



April 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 January 2020 – 31 March 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

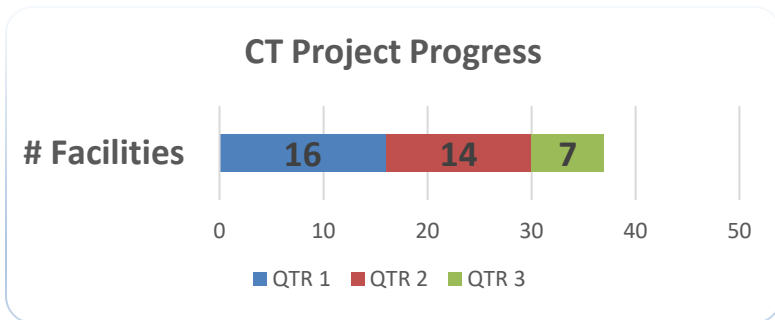
Year Two 2<sup>nd</sup> Quarterly Report (01 January 2020 – 31 March 31, 2020)  
**Compassionate Touch®: A Practical Approach to Ease Behavioral Symptoms**  
 Performance Requirements Progress Report

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.

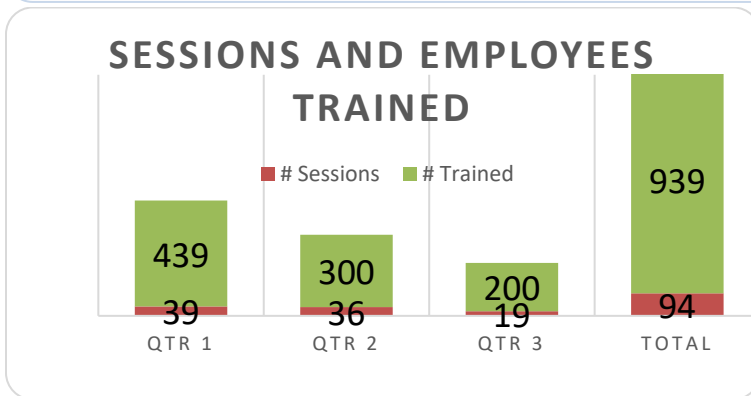
Status: ATI Certified Trainers scheduled and conducted on-site training at seven (7) nursing facilities. The number of homes trained during the third quarter was lower than in previous quarters because scheduled training in March was canceled due to COVID-19.

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. This is not intended to replace on-site training; however, ATI trainers are prepared to guide the facility through continued implementation if on-site training is prohibited for an extended period. Upon completion of the e-learn coach training modules, the next steps include:

- Select 10 residents for the target group
- Facility coaches train the primary staff who are assigned to the target group on CT techniques.
- Submit the baseline and follow up reports in the required time frame
- ATI trainers will remain available to facilities for training refreshers, consultation, and support



The counties covered in the third quarter include: Lorain, Ashtabula, Sandusky, Newton Falls, Franklin, Cuyahoga and Hardin.



	<b>Facilities Trained</b>	<b>City (OH)</b>	<b>Enrolled/ Signed PA</b>	<b>Training Dates</b>	<b>Number of Training Sessions</b>	<b>Number of Training Participants</b>	<b>Competency Scores (%)</b>
<b>1</b>	Amherst Manor	Amherst	10/7/2019	1/10/2020	3	29	<b>100%</b>
<b>2</b>	Country Club Ashtabula	Ashtabula	10/6/2019	1/17/2020	3	24	100%
<b>3</b>	Countryside Manor	Fremont	6/11/2019	2/27/2020	3	34	100%
<b>4</b>	Country Club of Newton Falls	Newton Falls	10/2/2019	3/10/2020	3	43	100%
<b>5</b>	Ohio Living Westminister Thurber	Columbus	9/9/2019	1/08/2020	1	18	100%
<b>6</b>	Prentiss Center at Metro Health	Cleveland	10/17/2019	1/15/2020	3	14	100%
<b>7</b>	Vancrest of Ada	Hardin	9/4/2019	1/9/2020	3	38	

Table 1 – Facilities Trained

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: Ongoing – ATI’s on-site training course structure offers up to three (3) training sessions, with a maximum of 20 participants per session. Facilities are provided with tools that maximize awareness of upcoming training; these include:

- Video introduction to CT
- Letter to distribute to family members
- Flyer to post in the facility
- Training sign-up sheet

Challenge: Attendance can be affected by unplanned and/or urgent responsibilities of staff. Higher attendance is attained when the scheduling coordinator actively manages the training schedule as an assignment vs “sign yourself up”.

Solution: Just-In-Time training (JIT) is offered to staff as an abbreviated approach - emphasizing the hand, feet, and back touch techniques. Also, trainers discuss the optimal process to encourage max participation during the introductory call.

5. Maintain a roster of training participants.

Task Status: Ongoing – CT Training participants sign-in on the ATI roster and copies are provided to the administrator of each nursing home. Originals rosters are on file at ATI.

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.

Task Status: Ongoing – We had stepped up the frequency of data collection to bi-monthly to increase the sample size. Trainers are now expected to collect the resident baseline data with the team before the end of the training. The COVID-19 crisis significantly slowed the submission of baseline and follow up surveys from the facilities to ATI, therefore we are now asking facilities to submit monthly reports.

Challenges: In March 2020, ATI invested 25 hours of staff time to help facilities catch up with reporting requirements. We collected 14 additional baseline reports from CT trained facilities. We have requested and not yet received reports from seven CT trained facilities and received thirteen (13) incomplete baseline reports which we are also attempting to update.

Solution: All facilities who are participating in submitting results to ATI are utilizing the new process that was implemented last quarter. We are getting improved response now, and feedback from the facilities that it is more efficient than the previous method with Survey Monkey.

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 – At the time of each Onsite CT training, ATI trainers:

- Provide selected staff with the Ohio customized Coach Training manual and supplies needed to complete Coach Certification Training.
- Instructs facility staff on how to enroll staff in the online e-learning Coach Certification Training.
- Leave extra training materials not used with the facility to use for their ongoing CT training for staff and family members.

Update – 1 e-Newsletter and 1 Teleconference were available for all coaches in Q3.

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

Task Status: Ongoing – All facilities receive the documents to submit the baseline and follow-up surveys during the de-brief meeting. The Baseline Survey for the selected ten (10) residents is

completed before the trainer exits the facility. A summary of the baseline results received through March 31, 2020, is provided on page six.

- 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.

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

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 held earlier this year.

As of March 31, 2020, 49 facilities are enrolled in the project. Thirteen (13) facilities are assigned to a trainer and await CT training. Each of these facilities has been contacted by the assigned trainer to inquire about initiating e-learning coach training.

## CUMULATIVE OUTCOME RESULTS AS OF MARCH 31, 2020

Baseline reports were received from 16 facilities and include 152 residents.

The following methodology is used to record the frequency of behaviors:

	Baseline Results	Aggregate Average Score 152 residents	Comments
1 = Never	Residents physical behavior interferes with care	2.5	The stated target is a 10% reduction in reported frequency of behaviors.  ATI will continue to work with facilities to submit baseline reports for the selected resident sample group. Data from new baselines will be factored into the aggregate.  ATI will continue to work with facilities to submit follow up reports on a monthly basis until the conclusion of the grant year. Follow up reports received from each community will be compared against their previously submitted report to measure behavioral changes in the resident sample group.  82/152 (53%) of the resident sample group is taking anti-psychotic medication. A reduction of 10% is the stated target.
2 = Rarely	Resident's verbal behavior interferes with care	2.70	
3 = Sometimes	Resident exhibits signs of ill-being	3.20	
4 = Often	Resident exhibits signs of well-being	2.75	
5 = Always	Number of residents taking anti-psychotic medication	82	

### Data reliability and validity

It is evident that since ATI implemented the procedure for trainers to collect the baseline reports during the de-brief meeting, the information provided on the report is complete and reliable. Also, the information provided has more validity as it is done with the interdisciplinary team in the presence of the trainer.

Onsite CT Training Competency Scores	95%	100%	
CT Coaches who have held in-house training	95%	Will be reported once follow up surveys are received.	
CT Caregiver Training and Coaches e-learning workshop participants will score $\geq$ 80%	95%	Ongoing – 100 $\geq$ 80%	