

| CMP Fund Grantee   | CMP Fund Grant Awarded Amount | Project Period                  | Project Category                       | Project Title and CMP Grant Fund Project Number           | Project Purpose, Goals and Objectives   | Expected Deliverables or Metrics for the Projects   | Results of the Project   | Lessons Learned  |
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| American Medical Directors Association (AMDA), Inc. (Gwenn Murray) | \$293,524.00                  | March 27, 2015- August 31, 2017 | Direct Improvements to Quality of Care | The Younger Adult in the LTC Setting 2014-04-GA-AMDA-1006 | The purpose and goal of this project is for AMDA to provide services to improve the quality of care and quality of life for younger adults utilizing long term care services. This is a regional CMP award that authorizes training to be provided in the participating Region IV states of Alabama, Georgia, Florida, Mississippi and South Carolina. The project objectives are: A. Develop training curriculum and training program for clinical practitioners and staff on the young adult in the LTC setting. The curriculum will be developed using a three pronged training strategy: (1) online component; (2) face to face component; and (3) virtually, in a learning collaborative; and B. Educate and train the Medical Directors, nursing home staff, HFRD surveyors, the LTC Ombudsman and members of the Quality Improvement Organizations on how to provide better care for the young adult in LTC. | 1. Creating the Young Adult in the LTC Setting educational curriculum and materials 2. Web-based course creation and launching of the web-based training 3. Webinar production 4. Video production 5. Conduct 13 Live trainings in Region IV (7 per year) 6. Launch the learning collaborative 7. Dissemination of findings | AMDA completed and delivered a successful project. (1) The Young Adult in the LTC Setting educational curriculum and materials (training curriculum, training workbook and supporting tools and documents) have been completed and are available for use. (2) The web-based course was created and the web-based training was launched. The online training platform went live on April 14, 2017 and was promoted and deployed to the states that had completed in-person trainings (GA, MS and SC). On July 1, 2017, the online training module was made available and promoted to the remaining three states (AL, KY and FL) to allow them the opportunity to register and complete the training, prior to the end of the grant period. Learning resources were available on the online training website through the end of the project period (August 2017). The Younger Adult DVD (targeted at | There were some challenges in successfully completing this project. The biggest challenge was the difficulty of managing the project across the multiple states with different contract effective dates as well as deliverables. In the future, for regional projects, the hope is to ensure consistency with the contract effective dates and deliverables (as much as possible) across the different states. |

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| Avalon Health and Rehabilitation Center (Miram Deberry)6:14 | \$47,339.50                   | June 10, 2016-April 14, 2017 | Culture Change   | Avalon's Green Space 2016-04-GA-0128            | The purpose and goal of this project is to create a green space that all Avalon Health & Rehabilitation Center residents can utilize to be able to engage in outdoor activities that they enjoy. Specifically, the green space will include a pergola, garden, seating for residents, a walkway as well as fencing and lights around the perimeter of the green space. The green space will be used as an intervention when residents become anxious or have destructive behaviors. | Measures of success will include: 1 A decrease of 20% in the usage of psychotropic medications compared to the previous three (3) years* to address agitation and anxious behaviors; 2. A decrease of 20% in staff interventions for behaviors that arise between residents and themselves; and 3 An increase of 20% in the overall resident satisfaction and contentment with the center implementation of the new green space. *Years 2013-2015 Year #of Medications 2013 578 2014 493 2015 476 2016 391 2017 400 | The Avalon Green Space is completed and residents are able to walk freely up to the doors that allow them uninhibited access into the green space. Based on the resources needed to fulfill the project and anticipated costs, the project received a savings of \$674.99. The project was a complete success, to include an overall decrease of at least 20% in the usage of psychotropic medications as compared to years 2013-2015 (from 476 (2015) to 391 (2016) and 400 (2017); a decrease of at least 50% in staff interventions (from 25 (1/1/2016) to 13 (1/1/2017) ; and an increase of at least 50% of overall resident satisfaction regarding the Green Space implementation (from 30% (12/2016) to 80% (06/2017). | Since the introduction of the green space and beautiful weather, activities have occurred including planting of flowers and vegetables, reminiscing outside, exercise and gatherings. Residents have also taken loved ones to spend quality time outside for a more intimate setting and for special occasions. The walking trail also allows for all forms of ambulation and plenty of seating for taking breaks. |

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| University of Georgia Research Foundation, Inc. (Dr. Toni Miles) | \$176,032.00                  | June 16, 2016-September 1, 2017 | Culture Change   | Promoting Quality Bereavement Care 2016-04-GA-0205 | The purpose and goal of this project is to produce standardized practices and in-service training to add quality bereavement care to the Long Term Care (LTC) setting. Project Objectives: a) Conduct qualitative interviews with individual residents, their families, staff and facility leadership. b) Develop a process for facilitating advance care planning and Physician Orders for Life Sustaining Treatment (POLST) discussions for residents and families. c) Conduct in-service education for staff and families on the implementation of advanced care and POLST. d) Develop and implement an organizational ritual that acknowledges all residents who die in the LTC home. The form of this ritual will be determined by consensus of residents and staff, but may include a newsletter with obituaries, a memory tree, having a regular memorial service or conducting a room blessing. e) Create a model for bereavement care that can be introduced into LTC facilities in the Macon, Georgia area for further refinement. | a) Qualitative interviews with individual residents, their families, staff and facility leadership; b) Development of a process for facilitating advance care planning and POLST discussions for residents and families; c) In-service education for staff and families on the implementation of advanced care and POLST; d) Development and implementation of an organizational ritual that acknowledges all residents who die in the LTC home; and e) Creation of a model for bereavement care that can be introduced into LTC facilities in the Macon, Georgia area for further refinement | Based on the final report and supplemental information, all expected deliverables were accomplished. The development of a process for facilitating advance care planning and POLST discussions for residents and families was fulfilled through evidenced detailed conversations and feedback sessions as well as the completion of the Best Practices Booklets (two, one for LTC residents and one for LTC staff) and PowerPoint Presentations (two, one presentation encompasses the materials from the Best Practice booklets and the other is a brief version of the complete presentation that can be use if time is limited). In-service education for staff and families was conducted and evidenced by the quarterly progress reports and final report. During the project, UGA quickly learned that many of the facilities already had existing rituals/remembrances at | As a result of the project, UGA learned that the use of POLST is becoming more common, particularly at Carlyle Place and its use is also widespread at many of the Ethica facilities. Additionally, best practices for discussing POLST include the use of the phrase "allow natural death" versus "do not resuscitate." UGA also learned that the type of rituals performed varied by facility. For example, some facilities conducted individual rituals, such as "Celebration of Life." Other facilities conducted annual, quarterly or monthly ceremonies to honor individuals who have died. There were also some major challenges faced: 1) the busy schedules of the LTC staff and management which created delays in scheduling interviews and scheduling facility-wide feedback and educational sessions; 2) Recruiting facilities to participate; and 3) Incorporating all feedback into a single, aesthetically pleasing, easy-to-read booklet was very challenging. In addition to the lessons learned and major challenges, UGA discovered that there is a need for future work, which would include: 1)distribution |

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| A.G. Rhodes Health and Rehabilitation (Cobb) (Deke Cateau) | \$88,000.00                   | August 30, 2016-October 1, 2017 | Direct Improvements to Quality of Care | Culture Change and Person-Directed Care 2016-04-GA-0511 | The purpose of this project is to create a culture where residents receive person-directed care. The objectives of the project are to: (1) improve the residents' quality of life; (2) leave residents, family and staff feeling empowered and engaged; and (3) replicate person-directed care within the remaining A.G. Rhodes facilities. | 1. To seamlessly transition from a well-established medical focus to person-directed care 2. To coordinate the necessary tools and resources, including training and assessments, and manage the results of metrics, so that the program is effective and can be sustained. 3. To replicate person-directed care within the remaining A.G. Rhodes facilities. | As a result of the project, A.G. Rhodes was able to successfully transition from a well established medical focus to person-directed care. This is evidenced by the established and reported change components, process measures, short-term impact measures and outcome measures. Based on the documented training, assessments and development of metrics, the coordination of the necessary tools and resources was also performed. Finally, the process of replicating person-directed care within the remaining A.G. Rhodes facilities is underway, but not fully completed to date | During the course of the project, A.G. Rhodes discovered a few lessons, some of them include: 1) Ensuring that education is disseminated to as many people within the facility/organization as possible helped to create buy-in and meaningful participation; 2) Communication is essential and A.G. Rhodes' Core Team Members for this project identified "learning circles" as a good communication strategy; and 3) Thinking outside the box for problem-solving proved to be very helpful. The Core Team members identified the GROWTH model and the "Rule of 6" as innovative problem solving strategies. |

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| A.G. Rhodes Health and Rehabilitation (Cobb) (Deke Cateau) | \$146,081.03                  | April 9, 2018-August 30, 2018 | Direct Improvements to Quality of Care | Enhancing Quality of Life with Technology 2017-04-GA-121B | The purpose of this project is to support efforts towards moving A.G. Rhodes Health and Rehabilitation-Cobb to a culture of person directed care by acquiring technology that will directly benefit its elders. The goals of this project are to: (1) acquire and use advanced technology developed to benefit elders; and (2) advance the person-directed care initiative. Specifically, A.G. Rhodes Health and Rehabilitation-Cobb would like to: (1) secure the most effective technology that directly supports its elders, staff and organization; (2) seamlessly incorporate technology into the day to-day operations; and (3) document the effectiveness of this technology for replication purposes in all A.G. Rhodes Homes. | 1. Equip the Elders at A.G. Rhodes Cobb with television sets by purchasing 130 television sets and remotes for the Elders beds and three (3) 55" LED television sets for the common areas. 2. Equip the A.G. Rhodes-Cobb Home with technology to create a highly personalized, dynamic plan of care for the Elders that connects them to family and friends by purchasing Simple C technology. 3. Create A.G. Rhodes Knowledge College for staff to participate via instructional technology in continuing education, regulatory compliance and other training tools. Training will be providing electronically (E-training) focusing on dementia and by purchasing and using two (2) desktop computers for staff who may not have access to the internet at home. | As of December 5, 2018, approximately 20,300 hours of Simple C therapies have been provided since installation on April 17, 2018. With an anticipated outcome to reduce nighttime interruptions, SimpleC has been helping to reduce the impact of both necessary interruptions (medication delivery), as well as when elders have a rough night or need to settle back to sleep when they awaken during the night. This project enabled every resident at the nursing home to receive a television and use the SimpleC technology. Additionally, televisions were also provided in common areas for stimulation, entertainment and enjoyment. | N/A             |

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| The Eden Alternative, Inc.<br>(Kathy Hagen) | \$240,687.00                  | April 27, 2018-<br>March 31, 2019 | Culture Change   | Rise Up for Person Directed Care 2018- 04-GA-0303 | 3 This project will assist the efforts of Georgia based nursing homes to send direct care staff to the 2018 Eden Alternative International Conference ( <a href="http://www.edenalt.org/events-and-offerings/the-eden-alternative-international-conference/">http://www.edenalt.org/events-and-offerings/the-eden-alternative-international-conference/</a> ) in Atlanta, Georgia and build on their conference experience by attending Certified Eden Associate Training ( <a href="http://www.edenalt.org/events-and-offerings/educational-offerings/certified-eden-associatetraining/">http://www.edenalt.org/events-and-offerings/educational-offerings/certified-eden-associatetraining/</a> ). The project will enable 35-50 Georgia-based nursing homes to each identify 2-3 employees (one of whom must be a Certified Nurse Assistant) to participate in both the conference and subsequent training. The Eden Associate Training is an in-depth educational exploration of what is required to successfully implement and sustain person-directed care practices. This training will enable nursing home staff to provide person-directed care, which will improve the quality of care and life of nursing residents. | The expected outcomes for the proposed project include: (1) By the end of the 3-day conference, scheduled from May 3-5, 2018, at least 25% of the project participants will indicate at least one change they are inspired to make to their practices after attending the conference; (2) by the end of the 3- day Certified Eden Associate Training, 25% of the participants will respond positively when asked if the training provided information they needed to help improve quality of care and quality of life for the people they serve; and (3) by the end of the grant period, a 1.5 hour interactive project webinar will take place, featuring reflections from project participants regarding what they valued about the project experience and which key “takeaways” stand out for | Expected Outcome #1 Results: The total number of project participants that attended the conference was 75. Of that total, 57 individuals completed and submitted the conference evaluation surveys (resulting in a 76% response rate). When responding to the question regarding changes that participants were inspired to make after attending the conference, 53 of the 57 individuals indicated at least one. Thus, 93% of project participants that submitted conference evaluation surveys (53/57) indicated at least one inspired change. Of course, this percentage decreases when including all 75 participants regardless of responding to the survey. In this case, 71% of project attendees that attended the conference, regardless of submitting a conference evaluation survey (53/75), indicated at least one inspired | N/A             |

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| Second Wind Dreams, Inc. (SWD) | \$2,934,294.00                | June 10, 2016-April 14, 2019 | Direct Improvement to Quality of Care | Virtual Dementia Tour (VDT) 2016-04- GA-0129    | The purpose and goal of this project is to assist nursing home staff with relating to residents with dementia in an effort to improve care. Second Wind Dreams, Inc. (SWD) provides hands-on, experiential training through the use of the patented Virtual Dementia Tour (VDT). | 1. Train 20 Certified VDT Trainers; 2. Complete Initial and Final VDT Site Visits and Corresponding Assessments; and 3. Provide Nursing Homes staff with VDT supplies and necessary materials to conduct the VDT for the local community | By the conclusion of the project in April of 2019, all deliverables were met. There were 172 nursing facilities that participated in the project. The certified trainers completed 172 first site visit trainings and 166 second site visits. Six nursing homes did not receive second site visits or complete the program due to non-compliance with program requirements and/or failure to schedule or respond to scheduling requests from SWD. Despite the challenges/lessons learned, the project proved to be successful, delivering all expected objectives with a budget savings of \$1,287,383.40. | There were some challenges in successfully completing this project. The collection of the Resident Opinion Survey, Resident Council Appreciation/Incentive Funds, Tour Guides, Data Tabulation, Completion of Paperwork by Nursing Homes and Debrief participation are a few of the challenges experienced. |

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| University of Louisville | \$251,871.00                  | March 15, 2016- June 30, 2019 | Direct Improvement to Quality of Care | AMDA Clinical Practice Guidelines and Region IV Website 2015-04-GA-UOL-0303 | The goal of this project is to improve the quality of care of nursing home residents in six Southeastern United States by increasing the knowledge and skills of certified nursing home health care professionals and direct care staff as well as key stakeholders across the six participating states (Alabama, Florida, Georgia, Kentucky, Mississippi and South Carolina) in the access to and application of the most current clinical practices. | 1. Develop a password-protected website for use across the six states providing AMDA materials; 2. Develop Continuing Education Examinations for up to six CPGs each year; 3. Provide CMEs to health care professional staff from four disciplines; 4. Collaborate with AMDA to revise the Know-it-All materials to tailor website video content for use by health care professional staff and separate content for direct care staff; 5. Produce webinars to be archived on the website from the AMDA Implementation Manuals; 6. Evaluate change in health care practices by health care professionals following their completion of the CMPGs and CME/CE certification; and 7. Evaluate changes in state CNH performance in frequency or deficiency citations | All deliverables were met by the end of the grant period of June 30, 2019. The resources were utilized in spite of the shortened access Georgia users were provided. Ongoing access is provided through the end of the last state contract in 2020, including the Continuing Education Program. The challenges of the changing landscape in the long-term care industry were overcome through Help Desk monitoring and follow-up. Website utilization proved useful to users as they tended to use multiple pages once they had accessed to the website. In sum, the project demonstrated success through the availability and use of a plethora of healthcare resources for long-term care staff. | Since this was a multi-state project, there were delays with some states processing an executed contract quickly. As a result, some states did not have the same time frame to utilize the website and resources. However, all states will be able to use the resources through 2020 (the end of the last signed state contract). Reliance on the CNH Administrator to share the access information with staff was not an effective method of distribution of the resource or marketing efforts. In face-to-face presentations, staff reported they had never heard of the resource from their Administrators. Facilities should use more marketing materials, such as posters to display within the facility for all staff to see. The biggest impact on utilization was through project team presentations and SSA (Georgia Department of Community Health) and CMS promotions including internet marketing and inclusion in the SSA unit newsletters. Face-to-face presentations to SSA unit training audiences at their training events and state conferences resulted in the biggest increases in new |

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| Florida Atlantic University | \$115,094.90                  | January 19, 2017-March 31, 2020 | Direct Improvement to Quality of Care | Reducing Avoidable Hospitalizations Across the Continuum of Care 2016-04-GA-FAU-0426 | <p>a) This project will assist Region IV states in reducing avoidable hospitalizations.</p> <p>b) It will educate residents, family members, staff, and community partners about best practices to reduce avoidable hospitalizations.</p> <p>c) This will improve overall quality of care for residents.</p> | Phase 1 will consist of editing the Guide and smaller trifold version to conform to CMS standards, prepare training videos to explain the purpose of the Guide and demonstrate its use, create an electronic version that can be shown to residents on a television or tablet and pilot these materials in six (6) nursing homes, two (2) from each state, in Georgia, South Carolina and Tennessee, before dissemination of the Guide in Phase II. In addition to the modification and dissemination of the Guide, FAU will implement a staff training program to educate staff on the effective use of the Guide. | <p>All deliverables were met, after an amendment was granted. This brought the end of the grant period to March 31, 2020. The Original grant end period should have been August 14, 2018. In summary, the original Guide and Trifold to conform to CMS language usage and further emphasize the residents and families right to participate in decisions about the resident's treatment, produced an Implementation Tool Kit of videos, case studies and the Implementation Assistant and piloted our approach in 16 nursing homes of CMS Region IV. The 31.2% reductions in hospital readmissions suggested that use of the Guide/Trifold was an effective approach to reducing potentially preventable hospitalizations. In the second phase of this project, materials were shipped to every Medicare-certified nursing home in Region IV and conducted half day</p> | <p>Although workshop participants were instructed on procedures for entering their data securely on the decisionguide.org website, few did this. As an alternate procedure, Survey Monkey forms were sent out several times but proved to be equally ineffective. Members of the project team conducted calls to each facility that sent representatives to one of the workshops. Although this yielded a smaller amount of information about each nursing home's experience with use of the Guide and Trifold, it was the most effective in terms of reaching a substantial proportion of workshop participants.</p> |

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| Emory University | \$98,437.00                   | June 1, 2018 - June 30, 2020 | Direct Improvement to Quality of Care | Emory Antibiotic Stewardship to Improve Long-Term Care Lives (EASIL)Phase I 2018-04-GA-0302 | The purpose of this project is to reduce the incidence of adverse effects of unnecessary antibiotic use in long-term care facility residents through antimicrobial stewardship enhancements. The overall project goals are to: (1) create a platform for enhancing nursing facility stewardship programs by incorporating enhanced microbiology data and assessment processes; and (2) reduce facility specific rates of C. difficile diarrheal infection by improving appropriate antibiotic prescribing for urinary tract infections. The impact of the project will be measured by assessing the data obtained through Emory's affiliated surveillance programs tracking antibiotic resistant infection in the Atlanta metropolitan area. | Performing risk assessments of unnecessary antibiotic prescribing. Grantee staff will perform on-site risk assessments using two methodologies: (1) transform the existing logs (of the participating long-term care facility) of the prior 12 months of antibiotic prescriptions into a digital record to establish an electronic tracking database for data analysis; and (2) conduct a prevalence survey of antibiotic use for all residents (of the participating long-term care facility) on an antibiotic during a single day assessment. 2. Establishing ongoing prospective tracking and feedback of antibiotic data for action. 3. Providing educational sessions to long-term care providers concerning local antibiotic prescribing. 4. Providing systematic modifications to | Most of the Emory Antibiotic Stewardship to Improve Long Term Care (EASIL) work has been refining and maintaining our current activities with the established long-term care facilities and preparing to expand activities to respiratory infections and adding two nursing homes. Over the past year we have established data tracking at our facilities and identified reducing days of therapy for antibiotic starts as another intervention that may reduce the rate of antibiotics used for urinary tract infections in addition to avoiding unnecessary starts. With the focus on urinary tract infections, over time there appears to be a decrease in overall antibiotic starts, however we have failed to make an impact on new antibiotic starts for UTI per 1000 resident-days. This may be because the facilities stopped admitting elective admissions during the start of the COVID-19 pandemic | The EASIL project has demonstrated that ongoing processing of easily obtained data elements can be managed and presented in an easily interpreted report, providing local data for individual stewardship programs at the nursing homes to respond to and improve prescribing practice. However, the staffing requirements and crisis management of the COVID-19 pandemic has forced some interruption of current stewardship meetings delaying advancing some of the planned EASIL initiatives. |

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| Georgia Health Care Association, Inc. | \$53,344.00                   | December 15, 2018<br>June 30, 2021 | Direct Improvement to Quality of Care | Georgia Skilled Nursing Facility Infection Control Certification Project 2018-04-GA-0604 | The purpose of this project is to support infection control certification training for one clinician in 50 targeted, skilled nursing facilities (SNF) in Georgia. The University of Nebraska's, College of Nursing has partnered with the American Health Care Association (AHCA) to offer an infection control program that provides 23 contact hours through the American Nurses Credentialing Center's Commission on Accreditation (ANCC) and a certificate upon completion. The program addresses both clinical and organizational systems, processes and cultural aspects of infection control, which are fundamental to effectively leading and administering a center's Infection Prevention & Control program. | 1) To support certification of one clinician who is responsible for the infection prevention and control program in each of the 50 targeted SNF's in Georgia. 2) To conduct post-certification ICAR audits in a cohort of centers (of the targeted 50 SNF's) that previously had ICARs conducted by a Department of Public Health representative; and 3) To analyze baseline quality measures (e.g. UTI, vaccinations) and infection control deficiency citations on standard surveys with comparative analysis post education and certification. | The Infection Prevention and Control (IPCO) certification project was launched in January 2019, due to the pandemic, the Department of Community Health provided a six-month extension to allow time for participants to complete training and receive onsite ICAR assessments. The program concluded on June 30, 2021. Initially there were 17 participating centers with 16 centers fully completing the IPCO certification. A fully objective of analysis of the program's success has inherent limitations due to the unprecedented COVID-19 pandemic. 100% of participants who launched the online infection control training were successful in their first final exam attempt. A score of 80% or higher was required for successful completion. As COVID-19 emerged after the initial implementation of the program, an updated version of the online training launched after the grant | Overall, there is evidence the implementation of the AHCA IPCO certification program improved the facilities infection control program, policies, and process for 50% of the 10 skilled nursing facilities. The percentage may be higher if consideration is extended for the systemic pandemic impact on personal protective equipment, work force and daily routines. |

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| Early Memorial Nursing Home (LifeBrite Hospital Group of Early, LLC) | \$58,621.98                   | August 1, 2019 - July 31, 2020 | Direct Improvement to Quality of Care | Early Memorial Meaningful Activities Project - It's Never 2 Late (iN2L) 2019-04-GA-0603 | Through the use of the iN2L Program the project will (1) reduce the use of anti-psychotropic drugs and (2) to increase the activity engagement of residents. The iN2L program provides cutting edge technology that will enable residents to once again engage in life as they did in their earlier years. Residents will be able to explore other countries, cultures, art and even dance and sing along with old tunes. They will be able to access reruns of popular television shows at any time and will be able to save their favorites to their profile for easy access in the future. This tool will assist in changing the culture at the nursing home for the better. | To launch the iN2L systems installation project and do onsite training; To increase nursing residents participation in individualized and group activities by 20%; To reduce the use of anti-psychotropic medications by 20%; and To ensure program sustainability by offering refreshing training sessions, webinars, training videos and conference calls to provide the necessary support and continue use of the iN2L system and applications. | Early Memorial Nursing Home had two (2) goals for the Early Memorial Meaningful Activities (EMMA) project. Goal one, was to reduce the use of anti-psychotropic drugs. The use of anti-psychotropic drugs showed an initial increase of 0.3%, followed by a decrease of 5% with an overall reduction of 1.1%, thus meeting their goal. Before EMMA Implemented, activity engagement time for 20 residents was at 3.5 hours a week on average with a total of 70 hours. Activity time in January increased to an average of 4.25 hours per week and 85 total hours. Goal two, increase the activity engagement of the residents. Overall, their goal to increase the activity engagement of the residents was not met as evidenced by a decrease in the average hours per week in activities from 3.5 hours to 2.7. Restrictions were placed on residents for their safety due to | Prior to the implementation of Early Memorial Meaningful Activities (EMMA), activity engagement time for 20 residents was at 3.5 hours a week on average with a total of 70 hours. January's activity time increased to an average of 4.25 hours per week and 85 total hours. The first quarter usage was great as staff worked very hard to include EMMA into the lives of the residents as shown by usage of 275.02 hours. Just as the popularity of EMMA was at its highest, unfortunately, Covid 19 and the State of Public Health Emergency had a devastating effect on the nursing homes. |

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| Emory University | \$108,196.00                  | July 1, 2020 - July 31, 2021 | Direct Improvement to Quality of Care | Emory Antibiotic Stewardship to Improve Long-Term Care Lives (EASIL)Phase II 2019-04-GA-1009 | The purpose of EASIL Phase II, is to reduce the incidence of adverse effects of unnecessary antibiotic use in long term care (LTC) facility residents through antimicrobial stewardship enhancements; and reduce facility specific C. Difficile infection rates. Infection control training will be provided to direct care staff. In addition, a networking and collaborative meeting on infection control will be held with Directors of Nursing and Infection Control Staff from all participating facilities to share best practices and lessons learned. | (1) Enhancing nursing home facility stewardship programs by incorporating new pharmacy prescribing analytics and feedback; and (2) Reduce facility specific rates of C. difficile infection through discrete stewardship actions. | The EASIL initiative successfully engaged four nursing home facilities in a quality-improvement initiative focused on a formal needs-assessment and recommendations to strengthen antibiotic stewardship efforts. The initiative supported implementation of a standardized method for submitting antibiotic prescription data and reporting quarterly usage metrics to feedback to each stewardship committee. A time limited analytic initiative included collaboration with a regional clinical microbiology testing laboratory servicing over 200 Georgia nursing homes, mapping a sustainable pathway to produce regional antibiograms for use by nursing homes. | Overall, this was a very productive initiative, creating collaborative working environment between Emory University and several nursing home on QI which greatly benefited exchange of expertise during COVID-19 to improve resident and staff safety. |