



Rhythm of the Day©

Quarterly Progress Report to the Ohio Department of Medicaid

(Second Quarter 2020)

In the third quarter of year one of the project, during the second quarter of 2020, the initiative to launch a natural, holistic approach to the daily lives of the staff, residents and families living with Alzheimer's/Dementia continued with a systematic approach to project management with expansion into additional facilities. Details of our progress and accomplishments with the program are as follows:

Project Administration:

- I. Continued recruiting efforts through direct contact with eligible facilities.
- II. Program was reviewed and reorganized to comply with guidelines in place due to COVID-19 restrictions. These core elements include the limitations of resident needing social distancing, lack of any group activities, resident restrictions to individual rooms and, 'no visitor' limitations. Rhythm of the Day© is a dynamic and fluid program based upon individual resident and facility needs, previous experiential successes promoted the development of the virtual model under COVID-19 limitations and requirements based upon proven outcomes.
- III. Training sessions, initial facility meetings and trainer staff meetings all held via Zoom to abide by COVID-19 restrictions. To continue successful training, virtual training sessions have small group limits and increased offerings to facilitate interactive learning environments and involve all facility personnel.
- IV. The implementation of the program will now be accomplished in phases based upon gating criteria to promote solid implementation at a pace facilities can successfully manage.

Project Agenda:

- I. Marketing and recruiting efforts continued in order to fill additional available spaces.
- II. Status to date - SNF1:
 - a) Successful full program implementation for this Facility in February and were beginning to see positive resident outcomes as a result of their program.
 - b) In March when the COVID-19 restrictions were applied the facility chose to discontinue the program based upon the staff demands within the facility with the new restrictive regulations.
 - c) The facility noted resident slide back from their initial successes (medication use, behaviors, Sleeping patterns, etc.).
 - d) Our Rhythm of the Day© team reached out to the management team providing information regarding new guidelines for COVID-19 and social distancing restrictions and a slower phased in implementation as a re-boot of the program.

- e) Virtual and off-site training (utilizing social distancing and required mask use) sessions were provided.
- f) The first phase of the program was implemented by the facility.
- g) Base line data was again submitted for the re-boot of the program.

III. Status to date - SNF2:

- a) Facility continues to hold in place. Based upon management and census challenges, facility residents and staff were relocated within other facilities in the same corporation to empty the building when the COVID-19 crisis hit. Facility representatives report plan to return to building once the initial crisis has been managed and a solid structure is established.

IV. Status to date - SNF3:

- a) In facility training was implemented. Supplies were provided to the Facility.
- b) Individualized Program was developed. Facility personnel and management shows great enthusiasm in starting the program.
- c) When COVID-19 requirements began in March. The program training was moved to the virtual medium (small frequent sessions) meeting the needs of reaching all involved personnel. Remaining schedule for in-person training postponed.
- d) Training was completed virtually via Zoom meetings.
- e) The First phase of Rhythm of the Day© implementation occurred under virtual guidance with both staff and residents.
- f) Base line data submitted

V. Status to date - SNF4:

- a) Visitor restrictions put in place in March due to COVID-19 guidelines
- b) In-person training schedule previously in place postponed.
- c) Facility requesting a delay in training to see trend of COVID-19 restrictions with plan of having live in house training.

VI. Status to date - SNF5:

- a) Initial meeting held via Zoom. Signed Contract received via email.
- b) Individualized program developed
- c) Full Facility virtual training has begun using the small group model.
- d) Data being submitted as residents are selected for participation in program initially.
- e) Virtual implementation will be scheduled for phase one.

VII. Status to date - SNF6:

- a) Initial meeting held via Zoom. Signed Contract received via email.
- b) Individualized Rhythm of the Day© developed.
- c) Virtual training dates scheduled to begin via Zoom.

Project Measurement:

Overview of Program Outcomes:

SNF 1:

The Rhythm of the Day was successfully implemented in SNF 1 for four months. The reported successes during the implemented time frame for participating residents were:

- Multiple cases of altered sleeping patterns, wandering and exit seeking behaviors were resolved.
- Residents who were withdrawn and many times did not participate with standard facility activities actively engaged and thrived with the structure and non-failure techniques provided by Rhythm of the Day.
- Decrease of 22% of medications through the GDR (gradual dose reduction).
- Zero urinary tract infections occurred.
- Falls were decreased by 83%.
- Everyday tasks, such as showers or personal care, were reported to become less stressful to both the residents and the staff.
- Undesired behaviors both physical and verbal decreased over 75%.

When the COVID19 restrictions were implemented and the facility chose to discontinue the program based upon the challenges the newly implemented procedures required the following were reported (The below declining data was obtained as baseline data from the 're-boot' election of Rhythm of the Day.):

- Residents who were regular Rhythm of the Day participants began showing both verbal and physical outbursts. For some it became a daily event with an overall increase of 160%.
- Residents returned to wandering, exit seeking and being awake through night hours. This resulted in falls increasing from one to eight in a 6-week time frame, over 260%.
- Some residents were sent to a geriatric psychiatric behavioral health unit to seek treatment. Antipsychotic med uses increased 31%.

SNF 3:

Within two weeks of implementation of phase 1 Rhythm of the Day© staff report initial participants were demonstrating less need to sleep during the day and improved sleep at night resulting in more normalized sleep patterns.

Additionally, staff report residents said they were enjoying participating in the Rhythm of the Day© interventions and were engaging more consistently with staff.



SNF 5:

Baseline data obtained

Project Financial:

There are no travel expenses associated with the second quarter of the Rhythm of the Day© memory care program.

Project Summary:

The Rhythm of the Day© trainers have proceeded with determination during the COVID-19 pandemic in order to keep each and every facility on track with the training program as well as to bring new facilities into the training program. Fortunately, the basic Rhythm of the Day© program is a flexible and dynamic model developed to meet individual unique facility needs.

Rhythm of the Day© has been analyzed thoroughly and restructured to ensure all facilities are abiding by the social distancing guidelines currently in place while maintaining the individualized program created for each of them. Consistent contact is in place with each participating facility in order to provide guidance and solutions to the unique situations arising from the restrictions that are currently in place. Training sessions have been held via Zoom as well as the initial meetings with additional interested facilities.

Our team continues to meet frequently via video conferencing to discuss and develop strategies to assist our participating facilities, staff and residents, during this highly stressful time.

We will continue to monitor each participating facility measurements regarding psychotropic medications, UTI's, falls and employee turnover rates as well as the maintenance or improvement of assessment cognitive scores.