

November 10, 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 third-quarter report for CMP Request Number: G-1819-04-0796, Dementia Live Project, for the period of 01 July 2020 – 30 September 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

Performance Requirements Progress Report

1-2. Onsite training of the thirty-minute Dementia Live Experience (DL) Caregiver Training is being offered to each of the three work shifts at each participating nursing home by AGE-u-cate contractors.

Status: ATI Certified trainers could not provide onsite to participating facilities during the reporting period due to the restrictions under the COVID-19 pandemic.

ATI trainers continue to work with twelve (12) facilities from previous quarters who did not have the benefit of onsite training.

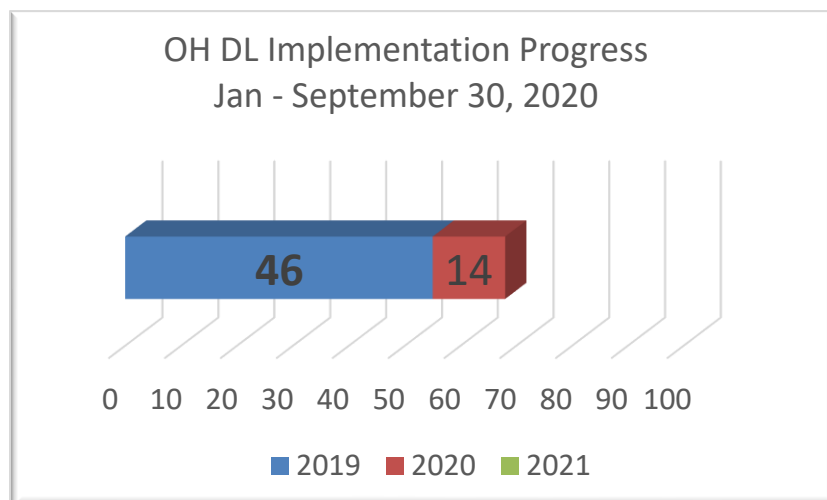
ATI launched three (3) facilities in this quarter.

In response to the COVID-19 quarantine, ATI has developed a process to assist facilities in identifying their onsite coaches and moving forward with DL Coach Training, utilizing our established e-learning platforms. This is not intended to replace onsite training; however, ATI trainers prepared to guide the facility through continued implementation while onsite training is prohibited.

Upon completion of the e-learn coach training modules, the next steps with each facility include:

- Assisting with selecting ten residents for the target group
- Offering and scheduling remote training for care team members
- Offering guidance and support for the coaches through scheduled Zoom meetings
- Facilitating the submission of the baseline and follow up reports
- ATI trainers are available to facilities for training refreshers, consultation, and support

Total facilities enrolled 2019- September 30, 2020



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

Task Status: Ongoing – An ATI trainer is assigned to a facility after receipt of a Participation Agreement. Allow the number of participants in each session of training to be decided by the facility.

Task Status: As onsite training continues to be prohibited, ATI has strengthened the support and investment in each facility through guided implementation to integrate the program during the pandemic successfully. Our commitment is demonstrated through the following activities in this reporting period:

- We remain committed to providing guided implementation for all participating O.H. participating facilities.
- Collected baseline or follow up reports from facilities.
- We launched the three new facilities in the project.
- We have offered remote care team training to participating facilities who did not have the benefit of onsite training. Many have expressed interest, and we will continue to work with each facility to schedule when the time is right.
- We maintain frequent contact with the slower to implement facilities.

The COVID-19 pandemic continues to present challenges to coordinate remote training. Dementia Live is an interactive simulation experience and not conducive during a quarantine. We have developed a table-top experience that would eliminate the need for staff interaction, but as of now, facilities have not availed themselves of this opportunity.

ATI trainers maintain in contact with facility coaches through email, phone calls, and scheduled Zoom meetings. All facilities are aware that ATI is ready to provide remote training when the time is right.

The ATI trainer obtains training rosters upon completing remote training for the facilities.

5. Maintain a roster of training participants.

Task Status: Ongoing – DL training participants sign-in on the ATI roster, and copies are provided to the administrator of each nursing home. Original rosters are on file at ATI.

6-7. Pro-actively check-in with DL 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 data collection frequency to monthly to increase the sample size. The COVID-19 crisis significantly slowed the submission of the baseline and follow up surveys from the facilities. Despite the time constraints that COVID has presented to the facilities, we have collected 62 baseline and follow up reports from participants.

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
- V.P. of Operations

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

10. Provide facilities support in the form of online access to DL instruction video, coach materials, teleconferences, webinars, bi-monthly electronic publication, phone support, assistance with data collection, and outcomes tracking.
- Coach Connections Newsletter July 16, Aug 24 and Sept. 10
 - Webinars on 7/15/20, 8/19/20, and 9/29/2020.

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

Task Status: Ongoing – A summary of the baseline and follow-up reports received between January 1 and September 30 is included on page five.

- 15-16. ATI will provide a letter and one-page editable flyer to inform families about the DL project, and posters that highlight communication strategies.

Task status: On-going.

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

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
 - Identify their coaches
 - Select a date that they will complete the e-learning coach training
 - Selecting the ten resident sample group
 - The data items tracked for results measurement
 - The dates that follow up surveys should be sent
- A sample D.L Care Plan document

18. Enlist and train nursing homes within the state of Ohio. This will be monitored through a multi-tiered approach to marketing with online 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 D.L project. Enrollment efforts continue. ATI continues to dialogue with LeadingAge, Ohio, and the Ohio Healthcare Association to promote with members. We have also held weekly OH Grant informational webinars that are advertised on LinkedIn.

CUMULATIVE OUTCOME RESULTS AS OF SEPT. 30, 2020

Measurements are obtained by facilities submitting a monthly follow up report that compares results to the baseline report for the ten-resident sample group.

The cumulative sample group through September 30, 2020 includes:

- Facility follow up reports received: 30
- Number of residents represented: 139
- Total resident report sample size: 252

Measurement 1: A 10% reduction in the aggregate score for the following MDS items for participating residents in each participating facility and statewide for all participating facilities.

- MDS E0200A- Physical behavioral symptoms directed toward others.
 - Result: 42 reports indicated a reduction in physical behaviors- 17% **MET**
- MDS E0200B- Verbal behavioral symptoms directed toward others
 - Result: 41 reports indicated a reduction in observed behaviors- 16% **MET**
- MDS 0200C- Other behavioral symptoms not directed toward others
 - Result: 43 reports indicate a decrease in signs of ill-being that includes generalized negative behaviors not directed toward others- 17 % **MET**

Measurement 2: A 10% decrease in the aggregate score for the following MDS item for participating residents in each participating facility and statewide for all participating facilities:

- MDS E800- Rejection of care that is necessary to achieve health and well-being.
 - Result: 47 reports indicate an increase in signs of well-being that includes increased cooperation with care- 18.6%

Measurement 3: 95% of participants will score 80% or better on training competency tools.

- Result: The average score for all participants is 94% **MET**

Measurement 4: 80% of trained care partners trained in Dementia Live will report that they agree with the following survey statements describing their experience:

- a. I feel more effective dealing with resident behaviors and care needs- 92%
- b. My relationship with the residents has improved- 91%
- c. I feel more equipped to respond to behavioral expression in people with dementia- 96%
- d. Behavioral expression in people I can for has decreased because I have new skills in how to interact with them to prevention behaviors. 96%

MET

Measurement 5: 95% of C.T. Coaches will have conducted in-house training for staff and family caregivers.

- o Result: 11/30 reported they have held training sessions- 37%

NOT MET

