



July 27, 2020

Amy Hogan
Nursing Facility Policy Administrator
Bureau of Long-Term Services and Supports
The Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

Dear Ms. Hogan:

Please find, in the pages that follow the quarterly report for CMP Request Number: G-1819-04-0668, Compassionate Touch Project, for the period of 01 April 2020 – 30 June 2020.

AGE-u-cate Training Institute
Project Leader: Pam Brandon
(817) 857-1157 ext. 202

We look forward to your input and our ongoing participation in this project.

Kind regards,

A handwritten signature in black ink that reads "Pam Brandon". The signature is written in a cursive, flowing style.

Pam Brandon, Founder/President
AGE-u-cate Training Institute
P.O. Box 452
Colleyville, TX 76034
(817) 857-1157 ext. 202

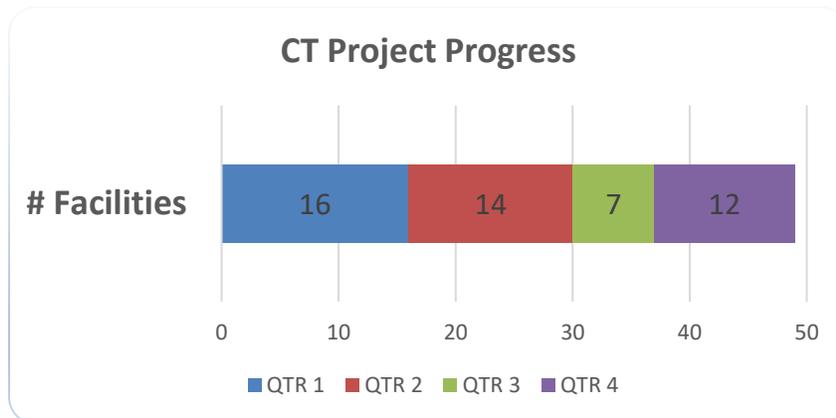
Compassionate Touch®: A Practical Approach to Ease Behavioral Symptoms Performance Requirements Progress Report

1-2. On-site training, of the two-hour Compassionate Touch (CT) Caregiver Training, will be offered to each of the three work shifts at each participating nursing home by AGE-u-cate contractors.

In response to the COVID-19 quarantine, ATI has developed a process to assist facilities to identify their on-site coaches and move forward with CT Coach Training, utilizing our established e-learning platforms. In the fourth quarter, ATI trainers facilitated the launch of twelve (12) additional nursing facilities. These facilities are on their way to each having up to four trained coaches. As these facilities were postponed due to the COVID-19 pandemic, they will all receive support from ATI over the next year to guide and facilitate the implementation of care team training.

The trainer also worked with these facilities to complete the following tasks:

- Identify their CT Coaches
- Launch the coaches into the on-line training platform
- Identify their ten resident target group
- Submit the baseline report on the ten resident target group



The twelve facilities are in the following counties:
Summit, Clinton, Jefferson, Mercer, Franklin, Cuyahoga, Logan, Belmont, Hamilton and Columbiana.



3-4. The facility will determine the number of participants and training times.

Challenge: The COVID-19 pandemic created unprecedented challenges for nursing home providers. Most were unable to conduct in-house training in the fourth quarter. ATI stepped up the availability of a trainer to specifically focus on the twelve remaining facilities who had yet to execute their participation in the project. Several weeks of outreach has resulted in twenty-six (26) new CT coaches that are now in the process of completing on-line coach training.

5. Maintain a roster of training participants.

Task Status: Ongoing – On-site training could not be provided in Q-4 due to COVID-19. ATI will continue to work with all Ohio facilities with guided implementation of care team training into year three (see further discussion on page four).

6-7. Pro-actively check-in with CT Coaches and others helping with outcomes tracking and collect measurement data every quarter.

Task Status: Ongoing – The ATI Grants Manager coordinates the outcomes tracking process with each facility.

We had stepped up the frequency of data collection to bi-monthly to increase the sample size. In the fourth quarter, ATI received twenty-eight (28) follow up submissions.

8-9. Provide an avenue of contact for participants if assistance is needed.

Task Status: Ongoing– the following ATI personnel are available to participants via phone or email:

- Assigned trainer
- Grants Manager
- VP of Operations

We are prepared to provide facilities with a prompt response when contacted.

10. Provide facilities support in the form of on-line access to CT instruction video, coach materials; teleconferences, webinars, bi-monthly electronic publication, phone support; assistance with data collection, and outcomes tracking.

Task Status: Ongoing – Trainers and the Grants Manager ensured that the selected care team members are provided with the Ohio customized Coach Training manual and supplies needed to complete Coach Certification Training.

Update – 1 e-Newsletter and 1 Teleconference were available for all coaches in Q4.

11-14 The Grants Manager and Executive Leadership will facilitate the process of outcomes tracking and reporting. Report outcomes quarterly.

Task Status: ATI has updated the reporting format for the facilities that now includes a Likert scale. This format is more user friendly and more generally accepted as a valid and reliable measurement.

Having said this, ATI is considering enhancing reporting requirements to reflect the current COVID environment.

ATI received twenty-eight (28) submissions that included 270 reports. An analysis of the results indicated no change from the baseline reports. ATI does not expect to see changes in resident behaviors absent care team training by the facility coaches.

ATI will continue to support and assist facility coaches with guided implementation of care team training when the time is right for each facility.

- 15-16. ATI will provide a letter and one-page editable flyer to inform families about the CT project, and posters that illustrate the CT techniques.

Task status: On-going. These materials are provided in the CT training supplies that are shipped to each facility.

17. ATI will provide the following expectations to the facility during the preparation process.

Task status: On-going

Several documents are utilized by the trainers while working with the facility to prepare for training and comply with post-training responsibilities.

- The Participation Agreement outlines facility responsibilities
- The “Next Steps” and Frequently Asked Questions document that provides instruction on the tasks:
 - Identify their coaches (if not identified before on-site training)
 - Select a date that they will complete the e-learning coach training
 - Selecting the ten resident sample group
 - The data items being tracked for results measurement
 - The dates that follow up surveys should be sent
 - A sample CT care plan document

ATI fully expects that on-site training will not be possible for quite some time. Therefore, the plan for project implementation has been re-created for year two and consists of three discernable and streamlined segments that can be launched when the time is right for each facility.

1. Ready. Includes the preparations to begin engagement with the project: selecting facility coaches and the results measurement coordinator.
2. Set. Selected facility coaches begin their education and training to prepare for care team training.
3. Go. The coaches develop a plan to roll out care team training.

The AGE-u-cate trainer will guide the facility through each phase of implementation. Support will be provided in ways that meet the needs of the facility. These may include, but are not limited to:

- Small group training via Zoom with a facility coach and selected care team members

- Scheduled Zoom meetings with coaches to discuss implementation
- Phone and email support

18. Enlist and train nursing homes within the state of Ohio. This will be monitored through a multi-tiered approach to marketing with on-line registration.

Task Status: Ongoing

ATI created a link on the website for all interested nursing homes to complete an information form to be contacted regarding the CT project. All inquiries were checked with the Master List of Certified Nursing Homes provided by Ohio Contract Manager. For those not listed, ATI confirms their eligibility as a Certified Nursing Home with Contract Manager before moving forward.

Additionally, the Ohio Health Care Association has promoted the CT CMP Project in their newsletters. Our recruitment includes phone calls to regional managers of large Nursing Home providers as well as a follow-up from attending the Ohio Health Care Association Annual Conference in 2019. We are preparing to soon launch a year three communication.

Q4 RESULTS

Report source: 14 facilities that have at least one trained coach. n= 28 submitted reports in Q4.

Qualitative Reports

- 92% feel more equipped to handle residents' behaviors
- 85% believe relationships with residents have improved
- 88% better understand residents' behaviors
- 100% believe communication with residents has improved

Facility coaches were unable to conduct care team Compassionate Touch training in Q-4 due to the COVID-19 pandemic. Consequently, resident outcome reports will be forthcoming after facilities can resume training. In the meantime, ATI will continue to guide all Ohio facilities through training implementation when they are ready.

Report source: Five facilities that have at least one trained coach and provided at least two follow up reports.

	Baseline		Follow up #1		Follow up #2		Follow up #3	
	# taking anti-psych	target group						
Community 1	7	10	7	10	6	9	4	9
Community 18	5	10	5	10	4	10	2	10
Community 32	6	10	6	10	6	10	6	10
Community 33	1	10	2	10	2	10	2	10
Community 47	3	10	3	9	2	8	3	8
Totals	22	50	23	49	20	47	17	47
Percent of target group taking anti-psychotic med	44.0%		46.9%		42.6%		36.2%	

Five reports indicated that CT influenced a reduction in anti-psychotic medication.

Participant Feedback: “CT actually changed the behavior of one of our residents and improved her ability to communicate and be understood.”

“It works quite well with one resident when she gets sad.”

“One of our residents wanders daily and yells and hits her hand on the table. The activity staff used it and it was effective in calming her down.”

“We have seen improvements in behaviors, resisting care and yelling in some of our residents.”