project quality data, the Ohio Department of Aging utilizes a three-quarter average of facilities' performance over time in long-stay residents' use of antipsychotic medication, long-stay residents reporting pain and long-stay residents reporting depression as reported to CMS. Baseline for Phase II of the Music & Memory<sup>SM</sup> Project was Quarter 4 of CY 2014 – Quarter 2 of CY 2015. The most recent three quarter average, Quarter 3 of CY 2015 – Quarter 1 of CY 2016 and the percentage change from baseline are reported below. Some data changes from the last reporting period were attributed to facility attrition due to closures and project participation changes.

Statewide, the use of antipsychotics decreased in the two three-quarter periods utilized by the Department from 21.22% at baseline to 19.12% in the most current quarter, reflecting a national trend. This quality measure category has the most consistent data improvement among project participants compared to Music & Memory<sup>SM</sup> certified facilities that have not joined the project. Those who did not participate in Music & Memory decreased at a higher rate.

	Percent of Long Stay Residents Who Received an Antipsychotic Medication 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Received an Antipsychotic Medication 3 Qtr Avg (Q3 2015-Q1 2016)	% change
1. Project Participants Phase I	21.66%	19.62%	-2.04%
2. Project Participants Phase II	21.69%	19.50%	-2.19%
3. Music & Memory, non project participants	18.82%	17.29%	-1.53%
4. Non-Participants	21.42%	19.18%	-2.24%
Statewide Average	21.22%	19.12%	-2.10%

The Percent of Long Stay Residents Who Self Report Moderate to Severe Pain has increased statewide by 0.38%, from 7.63% to 8.01%. Among project participants in Phase I, the increase was just 0.15% while in Phase II, the increase was greater, at 1.16%. Non-participants increased by 0.52%.

	Percent of Long Stay Residents Who Self Report Moderate to Severe Pain 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Self Report Moderate to Severe Pain 3 Qtr Avg (Q3 2015-Q1 2016)	% change
1. Project Participants Phase I	7.28%	7.43%	0.15%
2. Project Participants Phase II	6.93%	8.09%	1.16%
3. Music & Memory, non project participants	8.00%	7.85%	-0.15%
4. Non-Participants	7.90%	8.42%	0.52%
Statewide Average	7.63%	8.01%	0.38%

Data most suggestive of Music & Memory<sup>SM</sup> impact has been on the depressive symptoms among long-stay residents. The Percent of Long-Stay Residents Who Have Depressive Symptoms decreased statewide by 1.07%, between the two three-quarter periods shown here. Phase I participant facilities had an even greater decline of 1.82%. Phase II declined more dramatically by 3.63%.

	Percent of Long Stay Residents Who Have Depressive Symptoms 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Have Depressive Symptoms 3 Qtr Avg (Q3 2015-Q1 2016)	% change
1. Project Participants Phase I	13.38%	11.56%	-1.82%
2. Project Participants Phase II	14.54%	10.91%	-3.63%
3. Music & Memory, non project participants	9.93%	10.59%	0.65%
4. Non-Participants	13.10%	12.33%	-0.77%
Statewide Average	12.94%	11.86%	-1.07%

Conclusions based on these quality measures are not decisive as many other factors within the administration of the facility are at play. For instance, it is doubtful that Music & Memory<sup>SM</sup> used with as few as five residents in a home would increase that home's antipsychotic rate or would place more residents at risk for pain. Tentative observation is that the facility staff most involved in Music & Memory<sup>SM</sup> are the Activities Directors, who may indeed have an impact on residents' depressive symptoms with this new intervention but unlikely to have influence on clinical decisions involved in antipsychotic reduction and pain management.

### ***Pre- & Post Participant Surveys***

The regional long-term care ombudsmen are conducting initial resident surveys and initial family surveys in facilities as they join the project. After a facility launches Music & Memory<sup>SM</sup>, the ombudsmen will return to conduct post- resident and family surveys. These are still in the field. Of note:

#### *Initial Family Survey (N=346)*

- Of the family members surveyed, many visit daily (25.5%) or several times weekly (32.6%), indicating frequent first-hand experiences in the home.
- However, 16.4% of family members report that they do not enjoy visiting their loved one. Many reported unhappiness at their loved ones' current conditions, their sadness at the loss of their loved ones' former self and poor quality of life;
- Indeed, 17.7% of family members said they "sit in silence" when they visit their loved one.
- 98.2% of family members reported that their loved one enjoyed music and 86.4% reported that music played an important part in their loved one's life;
- 62.4% of family members were aware of Music & Memory<sup>SM</sup> at baseline; and
- 94.7% of family members were willing to participate in creating their loved ones' personalized playlist.

#### *Post Family Survey (N=44)*

- After the facility launched Music & Memory<sup>SM</sup>, 52% of families reported their loved ones' mood had improved;
- 20% of families reported that their loved one participated in activities more frequently;
- 15.8% of families still reported that they do not enjoy visiting their loved one;
- Awareness of Music & Memory<sup>SM</sup> increased to 68.4%.

#### *Initial Resident Survey (N=899)*

- Only 62.5% of residents reported participating in existing facility activities; others cited not liking the offered activities, being unable to participate or not being invited to participate;
- 53.6% of resident reported feeling depressed and 24.7% said that staff did not know how to assist them when they were depressed;
- 97.0% of residents like listening to music and more than 75.2% indicate that music played an important part of their lives;
- 65.7% said they would prefer more personalized music opportunities in the home;
- Only 19.2% of resident were aware of Music & Memory<sup>SM</sup> at baseline.

#### *Post Resident Survey (N=246)*

- Residents (86.3%) reported their mood was improved after listening to their personalized playlists;
- More residents (68.3%) reported participating in facility-offered activities;

- About the same percentage of residents reported feelings of depression, 53.11% but just 18.2% indicated that staff did not know how to assist them when they were depressed (many reported that staff now offer Music & Memory<sup>SM</sup> to assist with depression).

Challenges identified in the post resident survey include the observation by residents that the facility does not offer personalized music as often as the residents would like (reported by 20% of residents participating in Music & Memory<sup>SM</sup>) and residents' music being chosen without their input (reported by 31.4% of residents). Ombudsman programs will follow up with these homes and encourage compliance with Music & Memory<sup>SM</sup> techniques.

## SPENDING

**Grant agreements:** \$146,360\* distributed by formula:

PSA	Sub-grantee	Award
PSA 1	Pro-Seniors, Inc.	23,107.00
PSA 2	Joint Office of Citizen Complaints	12,530.00
<del>PSA 3</del>	<del>Area Agency on Aging 3*</del>	<del>10,140.00</del>
PSA 4	ABLE	13,212.00
PSA 5	Ohio District 5 Area Agency on Aging, Inc.	13,895.00
PSA 6	Easter Seals of Central & Southeast Ohio	15,259.00
PSA 7	Area Agency on Aging District 7, Inc.	10,142.00
PSA 8	Area Agency on Aging 8	6,730.00
PSA 9	Direction Home Akron Canton Area Agency on Aging	7,412.00
PSA 10A	Long-Term Care Ombudsman Program	19,013.00
PSA 10B	Direction Home Akron Canton Area Agency on Aging	12,189.00
PSA 11	Area Agency on Aging 11, Inc.	12,871.00
<b>Total</b>		156,500.00

**Equipment:** \$55,014

**Contact**

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\*Region 3 ombudsman work is currently being managed by the State Long-Term Care Ombudsman's Office.