

## OHIO NURSING HOME QUALITY IMPROVEMENT PROJECT

### Music & Memory<sup>SM</sup> – Phase II Final Report December 1, 2016

The Office of the State Long-Term Care Ombudsman is grateful for the opportunity to have utilized Resident Protection Funds to expand the Music & Memory<sup>SM</sup> quality improvement project to additional nursing homes in Ohio with the generous support of the state Medicaid agency and CMS.

The project was designed to serve as a Nursing Home Quality Improvement project which met Ohio Revised Code Sec. 3721.072 (B) requirements that “Beginning July 1, 2013, each nursing home shall participate every two years in at least one of the quality improvement projects included on the list made available by the department of aging under the nursing home quality initiative established under section 173.60 of the Revised Code.”

Quality Improvement projects attempt to reward positive performances based upon a specific quality measure. The measures are to be Resident-focused and Consumer-driven;

- Objective and easy to validate;
  - Evidence-based and correlated to quality;
  - Easy to collect data about; and
  - Something nursing facilities can act on to improve
- (Excerpt from Ohio Department of Aging website: Aging Connection page)

Music & Memory<sup>SM</sup> is centered on a person-centered approach to dementia care and offered numerous benefits including reduced use of anti-psychotics and improved resident and staff satisfaction. As a tool in the person-centered care toolbox, music offers a positive influence on and for residents residing in nursing homes. Through Music & Memory<sup>SM</sup>, individuals listen to their favorite music through the personal digital music players, most commonly, the iPod Shuffle, a small and portable device able to hold dozens of songs and play them on shuffle using speakers or headphones. The not-for-profit Music & Memory<sup>SM</sup> organization trains nursing home staff, other elder care professionals and family caregivers how to create and provide personalized playlists that enable those struggling with dementia to reconnect with the world through memories triggered by the music they love.

The initial Music & Memory<sup>SM</sup> project supported by Resident Protection Funds began in 2014 and offered Medicaid- or Medicare-certified nursing homes in the State of Ohio (at this time, approximately 965) the opportunity to apply. The project offered enrolled nursing homes the cost of certification

through Music & Memory as well as a small starter kit of equipment and support of the Regional Long-term Care Ombudsman Programs. An application for Phase II was approved in September of 2015 to expand the project to other nursing homes eager to participate which had been excluded from the initial project due to capacity limitations.

## **MAJOR ACTIVITIES AND ACCOMPLISHMENTS**

### *Facility certification*

In total, the Phase II project brought Music & Memory<sup>SM</sup> to a total of 42 additional nursing homes and provided support and supplied as they enrolled. Since the launch of the initial project, Ohio nursing homes have responded overwhelmingly to Music & Memory as an intervention toward better dementia care. In addition to the 366 participating in the project, another 99 were certified independently through their own budgets or fundraising. Dozens of other organizations (hospices, veterans' groups, Area Agencies on Aging and assisted living homes) have also become certified to meet the needs of their clientele.

### *Facility education*

In support of Phase II of the Music & Memory efforts, the Department presented monthly informational webinars in support of the Music & Memory<sup>SM</sup> certified facilities. Webinars are required for project participants and free to any other nursing home or individual interested in Music & Memory<sup>SM</sup> and available via recording for future participants or those who were unable to participate. Some of the webinars include:

- Trauma Informed Care;
- Building Community, Promoting Strengths and Helping Residents Find Their Voices through Creative Programming;
- Using Music & Memory In Therapy
- Using Volunteers; Data Entry for Quality Improvement Project
- Resident Satisfaction Surveys and Initial Music & Memory Surveys
- Intro to the Care Community (Music & Memory Support web portal)

All recorded webinars are posted here:

[http://aging.ohio.gov/ltcquality/inc/docs/M\\_M\\_Webinar\\_Schedule.pdf](http://aging.ohio.gov/ltcquality/inc/docs/M_M_Webinar_Schedule.pdf) and have been included in the Music & Memory Care Community web portal for use by other organizations around the globe in their efforts.

### *Survey activities*

The Long-Term Care Ombudsman program conducted initial client and family surveys in newly certified nursing homes and post-project surveys of residents and families in homes that have been participating in the project for a longer period of time. Some results of those surveys are highlighted below.

### *Technical assistance and consultation*

Long-term care ombudsmen spent more than 1538 hours in providing technical assistance to nursing homes involved in the Music & Memory<sup>SM</sup> quality improvement project. A few examples of the kind of work performed, edited to remove identifying information:

- Ombudsman met with the activities department, Director of Nursing (DON), and Licensed Nursing Home Administrator (LNHA) and discussed the Music & Memory<sup>SM</sup> program. They discussed steps moving forward to get the program expanded within the NH and ideas to help gain additional equipment. The Activities Director (AD) stated that she had identified many residents they felt could benefit from the program. They discussed ideas of how the NH could reach out to groups in the community to look for additional funds and resources and discussed working with scout groups, churches, and local schools to raise funds and recruit volunteers. Additionally, the ombudsman provided the NH a donation box to put in the front of the building.
- Ombudsman met with LNHA and AD. The LNHA acknowledged that they have not completely rolled out the project. She stated that they have identified 2 potential people that this would benefit, and have started to slowly implement it. Ombudsman suggested residents that have high dosage prescription of anti-psychotic medications, those with sundowning syndrome, advanced Alzheimer's or dementia, or excessive symptoms of those diagnoses may benefit most from the program. She stated that that information made her think of a few more residents. The ombudsman and LNHA discussed adding Music & Memory<sup>SM</sup> to the residents' care plans as interventions and part of their daily lives. They agreed to meet in two weeks to discuss in more depth the residents that they have identified as participants.
- Ombudsman provided staff in-service to the direct care staff of a nursing home to introduce them to Music & Memory<sup>SM</sup> and their role in the project. They discussed how Music & Memory<sup>SM</sup> might make their work easier with residents at ease, actively reminiscing about good times
- Ombudsman conducted interviews with the residents that were able to communicate. One raved about the program. He stated that he had a traumatic brain injury and this has been helping him immensely. He stated that sometimes he gets so very angry and he could just snap but with his music he can really relax before he makes a decision that he will regret. He stated he loves to listen to his music right before he goes to bed and it makes sleeping so much easier for him. The client did repeat himself multiple times and did admit he has some memory issues going on as well with the brain damage, but the music helps with everything. He is very happy to be on the project and hopes it can stay for a very long time.

## **MEASUREMENT**

### ***Quality Measures***

For project quality data, the Ohio Department of Aging utilizes a three-quarter average of facilities' performance over time in long-stay residents' use of antipsychotic medication, long-stay residents reporting pain and long-stay residents reporting depression as reported to CMS. Baseline for Phase II of the Music & Memory<sup>SM</sup> Project was Quarter 4 of CY 2014 – Quarter 2 of CY 2015. The most recent three quarter average, Quarter 4 of CY 2015 – Quarter 2 of CY 2016 and the percentage change from baseline are reported below. Some data changes from the last reporting period were attributed to facility attrition due to closures and project participation changes.

Statewide, the use of antipsychotics decreased in the two three-quarter periods utilized by the Department from 21.22% at baseline to 18.43% in the most current quarter, reflecting a national trend. This quality measure category has the most consistent data improvement among project participants joining in Phase II to Music & Memory<sup>SM</sup> certified facilities that did not join the project. Those who did not participate in Music & Memory at approximately the statewide average.

	Percent of Long Stay Residents Who Received an Antipsychotic Medication 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Received an Antipsychotic Medication 3 Qtr Avg (Q4 2015-Q2 2016)	% change
1. Project Participants Phase I	21.57%	18.99%	-2.58%
2. Project Participants Phase II	21.44%	17.99%	-3.45%
3. Music & Memory, non project participants	17.23%	16.71%	-0.52%
4. Non-Participants	21.29%	18.54%	-2.75%
Statewide Average	21.22%	18.43%	-2.79%

The Percent of Long Stay Residents Who Self Report Moderate to Severe Pain has decreased statewide by 0.25%, from 7.63% to 7.38%. Among project participants in Phase I, the increase was just 0.31% while in Phase II, the increase was greater, at 0.60%. Non-participants decreased by 0.14%. In the last reporting period, the percent changes were likewise very small and in some measures reflected an increase rather than decrease. No conclusions are clear in this quality measure.

	Percent of Long Stay Residents Who Self Report Moderate to Severe Pain 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Self Report Moderate to Severe Pain 3 Qtr Avg (Q4 2015-Q2 2016)	% change
1. Project Participants Phase I	7.31%	7.00%	-0.31%
2. Project Participants Phase II	7.62%	8.22%	0.60%

3. Music & Memory, non project participants	7.73%	6.56%	-1.17%
4. Non-Participants	7.86%	7.72%	-0.14%
Statewide Average	7.63%	7.38%	-0.25%

Data most suggestive of Music & Memory<sup>SM</sup> impact has been on the depressive symptoms among long-stay residents. The Percent of Long-Stay Residents Who Have Depressive Symptoms decreased statewide by 0.82%, between the two three-quarter periods shown here. Facilities participating in Phase II declined dramatically by 9.16%.

	Percent of Long Stay Residents Who Have Depressive Symptoms 3 Qtr Avg (Q4 2014-Q2 2015)	Percent of Long Stay Residents Who Have Depressive Symptoms 3 Qtr Avg (Q4 2015-Q2 2016)	% change
1. Project Participants Phase I	12.71%	11.75%	-0.96%
2. Project Participants Phase II	19.58%	10.42%	-9.16%
3. Music & Memory, non project participants	8.52%	10.77%	2.25%
4. Non-Participants	13.05%	12.89%	-0.16%
Statewide Average	12.94%	12.12%	-0.82%

Conclusions based on these quality measures are not decisive as many other factors within the administration of the facility are at play. For instance, it is doubtful that Music & Memory<sup>SM</sup> used with as few as five residents in a home would increase that home's antipsychotic rate or would place more residents at risk for pain. Tentative observation is that the facility staff most involved in Music & Memory<sup>SM</sup> are the Activities Directors, who may indeed have an impact on residents' depressive symptoms with this new intervention but unlikely to have influence on clinical decisions involved in antipsychotic reduction and pain management.

Conclusions are speculative; a longer project period or a mixed-method evaluation may have resulted in more convincing impact.

### ***Pre- & Post Participant Surveys***

The regional long-term care ombudsmen conducted initial resident surveys and initial family surveys in facilities as they joined the project. After a facility launched Music & Memory<sup>SM</sup>, the ombudsmen returned to conduct post- resident and family surveys. Of note:

#### *Initial Family Survey (N=353)*

- Of the family members surveyed, many visit daily (25.8%) or several times weekly (32.7%), indicating frequent first-hand experiences in the home.
- However, 16.1% of family members report that they do not enjoy visiting their loved one. Many reported unhappiness at their loved ones' current conditions, their sadness at the loss of their loved ones' former self and poor quality of life;
- Indeed, 17.6% of family members said they "Sit in silence" when they visit their loved one. The most common responses were Talk (80.2%), Eat together (33.1%) and Watch TV together (31.9%);
- A little more than half (54%) of families reported that their loved one participates in facility activities at least sometimes;
- Few families reported that their loved ones are involved or "very involved" in care planning. More than half (55.8%) said their loved one "does not attend" care plan meetings. Overwhelmingly (96.5%), family members are invited to participate in care plan meetings;
- 98.2% of family members reported that their loved one enjoyed music and 86.4% reported that music played an important part in their loved one's life;
- 61.8% of family members were aware of Music & Memory<sup>SM</sup> at baseline; and
- 94.9% of family members were willing to participate in creating their loved ones' personalized playlist.

*Post Family Survey (N=67; Please note: many surveys are still in the field as a number of homes did not become certified until late in the project period. Ombudsmen will continue surveys after the project period as time and resources allow.)*

- Approximately half of the family members surveyed after the launch of Music & Memory<sup>SM</sup> in the facility reported that their loved one had participated in the previous month;
- Of the residents participating in Music & Memory<sup>SM</sup>, 24% were listening to their personalized music daily, 13% were listening several times a week. The remainder were listening once a week or two to three times a month, far below the program's guidelines.
- After the facility launched Music & Memory<sup>SM</sup>, 48.5% of families of participating residents reported their loved ones' mood had improved, 36.4% said their mood had not improved and 15.1% were unsure or the resident's condition impacted mood;
- 21.2% of families reported that their loved one participated in activities more frequently. 75.8% were not participating more frequently or they were unsure or the resident's condition impacted level of activity;
- 16.7% of families still reported that they do not enjoy visiting their loved one;

- Awareness of Music & Memory<sup>SM</sup> increased to 68.4%.

#### *Initial Resident Survey (N=985)*

- Only 63.5% of residents reported participating in existing facility activities; others cited not liking the offered activities, being unable to participate or not being invited to participate;
- 53.8% of resident reported feeling depressed and 26.1% said that staff did not know how to assist them when they were depressed;
- 97.1% of residents like listening to music and more than 74.9% indicate that music played an important part of their lives;
- While 82.1% of residents reported that their nursing home offered music activity, the remainder did not or residents were unaware of any;
- 63.6% said they would prefer more personalized music opportunities in the home;
- Only 18.9% of resident were aware of Music & Memory<sup>SM</sup> at baseline. 82.9% were unaware of personalized playlists.

#### *Post Resident Survey (N=627)*

- Only 40.1% of residents interviewed after the launch of Music & Memory reported participating at the time of the survey.
- Of those participating in Music & Memory, 31.2% reported that someone else chose the music for them and 4% reported that the music was not personalized. These responses are not in line with the program's guidelines;
- Almost 15% said they do not get to listen to their music as often as they would like. Residents reported that staff don't bring their music or don't know how to use it (35.7%) or they didn't know why they aren't able to listen to their music more often (64.3%);
- Residents (85.8%) reported their mood was improved after listening to their personalized playlists;
- More residents (73.4%) reported participating in facility-offered activities;
- Fewer residents (48.7%) reported feelings of depression, but 45.5% indicated that staff did not know how to assist them.

Challenges identified in the post resident survey include the observation by residents that the facility does not offer personalized music as often as the residents would like and residents' music being chosen without their input. The Music & Memory<sup>SM</sup> organization has assisted our project by offering free-of-charge refresher training for participating facilities that experienced staff turnover or needed additional training for staff. They are aware of the loss of fidelity to the program over time and has offered monthly technical assistance programs for participating nursing homes and is developing a refresher training opportunity for homes that have had staff turnover or need updates to their certification.

#### ***Participation Evaluation***

The regional long-term care ombudsmen programs were asked to evaluate the level of engagement of participating facilities in each region. This request was prompted by Wisconsin's [Evaluation of the Music](#)

[and Memory Program among Nursing Home Residents with Dementia](#) indicating that the facilities that implemented Music & Memory with less fidelity to the program guidelines may not see expected positive resident outcome measures. In Ohio, the regional long-term care ombudsmen program staff evaluation sustained the family and resident post-survey results which indicated that not all facilities were adhering to the program guidelines: residents were not offered personalized music and music was being chosen without resident input. In detail, the regional ombudsman programs found that:

18% of homes did no M&M activities beyond the training webinar series (i.e. became certified but never distributed iPods or created personalized playlists for residents);

17% of homes did minimal effort toward implementing M&M (i.e. became certified and began personalized playlists for some residents but program ended soon afterward);

39% of homes implemented M&M as designed for 5 residents with personalized playlists; and

26% of homes implemented M&M as designed and expanded to include many residents and will sustain the program for the foreseeable future.

These conclusions mirror the resident post-project surveys that found many facilities don't offer music as often as the residents would like, or don't offer personalized music in accordance with Music & Memory's program design.

## SPENDING

**Grant agreements:** \$146,360\* distributed by formula:

PSA	Sub-grantee	Award
PSA 1	Pro-Seniors, Inc.	23,107.00
PSA 2	Joint Office of Citizen Complaints	12,530.00
PSA 3	<del>Area Agency on Aging 3*</del>	<del>10,140.00</del>
PSA 4	ABLE	13,212.00
PSA 5	Ohio District 5 Area Agency on Aging, Inc.	13,895.00
PSA 6	Easter Seals of Central & Southeast Ohio	15,259.00
PSA 7	Area Agency on Aging District 7, Inc.	10,142.00
PSA 8	Area Agency on Aging 8	6,730.00
PSA 9	Direction Home Akron Canton Area Agency on Aging	7,412.00

PSA 10A	Long-Term Care Ombudsman Program	19,013.00
PSA 10B	Direction Home Akron Canton Area Agency on Aging	12,189.00
PSA 11	Area Agency on Aging 11, Inc.	12,871.00
<b>Total</b>		156,500.00

**Equipment:** \$55,014

**Contact**

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\*Region 3 ombudsman work was managed by the State Long-Term Care Ombudsman's Office during the grant period.