



**Interim Grant Report (End of Year Two)**  
**The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831**  
**“Reframing Dementia Through Person-Directed Practice”**



# Final Grant Report Contents

The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831

“Reframing Dementia Through Person-Directed Practice”

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# **Interim Grant Project Outcomes Assessment (Year Two)**

**The Tennessee Eden Alternative Coalition, Grant No. 2015-04-TN-0831**

**“Reframing Dementia Through Person-Directed Practice”**

## **Project Purpose and Scope**

The Tennessee Eden Alternative Coalition (TEAC), in collaboration with The Eden Alternative, has completed the second phase of an educational project featuring the provision of a training kit called *Reframing Dementia*, an Eden Alternative offering. This training explores the art of building meaningful relationships as the fundamental building block for care that puts the person living with dementia first. Participants gain a powerful appreciation for the role of sensitivity, awareness, and presence in identifying the needs of those living with dementia in long-term care communities.

This 3-year grant project builds on the efforts of the Centers for Medicare and Medicaid Services (CMS), to provide meaningful outcomes for people who live with dementia. Through person-directed concepts and practical tools, direct care staff is empowered to engage other stakeholders in the reduction of antipsychotic use, while improving quality of life and quality of care for those they support. To help meet federal requirements, this project promotes an approach to care that moves beyond the symptom (challenging behaviors) to identify the unmet needs that cause distress and subsequent medication use for those living with dementia.

**Each phase (year) of the project features the following project scope:**

- Each enrolled nursing home creates a “Change Agent Team” of 3-4 people for full participation in the project. Designated team members are asked to possess skills in teaching, coaching, and leadership and be willing to return to their organizations prepared to share what they’ve learned through education and daily infusion of the concepts into operations.
- Each Change Agent Team receives one *Reframing Dementia* Training Kit (1 per organization) and specific skills and resources for how to put these materials to work back in their organizations. By focusing on observation, communication, and interpersonal skills needed to identify the unmet needs of people living with dementia, *Reframing Dementia* prepares employees, family members, and volunteers to effectively respond to challenging interactions and “behaviors” with awareness, presence, and compassion.

**For successful application of the training kit in each project phase (year), the project includes the following supports:**

- Two in-person/interactive educational events (2 different locations/dates) per project phase called *Reframing Dementia: Train the Change Agent*. This 1-day event covers highlights of the training content, offer tips on how to facilitate the training, and how to engage others in applying the content back in the homes they represent. Participating Change Agent Teams are encouraged to open their in-house *Reframing Dementia* training(s) to family members, local ombudsmen, and state surveyors to extend learning and create systems of support.
- At the *Train the Change Agent* event, Change Agent Teams receive the following hard copy materials: 1) a comprehensive training kit; 2) a crosswalk tool aligning *Reframing Dementia* content with complementary modules from CMS’ *Hand in Hand* training, thus combining the strengths of both

curricula and creating a comprehensive resource that meets different learning needs; and 3) a project action planner which includes everything they need to support their implementation process.

- Change Agent Teams implement what they've learned back in their organizations by focusing implementation efforts initially on a sample group of up to 25 residents living with dementia and up to 25 employees that work most closely with them daily. This sample group is the focus of their training efforts and active application of new approaches for the duration of the project phase.
- A project newsletter was provided in Year Two featuring additional information, best practices, and participant success stories.

Click here to see the Year Two Project Newsletter:

<https://2DFF35.campgn4.com/Year-Two-TEAC-Newsletter-1>

- Change Agent Teams are also given the option to attend at least one of two virtual gatherings (webinars) with renowned geriatrician and author, Dr. Al Power and/or other experts on the subject of dementia, who will answer questions and concerns about person-directed dementia care.

Click here to see the Year Two, Dr. Power Info Session #1 Recording, December 6, 2017:

<https://edenalt.sharefile.com/d-s62b2e36108e4ecca>

Click here to see the Year Two, Dr. Power Info Session #2 Recording, January 16, 2018

<https://edenalt.sharefile.com/d-s1db3a62d43e473e8>

- Dr. Power also provides an informational webinar for nursing home medical directors:

Click here to see the Year Two Medical Director Info Session Recording, July 25, 2017:

<https://edenalt.sharefile.com/d-s46c0b660cf747368>

- Lastly, for the purposes of recruitment, a virtual gathering took place on August 22, 2017 to inform the top 20 largest nursing home companies in the state about the benefits of this project. We had 18 participating sites on this webinar, and then the recording was shared widely throughout the remainder of our recruitment process. In Year One, this event was scheduled as a live event that no one registered for. The shift to a virtual gathering paid off in Year Two. Click here to see the recording for this virtual session: <https://edenalt.sharefile.com/d-sa1fd3704f434b7e8>

## **Key Challenges**

Year Two started out with reasonable enrollment for the project. Yet, the commitment to implement all project activities dropped off significantly not long after the completion of the *Train the Change Agent* events. By the end of Year Two, we had 49 organizations fail to fulfill all project expectations. Compiled by CMS request, the following list details all efforts made by the grantee to secure engagement of participating organizations through the end of Year Two:

- The first 2017 training notifications were included in TEAC April Board minutes with “Save the Date” information and locations. This information was repeated for participants at project training events by the Tennessee Department of Health, Office of Health Care Facilities, on April 25, May 9 and May 23 in West, Middle and East Tennessee, as well as by the QIO in the same three state regions.

- During the registration process, we listed all the grant requirements asked participants to check each box on a form indicating they would comply with each requirement. These requirements were then outlined by the educators at the events.
- The *Train the Change Agent* events took place on September 26 and 28, 2017.
- We created a user-friendly [landing page](#) to share with participants, noting the project evaluation details and online survey links.
- We sent an [email](#) on 10/19/2017 to participants, reminding them of the selection of their sample group and inviting them to the first virtual gathering for change agent teams with Dr. G. Allen Power.
- We sent an [email](#) on 11/29/2017 to remind participants about the webinar on December 5 with Dr. G. Allen Power to try to increase participation.
- We sent an [email](#) on 12/8/2017 to remind participants of their commitment to the project and the implementation assessment timeline. We also provided a link to the virtual gathering with Dr. Power for anyone who missed the live webinar and a reminder to register for the next online gathering on 1/16/2018.
- Although not part of the grant requirements, TEAC Board scheduled a face-to-face gathering for TEAC Change Agent Teams from Year One and Year Two to share best practices, discuss the *Reframing Dementia* Implementation Plan and other important issues in the state. This gathering took place on March 2, 2018, at the Office of Health Care Facilities in Nashville, TN. TEAC Board members personally absorbed the cost for hosting this meeting. Six providers attended the program. Members of Year One Change Agent Teams with identifiable implementation success were invited to be presenters and share stories.
- TEAC Board members made phone calls in January and February to Year Two Change Agent Teams who had yet to submit any data regarding their progress with the grant. Information gathered from the calls identified both administrative and staff changes, teams that completed training but had not submitted data, as well as those who admitted they couldn't complete grant requirements.
- We sent an [email](#) on January 11, 2018, to participants reminding them of the selection of their sample group and inviting them to the final webinar with Dr. G. Allen Power for Change Agent Teams on January 16, 2018. We also invited them to join us for a gathering of Change Agent teams from Year One and Year Two of the grant project.
- We sent an [email](#) on February 26, 2018, to remind participants about the face-to-face gathering the next week in Nashville. The QIO forwarded the invitation to the homes involved with their efforts, encouraging attendance. Our guest speakers and topics included:
  - The TN Department of Health discussed new regulations related to emergency preparedness.
  - The QIO shared the new CMS goals related to antipsychotic utilization.
  - The State of TN shared tips for receiving grant funds to improve quality of life/ quality of care.
  - A psychologist shared person-directed dementia care strategies that care partners can use today.
- We sent an [email](#) on March 21, 2018, to complete the first implementation assessment and remind them of their commitment to the project. We shared the aforementioned [landing page](#) that included project evaluation details and online survey links with participants.

- We made additional calls to those organizations not responding to initial communications; Eden Educators were available for personal consult to those teams completing the training, but having difficulty entering data.

## **Expected vs. Actual Outcomes**

**Outcome #1:** For each phase of the project, 200-400 people will participate in 1 of 2 in-person events for Train the Change Agent.

**Actual Outcome:** We had a **grand total of 231 people registered, comprising a total of 64 Change Agent Teams, to participate in the Train the Change Agent 1-day event.** Therefore, our outreach efforts were not successful in reaching and engaging our projected numbers (80 nursing homes). We also followed up with registrants via email and personal phone calls to make sure they still had training dates in the calendars. However, **we had 46 no-shows** across the project, even though they were registered and confirmed to attend training events. Thus, **we had a total of 185 people show up from 55 nursing homes to participate both training events combined.** This is below the projected range captured in Outcome #1 by 15 people.

The 1-day *Train the Change Agent* event was two different times in two different places in September 2017:

Location	Number of Attendees	Number of Nursing Homes Participating
Knoxville, TN (September 26, 2017 )	83	21
Jackson, TN (September 28, 2017 )	102	34
<b>TOTAL</b>	185	55

**Outcome #2:** By the end of each project phase, project activities will help effect a 5% overall shift toward person-directed perceptions of, and approaches to, dementia care.

**Actual Outcome:** When Change Agent Teams delivered the *Reframing Dementia* training back in their organizations, they administered a pre/post/ follow-up survey process for training participants to complete. **Participants of Reframing Dementia training experienced a 18% average shift toward person-directed perceptions of dementia care,** from the pre-test survey to the immediate post-test survey administered immediately after the training. **This is well above the projected shift of 5%.** It seems that skills learned deepened over time. From the **pre-test all the way through to the follow-up survey,** an even larger shift occurred. *Reframing Dementia* participants **experienced a 22% average shift** toward person-directed care. (See the **Aggregate Report for Reframing Dementia in the Appendix.**)

## **Other findings:**

Many participants noted that they hadn't previously realized that those living with dementia can learn new tasks and new routines. They valued the ideas of slowing down, making time, using body language and position to communicate differently, schedules, interactive ideas, patient-centered care, and gaining a deeper connection to the individual's present mindset.

The follow-up assessment asked what skill or concept continued to stand out for participants, and among the 42 responses, a significant portion of responses included the idea of slowing down. Also frequently mentioned were compassion, voice tone/pace of communication, interaction prior to caregiving tasks, and individualizing care for the individual living with dementia by learning their background, story and past.

Perceptions of the information presented were very positive, after the passage of time between the Post-Training and the Follow-Up assessment, the "definitely" responses to usefulness and self-reported ability to apply the learning trended up meaningfully.

When asked whether *Reframing Dementia* training offered useful information and whether that information remained useful over time, **85% of respondents said DEFINITELY immediately after the training and 92% said DEFINITELY 4 months after the training.**

When asked whether the information provided during the training helped participants improve care for individuals living with dementia, **83% said DEFINITELY immediately after the training and 96% said DEFINITELY 4 months after the training.**

## **Qualitative reactions to *Reframing Dementia* include the following comments:**

### **From Signature Healthcare of Portland**

"Since implementing 'Reframing Dementia', the team has a heightened awareness of how to give effective care to the residents in their gated community by approaching a situation in a slow and steady manner. They now explain things in segments rather than the whole idea at once, so the residents don't feel overwhelmed and can grasp it. Employees completing their shifts communicate very well with those starting the next shift, who then know what tasks have been completed and what still needs to be done to help each resident in their care. The atmosphere in that unit is now peaceful and serene because the unit is now a family."

### **From Lifecare Center Red Bank**

"The CNAs and therapists are using the training, and that it has helped them to better understand themselves, which in turn has caused them to be more open and understanding of the residents. They really appreciate the course. When the wife of one of their residents with dementia died, he kept looking for her. Staff would engage with him and gently inform him that his wife was dead and listen to him talk about her. It took about 3 weeks, but he finally understood and came to terms with the fact that she is gone, and he no longer watches for her."

### **From The Kings Daughters and Sons Home**

"Since the training, staff members see more of the whole person and not just the diagnosis and dig deeper into who each resident is. One elder with dementia is super paranoid at times, afraid that people are out to get him and

that he is under imminent threat of assassination. They have posted “guards” outside his window and his door, and he is reassured that they are there at all times. When he begins to speak of his fears, he is reminded of the security measures in place and almost immediately calms down. They are proud that this person-centered care has contributed to his feeling safer and more relaxed in his home environment. Every member of their care staff (housekeeping, nursing, dietary, etc.) is aware of his fears and plan of care. This Eden training of the staff prevents the caregivers from arguing with him or trying to rationalize his fears.”

***Outcome #3: During each phase of the project, participating organizations will complete 2 interim implementation assessments that will highlight specific benchmarks of progress reached within their designated sample group. At least half of the participating organizations will meet 50% of the suggested implementation benchmarks in the sample group by the end of the project phase.***

**Actual Outcome:** Responding Change Agent Teams achieved an average 73% positive response regarding whether or not they completed designated benchmarks listed on Implementation Assessment #1. This exceeds the projected goal of meeting 50% of suggested implementation benchmarks. For Implementation Assessment#2, participants achieved an average 84% positive response regarding whether or not they completed designated benchmarks. This also exceeds our projected outcome that they would respond positively to having completed at least 50% of the implementation benchmarks. (For details see the NRC report on Implementation Assessments in the Appendix of the report.)

#### **Other findings:**

***Implementation steps teams focused on the most...*** Implementation assessment analysis revealed that the top four implementation steps most frequently taken by participating Change Agent Teams were:

#### **For Implementation Assessment #1:**

- Delivered a presentation to organization leaders highlighting key learning points from Reframing Dementia.
- Facilitated first round of Reframing Dementia training by December 31.
- Held Learning Circles with organization leaders asking them what signs of loneliness, helplessness, and boredom they see in those who live with dementia in your care community.
- Held Learning Circles with Leadership Team asking them to identify what barriers exist in your care community to strengthening close and continuing relationships with those who live with dementia.

#### **For Implementation Assessment #2:**

- Our team has practiced learning circles with the Leadership Team asking them to identify what barriers exist to strengthening close and continuing relationships with those who live with dementia in our care community.
- We have held follow-up discussions about ways to apply the antidotes to these three plagues.

- Our Change Agent Team has developed an ongoing education plan to reach out to every care partner in the organization with Reframing Dementia training. This plan includes how new employees will be involved, as well as new family members.
- We have engaged the larger team and family members in selecting and putting into action one new strategy for helping those who live with dementia share their gifts or talents.

These are all strong steps toward effectively shifting dementia care practices.

**Outcome #4:** *By the end of the 3-year grant project (Phase One –Three), the project has a goal of helping to effect at least an overall 5% reduction for Tennessee in the use of antipsychotic medications.*

**Actual Outcome:** This outcome is really intended to be fully addressed at the end of the entire 3-year project. We have included an interim analysis of where the numbers stand at this point in the process. **This particular analysis reveals that homes that have participated in this project thus far (from Year One until now) continue to show notable decreases over time in their use of antipsychotic medications, with the exception of antianxiety/hypnotics (see the table below).**

Data needed for this analysis is provided by CMS’ Nursing Home Compare (NHC) dataset. NHC pulls this data from the Minimum Data Set 3.0 (MDS) Repository quarterly. Data in NHC are risk adjusted by CMS at the nursing home level using exclusions and resident-level adjustments. **One limitation of NHC as a data source is a time lag of two to three quarters (depending on the time of the data pull).** This said, please note the following excerpt from Dr. Amy Elliot’s report (please review the complete methodology and analysis details in Dr. Elliot’s full report included in this report’s Appendix).

**Year One Participation Quality Measure Update:** A full year of Year One participation quality measure data was available in Nursing Home Compare as of June 2018. The chart below provides an update by illustrating that the four-quarter average percentage (a Nursing Home Compare datapoint) for each quality measure decreased from 2016 to 2017 for Year One participants. This decrease was significant for both antipsychotic measures (the complete methodology and a comparison of participant to non-participants over this timeframe is also included in the Appendix).

Year One Participants	2016	2017	Change	Relative % Change <sup>1</sup>
Long-stay Antipsychotic Percentage	21.6	19.1	-2.5**	-11.6
Short-Stay Antipsychotic Percentage	2.5	2.0	-.5*	-20.0
Long-Stay Antianxiety or Hypnotic Percentage	39.5	39.0	-.5	-1.5%

<sup>1</sup> Relative % Change = (2017 % - 2016 %)/2016%

\* indicates statistical significance at the .05 level and \*\* indicates statistical significance at the .01 level for the paired t-test of 2016- to 2017-antipsychotic rates

**Year Two Participation Descriptive Statistics:** The number of Tennessee nursing homes participating (or not participating) in the project as of October 2017 is as follows:

- 63 nursing homes participating in Year One (but not Year Two)
- 14 nursing homes participating in both years
- 44 nursing homes participating in the project beginning in Year Two (October 2017)
- 193 Tennessee nursing homes were not participating in the project in any year as of October 2017

The Year Three project report will analyze pre-to-post metrics with these codifications. In terms of homes newly starting in the project for Year Two, the chart below illustrates that, at the time of the Year Two training (September 2017), Year Two only participants reported lower four-quarter average percentages of long-stay residents that were receiving antipsychotic medications, and slightly higher percentages of short-stay residents who had newly received antipsychotic medications (when compared to non-participants).

Year 2 (Sept 2017)	Provider #	Long-stay Antipsychotic	Short-stay Antipsychotic	Antianxiety Hypnotic
Year One Participants Only	63	18.3	2.0	38.3
Year Two Participants Only	44	13.5	2.4	35.8
Both Year One and Year Two	14	22.8	2.2	41.1
Non-participants	193	16.5	2.1	35.4
All TN	314	16.7	2.1	36.4

### Experiential Impact of Events/Content/Materials

In Year One, we administered a pre/post/follow-up survey format to assess the experiential impact on members of each change agent team. We found that this format confused participants and created more survey fatigue in the end. In Year Two, we decided to simplify our efforts to capture this data by administering 2 experiential assessment questionnaires, with one administered immediately after the *Train the Change Agent* event and the second roughly 4 months later.

Results of the first Experiential Assessment are **extremely positive; 98% of respondents agreed or strongly agreed to each of the six questions asked.** Open-ended questions at the end of the assessment revealed that the activities, resources, techniques for training others, interaction, and discussions were frequently called out as most valued, as was the opportunity to learn and converse with other professionals in eldercare during the *Train the Change Agent* event.

Results of the second Experiential Assessment are quite positive **with all responses positive or neutral.** The respondents all agreed or strongly agreed that they continue to apply what they gained from the Reframing Dementia experience. All but one indicated they felt the learning and materials helped them improve well-being for those who live with dementia, and all but two noticed more confidence in themselves as facilitators/trainers.

The second experiential assessment asked for specific examples of how materials or learning from the *Train the Change Agent* event and *Reframing Dementia* Training Kit have helped make a difference for the respondent or someone they've trained. The video (featuring the late Dr. Richard Taylor) was noted as powerful, the three plagues more noticeable for having been named and defined, so awareness was cited by multiple respondents. One location noted that CNAs are using new tools from training to improve quality of life. Specific situations and improvements were noted, such as this: *"I was able to implement growth plan for a resident that was always looking for his deceased wife. By utilizing affirmation techniques, his quality of life was improved and staff members were able to understand and relate with him."*

## Grant Project Process Review

**The Eden Alternative, CMS Project Number 2015-04-TN-0831**

**"Reframing Dementia Through Person-Directed Dementia Practice"**

The table below captures both our actions and outcomes for Year Two of this project. "What Worked" reflects the process strengths and "Lessons Learned" captures how we adjusted Year Two's progression and our specific implementation.

What Worked	Lessons Learned
<p>Partnering with QSource of Tennessee made a tremendous difference in our recruitment efforts. We were provided data that identified providers with high antipsychotic utilization rates and low star ratings. Once initial electronic and hard copy invitations were sent, the QIO propelled our efforts with emails to the same nursing homes, as they have proven relationships with the providers, whose support and promotion of the project was essential.</p>	<p>We learned in Year One that a face to face informational meeting for nursing home owners/executive leadership was not an ideal platform. Our change to a virtual webinar permitted more companies to understand the scope of our grant and enable corporate support.</p>
<p>Year Two began on July 1, as opposed to our shortened recruitment window in Year One, This enabled us to enhance promotion. However, many of the same challenges (people changing/resigning positions or priorities shifting) were major factors in promotional materials not reaching the appropriate employee care partner(s).</p>	<p>Several communities called during Year Two registration with a request to have current care partners take the training, as those participants in Year One were no longer with the care community. Approval from both CMS and Tennessee DOH made it possible to deliver on this request.</p>

<p>To identify appropriate venues for Year Two training events, we used a map to plot the concentration of homes with the highest antipsychotic utilization rate. This strategy identified the best-case scenario for Year Two’s training events. Training was situated, so that it was easily accessible to the providers who needed it most.</p>	<p>In managing the registration process for Year One, there were multiple participants from a community registered under one email address and phone number, as one co-worker was responsible for registering everyone into the project. The lack of specific information made our contacting change agents extremely difficult and in many cases, impossible. Our Year Two revamped registration form required unique email addresses for each registrant and during the day long training participants were given an opportunity to provide more accurate e-mail addresses in the event the initial address was modified through position change or acquisition of community by another company.</p>
<p>The <i>Train the Change Agent</i> training was fun, engaging and very participatory and it was our hope the teams would bring the same energy to their implementation. What became evident to us during the first year was that some change agent teams were reluctant to apply the training and supplemental kit to their communities.</p>	<p>The <i>Train the Change Agent</i> event was designed to showcase parts of the <i>Reframing Dementia</i> kit, and also assist teams in adult learning principles. Based on certain outcomes in Year One’s outreach, the educators spent more time discussing project expectations and detailed instruction in kit use and outcomes from the last year’s teams to encourage them to use this as a Performance Improvement Project (PIP)</p>
<p>QSource was kept abreast of data entry completed by participating communities. In their one-on-one calls with providers, they were able to redirect them to the project and ask that they stay engaged and submit data.</p>	<p>As was the case in Year One, and will continue to be the case perpetually in long-term care, changes of Administrator and DON will continue to be prevalent for numerous reasons. With our initial invitation only to senior leaders, and when those staff changes occurred, the organizations had little administrative support to continue implementation. Year Two’s invitees were identified when skills and attributes needed by each participant were included in promotional material and our subsequent registration included care partners who would be better suited to success in implementing going forward.</p>

<p>As with Year One, our second effort had few responses to the surveys after the training. We made telephone calls, followed by supporting e-mails, to each provider to discuss the missing data and answer any questions they had. Because of this outreach, our data responses did increase.</p>	<p>Many communities validated our belief that the amount of post-training data required created “survey fatigue.” Based on Year One timeline, we added additional touch points for data submission and made an Eden Educator available to assist with submission questions. We did have support from the State of Tennessee reminding communities of the grant requirements, but found we needed a more strongly worded document to encourage people to follow through with their training and data. As a result, a unified effort of Tennessee DOH, QIO and CMS, created a structured letter was written to inquire why “late adopter” nursing homes did not provide follow-up data that was required.</p>
<p>Collecting best practice stories from implementing organizations worked well in capturing anecdotal evidence of the success of the project.</p>	<p>As we learned in Year One, there were common threads of turnover and leadership change that kept providers from taking necessary steps to implement. We provided an extension to April 30 in hopes communities would meet the expected outcomes. While it did slightly increase the number of communities who met grant obligations this year, our level of satisfaction was lacking in spite of additional calls and e-mails inquiring as to why implementation had not occurred.</p>

**Concluding Thoughts Regarding the Project as a Whole**

While registration and participation in the project in Year Two were not as promising as in Year One, participant satisfaction with the content, resources, and materials is consistently positive. In addition to the strong data for Outcome #2, we’ve conveyed through various testimonials and additional data the significant qualitative impact of this project for the participants. Change Agent Teams that followed through with implementation also consistently completed suggested implementation steps, as outlined by the project. If we can find a way to boost enrollment and engagement in the project, many more Tennessee nursing homes would benefit from these positive outcomes. The Tennessee Eden Alternative

Coalition wants to thank CMS for the opportunity to support the efforts of states to reduce antipsychotic use and improve the quality of care and quality of life for those who live with dementia and their care partners.

# Appendix

**Interim Grant Report (Year Two)**  
**The Eden Alternative, Grant No. 2015-04-TN-0831**  
**“Reframing Dementia Through Person-Directed Practice”**

# TEAC YEAR 2

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EXPERIENTIAL ASSESSMENT

COMPREHENSIVE REPORT



Human understanding

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[nrchealth.com](http://nrchealth.com)

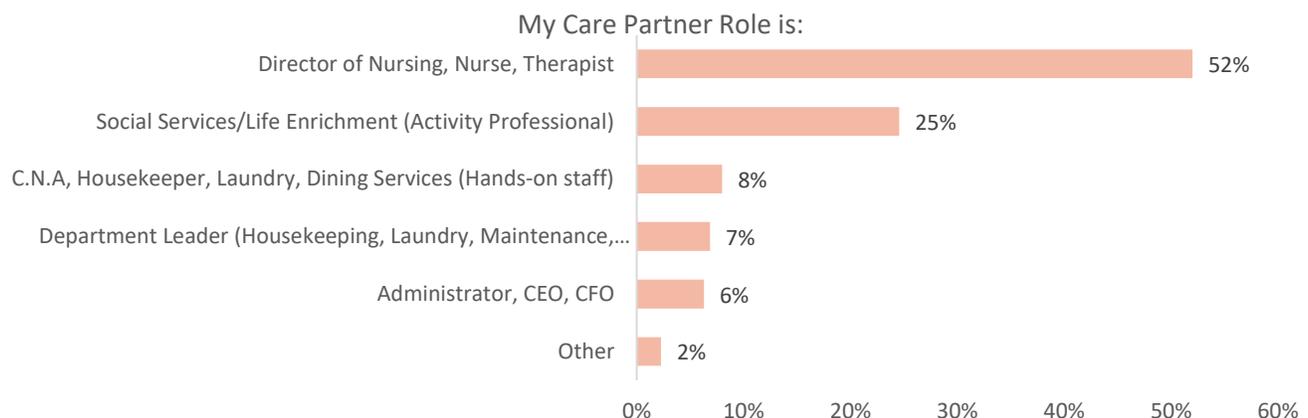
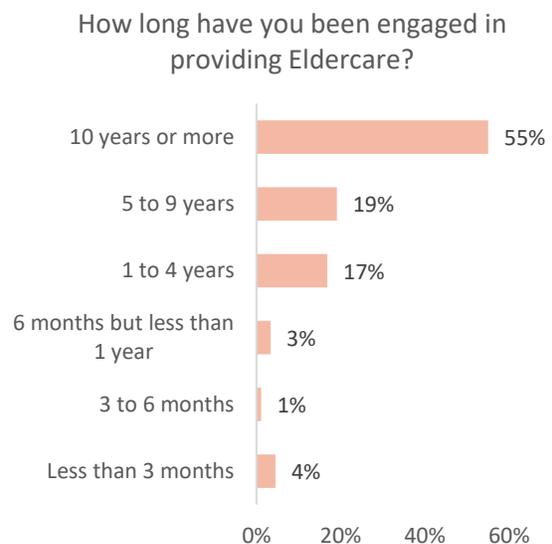
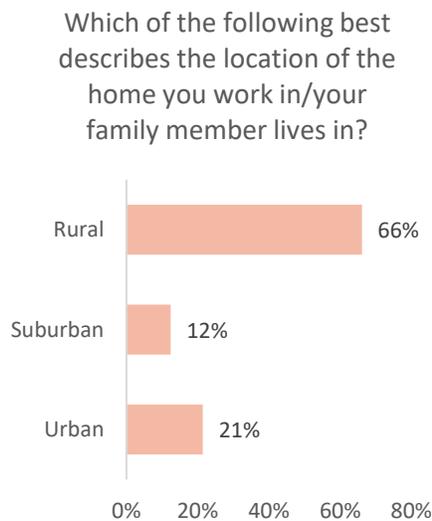
# Experiential Assessment

## Experiential Assessment 1

Experiential analysis in this project year involved two experiential assessment questionnaires administered at different times. For the first questionnaire, there were up to five responses per organization, with 59 unique organizations participating in the first round of evaluation of the experience. There were 26 responses which did not list an organization.

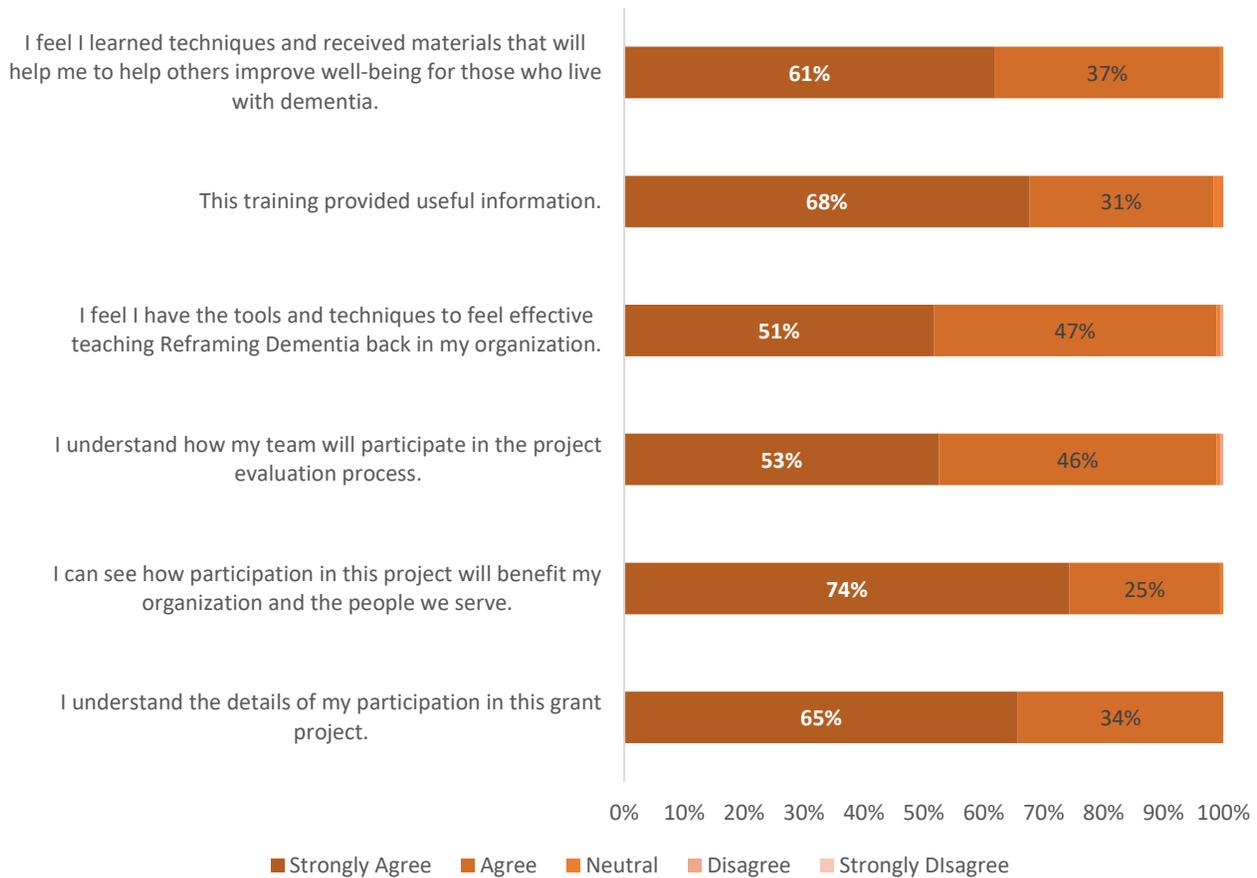
Summary	Total Respondents	Total Organizations
Experiential Assessment 1	179	59

The organizations participating are 2/3 rural, and participants have very high experience levels in eldercare, with 74% having over five years caregiving. The Respondents in the first Experiential Assessment hold a variety of care partner roles in their organizations, allowing the project to reach multiple areas of the care environments more fully. Just over half are in the nursing and therapy professions and a quarter are activity professionals.



Results of the first Experiential Assessment are extremely positive; 98% of respondents agreed or strongly agreed to each of the six questions asked. Further, there were three open-ended questions, asking what was most valuable, what changes are recommended, and general comments. The activities, resources, techniques for training others, interaction, and discussions were frequently called out as most valued, as was the opportunity to learn and converse with professionals in eldercare from other facilities. Most suggestions for change surrounded comfort factors, such as the 8-hour length of the day being difficult physically and mentally. Several games were mentioned as perhaps physically not appropriate for some participants, and many would have preferred a two-day event.

### Experiential Assessment 1



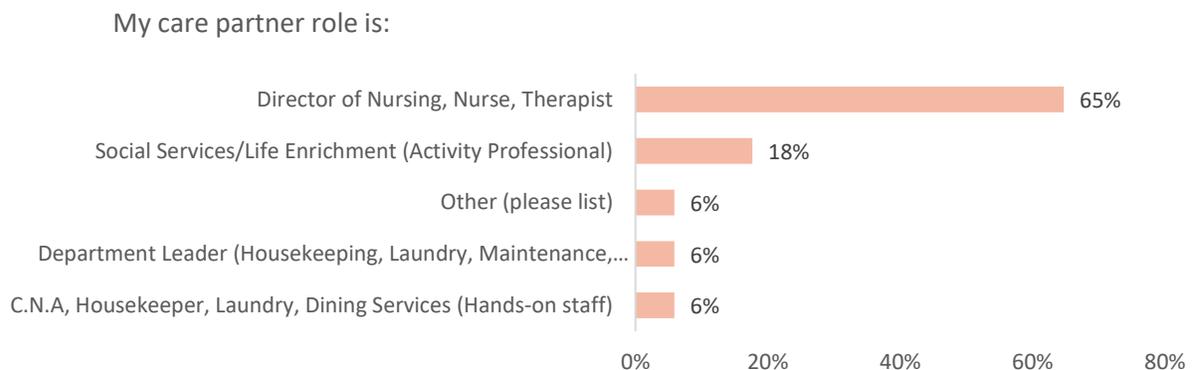
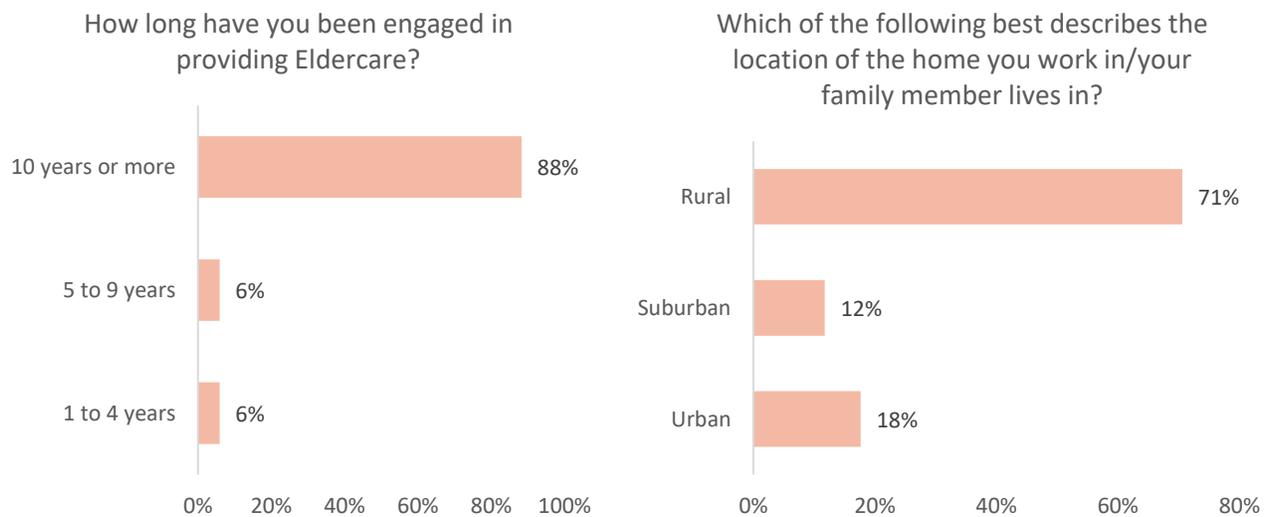
The neutral, disagree and strongly disagree results for all questions are between 0% and 2%, so labels are not displayed

## Experiential Assessment 2

For the second Experiential Assessment, there were up to four responses per organization, with eight unique organizations participating in the second round of evaluation of the experience, with a total of 17 responses received.

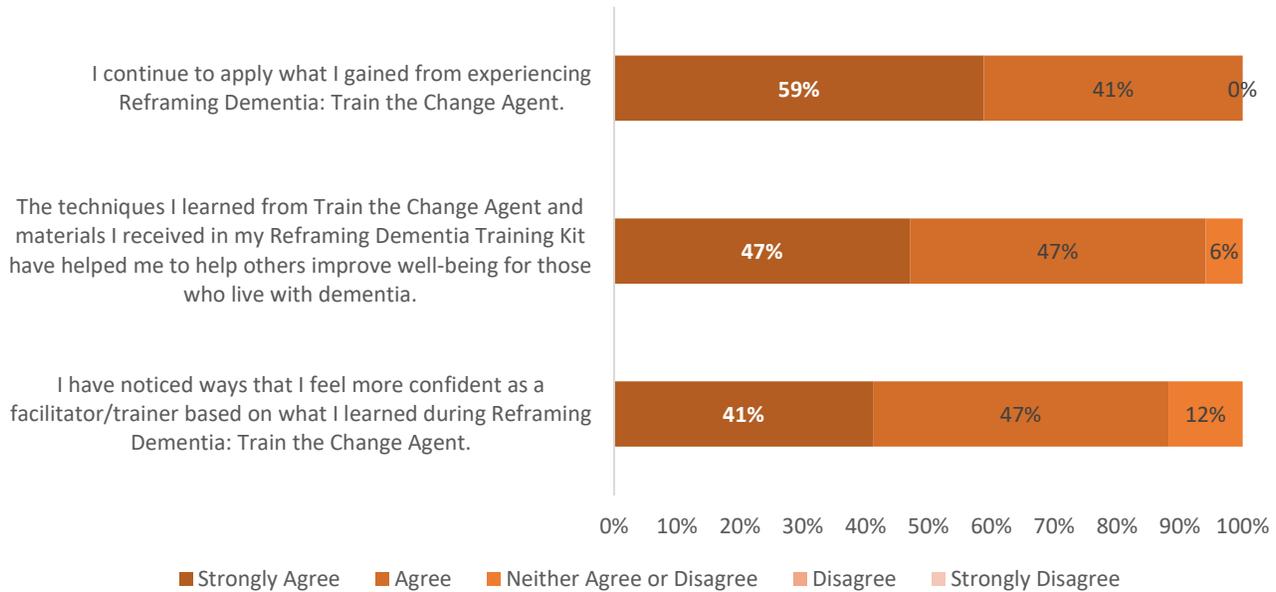
Summary	Total Respondents	Total Organizations
Experiential assessment 2	17	8

The organizations participating are similar to the first experiential assessment with slightly more being rural, and a greater portion of the participants have very high experience levels in eldercare, with 94% over five years caregiving. The respondents in the second Experiential Assessment hold a variety of care partner roles in their organizations, with 65% in the nursing and therapy professions.



Results of the second Experiential Assessment are quite positive with all responses positive or neutral. The respondents all agreed or strongly agreed that they continue to apply what they gained from the Reframing Dementia experience. All but one indicated they felt the learning and materials helped them improve wellbeing for those who live with dementia, and all but two noticed more confidence in themselves as facilitators/trainers.

### Experiential Assessment 2



The disagree and strongly disagree results for all questions are 0% so labels are not displayed

The second experiential assessment asked for specific examples of how materials or learnings from the Train the Change Agent event and Reframing Dementia Training Kit have helped make a difference for the respondent or someone they’ve trained. The video was noted as powerful, the three plagues more noticeable for having been named and defined, so awareness was cited by multiple respondents. One location made its therapy area more home-like, and CNAs are using new tools from trainings to improve quality of life. Specific situations and improvements were noted, such as this: *“I was able to implement growth plan for a resident that was always looking for his deceased wife. By utilizing affirmation and validation techniques his quality of life was improved and staff members were able to understand and relate with him.”*

Other comments (in response to the final open-ended question on the assessment) were limited to a comparison of this training to a similar program, appreciating the perspective of considering life enrichment as part of the full healthcare picture, and simple gratitude.

# TEAC YEAR 2

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REFRAMING DEMENTIA

PRE-TRAINING, POST-TRAINING, & FOLLOW UP ASSESSMENTS

COMPREHENSIVE REPORT



Human understanding

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# REFRAMING DEMENTIA

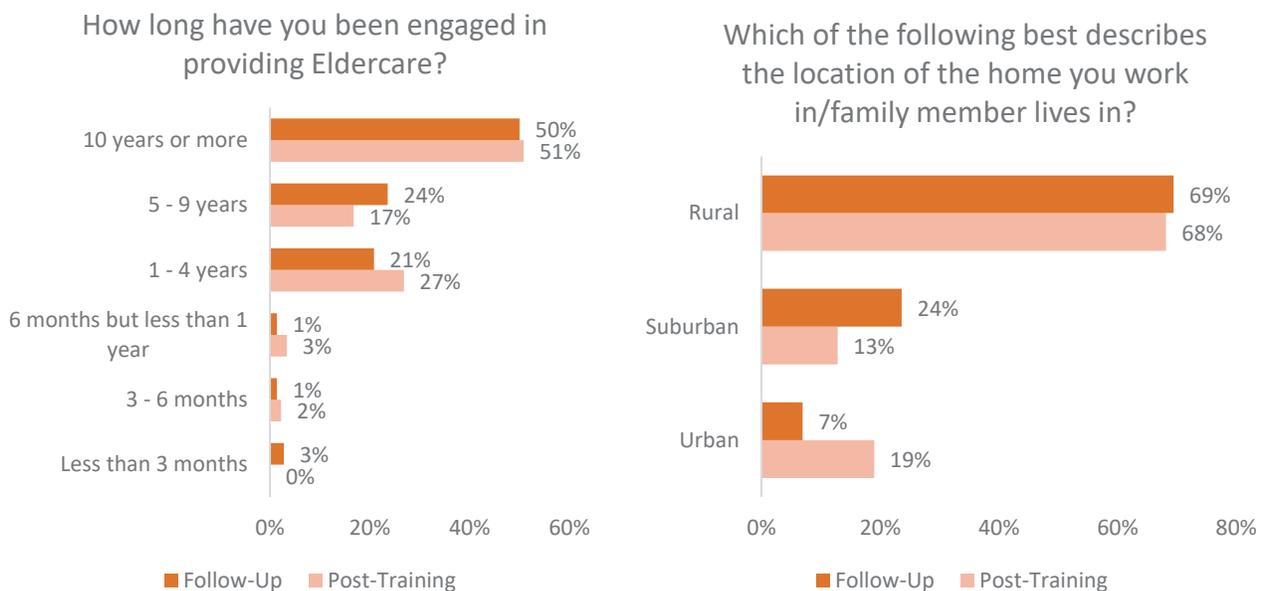
## Overview

Measurement of the impact of the Reframing Dementia experience was conducted in a three-part method, with a Pre-Training assessment for measuring the baseline starting point for participants and then a Post-Training assessment immediately following the session. Then, after participants had returned to their care facility for some time, a second Follow-Up assessment was conducted, to gauge the long-term retention and impact of the program.

The Participation for the Pre- and Post- assessments were highly similar groups, as would be expected since these were done at the training event. The Follow-Up Assessment had a lower response, with half as many organizations represented in the final round of measurement.

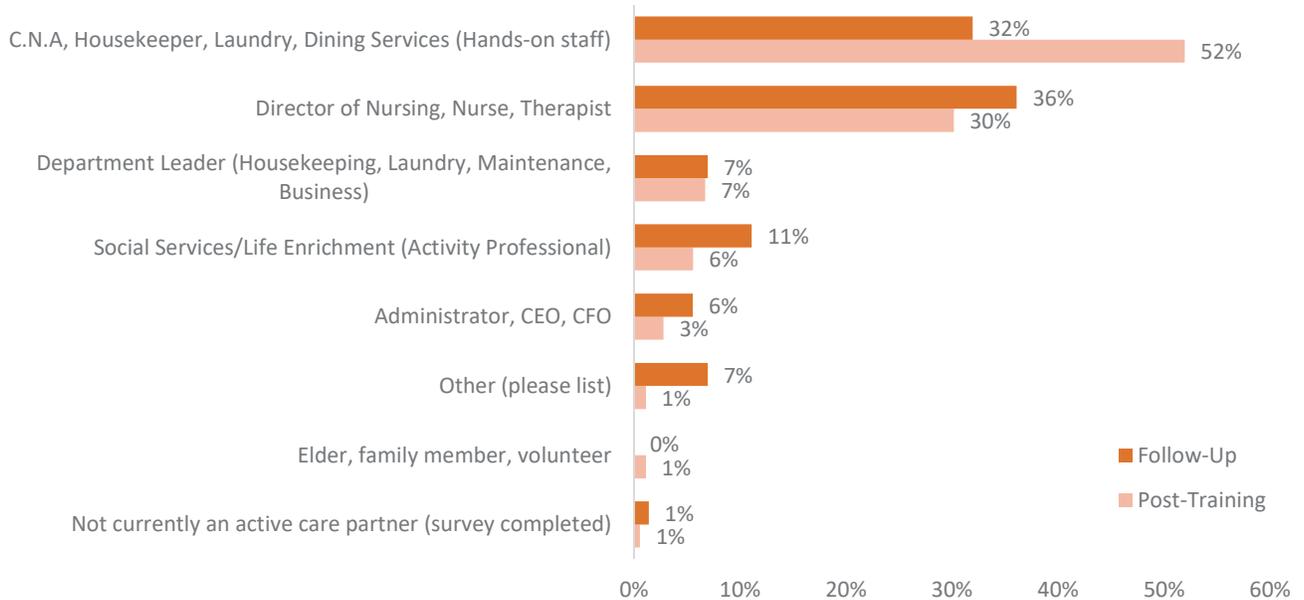
Summary	Total Respondents	Total Organizations
Pre-Training Assessment	197	16
Post-Training Assessment	179	15
Follow-Up Assessment	72	8

Since the Pre- and Post- assessments were collected together, descriptive questions about respondents were asked on the Post-Training assessment (respondents completed both these in the same setting, so this is by design). The participants invited to complete the later Follow-Up assessment were from the same cohort, and have a similar, but not the same profile as the original group, since some institutions had far fewer or no respondents in the Follow-Up assessment. Of note, the Follow-Up cohort was somewhat less experienced and more urban (less suburban) than the original whole group participating in the Reframing Dementia experience.



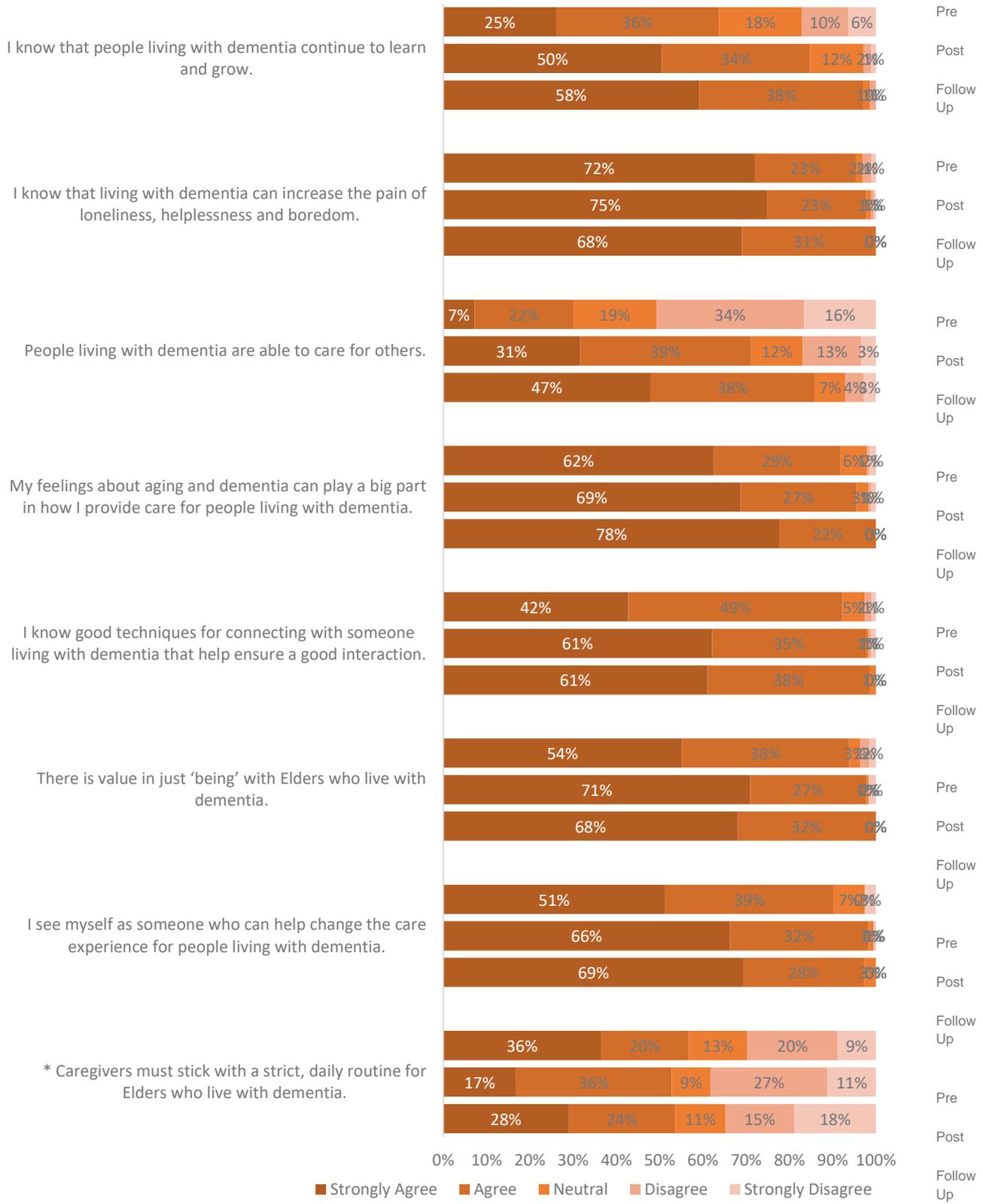
The makeup of the Post-Training and Follow-Up respondent groups differ most by the role they hold in eldercare. While over half of the original group were in supportive hands-on staff roles, under one third of the assessments in the final measurement were from this group. The proportion of social services/activity professionals, administrators and other roles increased in the final follow-up. The makeup of the respondent group by care partner role must be considered when evaluating changes in perceptions and attitudes reflected in the data.

### My care partner role is:



Note that for display clarity, bars reflect precise values and may not appear of equal size where the value label is the same due to rounding the labels to whole percentages.

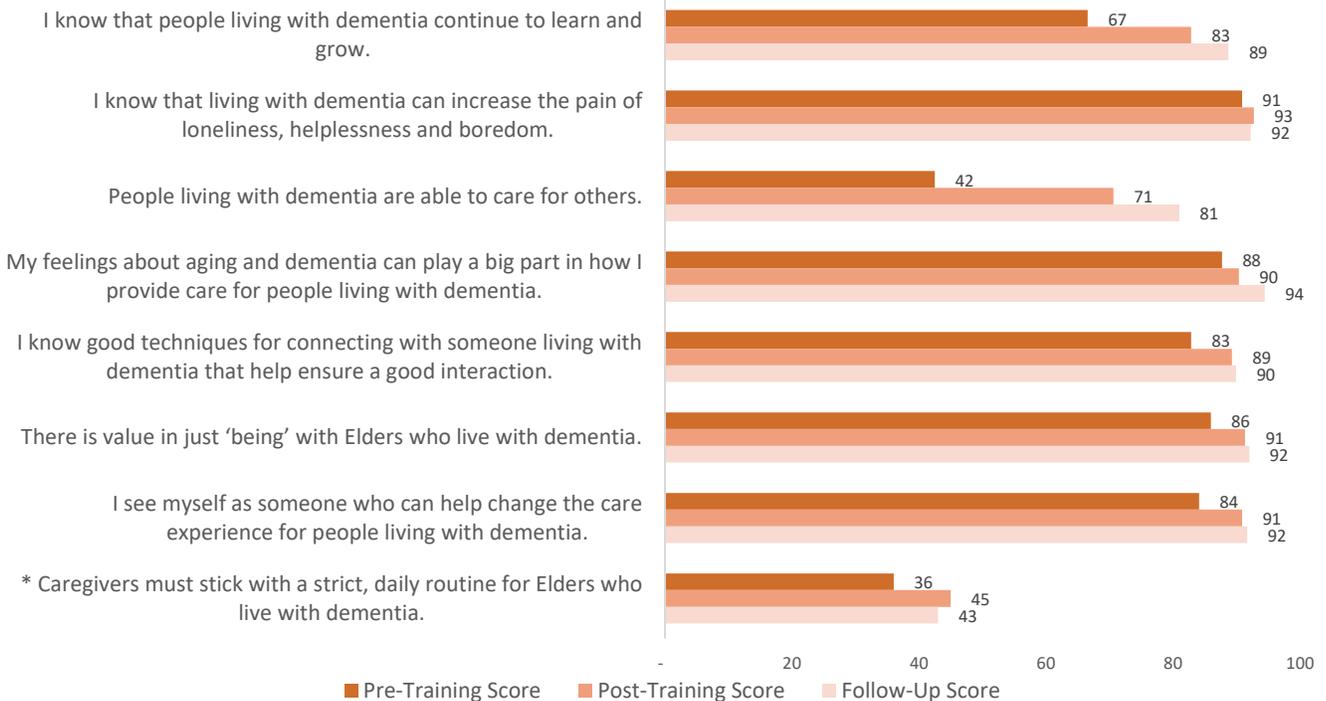
## Structured Questions Overview



\* Item marked is reverse-scale type, and so strongly disagree is the desired response to the item. Increases in the percentages strongly disagree/disagree over the three assessments indicate successful learning of this concept.

Average scores are calculated by assigning the following values: Strongly Agree = 100; Agree = 75; Neutral = 50; Disagree = 25; Strongly Disagree = 0. Disagreement responses are correct on the item marked * and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores.  The Average Improvement is the average percentage change across all questions.  Scores are rounded to whole numbers.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Pre-Training Score	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Post-Training Score	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Follow-Up Score
	Pre-Training						Post-Training						Follow-Up					
	I know that people living with dementia continue to learn and grow.	25%	36%	18%	10%	6%	67	50%	34%	12%	2%	1%	83	58%	38%	1%	1%	0%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	72%	23%	2%	2%	1%	91	75%	23%	1%	1%	1%	93	68%	31%	0%	0%	0%	92
People living with dementia are able to care for others.	7%	22%	19%	34%	16%	42	31%	39%	12%	13%	3%	71	47%	38%	7%	4%	3%	81
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	62%	29%	6%	1%	2%	88	69%	27%	3%	1%	1%	90	78%	22%	0%	0%	0%	94
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	42%	49%	5%	2%	1%	83	61%	35%	1%	1%	1%	89	61%	38%	1%	0%	0%	90
There is value in just 'being' with Elders who live with dementia.	54%	38%	3%	2%	2%	86	71%	27%	1%	0%	2%	91	68%	32%	0%	0%	0%	92
I see myself as someone who can help change the care experience for people living with dementia.	51%	39%	7%	0%	3%	84	66%	32%	1%	0%	1%	91	69%	28%	3%	0%	0%	92
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	36%	20%	13%	20%	9%	36	17%	36%	9%	27%	11%	45	28%	24%	11%	15%	18%	43

### Reframing Dementia Scores Compared



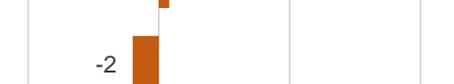
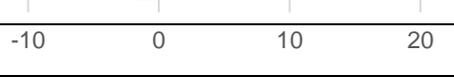
\* Disagreement responses are correct on the item marked \* and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores.

## Structured Questions Score Change Analysis, Pre-Training and Post-Training

	Pre-Training	Post-Training	Score Difference	Difference chart	% Change
I know that people living with dementia continue to learn and grow.	67	83	16		24%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	91	93	2		2%
People living with dementia are able to care for others.	42	71	28		66%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	88	90	3		3%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	83	89	6		8%
There is value in just 'being' with Elders who live with dementia.	86	91	5		6%
I see myself as someone who can help change the care experience for people living with dementia.	84	91	7		8%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	36	45	9		25%
				0      10      20      30	
Average Difference			10	Average Improvement	18%

\* Disagreement responses are correct on the item marked \* and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

## Structured Questions Score Change Analysis, Post-Training and Follow Up

	Post-Training	Follow-Up	Score Difference	Difference chart	% Change
I know that people living with dementia continue to learn and grow.	83	89	6		7%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	93	92	0		-1%
People living with dementia are able to care for others.	71	81	10		15%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	90	94	4		5%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	89	90	1		1%
There is value in just 'being' with Elders who live with dementia.	91	92	1		1%
I see myself as someone who can help change the care experience for people living with dementia.	91	92	1		1%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	45	43	-2		4%
				-10      0      10      20	
Average Difference			2	Average Improvement	3%

\* Disagreement responses are correct on the item marked \* and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

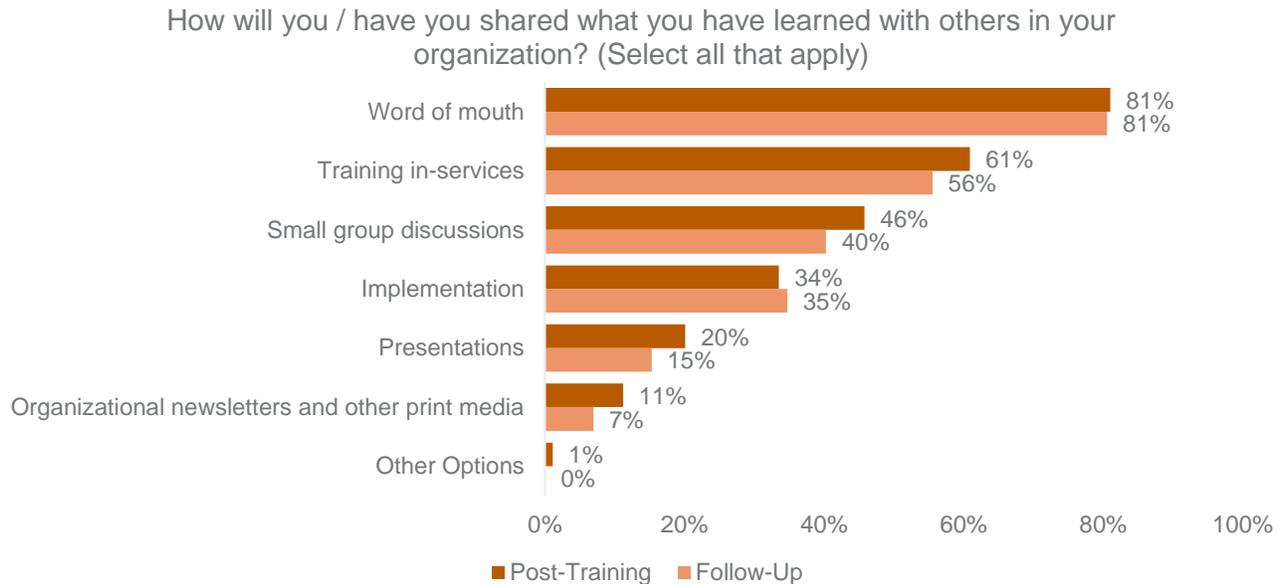
## Structured Questions Score Change Analysis, Pre-Training and Follow Up

	Pre-Training	Follow Up	Score Difference	Difference chart	% Change
I know that people living with dementia continue to learn and grow.	67	89	22		33%
I know that living with dementia can increase the pain of loneliness, helplessness and boredom.	91	92	1		2%
* People living with dementia are able to care for others.	42	81	38		91%
My feelings about aging and dementia can play a big part in how I provide care for people living with dementia.	88	94	7		8%
I know good techniques for connecting with someone living with dementia that help ensure a good interaction.	83	90	7		9%
There is value in just 'being' with Elders who live with dementia.	86	92	6		7%
I see myself as someone who can help change the care experience for people living with dementia.	84	92	8		9%
* Caregivers must stick with a strict, daily routine for Elders who live with dementia.	36	43	7		19%
				0 10 20 30 40 50	
Average Difference			10	Average Improvement	22%

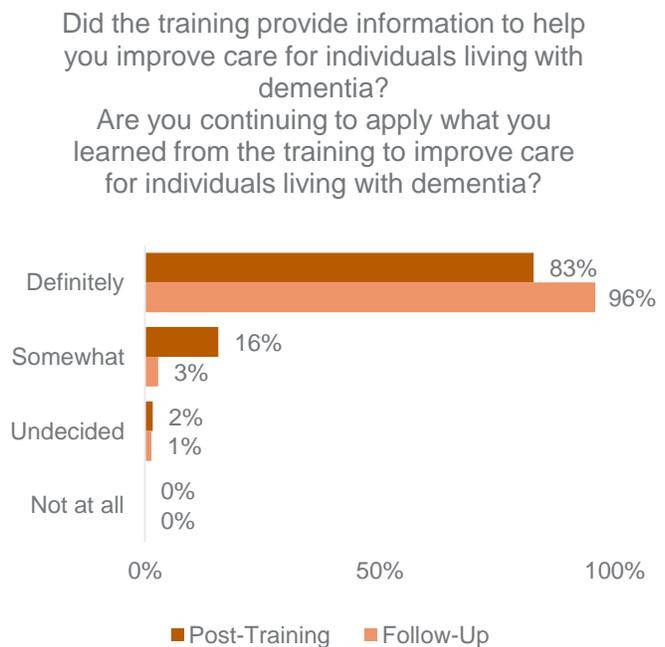
\* Disagreement responses are correct on the item marked \* and so the opposite point values (0-100) are assigned to calculate its score, which allows it to be combined with the other items in the final change scores

## Additional Questions

In the Post-Training and Follow-Up assessments, several questions asked about the training and the participants' perceptions of the information presented, its utility, and their plans for implementation of the ideas and ideals within their caregiving setting. Overall, the plans for sharing the content and the actual ways participants shared the content are highly similar, with modest differences between the Post-Training and Follow-Up assessment on the first question.



Perceptions of the information presented were very positive, after the passage of time between the Post-Training and the Follow-Up assessment, the “definitely” responses to usefulness and self-reported ability to apply the learning trended up meaningfully.



The Post-Training assessment asked for a most valuable point from the training, and 111 participants responded. Many participants noted that they hadn't previously realized that those living with dementia can learn new tasks and new routines. They valued the ideas of slowing down, making time, using body language and position to communicate differently, schedules, interactive ideas, patient-centered care, and gaining a deeper connection to the elders' present mindset.

The Follow-up assessment asked what skill or concept continued to stand out for participants, and among the 42 responses, a significant portion of responses included the idea of slowing down. Also frequently mentioned were compassion, voice tone/pace of communication, interaction prior to caregiving tasks, and individualizing care for the elder by learning their background, story and past.

# TEAC YEAR 2

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## IMPLEMENTATION COMPREHENSIVE REPORT



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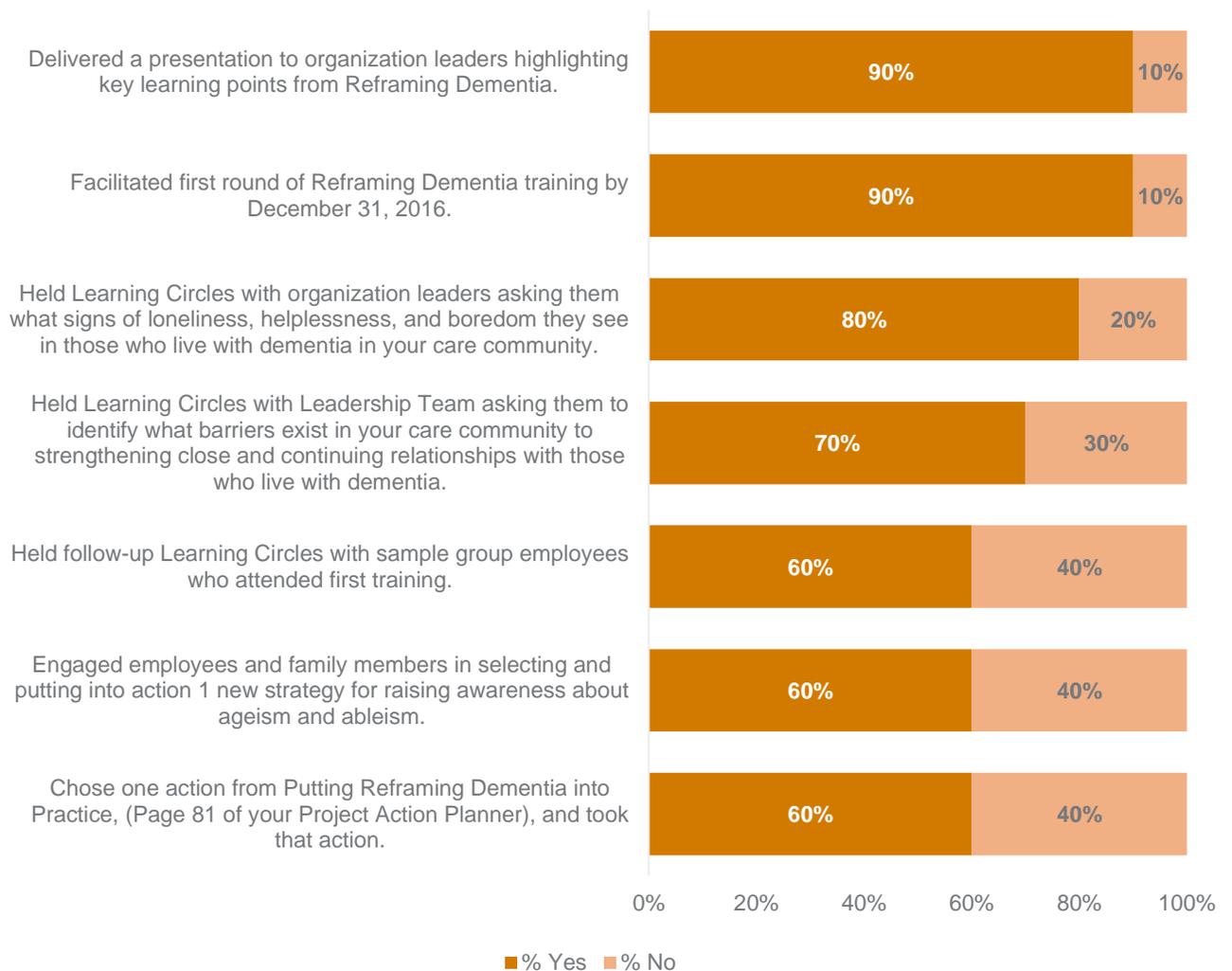
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# Implementation

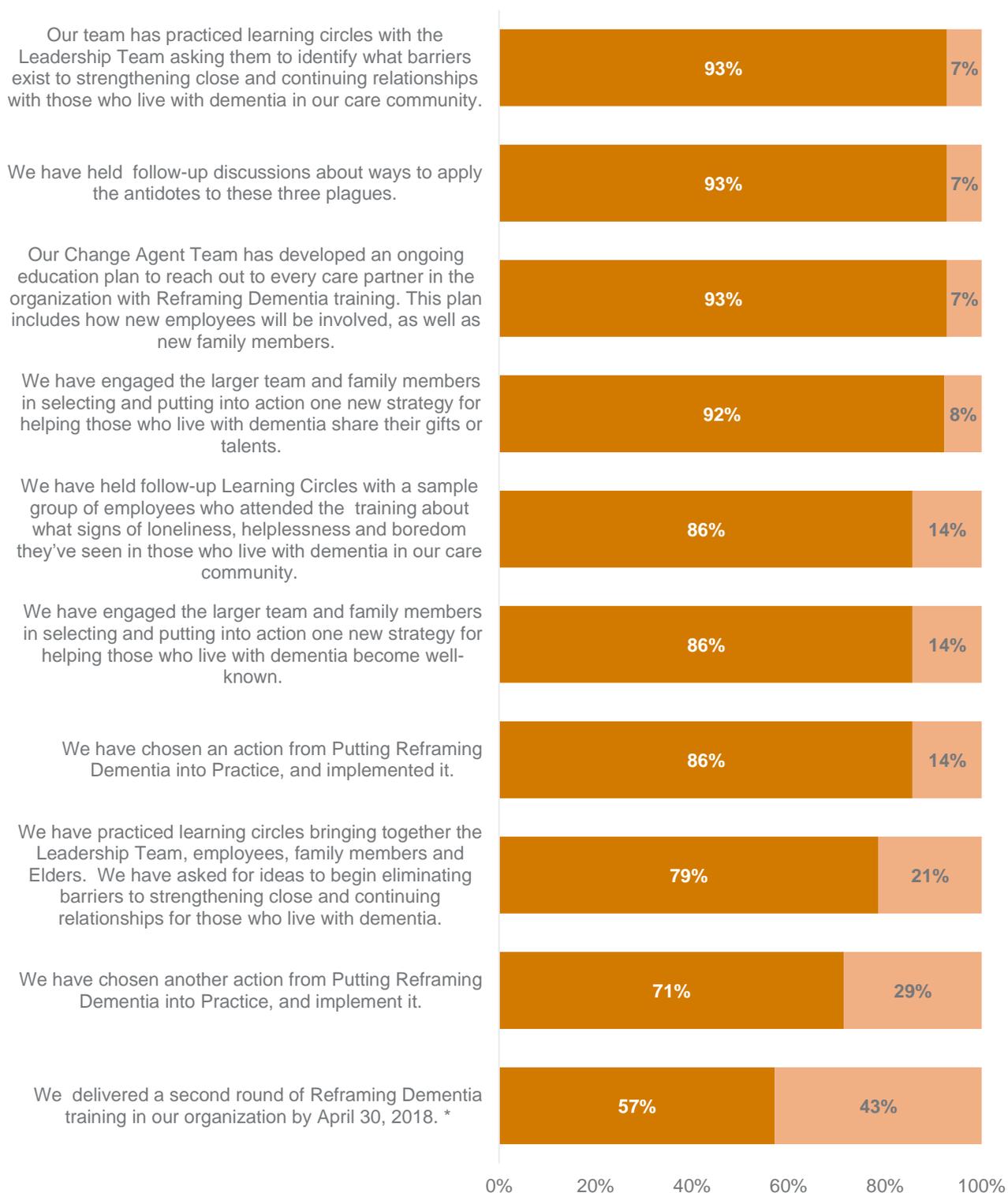
Implementation analysis in this project year involved two implementation assessment questionnaires administered at different times. There are up to two responses per organization for each questionnaire, with 13 unique organizations participating in this year’s evaluation of the implementation.

Summary	Total Respondents	Average % Yes (Average for all items on the assessment)
Implementation Assessment 1	10	73%
Implementation Assessment 2	14	84%

## Implementation Assessment 1



## Implementation Assessment 2



\* One organization explained they did not deliver a second round of training as they met their 25 people participation goal in a single round of training.

■ % Yes ■ % No

## Open-Ended Comments on Implementation Assessments

---

In addition to the structured questions reported above, the implementation assessments also included open-comment style questions. On implementation assessment #1, seven opportunities for follow-up comments were provided; one for each structured question asking for an example or details of how the preceding question was addressed in their organization. Between five and nine comments were left for each of these items, describing learning circles, conversations, events and actions.

The second implementation assessment asked a larger number of structured questions with one opportunity to share optional comments at the end of the assessment. Three participants provided comments on this assessment, one describing specific actions that are working in their organization, and two describing implementation details.



Report to the  
The Eden Alternative®

TEAC “Reframing Dementia through Person-Directed Practices” Project

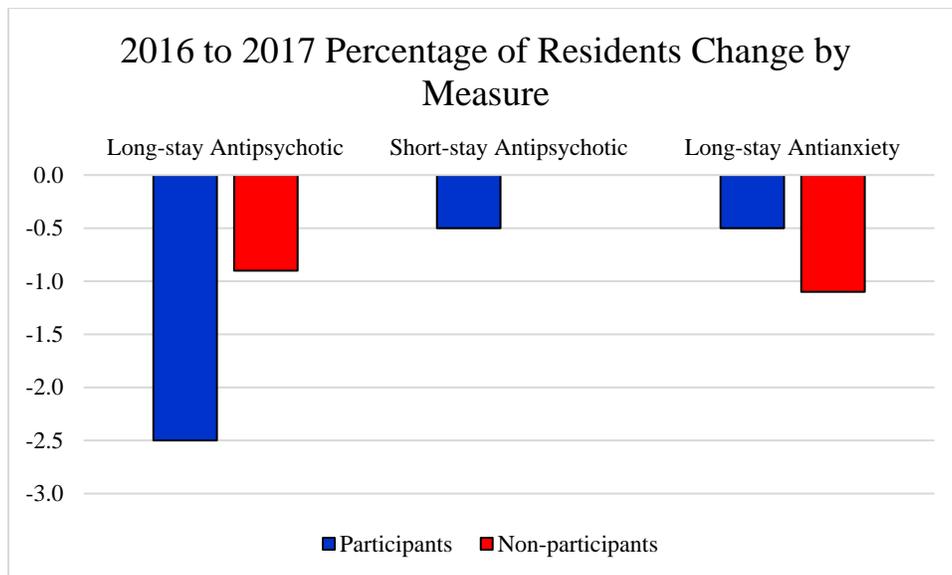
Amy E. Elliot, Ph.D.  
July 8th, 2018

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## Highlights

- *Percentage of Long-Stay Residents Who Received an Antipsychotic Medication* – Both Year One participants and non-participants achieved a significant reduction in the percentage of long-stay residents who received an antipsychotic medication from 2016 to 2017. The actual and relative change was higher for project participants and the difference-in-difference estimate was significant (indicating that project participants significantly reduced the four-quarter mean percentage of long-stay antipsychotic use more than non-participants for this measure).
- *Percentage of Short-Stay Residents Who Received an Antipsychotic Medication* – Only Year One participants achieved a significant reduction in the percentage of short-stay residents who received an antipsychotic medication from 2016 to 2017. In addition, the difference-in-difference estimate was significant (indicating that project participants significantly reduced the four-quarter average percentage of short-stay antipsychotic use more than non-participants for this measure). Note: Short-stay antipsychotic percentages are typically much lower than the other two measures. Hence, the -.5% change in the figure below is still significant.
- *Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication* - Both Year One participants and non-participants achieved a reduction in this measure from 2016 to 2017. The reduction was significant for non-participants only, and the difference-in-difference estimate was not significant.



## Data and Analysis

Data represent the following components as reported in the Centers for Medicare & Medicaid Services (CMS) Nursing Home Compare (NHC) dataset:

- Percentage of long-stay residents who received an antipsychotic medication;
- Percentage of long-stay residents who received an antianxiety or hypnotic medication; and
- Percentage of short-stay residents who newly received an antipsychotic medication.

NHC pulls this data from the Minimum Data Set 3.0 (MDS) Repository quarterly. Data in NHC are risk adjusted by CMS at the nursing home level using exclusions and resident-level adjustments. One limitation of NHC as a data source is a time lag of two to three quarters (depending on the time of the data

pull). However, NHC is often used by CMS to report reductions in the use of antipsychotics through the National Partnership to Improve Dementia Care (i.e., the limitation is an accepted industry standard).

Participation for Year One and Year Two of the project were coded in the CMS provider data. Year One (Q1-Q4 2016) and Year Two (Q1-Q4 2017) data were merged for longitudinal analysis. Given that a full year of Year One participation data was available as of June 2018, an analysis of 2016 to 2017 quality measures is included in this report. Specifically, the four-quarter average percentage (a Nursing Home Compare datapoint) from 2016 to 2017 was compared for each measure, as well as, the change from Q3 2016 to Q3 2017. To facilitate an accurate paired t-test comparison of means, only homes with data inputted for both the 2016 and 2017 timeframes for the four-quarter average and Q3 analysis were included. Homes with data missing due to “*the number of residents is too small to report*” or “*data for this measure is missing*” (as coded in NHC) were excluded for each analysis. Data is reported as 1) participants only; 2) participants compared to non-participants four-quarter average 2016 to 2017; and 3) participants compared to non-participants Q3 average 2016 to 2017. Significant differences are noted in each chart at the .05 and .01 levels. Data were also coded, codified and are displayed for the beginning of Year Two by participation level.

## Results

### Percentage of Long-Stay Residents Who Received an Antipsychotic Medication

*Note: \* indicates statistical significance at the .05 level and \*\* indicates statistical significance at the .01 level for the paired t-test of 2016- to 2017-antipsychotic rates*

*Participants Only:* Participants in Year One of the project achieved a reduction in the use of antipsychotic medication for long-stay residents as measured by the change to both the 4-quarter year-to-year average (significant at the .01 level) and the change to quarter 3 means year to year.

Table 1: Participants Long-Stay Antipsychotic Percentage 2016 to 2017

Year One Participants Long-stay Antipsychotic Measure	2016	2017	Change	Relative % Change <sup>1</sup>
Four Quarter Average	21.6	19.1	-2.5**	-11.6
Quarter 3	20.0	18.7	-1.3	-6.5

*Participants Compared to Non-Participants Four Quarter Average:* Non-participants in Tennessee also experienced a significant change from the 2016 to 2017 timeframe for the long-stay antipsychotic measure based on the 4-quarter average. However, the change was not as large or strong in significance when compared to participants. In addition, a difference-in-difference comparison<sup>2</sup> of changes from participants to non-participants was significant at the .05 level (indicating that the participants reduced the 4-quarter average percentage of long-stay anti-psychotic use more than non-participants for this measure).

<sup>1</sup> Relative % Change = (2017 % - 2016 %)/2016%

<sup>2</sup> Difference-in difference estimate = (Year One Participants 2017 % – Year One Participants 2016 %) – (Non-participant 2017 % – Non-participant 2016 %)

Table 2: Participants Compared to Non-Participants Long-Stay Antipsychotic Percentage Four Quarter Average

Year One Long-stay Antipsychotic Measure	# of providers	4-Quarter Avg. 2016	4-Quarter Avg. 2017	Change	Relative % Change
Participants	76	21.6	19.1	-2.5**	-11.6
Non-Participants	222	16.9	16.0	-.9*	-5.3
			Difference	-1.6*	

*Participants Compared to Non-Participants Quarter 3:* Non-participants in Tennessee also experienced a reduction from Quarter 3 2016 to Quarter 3 2017. However, the change was not statistically significant for either group based on the paired t-test comparison of means.

Table 3: Participants Compared to Non-Participants Long-Stay Antipsychotic Percentage Quarter 3

Year One Long-stay Antipsychotic Measure	# of providers	Q3 2016	Q3 2017	Change	Relative % Change
Participants	74	20.0	18.7	-1.3	-6.5
Non-Participants	205	17.3	16.3	-1	-5.8

### Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication

*Note: \* indicates statistical significance at the .05 level and \*\* indicates statistical significance at the .01 level for the paired t-test of 2016- to 2017-antipsychotic rates*

*Participants Only:* Participants in Year One of the project achieved a reduction in the use of antipsychotic medication for short-stay residents as measured by the change to both the 4-quarter year-to-year average (significant at the .05 level) and the change to quarter 3 means year to year.

Table 4: Participants Short-Stay Antipsychotic Percentage 2016 to 2017

Year One Participants Short-stay Antipsychotic Measure	2016	2017	Change	Relative % Change
Four Quarter Average	2.5	2.0	-.5*	-20.0
Quarter 3	2.4	2.0	-.4	-16.7

*Participants Compared to Non-Participants Four Quarter Average:* Non-participants in Tennessee with data inputted for both timeframes did not report a change to short-stay antipsychotic use from 2016 to 2017 based on the 4-quarter average. A comparison of changes from participants to non-participants was significant at the .05 level (indicating that the participants reduced the 4-quarter average percentage of short-stay anti-psychotic use more than non-participants for this measure).

Table 5: Participants Compared to Non-Participants Short-Stay Antipsychotic Percentage Four Quarter Average

Year One Short-stay Antipsychotic Measure	# of providers	4-Quarter Avg. 2016	4-Quarter Avg. 2017	Change	Relative % Change
Participants	74	2.5	2.0	-.5*	-20.0
Non-Participants	220	2.2	2.2	0	0
			Difference	-.5*	

*Participants Compared to Non-Participants Quarter 3 Means:* Non-participant providers in Tennessee with data inputted for both timeframes reported a reduction in this measure from Quarter 3 2016 to Quarter 3 2017. However, the change was not statistically significant for either group based on the paired t-test comparison of means.

Table 6: Participants Compared to Non-Participants Short-Stay Antipsychotic Percentage Quarter 3

Year One Short-stay Antipsychotic Measure	# of providers	Q3 2016	Q3 2017	Change	Relative % Change
Participants	68	2.4	2.0	-.4	-16.7
Non-Participants	198	2.3	2.1	-.2	-8.7

### Percentage of Long-Stay Residents Who Received an Antianxiety or Hypnotic Medication

*Note: \* indicates statistical significance at the .05 level and \*\* indicates statistical significance at the .01 level for the paired t-test of 2016- to 2017-antianxiety/hypnotic rates*

*Participants Only:* Participants in Year One of the project achieved non-significant reductions in the use of antianxiety or hypnotic medications for long-stay residents as measured by the change to both the 4-quarter year-to-year average and the change to quarter 3 means year to year.

Table 7: Participants Long-Stay Antianxiety or Hypnotic Percentage 2016 to 2017

Year One Antianxiety or Hypnotic Measure	2016	2017	Change	Relative % Change
Four Quarter Average	39.5	39.0	-.5	-1.5%
Quarter 3	39.3	38.8	-.5	-1.3%

*Participants Compared to Non-Participants Four Quarter Average:* Both project participants and non-participants reported a reduction in the mean percentage of anxiety or hypnotic medications from the 2016 to 2017 timeframe based on the 4-quarter average. The change was significant for non-participants. A comparison of changes from participants to non-participants was not significant (indicating the reductions from pre-to-post were not significantly different between groups for this measure).

Table 8: Participants Compared to Non-Participants Long-stay Anxiety or Hypnotic Percentage Four Quarter Average

Year One Antianxiety or Hypnotic Measure	# of providers	4-Quarter Avg. 2016	4-Quarter Avg. 2017	Change	Relative % Change
Participants	75	39.5	39.0	-.5	-1.5%
Non-Participants	222	36.4	35.3	-1.1*	-3.0%
			Difference	0.6	

*Participants Compared to Non-Participants Quarter 3:* Both participant and non-participant providers reported a reduction from Quarter 3 2016 to Quarter 3 2017. The change was not significant for either group.

Table 9: Participants Compared to Non-Participants Long-Stay Anxiety or Hypnotic Percentage Quarter 3

Year One Antianxiety or Hypnotic Measure	# of providers	Q3 2016	Q3 2017	Change	% Change
Participants	74	39.3	38.8	-.5	-1.3%
Non-Participants	206	36.7	35.6	-1.1	-3.0%

## Year Two Medication Quality Measures

The number of Tennessee nursing homes participating (or not participating) in the project as of October 2017 is as follows:

- 63 nursing homes participating in Year One (but not Year Two)
- 14 nursing homes participating in both years
- 44 nursing homes participating in the project beginning in Year Two (October 2017)
- 193 Tennessee nursing homes were not participating in the project in any year as of October 2017

The Year Three project report will analyze pre-to-post metrics with these codifications. In terms of homes newly starting in the project for Year Two, the chart below illustrates that, at the time of the Year Two training (September 2017), Year Two only participants reported *lower* mean percentages of long-stay residents that were receiving antipsychotic medications and *slightly higher* percentages of short-stay residents who had newly received antipsychotic medications (when compared to non-participants).

Table 10: Year Two Oct. 2017 Descriptive Statistics

Year 2 (Sept 2017)	Provider #	Long-stay Antipsychotic	Short-stay Antipsychotic	Antianxiety Hypnotic
Year One Participants Only	63	18.3	2.0	38.3
Year Two Participants Only	44	13.5	2.4	35.8
Both Year One and Year Two	14	22.8	2.2	41.1
Non-participants	193	16.5	2.1	35.4
All TN	314	16.7	2.1	36.4

## Limitations

Nursing homes without data available for both the 2016 and 2017 datapoints reported were not included in this summary. Although these homes were excluded from NHC primarily because the number of residents was too small for CMS to calculate the quality measure for the home (meaning fewer residents were represented in exclusions), the entire population of nursing homes in Tennessee is not represented. In addition, the complexity of nursing home environments and medication reductions requires more rigorous comparison studies that control for explanatory and confounding variables to attribute any causality from the project intervention to the reduced use of antipsychotic medications. Hence, this analysis is descriptive and high-level in nature.

**Roster for Knoxville, TN Event September 26, 2017, Jubilee Banquet Facility**  
**The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831**  
**Reframing Dementia Through Person-Directed Practice**

	Type	Status	Company	Name
1	Sep. 26th - Knoxville	Attended	Asbury Place of Maryville	Ailey, Annette
2	Sep. 26th - Knoxville	Attended	Asbury Place of Maryville	Barhite, Joanne
3	Sep. 26th - Knoxville	Attended	Asbury Place of Maryville	Hinkle, Angie
4	Sep. 26th - Knoxville	Attended	Asbury Place of Maryville	Sellers, Marsha
5	Sep. 26th - Knoxville	Attended	Beverly Park Health and Rehab	Epps, Joyce
6	Sep. 26th - Knoxville	Attended	Beverly Park Health and Rehab	Smith, Susan
7	Sep. 26th - Knoxville	Attended	Boulevard Terrace Rehabilitation and Nursing Center	Charles, Melissa
8	Sep. 26th - Knoxville	Attended	Boulevard Terrace Rehabilitation and Nursing Center	Crittendon, Courtney
9	Sep. 26th - Knoxville	Attended	Boulevard Terrace Rehabilitation and Nursing Center	Johnson, LaGarret
10	Sep. 26th - Knoxville	Attended	Boulevard Terrace Rehabilitation and Nursing Center	Lusk, Vicky
11	Sep. 26th - Knoxville	Attended	Cumberland Villages	Ireton, Bill
12	Sep. 26th - Knoxville	Attended	Ft. Sanders Nursing Home	Miller, Amy
13	Sep. 26th - Knoxville	Attended	Ft. Sanders Nursing Home	ODonnell, Kathleen
14	Sep. 26th - Knoxville	Attended	Ft. Sanders Nursing Home	Rhea, Melanie
15	Sep. 26th - Knoxville	Attended	Ft. Sanders Nursing Home	Rutherford, Evelyn
16	Sep. 26th - Knoxville	Attended	Ft. Sanders Nursing Home	White, Holly
17	Sep. 26th - Knoxville	Attended	Island Home Park Health and Rehab	Handy, Theresa
18	Sep. 26th - Knoxville	Attended	Island Home Park Health and Rehab	Lambert, Kayla
19	Sep. 26th - Knoxville	Attended	Island Home Park Health and Rehab	McAfee, Mary Ellen
20	Sep. 26th - Knoxville	Attended	Jefferson County Nursing Home	Denton, Denise
21	Sep. 26th - Knoxville	Attended	Jefferson County Nursing Home	Lovell, Allison
22	Sep. 26th - Knoxville	Attended	Jefferson County Nursing Home	Miley, Karissa
23	Sep. 26th - Knoxville	Attended	Life Care Center Red Bank	Phillips, Katherine
24	Sep. 26th - Knoxville	Attended	Life Care Center Red Bank	Wallis, Jamie
25	Sep. 26th - Knoxville	Attended	NHC Lewisburg	Fellows, Eve
26	Sep. 26th - Knoxville	Attended	NHC Lewisburg	Hubbard, Andrea
27	Sep. 26th - Knoxville	Attended	NHC Lewisburg	King, McKensie
28	Sep. 26th - Knoxville	Attended	NHC Lewisburg	Reel, Heather
29	Sep. 26th - Knoxville	Attended	NHC Maury Regional Transitional Care Center	Bowman, Shayna
30	Sep. 26th - Knoxville	Attended	NHC Maury Regional Transitional Care Center	Walker, Shelby
31	Sep. 26th - Knoxville	Attended	NHC Maury Regional Transitional Care Center	Wheeler, Warnita
32	Sep. 26th - Knoxville	Attended	NHC Place Sumner	Farmer-Hastings, Catie
33	Sep. 26th - Knoxville	Attended	NHC Place Sumner	Hastings, Katie
34	Sep. 26th - Knoxville	Attended	NHC Place Sumner	Mason, Leah Beth
35	Sep. 26th - Knoxville	Attended	NHC Place Sumner	Reed, Amy
36	Sep. 26th - Knoxville	Attended	Sevierville Health and Rehab	Campbell, Robin
37	Sep. 26th - Knoxville	Attended	Sevierville Health and Rehab	Lawhorn, Kellie
38	Sep. 26th - Knoxville	Attended	Sevierville Health and Rehab	Stewart, Jessica
39	Sep. 26th - Knoxville	Attended	Sevierville Health and Rehab	Varney, Corina
40	Sep. 26th - Knoxville	Attended	Signature Healthcare of Elizabethton	Brown, Stacy
41	Sep. 26th - Knoxville	Attended	Signature Healthcare of Elizabethton	Campbell, Roberta
42	Sep. 26th - Knoxville	Attended	Signature Healthcare of Elizabethton	Perry, Brittany
43	Sep. 26th - Knoxville	Attended	Signature Healthcare of Monteagle Rehab & Wellness Center	Griffith, Matthew
44	Sep. 26th - Knoxville	Attended	Signature Healthcare of Monteagle Rehab & Wellness Center	Haley, Norman
45	Sep. 26th - Knoxville	Attended	Signature Healthcare of Monteagle Rehab & Wellness Center	Haynes, Tonya
46	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rockwood	Bryant, Savannah
47	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rockwood	Cox, Brittany
48	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rockwood	Massey, Karen
49	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rockwood	Thompson, Dianna
50	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rogersville	Arrigo, Jewell
51	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rogersville	Davidson, Lisa
52	Sep. 26th - Knoxville	Attended	Signature HealthCare of Rogersville	McPeck, Belinda
53	Sep. 26th - Knoxville	Attended	Starr Regional Health & Rehab	Bain, Amber
54	Sep. 26th - Knoxville	Attended	Starr Regional Health & Rehab	Benson, Melissa
55	Sep. 26th - Knoxville	Attended	Starr Regional Health & Rehab	Clark, Amanda
56	Sep. 26th - Knoxville	Attended	Starr Regional Health & Rehab	Hudgins, Crystal
57	Sep. 26th - Knoxville	Attended	Summit View of Rocky Top	Donohue, Jaclyn
58	Sep. 26th - Knoxville	Attended	Summit View of Rocky Top	Phillips, Stacy
59	Sep. 26th - Knoxville	Attended	Summit View of Rocky Top	Quin, Cheryl
60	Sep. 26th - Knoxville	Attended	The Waters of Clinton	Hill, Chad
61	Sep. 26th - Knoxville	Attended	The Waters of Clinton	Moore, Tamatha
62	Sep. 26th - Knoxville	Attended	The Waters of Clinton	Pitts, Marcia
63	Sep. 26th - Knoxville	Attended	The Waters of Johnson City	Largent, Brittney
64	Sep. 26th - Knoxville	Attended	The Waters of Johnson City	Lindsey, Cystal
65	Sep. 26th - Knoxville	Attended	The Waters of Johnson City	Ward, Becky
66	Sep. 26th - Knoxville	Attended	The Waters of Winchester	Green, Kathleen

**Roster for Knoxville, TN Event September 26, 2017, Jubilee Banquet Facility**  
**The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831**  
**Reframing Dementia Through Person-Directed Practice**

67	Sep. 26th - Knoxville	Attended	The Waters of Winchester	Limbaugh, Tricia
68	Sep. 26th - Knoxville	Attended	The Waters of Winchester	Ray, Kristal
69	Sep. 26th - Knoxville	Attended	The Waters of Winchester	Stafford, Jennifer
70	Sep. 26th - Knoxville	Attended	Unicoi County Nursing Home	Baker, Deb
71	Sep. 26th - Knoxville	Attended	Unicoi County Nursing Home	Clinton, Sherry
72	Sep. 26th - Knoxville	Attended	Unicoi County Nursing Home	Wynn, Kassandra
73	Sep. 26th - Knoxville	Attended	Uplands Village	Cooper, Ester
74	Sep. 26th - Knoxville	Attended	Uplands Village	Crombie, Sherril
75	Sep. 26th - Knoxville	Attended	Uplands Village	Norris, Lisa
76	Sep. 26th - Knoxville	Attended	Uplands Village	Underwood, Tammie
77	Sep. 26th - Knoxville	Attended	West Hills Health and Rehab	Benn, Pat
78	Sep. 26th - Knoxville	Attended	West Hills Health and Rehab	Orrick, Joni
79	Sep. 26th - Knoxville	Attended	West Hills Health and Rehab	Vinsant, Debbie
80	Sep. 26th - Knoxville	Attended	White House Health Care	Davis, Emily
81	Sep. 26th - Knoxville	Attended	White House Health Care	Swindle, Leah
82	Sep. 26th - Knoxville	Attended	White House Health Care	Templeton, Chandra
1	Sep. 26th - Knoxville	No-show	Asbury Place Kingsport	Cochran, Norene
2	Sep. 26th - Knoxville	No-show	Asbury Place Kingsport	Green, Jessica
3	Sep. 26th - Knoxville	No-show	Asbury Place Kingsport	Pohto, Chrisite
4	Sep. 26th - Knoxville	No-show	Beverly Park Health and Rehab	Malone, David
5	Sep. 26th - Knoxville	No-show	Beverly Park Health and Rehab	Maples, Sandra
6	Sep. 26th - Knoxville	No-show	Boulevard Terrace Rehabilitation and Nursing Center	Doerr, Ruth
7	Sep. 26th - Knoxville	No-show	Life Care Center Red Bank	Finkle, Rebecca
8	Sep. 26th - Knoxville	No-show	NHC Place Sumner	Lawson, Robin
9	Sep. 26th - Knoxville	No-show	Signature Healthcare of Elizabethton	Hinshaw, Doug
10	Sep. 26th - Knoxville	No-show	Signature Healthcare of Putnam County	Cox, Melissa
11	Sep. 26th - Knoxville	No-show	Signature Healthcare of Putnam County	Dixon, Hannah
12	Sep. 26th - Knoxville	No-show	Signature Healthcare of Putnam County	McCawley, Emily
13	Sep. 26th - Knoxville	No-show	Signature HealthCare of Rogersville	Lawson, Carol
14	Sep. 26th - Knoxville	No-show	Standing Stone Care & Rehab	Choate, Mag
15	Sep. 26th - Knoxville	No-show	Standing Stone Care & Rehab	Cooke, Dani
16	Sep. 26th - Knoxville	No-show	Standing Stone Care & Rehab	O'Keefe, Nosh
17	Sep. 26th - Knoxville	No-show	Standing Stone Care & Rehab	Walker, Charlotte
18	Sep. 26th - Knoxville	No-show	Unicoi County Nursing Home	Nelson, Angie
19	Sep. 26th - Knoxville	No-show	Westmoreland Health & Rehab	Jones, Jodie
20	Sep. 26th - Knoxville	No-show	Westmoreland Health & Rehab	Maddox, Peggy
21	Sep. 26th - Knoxville	No-show	Westmoreland Health & Rehab	Martindale, Tim
22	Sep. 26th - Knoxville	No-show	White House Health Care	Dixon, Terri

**Roster for Jackson, TN Event September 28, 2017, DoubleTree by Hilton Hotel Jackson**

The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831

Reframing Dementia Through Person-Directed Practice

Type	Status	Company	Name	
1	Sept. 28th - Jackson, TN	Attended	Adamsville Healthcare	Brown, Laura
2	Sept. 28th - Jackson, TN	Attended	Ahava Healthcare of Clarksville	Bozeman, Angela
3	Sept. 28th - Jackson, TN	Attended	Ahava Healthcare of Clarksville	Gayheart, Brandy
4	Sept. 28th - Jackson, TN	Attended	Ahava Healthcare of Clarksville	Horsey, Niki
5	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Hall, Judy
6	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Johnson, Chowanda
7	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Morton, Margaret
8	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Pafford, Kirk
9	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Patterson, Paulette
10	Sept. 28th - Jackson, TN	Attended	Allen Morgan Health and Rehab	Wages, Wanda
11	Sept. 28th - Jackson, TN	Attended	Bells Nursing and Rehabilitation Center	Brown, Jennifer
12	Sept. 28th - Jackson, TN	Attended	Bells Nursing and Rehabilitation Center	Lovelace, Paula
13	Sept. 28th - Jackson, TN	Attended	Bells Nursing and Rehabilitation Center	Williams, Jennifer
14	Sept. 28th - Jackson, TN	Attended	Bethany Center For Rehabilitation and Healing	Higman, Jennifer
15	Sept. 28th - Jackson, TN	Attended	Bethany Center For Rehabilitation and Healing	Johnson, Brenda
16	Sept. 28th - Jackson, TN	Attended	Bright Glade Health and Rehabilitation	Davis, Hannah
17	Sept. 28th - Jackson, TN	Attended	Bright Glade Health and Rehabilitation	Murphy-Walker,
18	Sept. 28th - Jackson, TN	Attended	Concordia Nursing & Rehab - Smith county	Gay, Illisa
19	Sept. 28th - Jackson, TN	Attended	Concordia Nursing & Rehab - Smith county	March, Heather
20	Sept. 28th - Jackson, TN	Attended	Concordia Nursing & Rehab - Smith county	Shrum, Mandy
21	Sept. 28th - Jackson, TN	Attended	Dickson Health and Rehab	Hafley, Tami
22	Sept. 28th - Jackson, TN	Attended	Dickson Health and Rehab	Newberry, Lisa
23	Sept. 28th - Jackson, TN	Attended	Dickson Health and Rehab	Parker, Kim
24	Sept. 28th - Jackson, TN	Attended	Dickson Health and Rehab	Rayburn, Jamie
25	Sept. 28th - Jackson, TN	Attended	Grace Healthcare of Cordova	Holmes, Crystal
26	Sept. 28th - Jackson, TN	Attended	Grace Healthcare of Cordova	Quinley, Patricia
27	Sept. 28th - Jackson, TN	Attended	Grace Healthcare of Cordova	Russell, Racine
28	Sept. 28th - Jackson, TN	Attended	Harbert Hills Academy Nursing Home	Foster, Jeri
29	Sept. 28th - Jackson, TN	Attended	Harbert Hills Academy Nursing Home	Garrison, Janet
30	Sept. 28th - Jackson, TN	Attended	Harbert Hills Academy Nursing Home	Howard, Amy
31	Sept. 28th - Jackson, TN	Attended	Harbert Hills Academy Nursing Home	Moon, Kathy
32	Sept. 28th - Jackson, TN	Attended	Hardin Medical Center Health and Rehabilitation	Anderson, Shannon
33	Sept. 28th - Jackson, TN	Attended	Hardin Medical Center Health and Rehabilitation	Overton, Allison
34	Sept. 28th - Jackson, TN	Attended	Highlands of Dyersburg	Buchanan, Pamela
35	Sept. 28th - Jackson, TN	Attended	Highlands of Dyersburg	Hughes, Georgia
36	Sept. 28th - Jackson, TN	Attended	Hillcrest Healthcare	Anderson, Teresa
37	Sept. 28th - Jackson, TN	Attended	Hillcrest Healthcare	Bryant, Marcella
38	Sept. 28th - Jackson, TN	Attended	Hillcrest Healthcare	Buttrey, Jana
39	Sept. 28th - Jackson, TN	Attended	Hillcrest Healthcare	Jackson, Crystal
40	Sept. 28th - Jackson, TN	Attended	Lakeshore Meadows	Cormier, Kathleen
41	Sept. 28th - Jackson, TN	Attended	Lakeshore Meadows	Newsom, Joslyn
42	Sept. 28th - Jackson, TN	Attended	Lakeshore Meadows	Pardue, Rebecca
43	Sept. 28th - Jackson, TN	Attended	NHC Dickson	Davidson, Amanda
44	Sept. 28th - Jackson, TN	Attended	NHC Dickson	Hudson, Jessica
45	Sept. 28th - Jackson, TN	Attended	NHC Dickson	Scott, Amy
46	Sept. 28th - Jackson, TN	Attended	NHC Healthcare Milan	Barbee, Devin
47	Sept. 28th - Jackson, TN	Attended	NHC Healthcare Milan	Cornelison, Erica
48	Sept. 28th - Jackson, TN	Attended	NHC Healthcare Milan	Keeton, Debra
49	Sept. 28th - Jackson, TN	Attended	NHC Healthcare Milan	Mazakis, Erin
50	Sept. 28th - Jackson, TN	Attended	NHC Pulaski	Clark, Lora
51	Sept. 28th - Jackson, TN	Attended	NHC Pulaski	Daniels, Lawanda
52	Sept. 28th - Jackson, TN	Attended	NHC Pulaski	Gavin, Traci
53	Sept. 28th - Jackson, TN	Attended	NHC Pulaski	Lozekar, Misty

**Roster for Jackson, TN Event September 28, 2017, DoubleTree by Hilton Hotel Jackson**

The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831

**Reframing Dementia Through Person-Directed Practice**

54	Sept. 28th - Jackson, TN	Attended	NHC Somerville	Burns, Bett
55	Sept. 28th - Jackson, TN	Attended	NHC Somerville	Cox, Darleen
56	Sept. 28th - Jackson, TN	Attended	NHC Somerville	Manning, Teena
57	Sept. 28th - Jackson, TN	Attended	NHC Springfield	Barnett, Tabitha
58	Sept. 28th - Jackson, TN	Attended	NHC Springfield	Murphy, Karly
59	Sept. 28th - Jackson, TN	Attended	Poplar Oaks Nursing Home	Hardeman, Russell
60	Sept. 28th - Jackson, TN	Attended	Poplar Oaks Nursing Home	Herron, Jessica
61	Sept. 28th - Jackson, TN	Attended	Poplar Oaks Nursing Home	Lockett, Nathaniel
62	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Columbia	Hightower, Nicole
63	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Columbia	King, Courtney
64	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Columbia	Underwood, Tammy
65	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Erin	Imbush, Ladonna
66	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Erin	Mitchell, Janie
67	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Erin	Steppee, Jackie
68	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Erin	Wann, Lesley
69	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Portland	Minix, Shenna
70	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Portland	Vaughn, Heather
71	Sept. 28th - Jackson, TN	Attended	Signature Healthcare of Primacy	Bond, Irene
72	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Ridgely Rehab and Wellness Center	Burkett, Stephanie
73	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Ridgely Rehab and Wellness Center	Lecornu, Tabitha
74	Sept. 28th - Jackson, TN	Attended	Signature HealthCARE of Ridgely Rehab and Wellness Center	Moore, Deanna
75	Sept. 28th - Jackson, TN	Attended	St. Clare Health and Rehab	Hamilton, Linda
76	Sept. 28th - Jackson, TN	Attended	St. Clare Health and Rehab	Lowe, Monica
77	Sept. 28th - Jackson, TN	Attended	St. Clare Health and Rehab	Moore, Natasha
78	Sept. 28th - Jackson, TN	Attended	St. Clare Health and Rehab	Stevenson, Pamela
79	Sept. 28th - Jackson, TN	Attended	The King's Daughters and Sons Home	Jolly, Katie
80	Sept. 28th - Jackson, TN	Attended	The King's Daughters and Sons Home	Potts, Mia
81	Sept. 28th - Jackson, TN	Attended	The Waters of Robertson	McCoy, Torah
82	Sept. 28th - Jackson, TN	Attended	The Waters of Robertson	Stewart, Amanda
83	Sept. 28th - Jackson, TN	Attended	The Waters of Springfield	Dennison, John
84	Sept. 28th - Jackson, TN	Attended	The Waters of Springfield	Dobbs, Marion
85	Sept. 28th - Jackson, TN	Attended	The Waters of Springfield	Hinkle, Rita
86	Sept. 28th - Jackson, TN	Attended	The Waters of Springfield	Williams, Belinda
87	Sept. 28th - Jackson, TN	Attended	The Waters of Union City	Gill, Stacie
88	Sept. 28th - Jackson, TN	Attended	The Waters of Union City	Jackson, Wilma
89	Sept. 28th - Jackson, TN	Attended	The Waters of Union City	Love, Andrea
90	Sept. 28th - Jackson, TN	Attended	The Waters of Union City	Lowery, Beverly
91	Sept. 28th - Jackson, TN	Attended	Vanco Manor Nursing and Rehabilitation Center, Inc.	Hoosier, Christie
92	Sept. 28th - Jackson, TN	Attended	Vanco Manor Nursing and Rehabilitation Center, Inc.	Shearer, Chalyndria
93	Sept. 28th - Jackson, TN	Attended	Vanco Manor Nursing and Rehabilitation Center, Inc.	Williams, Lisa
94	Sept. 28th - Jackson, TN	Attended	W D Bill Manning Tennessee State Veterans Home	Bailey, Regina
95	Sept. 28th - Jackson, TN	Attended	W D Bill Manning Tennessee State Veterans Home	Riley, Darin
96	Sept. 28th - Jackson, TN	Attended	W D Bill Manning Tennessee State Veterans Home	Shivers, Mary
97	Sept. 28th - Jackson, TN	Attended	Weakley County Rehab and nursing Center	Brooker, Rebecca
98	Sept. 28th - Jackson, TN	Attended	Weakley County Rehab and nursing Center	Cavin, Adam
99	Sept. 28th - Jackson, TN	Attended	Weakley County Rehab and nursing Center	Martin, Gaberiel
100	Sept. 28th - Jackson, TN	Attended	Weakley County Rehab and nursing Center	Skinner, Neva
101	Sept. 28th - Jackson, TN	Attended	Westmoreland Care and Rehab	Spears, Lashell
1	Sept. 28th - Jackson, TN	No-show	Adamsville Healthcare	Hope, Amanda
2	Sept. 28th - Jackson, TN	No-show	Adamsville Healthcare	McMurray, Christy
3	Sept. 28th - Jackson, TN	No-show	Bells Nursing and Rehabilitation Center	Park, Seleena
4	Sept. 28th - Jackson, TN	No-show	Bright Glade Health and Rehabilitation	Richardson, Mechelle
5	Sept. 28th - Jackson, TN	No-show	Concordia Nursing & Rehab - Smith county	Asermily, Rachael

**Roster for Jackson, TN Event September 28, 2017, DoubleTree by Hilton Hotel Jackson**  
**The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831**  
**Reframing Dementia Through Person-Directed Practice**

6	Sept. 28th - Jackson, TN	No-show	Harbor View Nursing and Rehabilitation Center/ THM	Boyce, Angie
7	Sept. 28th - Jackson, TN	No-show	Harbor View Nursing and Rehabilitation Center/ THM	Collins, Beatrice
8	Sept. 28th - Jackson, TN	No-show	Harbor View Nursing and Rehabilitation Center/ THM	Motley, Sue
9	Sept. 28th - Jackson, TN	No-show	Hardin Medical Center Health and Rehabilitation	Holloway, Jacob
10	Sept. 28th - Jackson, TN	No-show	Highlands of Dyersburg	Moore, Charles
11	Sept. 28th - Jackson, TN	No-show	Nashville Metro Health and Rehabilitation	Garrard, Mariesha
12	Sept. 28th - Jackson, TN	No-show	Nashville Metro Health and Rehabilitation	Garrison, Cherry
13	Sept. 28th - Jackson, TN	No-show	Nashville Metro Health and Rehabilitation	Glenn-Burnett, Sandra
14	Sept. 28th - Jackson, TN	No-show	NHC Springfield	Ellis, Torey
15	Sept. 28th - Jackson, TN	No-show	Signature HealthCARE of Portland	Mcchurch, Connor
16	Sept. 28th - Jackson, TN	No-show	Tennessee State Veterans Homes Murfreesboro	Bates, Melanie
17	Sept. 28th - Jackson, TN	No-show	Tennessee State Veterans Homes Murfreesboro	Carr, Betty
18	Sept. 28th - Jackson, TN	No-show	Tennessee State Veterans Homes Murfreesboro	Marsteller, Tracy
19	Sept. 28th - Jackson, TN	No-show	The King's Daughters and Sons Home	Wiles, Nicole
20	Sept. 28th - Jackson, TN	No-show	The Waters of Gallatin	Ashworth, Tina
21	Sept. 28th - Jackson, TN	No-show	The Waters of Gallatin	Harper, Linda
22	Sept. 28th - Jackson, TN	No-show	The Waters of Gallatin	Hoskins, Christy
23	Sept. 28th - Jackson, TN	No-show	The Waters of Robertson	Dukes, Shelia
24	Sept. 28th - Jackson, TN	No-show	Vanco Manor Nursing and Rehabilitation Center, Inc.	Garcia, Melissa

**Appendix D**

**Projected Vs. Actual Costs**

7/1/2017 - 6/30/2018

**The Tennessee Eden Alternative Coalition, CMS Project Number 2015-04-TN-0831**

**Reframing Dementia Through Person-Directed Practices**

*Note: 1/2 Day Event was replaced by an online webinar event.*

<b>PROFESSIONAL FEE/ GRANT &amp; AWARD</b>	<b>YEAR 2 BUDGET</b>	<b>ACTUAL</b>	<b>VARIANCE</b>
2 Lead Trainers for in-person training: 8 hours@150/hour/pp x 2 Trainers x 2 events	\$ 4,800.00	\$ 4,800.00	\$ -
6 Facilitators for In-Person Training: 8 hours@\$75/hour/pp x 6 Facilitators x 2 events	\$ 7,200.00	\$ 6,400.00	\$ 800.00
Virtual Gatherings- Dr. Al Power- \$500/hr x 1.5 hours x 2 events	\$ 1,500.00	\$ 1,500.00	\$ -
Medical Directors Webinar- Presentation	\$ 1,250.00	\$ 1,250.00	\$ -
Facilitator Fee for 1/2 day event (largest operators)	\$ 600.00	\$ 600.00	\$ -
Support Staff for on-site event management for 1 day event	\$ 1,000.00	\$ 1,000.00	\$ -
Support Staff for on-site event management for 1/2 day event (largest operators)	\$ 500.00	\$ 200.00	\$ 300.00
Data Entry Contracted for Survey input	\$ 330.00	\$ 130.35	\$ 199.65
Project Administration	\$ 6,000.00	\$ 6,000.00	\$ -
Telemarketing for Recruitment	\$ 1,000.00	\$ 1,000.00	\$ -
Partner Support for Recruitment	\$ 5,000.00	\$ 3,500.00	\$ 1,500.00
Project Evaluation Process (NRC)	\$ 8,514.00	\$ 8,513.33	\$ 0.67
Project Evaluation Process (Amy Elliot)	\$ 1,667.00	\$ 1,667.00	\$ -
<b>PROFESSIONAL FEE/ GRANT &amp; AWARD TOTAL</b>	<b>\$ 39,361.00</b>	<b>\$ 36,560.68</b>	<b>\$ 2,800.32</b>

<b>TRAVEL/ CONFERENCES &amp; MEETINGS</b>			
Food/Beverage for in-person training- \$40/person x 200 attendees x 2 events	\$ 16,000.00	\$ 6,598.78	\$ 9,401.22
Snack/Coffee for 1/2 day event- \$20/person x 60 (largest operators)	\$ 1,200.00	\$ 0.00	\$ 1,200.00
Venue- one day event: \$1,500/event x 2 events	\$ 3,000.00	\$ 600.00	\$ 2,400.00
Venue- 1/2 Day event (largest operators)	\$ 1,500.00	\$ 0.00	\$ 1,500.00
AV- one day event: \$1500 x 2 events	\$ 3,000.00	\$ 780.00	\$ 2,220.00
AV- 1/2 Day Event (largest operators)	\$ 1,000.00	\$ 0.00	\$ 1,000.00
Travel for 2 lead trainers- \$1,000 per person- 2 events	\$ 4,000.00	\$ 2,183.39	\$ 1,816.61
Travel for 6 facilitators- \$800 per person- 2 Events	\$ 9,600.00	\$ 696.56	\$ 8,903.44
Travel for two support staff for in person training	\$ 4,000.00	\$ 1,249.64	\$ 2,750.36
Travel for Facilitator and 1 support staff for 1/2 Day Event (largest operators)	\$ 2,000.00	\$ 0.00	\$ 2,000.00
<b>TRAVEL/ CONFERENCES &amp; MEETINGS TOTAL</b>	<b>\$ 45,300.00</b>	<b>\$ 12,108.37</b>	<b>\$ 33,191.63</b>

<b>SUPPLIES</b>			
In-Person Training/ Registration supplies	\$ 1,160.00	\$ 3,238.82	\$ (2,078.82)
Training Material- Handouts/info for 1/2 day event 60 x \$46 each (largest operators)	\$ 2,760.00	\$ -	\$ 2,760.00
1/2 day event- registration/training supplies (largest operators)	\$ 225.00	\$ -	\$ 225.00
Training Material- Training Kits, \$475/kit Y2 = 55 kits	\$ 40,926.67	\$ 26,125.00	\$ 14,801.67
<b>SUPPLIES TOTAL</b>	<b>\$ 45,072.00</b>	<b>\$ 29,363.82</b>	<b>\$ 15,708.18</b>

<b>POSTAGE &amp; SHIPPING</b>			
Fulfillment- Assembly, packing, shipping of training kits and onsite training materials	\$ 1,040.00	\$ 1,038.68	\$ 1.32
Fulfillment- Materials, printing, packing, shipment of training materials for 1/2 day event	\$ 75.00	\$ -	\$ 75.00
<b>POSTAGE &amp; SHIPPING TOTAL</b>	<b>\$ 1,115.00</b>	<b>\$ 1,038.68</b>	<b>\$ 76.32</b>

**TOTAL REQUEST \$ 130,848.00 \$ 79,071.55 \$ 51,776.45**

<b>IN-KIND</b>			
In-person training: \$275/pp x 200 attendees x 2 events/year	\$ 110,000.00	\$ 50,875.00	\$ 59,125.00
Kit discount 599-cost of kit (delta of regular cost minus discounted cost)	\$ 12,400.00	\$ 6,820.00	\$ 5,580.00
<b>TOTAL IN-KIND EXPENSE</b>	<b>\$ 122,400.00</b>	<b>\$ 57,695.00</b>	<b>\$ 64,705.00</b>

**TOTAL PHASE II \$ 253,248.00 \$ 136,766.55 \$ 116,481.45**