CIVIL MONEY PENALTY (CMP) FUNDED PROJECT

FINAL REPORT

Grantee

Lutheran Homes
of
Oshkosh, Inc

Project Title

Namaste Care

Award Amount

$80,000

Grant Period

12/01/2014 - 11/30/2015

Additional Information and Resources

Department of Health Services / Division of Quality Assurance
Quality Assurance and Improvement Committee

This project report has been prepared by the author under a research grant from the Department of Health Services (DHS) Quality Assurance and Improvement Committee. The views expressed in the report/training are personal to the author and do not necessarily reflect the view of the Department of Health Services or any of its staff and do not bind the Department in any manner.

F-01593 (08/2015)

SERVING ALL FAITHS

Lutheran Homes of Oshkosh, Inc.

225 North Eagle Street · Oshkosh, WI · 54902-4125

P (920) 235-3454 · F (920) 235-3644 · www.lutheranhomes.com

January 22, 2016

Ms. Pat Benesh
Division of Quality Assurance
Wisconsin DHS
PO Box 2969
Madison, Wisconsin 53701-2969

Final Report - Namaste Care Grant Agreement

Dear Ms. Benesh:

Discouragement marks her face.
Conversation is offered with no success.
Lotion is massaged into her hands.
She continues to gaze straight ahead.
It appears to be a vacant stare.
Where is she I wonder?
Then, there it is, feeble at first, but growing stronger.
Soon she takes both of my hands into hers and massages my hands ... firm ... strong ... in rhythm.
Amid the silence there is deep communication.

This is only one of many special moments of connection and joy made possible by the DHS-DQA funding of the Namaste Care Program. Together, we helped persons with severe and terminal dementia experience a better quality of life.

Attached please find the final report including the Executive Summary of Namaste Care Research Findings and fourth quarter reimbursement request in the amount of $20,240 which fully expends the grant of $80,000.

Regarding a Namaste Care Program Manual, Lutheran Homes recommends interested parties obtain The End-of-Life Namaste Care Program for People with Dementia book by Joyce Simard. The book explains Namaste Care and provides detailed recommendations for implementing the program. Appendixes include comprehensive lists for nursing and activity supplies, a program checklist, etc.

If you have any questions or further information is required, please contact me at 920.232.5228 or tbertram@lutheranhomes.com.

Thank you.

Sincerely,

Theresa M. Bertram
President/Chief Executive Officer

Attachments

GRANT AGREEMENT

This grant agreement is entered into for the period of December 1, 2014 through November 30, 2015, by and between the State of Wisconsin represented by its Department of Health Services on behalf of the Division of Quality Assurance (DQA), whose principal address is 1 West Wilson Street, Room 450, Madison, Wisconsin 53703, hereinafter referred to as GRANTOR, and Lutheran Homes of Oshkosh, Inc. whose principal business address is 225 North Eagle Street, Oshkosh, Wisconsin 54902-4125, hereinafter referred to as GRANTEE.

FINAL REPORT

I. Program Goals: Grantee will amplify Namaste Care program successes, research and measure outcomes of the program, and promote development of Namaste Care programs in other Wisconsin nursing homes.

A. Amplify Namaste Care Program Successes

Recruited and hired Namaste Care Leader to oversee Namaste Careprogram, expand program offerings, and serve as an expert resource for communities considering implementation of Namaste Care. Given the significance of the Namaste Care program for participants and successes of Chaplain Nancy Twichell, Namaste Care Leader, Lutheran Homes has committed to funding the position on an ongoing basis.

Expanded Namaste Care program to Serenity Garden, Bethel Home's 25-bed unit providing specialized care for persons living with dementia.

Namaste Care program training was added to the general employee orientation for Bethel Home (128-bed skilled nursing facility). Training regarding the Namaste Care program was also provided to volunteers, social services workers, and chaplain interns. Continue collaboration with staff on how to best incorporate Namaste Care into the Green House Home model of skilled nursing care.

Namaste Care program presentation was made to a local hospice organization.

Every semester, nursing students from UWO College of Nursing visit Bethel Home, tour the Namaste Care room, interact with participants, and learn about the program.

B. Research and Measure Quantitative and Qualitative Outcomes of the Program

Persons with severe and terminal dementia will experience a better quality of life.
Qualitative Research: Confirmed

Participating in Namaste Care will improve the quality of visits with family members and friends.
Qualitative Research: Confirmed

Participants will improve therapeutically.

- Decreases in inappropriate or challenging behaviors
  Quantitative Research: Not evidenced by research*
  Qualitative Research: Confirmed
- Reduction or elimination of antipsychotic medications
  Quantitative Research: Not evidenced by research
  Qualitative Research: Not applicable
- Decreased level of anxiety and depression
  Quantitative Research: Not evidenced by research
  Qualitative Research: Confirmed
- Reduction or elimination of anti-anxiety medication and antidepressants
  Quantitative Research: Not evidenced by research
  Qualitative Research: Not applicable
- Decreased level of pain
  Quantitative Research: Not evidenced by research
  Qualitative Research: Confirmed
- Reduction or elimination of pain medications
  Quantitative Research: Not evidenced by research
  Qualitative Research: Not applicable

*Research was limited by the small sample of participants, disease progression during evaluation period, and format of MDS data.

C. Promote Development of Namaste Care Programs in Other Wisconsin Nursing Homes

Namaste Care Leader, Vice President of Health Care Services, and Director of Nursing visited with their counterparts at the Wisconsin Veterans Home at King to discuss the recent implementation of Namaste Care at their facility. King's team visited Lutheran Homes several times to seek counsel on implementing the program. Namaste Care has been successfully launched at King.

Hosted Administrator Intern from Brewster Village and provided an overview of Namaste Care as well as, an opportunity to directly observe care and interact with elders participating in the program.

Presented Namaste Care program at the LeadingAge Wisconsin annual meeting and Pioneer Network International Conference.

Namaste Care and Cycling Without Age programs were presented at a webinar for participants of the Music and Memory Program (Wisconsin) in October. Programs were presented at the Wisconsin Department of Health Services Demenita-Capable WI Initiative regional meeting and on exhibit at the DHS FOCUS 2015 conference in November.

Further promulgation of the Namaste Care program includes submitting a proposal to LeadingAge Wisconsin to present quantitative and qualitative research findings at the next annual meeting.

II. Scope of Work

A. Recruit and hire staff position to Namaste Care, expand program offerings, and serve as expert resource for communities considering implementation of Namaste Care. Complete and ongoing

B. Subcontract with the University of Wisconsin Oshkosh, College of Nursing (UWO CON) to conduct quantitative and qualitative outcomes of the Namaste Care program. Complete

C. Assure UWO CON understands and complies with all terms and conditions of this agreement as an approved subcontractor. Complete

D. Secure all necessary rights and permission from Namaste Care to complete the work identified in this grant agreement. Complete

III. Targeted Participants

A. Participation in this program will be open to nursing home residents with severe and terminal dementia. Fulfilled

B. Funding of this program does not allow participation of individuals whose primary affiliation is anything other than nursing home facilities. Fulfilled

IV. Deliverables

A. Fill a dedicated staff position to oversee Namaste Care. Complete

B. Submit written articles and abstracts of research results to a minimum of two professional journals. Pending submission by UWO CON researchers. Dissemination plans include manuscript submission to *Geriatric Nursing*, podium presentation abstracts to the Gerontological Society of America 2016 annual meeting, Midwest Geriatric Nurses Regional Meeting, American Society on Aging annual meeting, the Midwest Nurses Research Society annual meeting, and an international professional venue to be identified.

C. Submit the Namaste Care program as possible topics for meeting and conferences targeted toward Wisconsin nursing home providers. Complete and ongoing

D. Share Namaste Care program expertise and be available for site visits by providers and regulators from across the State of Wisconsin. Complete and ongoing

V. Reporting

A. Progress reports describing the status of the scope of work will be due to the DQA Grant Administrator no more than 30 days after completion of each quarter of the grant. Complete with the submission of this report

B. A final report, due to the DQA Grant Administrator no more than 60 days after the termination of the agreement, will summarize the findings of program research. Complete with the submission of this report

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Operational Lessons Learned

Space identified for the first expansion of Namaste Care to Serenity Garden was too small. Most of the resources invested in the renovation were recouped by the reuse of furnishings and equipment.

Preparing this report, we realized additional emphasis should be placed on educating our team about Namaste Care, the opportunities, and successes.

Looking back, increased attention should have been placed on the engagement of staff in Namaste Care. On occasion, staff members feel as if providing care in the Namaste room competes with their routine duties. Efforts to address this challenge are underway.

Developing volunteers and increasing their presence in the program are opportunities currently being explored. In consultation with other nursing homes, we would encourage the implementation of a robust volunteer program much earlier in the process.

Namaste Care Program – Observations

Elders participating in Namaste Care form a community and develop meaningful relationships with one another.

As detailed in the qualitative research findings, the Namaste Care program benefits extend to family members and staff.

The Namaste Care program room is located near the therapy room. As a result, therapy staff began providing therapy for some of the residents participating in Namaste Care. Staff has noted participation in therapy and outcomes are noticeably improved.

Namaste Care principles readily translate into best practices in nursing home care. Providing individualized attention, slowing down interactions to lessen stress and anxiety, being present to extraordinary moments, becoming attuned to our elders and their preferences, creating the conditions for elders to enjoy life on their own terms, and so many other aspects of the Namaste Care program provide the foundation for person-centered care. In an effort to expand Namaste Care strategies, Lutheran Homes will be offering training on person-centered care for all of its Bethel Home employees (approximately 170) beginning later this month.

Executive Summary of Namaste Care ™ Program Research Findings

University of Wisconsin College of Nursing
Paula McNiel DNP, RN, APHN-BC, Researcher
Judith Westphal PhD, RN, NE-BC, Researcher
January 2016

Lutheran Homes of Oshkosh introduced the Namaste Care ™ program at Bethel Home (128-bed skilled nursing facility) to enhance the quality of life for persons living with severe and terminal dementia in February 2014.

Subsequent to obtaining approval by the Institutional Review Board, University of Wisconsin College of Nursing researchers analyzed the effectiveness of the Namaste Care™ program.

Quantitative research consisted of secondary data analysis from existing resident records. Baseline data was collected prior to the start of Namaste Care™ and quarterly using the Minimum Data Set (MDS) form. Areas reviewed included age, gender, ethnicity, cognitive patterns, mood, behavior, functional status, active diagnoses, health conditions, and medications. Nursing and Chaplain notes related to Namaste Care interactions were also reviewed. Research focused on a 15 month period of time. Baseline data was obtained from the fourth quarter of 2013. Initially 18 residents were participating in the program, over the course of 15 months an additional 33 residents were introduced to the program some which participated only intermittently. Participants were predominantly 80 years old or older, white females who had been living at Bethel Home for one to four years. During the study 11 participants died and 1 transferred to another facility. At the end of the study, 23 residents were routinely participating in the Namaste Care™ program. Researchers conducted an extensive review of MDS records. No significant findings were noted. Research was limited by the small sample of participants, disease progression during evaluation period, and format of MDS data. Research recommendations include designing a new tool for Namaste Care ™ program measurement.

Qualitative research consisted of interviews with 15 individuals over a period of three weeks. Interviews were conducted with nurses, certified nursing assistants, rehabilitation therapists, clergy and family members. Interviews were transcribed verbatim. Using an iterative approach researchers reviewed the comments made by interviewees. Each researcher reviewed the comments independently and then jointly, researchers compared notes to identify areas of common agreement. Areas of disagreement were reviewed and discussed by researchers. Researchers identified six overall themes in the qualitative data including Peaceful Sanctuary, Relating Their Way, Transforming Experiences, Connections and Community, Positive Moments, and Awakened to the Possibilities.

Dissemination plans include a manuscript submission to *Geriatric Nursing,* podium presentation abstracts to the Gerontological Society of America 2016 annual meeting, Midwest Geriatric Nurses Regional Meeting, American Society on Aging annual meeting, the Midwest Nurses Research Society annual meeting, and an international professional venue not yet identified.

Namaste Care™ Program Research

Funded by State of Wisconsin Department of Health Services, Division of Quality Assurance (DQA) Grant F-00176

Namaste Care™ Program

University of Oshkosh
College of Nursing

Researchers
Paula McNiel DNP, RN, APHN-BC
Judith Westphal PhD, RN, NE-BC

Namaste Care™ Program Mission Statement

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"Namaste Care™ is provided by an interdisciplinary team of compassionate and knowledgeable health care professionals as well as families and friends. A holistic approach to care ensures that the burdens and benefits of each medical intervention or nursing treatment are weighed so that they support each person's quality of life. Comfort and pleasure are the goals of Namaste Care™. Every effort is made so that quality-of-life experiences are offered throughout a person's time in Namaste Care."

(Simard, 2013, p. 24)

Namaste Care™ Program A Brief Overview

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- Namaste Care™ uses therapeutic touch, music, and life review to improve quality of care and increase interaction and satisfaction among residents, their families, and staff (Simard, 2007).
- By providing open communication, soothing activities and "person-directed care", Namaste Care™ results in decreased use of anti-anxiety medications, improved quality of family visits and decreased indicators of some delirium (Simard, 2010).

Namaste Care™ Program at Lutheran Homes of Oshkosh

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- Namaste Care™ is offered every day
- Every day is different as care is based on the preferences of the participants
- Namaste Care™ may include
  - Aromatherapy
  - Calming visuals (videos, books)
  - Individualized activities
  - Massage
  - Music
  - Baking
  - Crafts
  - Conversations

Namaste Care™ Program Admission Criteria

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- Residents living with advanced stages of Alzheimer's disease or other dementias
- Residents with cognitive and behavioral problems
- Participation is voluntary
- No strict criteria for program participation

Simard (2013)

UW Oshkosh Research Scope

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- Conduct quantitative and qualitative research on program outcomes
- Quantitative research looked at changes in cognition, activities of daily living, medication use and behaviors
- Qualitative research looked at family and staff experiences

Data Sources

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- Quantitative Analysis
  - Resident Minimum Data Set (MDS) reports and organizational data including notes by nurses, chaplains, therapists and Certified Nursing Assistants
- Qualitative Analysis
  - Interviews of employees and family members

Research Assumptions

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- Minimum Data Set Version 3.0 (MDS) is complete and correct
- If more than one MDS available in a quarter, the most comprehensive MDS was used
- Residents living with Alzheimer's disease and dementia will demonstrate a decline in function over time
- Disease progression is different for each resident

Demographics

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- Study was conducted over 15 months
- Baseline data was obtained from 4th quarter 2013
- Study began with 18 residents
- 11 deaths and 1 resident transferred
- At the end, 23 residents were in the program
- 9 residents were in the program all 15 months
- Participants were predominantly women
- All participants were white

Demographics - Resident Age

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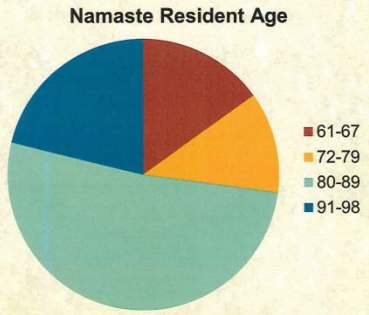

Length of Stay

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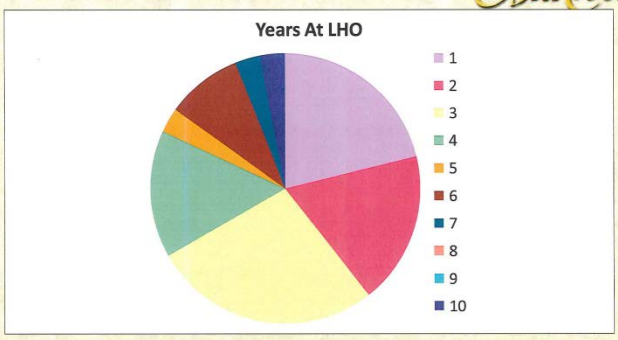

Medication Review

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- Analyzed medications of the 9 residents participating in the program for 15 months
  - Hypnotics
  - Anti-anxiety
  - Antidepressant
  - Anti-psychotic
- There were no significant findings

Quantitative Limitations

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- Small sample size of only 9 residents
- Different types of MDS forms included in research (Admission, Change in Condition, Quarterly)
- Number of individuals charting information increased variability of data
- Disease progression results in gradual health decline of residents
- When a resident's medication plan is working, it is beneficial to keep the same regime

Quantitative Summary

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- No statistical difference between data points (4th qtr 2013 and 1st qtr 2015) for mental status, cognitive skills, moods, behaviors, and activities of daily living
- No significant change in medications administered over 15 months

Qualitative Design

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Research Questions

- Can you tell me about your personal experience with the special care room at Lutheran Homes?
- Can you tell me about your interaction with your loved one or the resident?

Qualitative Design

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- Fifteen individuals were interviewed by the researchers over a period of 3 weeks
- Interviews were conducted with nurses, nursing assistants, clergy, rehabilitation therapists and family members
- Researchers identified an overall theme for each grouping of the qualitative data

Qualitative Results - Themes

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- Peaceful Sanctuary
- Relating Their Way
- Transforming Experiences
- Connections and Community
- Positive Moments
- Awakened to the Possibilities

Peaceful Sanctuary

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- "she just seems to kind of melt … she is content and calm and real secure"
- "it is just a very therapeutic, comforting place for them to be ... able to relax in a really safe environment"
- "calming, inviting, relaxing, reduced stimulation environment where they get a chance to just ... take care of themselves"
- "Namaste … is more a relaxing comfort zone…"

Relating Their Way

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- " ... it reminds us that it's not about what we want or what we think they should have, but finding ways to let them remain and extend themselves into their own life."
- "… what works one day might not work another day ... or might work ... a week later."
- "I've had people say … this is such a hopeful thing … and you don't feel like you are being put into a cookie cutter mold of care."

Transforming Experiences

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- "It's been a most transforming experience."
- "… it kind of rejuvenates ... a lot of these staff members have been here for years and ….it kind of re-motivates them and helps them see that they are making a difference."
- "… in my years of nursing I've never … experienced anything like that."
- "… really looking forward to … going up there and being with them … a good feeling."

Connections and Community

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- " it's amazing to see the sense of community that people who go to Namaste have formed among themselves."
- "they can still communicate, they can still interact a bit with one another….there is a sense of community between them."
- "we started to have a little bit of conversation and we connected."
- "He started crying when he saw her benefiting from it."

Positive Moments

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- "In that moment, I had more of an exchange with her, and more connection, than the previous year of trying to offer conversation."
- "Less acting out …"
- "….they tend to be more focused...they seem to remember my name a lot more, which is kind of amazing…"
- "… helping people thrive and not just survive a stage of life…"

Awakened to the Possibilities

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- "Long term care ... is a spiritual enterprise. It's about living meaningfully, making peace with one's life, adjusting to changes … Namaste provides us a frame of reference to really step into that in a meaningful way..."
- "Namaste gave us some language and focus ..."
- "So, the more people we can get in there (Namaste Room) … the better the day goes."
- "… people have been so uplifted hearing there is another way to approach elder care."

Qualitative Summary

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- Peaceful Sanctuary
- Relating Their Way
- Transforming Experience
- Connections and Community
- Positive Moments
- Awakened to the Possibilities

Qualitative Limitations

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- Interviewed only one family member
- Selection bias
- Researcher bias

Anecdotal Effects of Namaste Care™ Program - Residents

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- Program offers participants purposeful time with other residents
- Participants eagerly anticipate participation in the program
- Therapy experiences are enhanced
- Residents are calmer, less anxious and restless and easier to console

Anecdotal Effects of Namaste Care™ Program - Residents

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- Residents develop positive responses to food and drink options
- Participants respond to a variety of sensory stimulation
- Residents exhibit heightened nonverbal communication, positive facial expressions, more relaxed body language and less negative vocalization

Anecdotal Effects of Namaste Care™ Program - Families

UNIVERSITY OF WISCONSIN Oshkosh

- Provides families with opportunities to have meaningful interactions with loved ones
- Supports family togetherness, hand holding and sharing memories
- Promotes verbalization from resident to family member
- Families touched by resident recognition of family members
- Offers end of life support

Anecdotal Effects of Namaste Care™ Program - Staff

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- Reinforces nursing values
- Slower more thoughtful environment to offer care
- Positive attitude about working in the Namaste room
- Rejuvenates and invigorates staff
- Promotes a sense of pride
- Surprised with recognition received from residents and families

Anecdotal Effects of Namaste Care™ Program - Staff

UNIVERSITY OF WISCONSIN Oshkosh

- On occasion, staff feel as if providing care in the Namaste room competes with their routine duties
- Sense of hopefulness about expansion of Namaste Care to the entire campus
- Enjoy emotional connection and getting to know the resident on a more intimate personal basis

Dissemination

UNIVERSITY OF WISCONSIN Oshkosh

- Article entitled, "Transforming Care for Dementia Residents" to be submitted to *Geriatric Nursing*
- *Abstract submissions to professional organizations for poster and podium presentations*
- *University of Wisconsin Oshkosh publications for internal and external audiences*

Acknowledgements

Joyce Simard, MSW, Geriatric Consultant, Namaste Care Program

Mary Magnus, Director of Publications, Health Professions Press, approval of the use of Namaste Care Program copyrighted material and trademark

Centers for Medicare and Medicaid Services and the Wisconsin Department of Health Services, CMP grant of $80,000

Pat Benesh, Policy Analyst, Wisconsin Department of Health Services, Division of Quality Assurance

Residents, Families and Employees of Lutheran Homes of Oshkosh

Chaplain Nancy Twichell, Namaste Care Leader

UNIVERSITY OF WISCONSIN Oshkosh

References

UNIVERSITY OF WISCONSIN Oshkosh

Simard, J. (2007). Silent and invisible; nursing home residents with advanced dementia. *Journal of Nutrition, Health & Aging* 11(6) 484-8.

Simard, J. (2013). *The End-of-Life Namaste Care ™ Program for People with Dementia.* Baltimore, MD: Healthy Professions Press.

Simard, J., & Volicer, L. (2010). Effects of Namaste Care™ on residents who do not benefit from usual activities. *American Journal of Alzheimer's disease & Other Dementias* 25(1) 46-50.