

Ohio CMP Reinvestment Program
Project Proposal – Compassionate Touch®: A Practical Approach to Ease Behavioral Symptoms
REVISED November 23, 2018

1. Purpose and Summary

This proposal is entitled “[Compassionate Touch®](#): A Practical Approach to Ease Behavioral Symptoms.” It is being proposed by [AGE-u-cate Training Institute](#) (ATI), a Limited Liability Company headquartered in Colleyville, Texas, which delivers high-impact solutions that transform the attitudes and actions of those who live in, work in, or visit eldercare communities across the nation.

Compassionate Touch® (CT) is an approach combining skilled touch techniques and specialized communication shown to help prevent behavioral expression in people with dementia and reduce job stress in care-partners. The purpose of this three-year project is to provide a non-pharmacological solution to help reduce unnecessary use of antipsychotic medication in dementia care while creating positive engagement of elders, staff and family care-partners. Federal and state initiatives call upon providers to equip care-partners with practical tools that create positive outcomes for people with dementia. The reduction of unnecessary use of anti-psychotic medications by replacing [*or supplementing*] them with non-pharmacologic approaches and strategies is paramount to these initiatives. CT assists providers in meeting this challenge.

The Compassionate Touch® project is being proposed to run for three years and is comprised of the following six components:

Component 1. Facility Recruitment and Project Promotion

These activities will take place at the beginning of the project to enlist facility participation.

Component 2. On-site Staff Training

Two-hour CT Caregiver Training for direct-care and support staff. (Nursing, Activities, Administrative, Social Work, Dining, Housekeeping, Maintenance, Therapy, Volunteers; Spiritual Care) and family caregivers. ATI trainers will provide the on-site staff trainings. (Please see Appendix A for trainer resumes.)

Component 3. CT Coach Training (Train-the-trainer e-learning workshop)

Following the onsite training, facilities then enroll two to four staff in online Coach Training e-learning workshop. These people must have completed the on-site CT Caregiver training. CT Coaches are trained to conduct in-house CT training for staff and family caregivers. This training totals six hours completed in three two-hour modules combining self-directed on-line instruction with clinical practice.

Component 4. In-House CT Training

CT Coaches facilitate in house training for additional staff and family caregivers.

Component 5. Project Support

To help ensure sustainable success, facilities will receive support in the form of on-line and phone support, and updated supplemental materials.

Component 6. Data Analysis and Reporting

Nursing Home and Resident Selection - ATI intends to enlist approximately 140 nursing homes in geographically diverse areas of Ohio, and anticipates enlisting both large and small nursing homes. Whenever possible, scheduling will be coordinated to allow instructors to conduct up to three trainings in one week within a single geographic area to help keep travel costs to a minimum. Registration will be available on-line. The registration process will include a brief questionnaire to obtain information about the facility, perceived needs that this project may address, a primary contact person, and scheduling preferences.

A multi-tiered approach to marketing efforts will be used to reach potential participating facilities throughout Ohio. Strategies include:

1. An introductory letter and program overview will be emailed to nursing home administrators using names and addresses provided by one or more of the organizations listed below:
 - Ohio Health Care Association (OHCA)
 - LeadingAge Ohio
 - Office of the State Long-Term Care Ombudsman
2. Announcement or article submitted to the above organizations' newsletters
3. Contacting relevant Ohio LinkedIn groups

ATI will collaborate with the nursing homes that are selected to identify approximately 10 residents in each facility to participate in the CT program. Individuals selected to participate will be long-stay residents who have some type of dementia or a dementia related condition, and who have behavioral expressions that might be decreased by using CT techniques. Selected residents also must already be receiving one or more antipsychotic medications.

Reporting

ATI will submit quarterly reports to the Ohio Department of Medicaid, and a final report at the end of the project period.

Sustainability

After the project period concludes, sustainability is expected to be achieved through peer to peer interactions when CT Coaches in participating nursing homes transfer the information they have acquired to other staff members. ATI also provides on-going support for CT Coaches with on-line access to the materials needed for implementation, including quarterly teleconferences and bimonthly electronic publications that reinforce the use of CT.

2. Expected Outcomes

By the end of the three-year project, ATI expects to achieve the following outcomes at approximately 140 participating Ohio nursing homes:

1. 95% of CT Caregiver Training and Coach e-learning workshop participants will score 80% or better on training competency tools provided by ATI that are customized for each of the two groups of participants.
2. 95% of CT Coaches will have conducted in-house training for staff and family caregivers.
3. 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
 - MDS E0200B – Verbal behavioral symptoms directed toward others
 - MDS 0200C – Other behavioral symptoms not directed toward others
4. For participating residents, a 10% decrease in the aggregate score for MDS item E0800 – Rejection of care that is necessary to achieve the resident’s goals for health and well-being in each participating facility and statewide for all participating facilities.
5. For participating residents, a 10% decrease in the aggregate score for MDS item N0410A – Medications Received: Antipsychotic in each participating facility and statewide for all participating facilities.

3. Results Measurement

The ATI training competency tools will be provided to the participants of the CT Caregiver Trainings and Coach e-learning workshops via Survey Monkey. ATI will track the number of competency tools completed and the score of each completed survey to determine if the expected outcome specified in Section 2 is achieved. (Please see Appendix B and Appendix C for sample competency tools.)

Survey Monkey will also be used for participating CT Coaches to verify they have conducted in-house trainings for staff and family caregivers. ATI will track the number of CT Coaches who have conducted the trainings and determine if the expected outcome specified in Section 2 is achieved. (Please see Appendix D for survey.)

To establish baseline data for expected outcomes #3, #4 and #5 as specified in Section 2, ATI will obtain quarterly MDS scores for participating residents from participating nursing facilities for the following MDS items for the first quarter preceding the start date of the project for which data is available, and facility and statewide aggregate scores will be determined:

- MDS E0200A
- MDS E0200B
- MDS 0200C
- MDS E0800
- MDS N0410A

Throughout the duration of the project, quarterly scores for these MDS items will be obtained for participating residents, and aggregate scores will be compared to baseline data to determine if progress is being made toward achieving the expected outcomes specified in Section 2. The final aggregate quarterly MDS scores will be compared to baseline data to determine if the expected outcomes are achieved.

4. Benefits to Nursing Home Residents

This project will benefit nursing home residents by using non-pharmacological strategies, i.e. skilled touch techniques and specialized communication, to help ease possible underlying causes of behavioral expression in participating residents. Benefits are expected to include decreased restlessness and physical discomfort, better sleep, and increased trust in caregivers. All of these benefits are expected to reduce behavioral expression and improve the overall quality of life for those residents who participate in the project.

The following are personal accounts from various nursing home staff on the benefits of CT:

An agitated woman with diabetes on our end-stage dementia unit required 2-3 people to hold her while the LPN pricked her finger to check her serum glucose level. One day there weren't enough staff to hold her, so Peg (one of our CT coaches) went in and began CT with her. She spoke to her softly, did a flowing head & back stroke and by the time the LPN arrived the woman was so relaxed no one had to hold her to check her serum glucose level.
- Rosene Dunkle, RN, Masonic Village, Elizabethtown, PA.

I gave the hand technique to calm on of our residents with Alzheimer's disease who roams. I caught her as she was winding up to "sundown". She sat down and let me "practice for a class I took". In ten minutes, she was asleep with her head on my shoulder. No medication was needed that night to calm her down. It was so cool!" - Laurie Archer, Nursing Home Administrator, Adrian, MO.

The staff who gave some of our residents Compassionate Touch said they felt more connected and in tune with each resident as a person. - Lora Chapman, RN, Ozark, MO.

The following case example illustrates the benefits of CT techniques for a resident in a Springfield, Missouri nursing home who had common behavioral expressions.

Mary was 81 years old and had lived in a skilled nursing facility for 7 months. She had Alzheimer's disease, anxiety, behavior disorder, insomnia, osteoarthritis, osteoporosis, and recurrent urinary tract infections. She was no longer able to safely ambulate and had fallen several times. She couldn't find the appropriate words to express herself and she would sometimes yell out and bang on her wheelchair. Staff would take her to group activities, but

the yelling and banging upset the others and she then was removed from the group. Much of her time was spent alone in her room or hallway. She was often awake and anxious at night and yelling would escalate, waking up other elders.

The nurse assistants and activities staff offered five-minute CT hand technique twice a day, in the morning after breakfast and in the evening before bed. Mary was receptive to having lotion applied to her hands and was responsive to the one-to-one attention. Following one week, the activity director reported that Mary was able to remain in more group activities without disruptive yelling and only occasional banging on her wheelchair. This resulted in less isolation because she was able to stay in the group activity. The nurse assistants reported that Mary was more alert during personal care and that she slept better at night. The overall impact of CT was an increase in the quality of life for Mary and decreased job stress for the staff.

5. Non-Supplanting

This project will in no way supplant the responsibilities of participating nursing facilities to meet existing Medicare and Medicaid regulations, or other statutory and regulatory requirements. Education and interventions employed in this project will complement current nursing facility standards and practices.

6. Consumer and Other Stakeholder Involvement

The Compassionate Touch® project will involve approximately 1,400 Ohio nursing home long-stay residents who have some type of dementia or dementia related condition and who are currently receiving one or more antipsychotic medications. Other stakeholders will include family caregivers throughout the state who will participate in the in-house trainings at participating nursing homes. Additional family members and members of the community at large may become involved as they learn about the CT program and techniques from staff and family caregivers who have completed the in-house training.

Staff at approximately 140 nursing homes will be involved in implementing the new communications and care skills they learn in the on-site staff training and CT Coach training. Each facility's leadership will be involved when they support the CT project by providing space and audiovisual equipment for the trainings, and by providing their staff with paid time to participate in the trainings.

7. Funding

The budget table below details the funding requested for this 36-month project.

Description	Cost Per Unit	State Fiscal Year One 2019 (3 months) 4 facilities	State Fiscal Year Two 2020 (12 months) 50 facilities	State Fiscal Year Three 2021 (12 months) 50 facilities	State Fiscal Year Four 2022 (9 months) 36 facilities	Total Cost (36 months) 140 facilities
TRAINING						
On-Site CT Caregiver Training: Materials & Supplies	\$175 / facility	\$700	\$8,750	\$8,750	\$6,300	\$24,500
CT Coach Webinar Training: Train-the-Trainer E-Learning Workshop	2 enrollees per facility @ \$675 for 1 st enrollee and \$175 for 2 nd enrollee	\$3,400	\$42,500	\$42,500	\$30,600	\$119,000
Rolling Suitcase with Supplies for 6 ATI Trainers	6 @ \$150 ea.	\$900	\$0	\$0	\$0	\$900
ATI Trainer Fee	\$1,925 / facility	\$7,700	\$96,250	\$96,250	\$69,300	\$269,500
TOTAL TRAINING		\$12,700	\$147,500	\$147,500	\$106,200	\$413,900
PERSONNEL						
ATI VP Operations: schedule and coordinate on-site and webinar training; oversee facility requests	10% of \$72,000 annual ATI salary	\$1,800	\$7,200	\$7,200	\$5,400	\$21,600
ATI Operations Assistant: record project receivables and payables; process paperwork	20% of \$30,000 annual ATI salary	\$1,500	\$6,000	\$6,000	\$4,500	\$18,000
ATI Trainer Manager: assist with coordination of ATI trainers	20% of \$40,000 annual ATI salary	\$2,000	\$8,000	\$8,000	\$6,000	\$24,000
ATI Finance/IT Director: responsible for facility registration, accounts receivable and payable, webinar, website, and graphics	10% of \$67,000 annual ATI salary	\$1,675	\$6,700	\$6,700	\$5,025	20,100

ATI President: provide project leadership	5% of \$160,000 annual ATI salary	\$2,000	\$8,000	\$8,000	\$6,000	\$24,000
Salaries Subtotal		\$8,975	\$35,900	\$35,900	\$26,925	\$107,700
Payroll Taxes	Estimated @ 7.65% of salaries	\$686.50	\$2,746	\$2,746	\$2,059.50	\$8,238
TOTAL PERSONNEL		\$9,661.50	\$38,646	\$38,646	\$28,984.50	\$115,938
TRAVEL						
On-Site Trainings	Airfare (Roundtrip Flights) 4 flights in Year 1, 50 flights in Years 2 & 3, and 36 flights in Year 4 @ \$390/flight	\$1,560	\$19,500	\$19,500	\$14,040	\$54,600
	Hotel 4 stays in Year 1, 50 stays in Years 2 & 3, and 36 stays in Year 4. 2 nights per stay @ \$160/night	\$1,280	\$16,000	\$16,000	\$11,520	\$44,800
	Car Rental 4 rentals in Year 1, 50 rentals in Years 2 & 3, and 36 rentals in Year 4 @ \$150/rental	\$600	\$7,500	\$7,500	\$5,400	\$21,000
TOTAL TRAVEL		\$3,440	\$43,000	\$43,000	\$30,960	\$120,400
DATA COLLECTION, ANALYSIS, AND REPORTING						

Data Collection and Data Analysis, and Reporting to ODM	12 hrs. in Years 1, 150 hrs. in Years 2 & 3, and 108 hrs. in Year 4 @ \$50/hr.	\$600	\$7,500	\$7,500	\$5,400	\$21,000
TOTAL DATA COLLECTION, ANALYSIS, AND REPORTING		\$600	\$7,500	\$7,500	\$5,400	\$21,000
FACILITY AND ADMINISTRATIVE						
Facility Recruitment & Project Promotion	Activities include designing introductory letter and program brochure, developing & managing customer database, networking w/ eldercare organizations, developing newsletter articles for eldercare organizations, and disbursing project information to nursing home administrators	\$6,048	\$2,496	\$2,496	\$0.00	\$11,040
Printing & Postage	Printing of promotional brochures; 500/year @ \$2 ea. Postage for brochures; 500/year @ \$0.47 ea.	\$1,235	\$1,235	\$1,235	\$1,235	\$4,940
Office Supplies	Estimated costs for paper, toner, file folders, pens, labels, staples, clips, etc.	\$57	\$229	\$229	\$171	\$686
TOTAL FACILITY AND ADMINISTRATIVE		\$7,340	\$3,960	\$3,960	\$1,406	\$16,666
TOTAL FUNDING REQUESTED		\$33,741.50	\$240,606	\$240,606	\$172,950.50	\$687,904

8. Involved Organizations

AGE-u-cate Training Institute
PO Box 452
Colleyville TX 76034
817-857-1157
info@ageucate.com
www.ageucate.com

9. Contacts

Pam Brandon, Founder and President
AGE-u-cate Training Institute
PO Box 452
Colleyville, TX 76034
817-857-1157 Ext. 202
pam@ageucate.com

Ann Catlin, OTR, LMT

610 E. University St. Springfield, MO 65807
(417)-844-8514 • ann@compassionate-touch.org

Training and Education Consultant, AGE-u-cate Training Institute 2015- 2018
Founder/ Director Center for Compassionate Touch LLC 2002 – 2016

EDUCATION

B.S. Degree in Occupational Therapy University of Kansas 1979
School of Massage Arts, Springfield, Missouri 1999

CERTIFICATIONS AND OTHER CREDENTIALS

Compassionate Touch Professional Certification 2000
National Certification Board of Therapeutic Massage and Bodywork 2000
Certified Instructor of Compassionate Touch® 2001
Approved Provider Continuing Education NCBTMB 2002 - 2016
Approved CE Provider Florida Massage Therapy Board 2007 - 2015
Approved CE Provider for National Certification Council for Activity Professionals 2012 - 2015

TEACHING EXPERIENCE

Instructor of Compassionate Touch® Workshops / Long Term Care and Hospice Staff Training 2001 – Present
School of Massage Arts 1998 – 2001

CLINICAL EXPERIENCE

Occupational Therapy:
PRN in long term care 2017-present
Staff Occupational Therapist: Various settings 1980 – 1999
Occupational Therapy Department Head: Rehabilitation 1985 – 1992
Interdisciplinary Rehabilitation Manager: Long Term Care 1992 – 1995

Massage Therapy:

Compassionate Touch® services to eldercare/ hospice clientele 1999 – Present
Certified Compassionate Touch® Practitioner 2000 – Present

AWARDS

One Concept/ Performance Health Humanitarian Education Award 2012

CONFERENCE PRESENTATIONS

Eden Alternative International Conference 2016
Missouri Association of Nursing Home Administrators 2016
North Dakota Long Term Care Association 2016
Pioneer Network National Conference 2014/15
Texas Healthcare Association Conference 2015
Missouri Leading Age Conference 2015
Leading Age National Conference 2009/10
Missouri Healthcare Association 2007
North Dakota Long Term Care Association 2007

Pennsylvania Therapeutic Recreation Institute	2006
Missouri Office on Aging: Missouri Summit on Aging	2006
Missouri League of Nursing	2005
Western Pennsylvania Chapter of Pennsylvania Association of Homes	2005
Canadian Massage Conference	2012
American Massage Conference	2011/2012
Wisconsin Massage Therapy Association	2011
American Massage Therapy Association National Conference	2011
Florida State Massage Therapy Association Conference	2008/ 2009/ 2011/2013
Missouri Massage Therapy Association	2008
North Carolina Massage Therapy Association	2008
Oklahoma Massage Therapy Association	2007
South Carolina Massage Therapy Association	2007
Illinois Massage Therapy Association	2007/2012
Maine Massage Therapy Association	2005
Health Ministries Association National Conference	2003
Cox Health Systems: Geriatric Medicine Symposium	2002

PUBLICATIONS

Columnist for <u>Massage Today Magazine</u>	2008-2015
Contributing author for Massage Magazine and Massage Therapy Journal	2007- 2015
Contributing author for Provider Magazine	2010

ON-LINE COURSES

Compassionate Touch in Managing Challenging Behaviors in Dementia Care (2013) Pedagogy
www.pedagogy-inc.com

Meeting the Needs of Older Adult Clients (2009) www.yourCEplace.com

Compassionate Touch: Non-Pharmacological Pain Relief for Elders in Long Term Care (2008) Care2Learn
www.care2learn.com

Serving Older Adults: Accommodating Functional Differences. Massage Therapy Journal, Summer (2008)
www.amtaonlinetraining.org

Massage in Hospice and Palliative Care: Ethical Considerations (2009) Your CE Place
www.yourCEplace.com

INSTRUCTIONAL VIDEO

Sensitive Massage: Reclaiming the Human Touch in Caregiving, (2007). Wrote script, directed filming and assisted with editing.

PROFESSIONAL AFFILIATIONS/MEMBERSHIPS

Pioneer Network
American Occupational Therapy Association
American Massage Therapy Association

Julie Boggess, MPA

Licensed Nursing Home Administrator
Aging Services Professional

Resume Summary

After 31 years working as a practitioner in Aging Services, in December 2017 I left my position as CEO for Bethesda Rehab and Senior Care in Chicago to further my career in higher education and launch my company called

Enlighten Eldercare brings training and education to professional and private caregivers who are caring for older adults. Our mission is to enlighten caregivers with education, information and tools that will strengthen their role as caregivers.



I am a Certified Master Trainer for the AGE-u-cate Training Institute and deliver their innovative and impactful training programs to caregivers.

My philosophy about aging is that it should be considered a privilege, because there is only one alternative. Therefore, it is a privilege to work with and care for the aged. They deserve to age in environments that celebrates and uplifts their personhood, supports their independence and autonomy, and respects their dignity as human beings. Elderly people don't stop living or needing purpose and meaning in their lives.

2003- Dec 2017 **Chief Executive Officer, Bethesda Rehab & Senior Care, Chicago, IL.**

Responsible for the integrity and quality of the daily operations for the 132-bed nursing home. Reporting to the Chair of the Board of Directors, my time was divided between managing operations, board functions and donor development. My goals focused on revenue stabilization and growth, quality improvement, employee relations, and developing a shared long-term growth plan with the Board of Directors. I spearheaded the consolidation of Bethesda with the Norwood Life Society, and voluntarily stepped down as CEO to pursue new opportunities.

1998-2003 **Director, Mather Gardens Assisted Living, Evanston, IL.**

Assisted in the transition of a 110-apartment building from independent to assisted living. I re-designed the care giving system from home health to direct provider model and developed a strong management team that improved operations and financial performance. My most significant achievement was the implementation of on-site structured day program for residents with memory loss.

Appendix A
Resumes - ATI Trainers

1995-1998

Assistant Administrator, Mather Pavilion at Wagner Health Center, a Mather LifeWays Community, Evanston, IL.

Managed the daily operations for 175 intermediate and skilled nursing beds and provided direct supervision for three departments, including budget preparation and financial monitoring. Prepared facility for IDPH and JCAHO surveys- achieved 97% compliance for JCAHO. Handled tours, admissions and conducted marketing visits. Spear-headed the development of a dementia program, continuous quality improvement council, and problem resolution system.

1993-1995

Assistant Administrator, Bethany Terrace Nursing Centre, Morton Grove, IL.

Managed daily operations for this 265-bed intermediate and skilled facility and provided direct supervision of four departments including budget preparation and monitoring. I prepared the facility for IDPH and JCAHO surveys and was responsible for the quality assurance program.

1989- 1993

Director of Social Services, Bethany Terrace Nursing Center, Morton Grove, IL.

Supervised two social workers and a secretary. This department handled all tours and admissions and provided counseling to residents and family members. I provided training to the department on MDS completion.

EDUCATION and ACTIVITIES

Master of Public Administration, Roosevelt University, Chicago, Ill.

Bachelor of Science, Child and Family Studies, Northern Illinois University, DeKalb, Ill.

- Licensed Nursing Home Administrator, 1990-present
- Past chair of the LeadingAge Illinois Nursing Facilities Cabinet
- Former Secretary of the Board of Directors for LeadingAge Illinois
- Member of the American College of Healthcare Administrators
- Instructor in Gerontology and Aging Services, Northern Illinois University
- Certified Master Trainer, AGE-u-cate

EMMY KACZMARSKI, RN

Phone: (715) 688-9069
Emortel1980@gmail.com

2228 County Rd DD
Baldwin, WI 54002

EDUCATION:

MS	Chamberlain University, College of Nursing 3005 Highland Parkway, Downers Grove, IL 60515 Family Nurse Practitioner Program Track	Expected Graduation October 2019
BS	Chamberlain University, College of Nursing 3005 Highland Parkway, Downers Grove, IL 60515 Graduated Summa Cum Laude	April 2018
AD	Chippewa Valley Technical College 620 W. Clairemont Avenue, Eau Claire, WI 54017	May 2002

PROFESSIONAL EMPLOYMENT:

RN Case Manager

March 2018- Present and March 2014-June 2015 Interim Home Care and Hospice

Description: Provide clinical in-home assessments and care to patients residing in the community needing skilled nursing care. Other job duties include patient advocacy, interdisciplinary collaboration, teaching, and triage.

Master Trainer and Behavioral Specialist Consultant

June 2017- Present Age-U-Cate Training Institution

Description: Provide training in Dementia Live, Compassionate Touch, and challenging behaviors to long term care facilities, hospitals, clinics, groups, and others interested in dementia education. Serve as a professional consultant to facilities regarding challenging cases and development of behavioral support plans.

Campus Director, Regional Director, Quality Assurance Director, and Regional RN

March 2015- March 2018 Comforts of Home

Description: Multiple promotions and role changes within the same company allowed me to explore every aspect of assisted living for seniors and to meet the needs of my patients and serve my company to the best of my abilities. I started as a Campus Director for two community based residential facilities and advanced to Regional Director where I oversaw 12 different properties. Leadership was an essential skill utilized in all the roles I filled. In addition to routine nursing care I provided mock surveys and chart reviews as part of the quality assurance role. I provided training and delegation to care workers and oversaw daily functions. I worked with many different members of the interdisciplinary team, served as an

ambassador for those in my care, and advocated heavily for educational opportunities for staff and families related to caring for those with dementia. I developed many valuable relationships in the senior care industry and chaired many organizational events and professional development activities.

Lead Triage RN

June 2012- March 2014

Hudson Physicians

Description: Oversight of a fast paced, high pressure clinical triage department. Gathering detailed information to determine if patients required provider appointments. Documenting interactions and communicating with the interdisciplinary team to meet patient needs. Providing medication refills per clinic policy.

RN Clinical Operations/MICD Treatment

October 2008-2009

Burkwood Treatment Center

Description: Oversight, supervision, and management of nursing related clinical operations pertaining to unlicensed workers and clients. Extensive coordination with the interdisciplinary team to meet patient needs.

RN Case Manager

March 2006-October 2008

Adoray Home Care and Hospice

Provide clinical in-home assessments and care to home care and hospice patients residing in the community needing skilled nursing care. Other job duties include patient advocacy, LPN and CNA oversight, interdisciplinary collaboration, teaching, and triage.

LICENSURE AND CERTIFICATIONS:

Registered Nurse	141148-30	Wisconsin
BLS Provider	1855034664018	American Heart Association
Behavioral Specialist		State of Wisconsin
Dementia Specialist Certificate		State of Wisconsin
Dementia Generalist Certificate		State of Wisconsin

LECTURES, COURSES, PRESENTATIONS:

Workshop Presenter – Dementia Live and Challenging Behavior

Alzheimer's Wisconsin conference

May 2018

Annual Leadership Training Presenter

Interim Home Care

June 2016

Monthly Leadership Workshop Presenter

Comforts of Home

March 2015-March 2018

Dementia Live Bi-Quarterly Workshop Presenter

Comforts of Home

June 2017-March 2018

PUBLIC/COMMUNITY SERVICE:

Event Planning Committee Member

Alzheimer's Association Northern Wisconsin Walk to end Alzheimer's 2015-present

Northern Wisconsin Assisted Living Provider Networking Group

Member 2015-2018

Plant the Seed

Garden planner and volunteer 2015-2017

My Neighbors Closet

Volunteer 2017

Habitat for Humanity

Volunteer 2017

Beth C Propp, RN, ATI CT

2980 Ruby Ridge Ct.
Suamico, WI 54313
beth@ageucate.com
920-737-1015

PROFILE

I am a compassionate, patient-centered healthcare professional with decades of experience as a Registered Nurse, patient advocate and trainer/educator. Specialized in working with elderly populations to promote and provide the highest levels of empathy, compassion, hands-on care and education to them, their caregivers, family and community members.

EDUCATION & EXPERIENCE

Registered Nursing Diploma: Columbia Hospital School of Nursing, Milwaukee, WI 1979

BA Interpersonal & Group Communications: Trinity International University, Deerfield, IL, Salutatorian

Registered Nurse: Wisconsin, current

Nursing Experiences: Hospital - Oncology/Hospice, Intermediate Care, Pre-Surgical Admissions; Clinic Roles - Internal Medicine, Pediatrics, Geriatrics; Other - Assisted Living RN, Case Management RN, Phone Triage Nursing, Parish Nursing, School Nursing, Susan B Komen Walk RN

Training includes: Diabetic “mom”, Alzheimer’s Support Group Facilitator Training, Nurse Managers in Assisted Living and Home Care Training, CNA Instructor Certification, Abstinence & Marriage Educator, CPR Instructor, Certificate in Geriatrics, Current w/CEU as per WI State Board of Nursing, AGE-u-cate Training Institute Certified Trainer

PRESENTATIONS

AHA Instructor - CPR/BLS Classes

Joint Replacement Classes (*assisted w curriculum rewrite - Joint Venture*)

Parenting Classes - Entrusted w/A Child’s Heart

BSF STL (*lecturer*)

ASA Chicago 2017 Co-Presenter: Dementia Live®

WHCA/WiCAL 2017 Spring Conference: Presenter Mini-Dementia Live®, Dementia Live®

ANFP 2017 Fall Symposium - Dementia Live® & Closing Keynote

Dementia Live®/Compassionate Touch® Events: Chicago, IL; Kenosha, WI; Eau Claire, WI; Janesville, WI; Racine, WI, Luxemburg, WI

Ginger Spencer, Owner, LMT, CMT
12489 Dogwood Tr., Gloucester, VA 23061
Ginger@ageucate.com
804-832-8859

Work Experience as a Licensed Massage Therapist

Heart Felt Touch Massage Therapy-Owner, LMT, CMT Gloucester, VA. Jan. 2012-Current
In home, Compassionate Touch and in office offering customized Massage to anybody, most any condition. Fully responsible for atmosphere, client comfort, scheduling, cleanliness and professionalism. I've employed a scheduling service for booking and reminding clients of appointments. Responsible for all administrative duties and have hired a book keeper for accountability and management of all financial records.

Colonial Harbor Retirement Community York Town, VA Nov. 2013-2015
First and third Tuesday massages for residents who wish to receive hand/back/neck, or specific 10-minute massages provided by Colonial Harbor.

Rappahannock Westminster Canterbury Irvington, VA May 2013-July 2013
Two day/four-hour workshop provided by RWC for all staff, "The Power of Touch". In this workshop I spoke on the power of touch, the need for it and how to offer it in a more personal way. Moving away from task touch and remembering the power of touch on a physical, emotional, cognitive, social and spiritual level. This was a hands on class combining power point, lecture, personal experience and hands on with the residents followed by discussion.

Riverside Wellness and Fitness Center Gloucester, VA Jan 2007-Sept. 2014
Responsible for preparing my massage room in a manner that would be inviting for guests. Managed intake forms and properly addressed clients' concerns. Customized the massage to meet the client's needs.

Tides Inn Irvington, VA May 2008-Jan. 2009
Full service day spa providing various types of massage including hot stones, wraps and detox scrubs. Responsible for ensuring care and satisfaction for each client.

Life Time Fitness Centreville, VA Feb. 2006-Nov. 2006
General massage therapy

Massage Therapist, PT Manassas, VA Nov. 2003-Nov. 2006
General massage therapy

Education

Heritage Institute, Falls Church, VA
Massage Therapy Certificate of Completion-600 hours October 2003

Continuing Education Units

2018	AGE-u-cate Training Institute-C. Mast. Trainer	Grapevine, Tx.	24 hours
2015	Tension Releasing Exercise (TRE®) M.2	Greensboro, NC	24 hours
2015	Tension Releasing Exercise (TRE®) M.1	Wash. D.C.	18 hours
2014	Aroma Touch Technique	Va. Beach, Va.	6 hours

Appendix A
Resumes - ATI Trainers

2013	<i>Hospital-Based Massage Therapy: Successes, Challenges, and Sound Advice</i>	Webinar	6 hours
2012	<i>Healwell Hospital Massage Therapy Stewardship</i>	Arlington, VA	63 hours
2012	<i>Compassionate Touch Practitioner</i>	Springfield, MO	55 hours
2012	<i>Presence in Care giving at End of Life</i>	Va. Beach, VA.	21 hours
2012	<i>In Depth Intro to Oncology Massage</i>	Va. Beach, VA	24 hours
2011	<i>Hospice Based Massage</i>	Home Study	10 hours
2011	<i>Healing Touch Level 1</i>	Newport News, VA	16 hours
2010	<i>Anger, Anxiety, Hypertension</i>	Richmond, VA	6 hours
2009	<i>Daybreak Geriatric Massage Level 1</i>	Va. Beach, VA	17 hours
2009	<i>Myofascial Release</i>	Home Study	20 hours
2006	<i>Certified Medical Massage Practitioner</i>	Richmond, VA	44 hours
2006	<i>Certified Educator of Infant Massage</i>	Falls Church, VA	40 hours
2006	<i>Prenatal Massage</i>	Herndon, VA	34 hours
2004	<i>Neuromuscular Therapy & Deep Tissue</i>	Home Study	<u>15 hours</u>
			443 hours

Associations/Licensure/Liability Insurance

AMTA	American Massage Therapy Association	Member ID #176277
VA Board of Nursing	Certified Massage Therapist	License #001900428
Chamber of Commerce member		2015-Current
Main street Association Board Member		June 2017-June 2018

Community Service

Sanders Assisted Living

- Offered Complementary 5-10-minute hand massages once a month 2012-2013

Gloucester House AL/Sweet Memories

- Offered Complimentary 5-10-minute hand massages bi-weekly 2012-2013/2018

Alzheimer Association Advocate 2012-2018

- Educational presentation session for caregivers providing information and technique for pain reduction, how to help calm anxiety and agitation enhancing emotional and spiritual well-being for their loved ones with dementia
- Walk Committee-Walk to End Alzheimer's 2013
- Fund raise and support the annual "Walk to End Alzheimer's"

International Service

- May 1999-Grenada, West Indies-Community building, church construction and vacation bible school
- May 2000-Ome, Japan-Church construction
- May-July-2004-Tanzania, East Africa-Church construction, community relations, evangelism
- January 2005-Tanzania and Kenya-community relations and evangelism
- September 2008-Kampala, Uganda-Friends of TOUCH-administrative work for child sponsorship for health and education

Appendix A
Resumes - ATI Trainers

Work Experience Prior to Massage Therapy

<i>Independence Air</i>	<i>Flight Attendant</i>	<i>Dulles, VA</i>	<i>July 2004-January 2006</i>
<i>Atlantic Coast Airline</i>	<i>Flight Attendant</i>	<i>Dulles, VA</i>	<i>August 2000-July 2004</i>
<i>Service Industry</i>	<i>Wait Staff</i>	<i>San Diego, CA</i>	<i>February 1997-2000</i>
<i>Service Industry</i>	<i>Wait Staff</i>	<i>Wichita, KS.</i>	<i>July 1989-1997</i>

APPENDIX B

Sample Competency Tool Compassionate Touch® Caregiver Training

Name _____ Position _____

Date _____ Name of Facility _____ City _____

Instructor _____

1. An example of instrumental touch necessary to perform a task or procedure is:
 - A. Helping to steady a woman's hand so she can take a drink.
 - B. Steadying a woman during a transfer.
 - C. All of the above.

2. Compassionate Touch is skilled touch that eases distress that can lead to behavioral expression of need. ___ True ___ False

3. Which of the following statement is NOT true about Behavior Expression?
 - A. Behaviors are an expression of an underlying need.
 - B. A caregiver should always try to stop behavioral expressions.
 - C. There are many things that can trigger behavioral expression.

4. To get permission to apply Compassionate Touch we must first engage the person's attention and get into their bubble of awareness. ___ True _ False

5. Skilled touch techniques applied to the back must be done for 20 minutes in order to be effective. ___ True ___ False.

6. Techniques used in Compassionate Touch include all *except* which of the following?
 - A. Deep pressure into the shoulder.
 - B. Slow, circular motions using the palm of your hand.
 - C. Gently gliding your hands down the arm.

7. Which of the following is required safety/ infection control precaution that applies to use of CT?
 - A. Wash your hands before and after session.
 - B. Avoid touch on any red/ inflamed areas
 - C. If a resident is ill it may be necessary to skip the session- check with the nurse or CT Coach.
 - D. All of the above.

8. Skilled touch may result in which of the following behavior changes?
 - A. Decreased restlessness.
 - B. Decreased verbal outbursts.

APPENDIX B

Sample Competency Tool Compassionate Touch[®] Caregiver Training

- C. Resident is more cooperative while being assisted with personal care.
 - D. All of the above
9. When you use Compassionate Touch you may experience which of the following?
- A. I feel calmer as I go about my work.
 - B. My relationship with the resident improves.
 - C. I feel more effective in dealing with the resident's behaviors.
 - D. All of the above.
10. I feel confident to try Compassionate Touch with at least one resident to help ease behavior symptoms. ____ Yes ____ No

APPENDIX C

Sample Competency Tool Compassionate Touch® Coach E-learning Workshop

Name _____ Position _____

Date _____ Name of Facility _____ City _____

1. Which of these main ideas in the Bookshelf Model of Memory Storage is NOT accurate?
 - A. For a person with dementia, factual memories are the first to become impaired.
 - B. People with dementia do not retain emotional memories.
 - C. For people with dementia, we need to see all behavior as a means of communication based on feelings.
 - D. All of the above.
2. Which of the following may be underlying reasons for behavioral expression?
 - A. Sensory impairment or distortion.
 - B. Inability to communicate needs.
 - C. Under-stimulation and lack of purposeful activity.
 - D. All of the above
3. Even a person with advanced dementia retains the ability to recognize different kinds of touch as a form of communication. ___ True ___ False
4. Which statement is true about how skilled touch results in a positive strengthening of the relationship between the person with dementia and their care-partner?
 - A. Skilled touch leads to increased trust in caregivers.
 - B. Touch changes how caregivers view the person with dementia from a deteriorating body to seeing the person inside the disease.
 - C. Caregivers feel less frustrated in how to connect with people with dementia.
 - D. All of the above.
5. Which of the following are essential when teaching skilled touch techniques to others?
 - A. How to get permission from the resident to offer skilled touch.
 - B. Demonstration of techniques using video and techniques handout.
 - C. Infection control and safety
 - D. All of the above.
6. Which of the following will help you feel confident teaching Compassionate Touch to co-workers or family caregivers?
 - A. Offer skilled touch to several residents before teaching others to gain first-hand experience.
 - B. Get comfortable using the instruction video provided by AGE-u-cate.

APPENDIX C

Sample Competency Tool Compassionate Touch® Coach E-learning Workshop

- C. Practice presenting the material using the facilitator outline and guide provided by AGE-u-cate.
 - D. All of the above.
7. For participants to grasp the value of Compassionate Touch they must experience giving and receiving the techniques. ___True___False
8. It's important to help participants understand how they may benefit from using skilled touch in care practice. Which of the following are examples of such benefits?
- A. May be able to more easily engage resident in an activity.
 - B. Staff may spend less time and energy to calm the person at bedtime.
 - C. Resident may be more accepting of being helped with feeding.
 - D. All of the above
9. All the materials I need to facilitate Compassionate Touch training in my facility are provided by AGE-u-cate and available on-line. ___True ___False
10. Methods to involve staff in using Compassionate Touch include which of the following?
- A. Select ten long-stay residents to receive skilled touch and decide who will provide it.
 - B. Make sure everyone is informed about how you plan to go about facilitating Compassionate Touch training.
 - C. Reward participants with Compassionate Touch Caregiver pins
 - D. All of the above.
11. The overall goal of using Compassionate Touch in your facility's dementia care practices is to help reduce the use of anti-psychotic medication for behavior expression in people with dementia. ___True___False
12. To measure the impact of Compassionate Touch on behavior expression and anti-psychotic use, which is NOT an expectation for reporting?
- A. Select a reporting designee to oversee data collection.
 - B. Coaches will complete quarterly electronic survey provided by AGE-u-cate.
 - C. Facility reporting designee will provide AGE-u-cate with quarterly scores from Active Resident Assessment Report for ten long-stay residents with dementia selected to receive Compassionate Touch.
 - D. None. These are all expectations.

APPENDIX D

Survey Monkey Questions to Verify In-House CT Coach Training (Expected Outcome #2)

1. Have you led in-house CT training for staff and family caregivers?

___ Yes. If yes, how many sessions? _____

___ No. If no, what problems or barriers did you encounter in carrying out staff training?

Please describe _____

2. How many staff and family caregivers attended your training sessions? _____

3. How did you train the other staff and family caregivers?

- a. Scheduled training session
- b. As part of new employee orientation
- c. One-to-one coaching
- d. Other _____

4. Participants in CT training represented which of the following areas? Please check all that apply.

- a. Nursing ___
- b. Activities ___
- c. Social work ___
- d. Spiritual care ___
- e. Administration ___
- f. Office ___
- g. Dining ___
- h. Housekeeping ___
- i. Therapy ___
- j. Maintenance ___

APPENDIX D

**Survey Monkey Questions to Verify In-House CT Coach Training
(Expected Outcome #2)**

- k. Volunteers ____
- l. Family caregivers ____
- m. Other ____

4. What are the problems/challenges/barriers of training staff and family caregivers in the CT program in your facility?

5. Do you have a “success story” to share about using CT in your facility?
