

Thank you for participating in the Golden Strength & mindfulness Training Program! This program is fully funded by CMS and NCDHHS as they believe it will enhance the quality of life for your residents. Evidence based research on programs such as this show a significant reduction in depression, social isolation, anxiety and falls.

As with any CMS grant, we are required to track participation and measure outcomes to show the program works, but we wanted to make this as simple as possible. Along the number of residents that participate, we will only be measuring 2 outcomes for just up to 10 residents, that is we track Resident Satisfaction with the program and Falls.

You simply sign up the residents participating and get baseline satisfaction and MDS scores for falls on up to 10 of those residents. You submit this data within the first 3 months and then the average daily total participation along with satisfaction and falls data for up to 10 residents every 6 months. It may be best to track the residents you believe will be on the program long term.

You will need to designate "Champions" to assist in the data collection:

- Who will maintain a log of program participants?
- Who will collect Satisfaction surveys?
- Who will collect MDS data?
- Who will document data onto the outcomes measures log and submit data log to the Program Director?

The first requirement is documenting participating residents. Simply track participants using whatever tool you typically use for activities or use the log we provide so you can assign the residents a unique HIPPA compliant identifier which will be used to submit data to us.



FOR FACILITY USE ONLY:

Resident Identifier Log for Golden Years Program

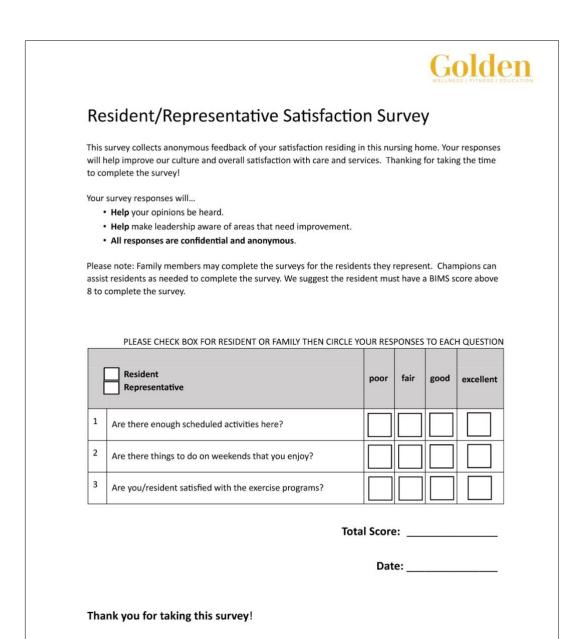
Resident	Identifier Number	Start Date	Inactive Date
			_

Next is outcomes measures and there are only two, *Satisfaction with Activities* and *Falls*.

Outcome 1: We will measure resident satisfaction with the program and their overall perception of quality of life using a Quality of Life survey tool.

The survey tool is available as a fillable PDF, so it's easy to use, edit as needed and stored on your computer or facility shared drive. Program goals are a 20% relative increase in satisfaction and perceptions of Quality of Life at your home. This survey will evaluate resident satisfaction and engagement in using the program and is comprised of just three questions:

- 1. Are there enough scheduled activities here?
- 2. Are there things to do on weekends that you enjoy?
- 3. Are you satisfied with the exercise programs?



MDS Falls Data

Outcome 2: We expect the participating residents will experience at least a 10% reduction in falls and falls with injury. This improvement will correlate to a 10% reduction in score for MDS items J1800 and J1900.

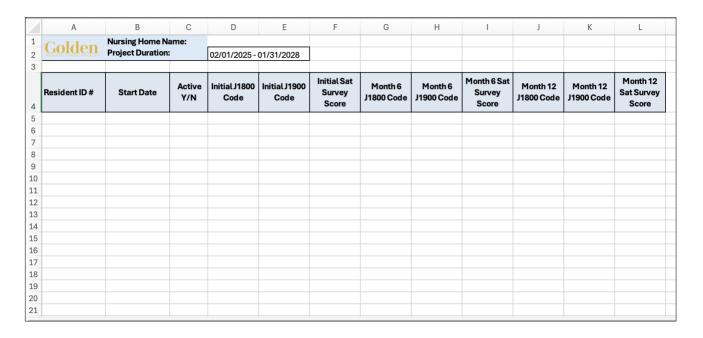
To establish baseline data for expected outcome, quarterly MDS scores for up to 10 participating residents will be obtained from facilities for the first quarter preceding the start date of the program.

Throughout the duration of this program, MDS scores for falls and falls with injury will be obtained every 6 months and aggregate scores will be compared to baseline data to determine if we are achieving the expected outcome.

Resident			Identifier	Date		
Sectio	n J	Healt	h Conditions			
Other H	lealth Condition	ns				
J1100. S	hortness of Brea	ath (dysp	nea)			
↓ Che	eck all that apply					
	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)					
	B. Shortness of breath or trouble breathing when sitting at rest					
	C. Shortness of b	reath or tr	puble breathing when lying flat			
	Z. None of the above					
J1400. F	Prognosis					
Enter Code	Does the resident h documentation) 0. No 1. Yes	ave a cond	tion or chronic disease that may result in a life expectancy of less than 6	s months? (Requires physician		
J1550. F	Problem Condition	ons				
↓ Che	eck all that apply					
	A. Fever					
	B. Vomiting					
	C. Dehydrated					
	D. Internal bleeding					
	Z. None of the a	bove				
	only if A0310A = 0		Entry or Reentry			
Enter Code		have a fall	any time in the last month prior to admission/entry or reentry?			
Enter Code	B. Did the resident 0. No 1. Yes 9. Unable to 0		any time in the last 2-6 months prior to admission/entry or reentry?			
J1800.	0. No 1 Yes 9. Unas. to 0	determine	racture related to a fall in the 6 months prior to admission/entry or re Entry or Reentry or Prior Assessment (OBRA or Scheduled			
recent Enter Code			since admission/entry or reentry or the prior assessment (OBRA or S			
	0. No→ § lip		ior Surgery 00, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)		
Sectio	n J	Healt	h Conditions			
		Since Adr	nission/Entry or Reentry or Prior Assessment (OBRA or Sch	neduled PPS), whichever is		
more rec	ent	1 50	ter Codes in Boxes			
Coding:			No injury - no evidence of any injury is noted on physical assessm clinician; no complaints of pain or injury by the resident; no change in after the fall			
0. Non 1. One 2. Two			B. Injury (except major) - skin tears, abrasions, lacerations, superficial or any fall-related injury that causes the resident to complain of pai			
			C. Major injury - bone fractures, joint dislocations, closed head injuries subdural hematoma	with altered consciousness,		

Data Collection & submission spreadsheet

Last is the submission spreadsheet. This is the only data sheet you send to us. You will use this simple tool to collect data and submit to us at the beginning of the program and every 6 months. That's it! The email address for submitting data is rickkral@2nomi.com



The forms are attached in the email sent with these instructions. If you have any questions or comments, please call or email the Program Director - Rick Kral at (828) 507-2366 or rickkral@2nomi.com

Thanks again for allowing us to enhance the quality of life for your residents!

