Music Care Partners

MUSIC CARE PARTNERS

INTEGRATING MUSIC INTO LONG-TERM CARE

ABBREVIATED REPORT
ROOM 217 FOUNDATION
MAY 2020

ACKNOWLEDGEMENTS

Funding Partner: Ontario Trillium Foundation

Funding for this program was provided by an Ontario Trillium Foundation (OTF) Provincial Impact Grant. The OTF is an agency of the Government of Ontario, and one of Canada's largest granting foundations. A Provincial Impact Grant is part of OTF's Grow Granting Stream and aims to scale shovel-ready programs into more than one catchment area in Ontario. OTF is interested in 6 impact areas, one of which is Isolated People. One of the results they want to see in this area of impact is reduction of social isolation and loneliness.

Program Presenter: The Room 217 Foundation

The Room 217 Foundation is a health arts organization dedicated to caring for the whole person with music by producing and delivering therapeutic music products, providing skills and training for integrating music into care and supporting innovative research in music and care. The Music Care Partners program uses music to leverage change in caring communities.

Research Partner: McMaster University Health Sciences

McMaster University is Canada's most research-intensive university. The Bachelor of Health Sciences (BHSc) program is an undergraduate program in the Health Sciences department. The Room 217 Foundation partners with the Bachelor of Health Sciences undergraduate program at McMaster University to provide upper year students with community-based research opportunities. Students were involved in the data collection component of this program. They collected the lived experience of participating residents to showcase the benefits of the program.

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EXECUTIVE SUMMARY

Music Care Partners (MCP) is a comprehensive, innovative program used to integrate music care into long-term care homes in order to improve the care experience. LTC homes provide health and social care to vulnerable members of Canadian communities. They are often under-staffed and under-funded. Residents experience isolation and loneliness, which can lead to other health and wellness challenges such as depression and cognitive decline. MCP was designed by the Room 217 Foundation to use music to decrease isolation and loneliness experienced by long-term care (LTC) residents. There are many musical applications in healthcare, but to our knowledge, there is no program or service that provides education, coaching, and consultation to a care community so that they may integrate customized and purposeful music practices into their LTC home's specific context.

The purpose of this report is to share findings from the MCP "grow" project, which took place from April 2018 to May 2020 and involved scaling the MCP program into 24 LTC homes in three regions of Ontario. The MCP "grow" project was funded by the Ontario Trillium Foundation (OTF).

The MCP program spans 6-8 months in length, and equips internal community members (i.e. staff, families, volunteers, students, residents) to implement music initiatives and interventions to address common challenges faced by their LTC home. The MCP program involves the creation of a music care site team, a two-day standardized 14-hour training on the use of music in care, the development and implementation of a "music care initiative" (i.e. a music program or project specifically designed to combat isolation and/or loneliness within each LTC home), and the evaluation of the process. LTC is lacking in evidence-base for social care practices; therefore, Room 217 took the opportunity to track resident outcomes during the program implementation at each home. Results from this project will inform LTC stakeholders of the benefits of implementing a comprehensive music program within LTC communities.

The MCP program evaluation showed meaningful changes across participating residents, as evidenced by individual and average changes in social isolation, loneliness, depression, engagement, cognitive, and responsive behaviour scores. Every participating LTC home provided qualitative stories and anecdotes showcasing the benefits of the program. Of particular importance, site team members have been able to use music care strategies they developed during the MCP program to combat the overwhelming spike in isolation and loneliness caused by the COVID-19 pandemic. The "ripple effect" occurs when the benefits of the program extend beyond the official program participants. This effect was seen in 21 (88%) of participating LTC homes. Taken together, the evidence shows that *music care makes a difference in the lived experience of isolation and loneliness for residents in LTC*.

During the MCP "grow" project, Room 217 learned the importance of implementing music care practices more than once per week in order to see meaningful change in resident outcomes. This learning was shared with all 24 LTC communities so that they can integrate it into their music care practices for optimal impact. Additionally, Room 217's 2-day 14-hour music care training program was a highlight for many staff, justifying the importance of training staff to ensure that music care is sustainable. Room 217 recommends streamlining the evaluation process in future iterations of the MCP program and working with multiple homes in the same geographic location and owned and operated by the same group when possible, to streamline the process not only for Room 217, but also for the care communities receiving the program.

Isolation and Loneliness in Long-Term Care

Historically, long-term care (LTC) has operated in an institutional corporate culture "workplace" with a focus on physical care. The staff rotate and have scheduled routines, and decisions are made *for* residents, with structured activities, and hierarchal departments. LTC culture is transitioning into a social community or "home" with a focus on living, where the staff assists the same residents with flexible routines, and decisions are made *with* residents within mutual relationships; collaborative staff teams execute planned, flexible and spontaneous activities alongside residents. One of the most salient issues facing the changing culture in LTC is social inclusion of residents.

Loneliness and social isolation are often associated with older age and have been identified as risk factors for a number of health (both physical and mental) and related problems. While social isolation and loneliness are often used interchangeably, social isolation is an objective measure of the number of social contacts and interactions one has. Loneliness, on the other hand, is a subjective experience or feeling and is perceived negatively. (Solitude is the perceived positive feeling of that subjective experience.) Transitioning into LTC may often be accompanied by both isolation and loneliness.

Music Care

Room 217 has defined and developed the music care approach which is the intentional use of music by anyone for the purpose of health and well-being. Music care allows for a variety of dimensions of delivery, can be implemented by all care partners and becomes an agent of culture change. Music care is intended to be person-centered and improve quality of life and care through empowering agency and decreasing loneliness.

Room 217 builds research design into many programs, including the MCP grow project, in order to collect more evidence and data on how music changes communities of care. By delivering music care programs and associated program outcomes, Room 217 hopes to show that music care is an agent of culture change.

Music Care Partners Program Description

Recognizing the need for social innovations in the LTC context to improve the quality of life and quality of care, MCP was developed to integrate music as an approach to LTC practice. The idea is to equip LTC homes with the knowledge and skills required to implement music initiatives and interventions to improve resident outcomes.

The MCP program is focused on the challenges of isolation and loneliness and was specifically designed for the LTC context to be easily adoptable in order to have immediate and lasting impact on residents' quality of life. Through the implementation of the integrated model of music care (IMMC), music care within the MCP program provides a sustainable, operational process for using music in care.

MCP uses a modified Participatory Action Research (PAR) design, in which music care experts facilitate a community-based team to solve a systemic problem. PAR was chosen because the LTC environment functions as a community where residents live together, self-govern, and are intricately connected to their community-at-large. MCP provides LTC homes with standardized training on the use of music in the LTC setting and coaching through the process of designing a home-wide music initiative with the goal of decreasing isolation and loneliness. PAR is a validated methodology used extensively in programs

in which the goal is to equip the system itself with the skills, knowledge and expertise to create and maintain a positive change. In this case, the system will be able to continuously execute and evaluate a comprehensive music program designed to decrease isolation and loneliness experienced by LTC residents. Music was chosen as the focal point of MCP because of its broad applicability to improving quality of life across the biological, psychological, social, cognitive, and spiritual domains of health.

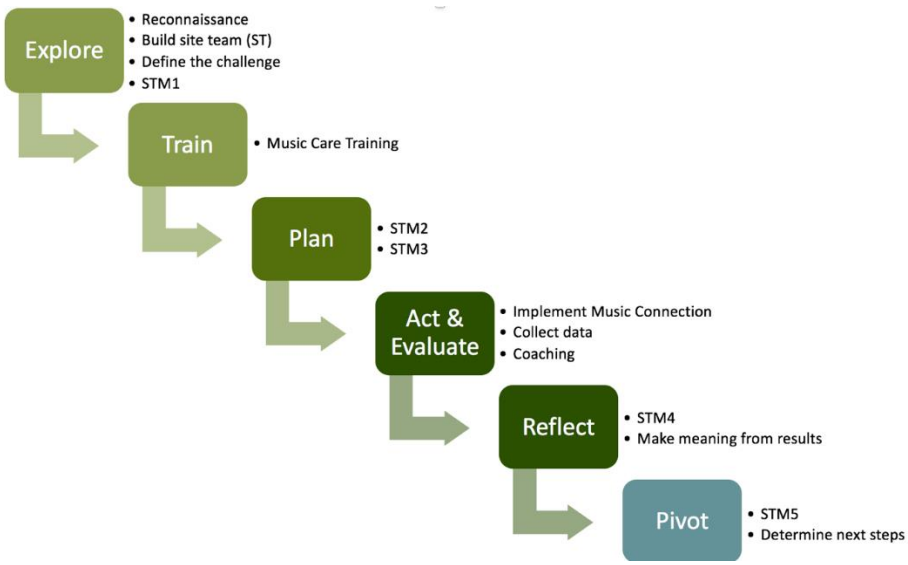

Figure 1: the 6-step adapted PAR methodology used within the MCP program.

Program Evolution

The MCP concept was piloted in 2017 in the context of an Ontario Trillium Foundation (OTF) seed grant. The program manual was developed, and the IMMC was tested. The MCP was scaled during the 2018-2020 OTF Provincial Impact grow grant. In the future, Room 217 will test the MCP in other provinces to ensure that the program processes translate effectively (Figure 2).

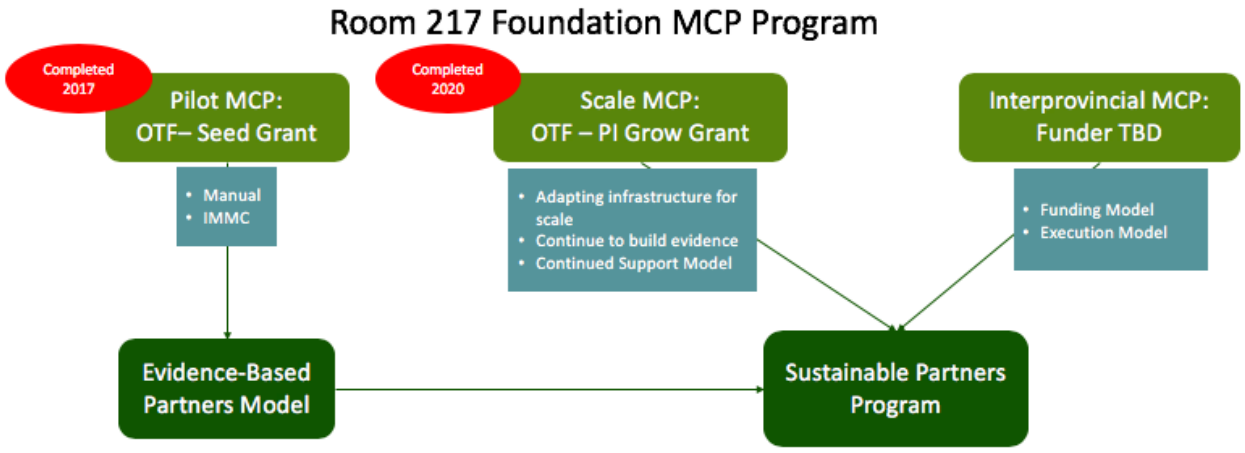

Figure 2: the development of the MCP program.

MCP Grow Milestones

2018

April	✓ MCP project begins
	✓ MCP protocols and documents adapted for scaling
June	✓ Facilitator training manual created
July	✓ Cycle 1 MCP recruitment
	✓ Facilitators hired and trained
August	✓ Cycle 1 MCP begins
	✓ Video documentary recording begins
October	✓ First OTF report completed
November	✓ First home specific results compiled
	✓ Focus group for continued support model completed with MCP pilot homes
December	✓ Cycle 2 MCP recruitment begins

2019

January	✓ Cycle 2 MCP begins
February	✓ Continued Support Model developed
March	✓ Video documentary completed
April	✓ Year 1 OTF interim report completed
May	✓ First set of cycle 2 home-specific results compiled and delivered
July	✓ Cycle 3 recruitment
August	✓ Music Care Masterclass completed
	✓ Cycle 3 begins
October	✓ Third OTF report completed
	✓ Final set of cycle 2 home-specific results compiled and delivered

2020

January	✓ Cost analysis began
February	✓ First set of cycle 3 home-specific results compiled and delivered
April	✓ Final set of cycle 3 home-specific results compiled and delivered
May	✓ MCP Final Report delivered to OTF and stakeholders
	✓ 3 peer-reviewed publications prepared and submitted for publication

Figure 3 showcases the homes that participated in each cycle of MCP.

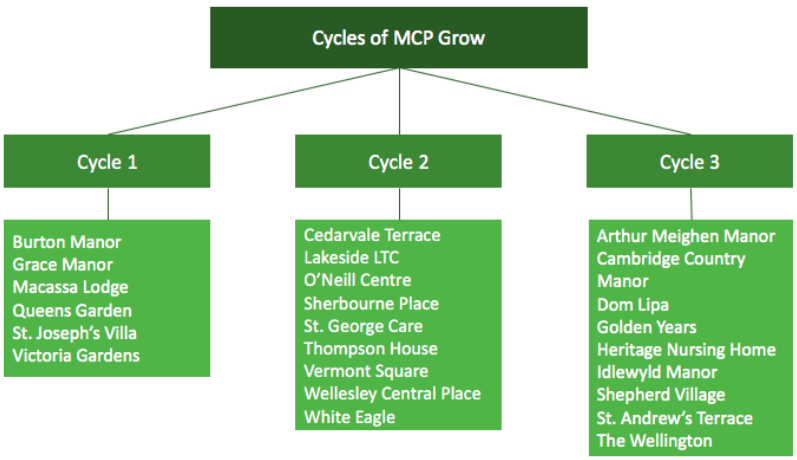

Figure 3: MCP was delivered in three "cycles"

MCP Grow Outputs

- Partners Manual – the "how-to-run-Partners-in-a-box" set of files
- Facilitator Handbook & Manual for training MCP facilitators
- 24 home-specific Handbooks & Manuals
- 21 home-specific posters
- 5 third-party conference presentations by Room 217
- 3 peer-reviewed publications
- 20-minute video documentary

Demographics

All 24 long term care homes participating in the Partners music program were involved in the creation of a custom music care initiative for their home. Four of these initiatives (16.67%) were individual-based, 8 initiatives (33.33%) were group-based, and 12 initiatives (50%) involved both individual and group elements. An "individual-based" initiative is a music care initiative where the majority of music care is provided in a 1:1 context, where the care provider and care receiver use music in the context of their caring relationship. A "group-based" initiative occurs when the majority of the music care is delivered in the context of a group.

While the COVID-19 pandemic did not impact the delivery of the MCP program or the subsequent continuation of music care as a regular practice within the LTC home, it did impact post-data collection at three participating LTC homes. This is because site team members were redeployed, or their roles were re-defined to support urgent pandemic-related tasks and activities.

A total of 265 residents were "officially" enrolled as participants in the MCP evaluation from the 21 data-reporting LTC homes. This number of "official research participants" vastly underestimates the total number of residents who benefited from the MCP grow program. We estimate an additional 470 residents who, through the ripple effect, benefitted from MCP.

Spotlight on St. George Care Community, Toronto, ON

The St. George Care Community population is distinct from other homes as a majority of the residents have a mental health diagnosis. As a result, residents tend to be marginalized, disenfranchised, and were often homeless prior to living at St. George. The home also has a younger population relative to other long-term care homes, with the youngest resident being 28 years old. The unique demographics of St. George Care Community were observed to contribute to the manifestation of isolation and loneliness at the home. Prior to the Partners study, the home also identified aggressive behaviours at mealtime to be a serious issue at the home. These behaviours had a direct impact on the residents involved and were distracting other residents from finishing their meals. Some residents were even choosing to eat in their rooms because the dining rooms were an undesirable place to be. The St.

George Care Community music care initiative was called “Sounds of St. George”. Speakers and mp3 players were purchased for each of the dining rooms and playlists using resident requested songs were created. Music was played at breakfast, lunch and dinner in each of the dining rooms throughout the eight-week initiative.

In addition to pre- and post-initiative Friendship Scale scores and the four RAI-MDS variables collected from the other homes in the study, variables such as resident weight pre- and post-initiative and pressure ulcer severity were also collected. Older adults have an increased risk of undernutrition which is widely known to be associated with increased morbidity and mortality (citation in attached comment). According to the RAI-MDS tool, one of the specific negative outcomes associated with undernutrition and weight loss is the development of pressure ulcers.
Across the eight-week initiative there was a 2.61 increase in average Friendship Scale scores (Figure 4). This means that self-perceived social isolation *decreased* across the study period. There was also a slight decrease in the RAI-MDS aggressive behaviour scale score.
Ten out of the eighteen participating residents (56%) gained weight over the course of the Sounds of St. George music care initiative. Five residents exhibited weight loss of 1 kilogram or less, and only three residents exhibited weight loss of more than one kilogram. However, none of the weight lost over the course of the music care initiative was unexplained. In contrast, St. George Care Community had three residents with unexplained weight loss in the previous quarter. Staff explained that during the initiative, residents were focused on enjoying the music and eating their food, rather than engaging in or watching physical or verbal altercations. This coincides with the reports from the Dietary Manager. Prior to the initiative start date, 30% of food was being returned to the kitchen after each meal. Over the course of the initiative, this decreased to only 5% of food being returned to the kitchen.
In the previous quarter, there were 12 residents coded as having a stage 2-4 pressure ulcer. Across the eight-week music care initiative period, there were only 6 residents with stage 2-4 pressure ulcers. Moreover, there was one less new occurrence of a pressure ulcer compared to the previous quarter.
Staff and residents both commented on how effective the music care initiative was. In addition to *reducing* unwanted behaviours, the initiative was also *stimulating* meaningful interactions in the dining room. Residents would sing together and engage in conversation about their favourite songs. Staff enjoyed dancing with residents and seeing how much of an impact “Sounds of St. George” was having on the residents. One staff member noticed how one resident in particular has gone from eating only 0 to 25% of her plate, to 50 to 100% of her plate while music is on – a huge improvement. She also noticed another resident who would frequently get into verbal altercations, stopped arguing when Ricky Martin and Enrique Iglesias songs were played. Her favourite songs would lighten her mood and help her resume eating instead of fighting with others.

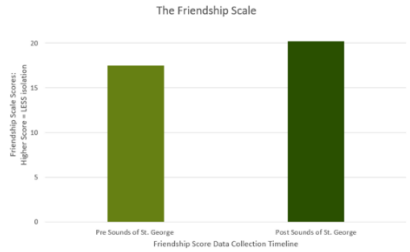

Figure 4: pre-study Friendship scores are shown in light green, and post-study Friendship scores shown in dark green. Note that these are group average scores. O*n average*, the Friendship scores increased by 2.61 points.

Quantitative Evaluation

All 24 homes collected and provided pre-intervention (and, whenever possible, mid-intervention and post-intervention) RAI data, an assessment system used in LTC homes across Canada, which included the Cognitive Performance Scale (CPS), the Aggressive Behaviour Scale (ABS), the Index of Social Engagement (ISE), and the Depression Rating Scale (DRS); when possible, homes also provided data for the Changes in Health, End-Stage Disease, Signs, and Symptoms Scale (CHESS) and/or the RAI variables d1, d3, c1, c2a, c2b, c4, g1ea, g5a, g1ha, b2a, b4, and the pain scale (which can together be used to calculate an HUI3, or Health Utility Instrument 3, score). Calculations using RAI scores are performed by comparing pre-initiative and post-initiative scores, and, post-initiative scores are substituted with mid-initiative scores when post-initiative scores are unavailable.

Thirty-three percent of the LTC homes chose to focus on collecting complimentary data on resident loneliness (using The Loneliness Scale), while 67% chose to collect complimentary data on resident isolation (using The Friendship Scale). The choice was given to the LTC community to focus on either loneliness or isolation, based on the specific needs of their residents and parameters of their communities.

While all LTC communities reported positive qualitative results and culture change as a result of music care integration through the MCP, not all homes documented average positive change on the loneliness and isolation validated tools. Factors contributing to the differing quantitative results include cognitive impairment of residents (i.e. cognition impacts one's ability to respond to a verbal questionnaire), fit of resident participants to the chosen initiative, translation of validated scales, and external events such as personal health changes, and the onset of a pandemic which impacts the quality of social care provided to residents in LTC homes.

Of the participating LTC homes, 61% can be classified as "responders" based on the results indicated in either The Friendship Scale or The Loneliness Scale (figure 5). A responder home using The Friendship Scale would display an increase in average post-initiative total scores (compared to average pre-initiative total scores) for the home, indicating a decrease, on average, in the isolation experienced by its residents. Contrastingly, a responder home using The Loneliness Scale would display a decrease in average post-initiative total scores (compared to average pre-initiative total scores) for the home, indicating a decrease, on average, in the loneliness experienced by its residents.

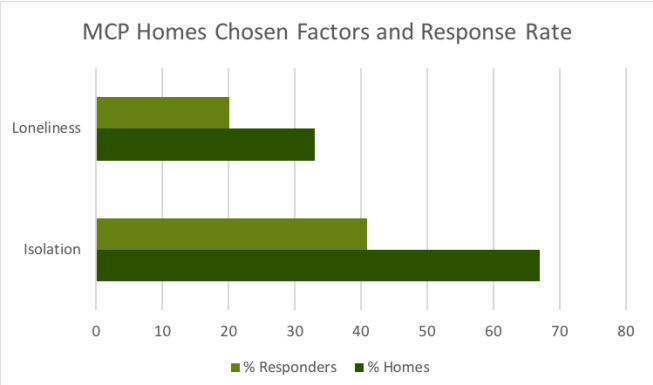

Figure 5: A total of 61% of participating homes saw overall positive changes on the validated tool that was used to understand their chosen construct of either loneliness or isolation. This works out to be 20% of the homes who focused on loneliness and 40% of homes who focused on isolation.

Five participating LTC homes saw an average positive change in RAI CPS scores, indicating that the implementation of a music care initiative *positively impacted the cognitive function* of participating residents. This is especially significant because cognitive capacity typically decreases across time in the LTC setting.

Regarding RAI ABS data, a responder home would display a decreased average ABS over the course of the initiative, indicating, on average, decreased aggressive behaviour. Seven LTC homes experienced positive changes in ABS data.

RAI ISE data is used to understand engagement in social activities and social care opportunities in LTC homes. A responder home in this domain would display an increased average ISE score over the course of the initiative, indicating, on average, improved social engagement. Responder homes for RAI ISE include six of the participating homes.

RAI DRS data describes the depression scores of residents. A responder home would display a decreased average DRS score over the course of the initiative, indicating, on average, decreased depressive mood. Nine of the participating LTC homes reported positive change (i.e. decreased depression) experienced by program participants.

Finally, one home saw an average positive change in the RAI CHESS score over the course of the initiative. This indicates that on average, residents experienced an improved overall health status. It is important to note that CHESS scores were not collected until the very end of the project in order to contribute to the cost-benefit analysis. Only 4 participating LTC homes provided this additional data set to the Room 217 research team, meaning that 25% of the reporting homes saw an average positive change in overall health and wellness for participating residents.

Qualitative Evaluation

Thirty-two individuals from 15 different LTC homes were interviewed throughout the study. Eleven interviewees were residents, and the remaining 21 interviewees were staff members of varying positions. Seven overarching themes emerged:

Limited Resources

The first theme is "*Limited Resources*". Interviewees consistently stated that a lack of resources was one of the greatest barriers to this program as it prevented the optimization of music care delivery in LTC homes. Subthemes emerged based on the types of limitations and include: funding, buy-in, technology, and physical space.

Distinct Experiences

The second theme is "*Distinct Experiences*". This theme is based on the idea that individuals experience music and are affected by music differently. In other words, the experience of music care is highly specific to the individual. Subthemes include: individual barriers and relationship to music. 'Individual barriers' addresses how the residents' experience is impacted by factors such as perceptual, cognitive, and physical capacities, as well as day-to-day fluctuations. Relationship to music addresses the residents'

individual music preferences, level of musicianship, and preferred approach to engage with music. Some residents use music as a social point to engage in conversations, others like to play along, and some just want to listen. Staff help make this individual experience possible by reaching out to residents and trying to figure out the best approach to get the individuals engaged.

Life Enrichment

The third theme is "*Life Enrichment*". This theme addresses the personal changes that occurred through music care. There were two subthemes, or types of changes noted by interviewees: behavioural changes, and mood changes. Behavioural changes including individuals becoming more sociable, more active, and better at finishing their food. Mood changes included increased enthusiasm and excitement in the lives of residents.

Dynamic Relationships

The fourth theme is "*Dynamic Relationships*". This theme addresses the way that music care impacts relationships, as well as how relationships impact the delivery of music care. There are many types of relationships in the LTC setting, including resident-staff, resident-resident, resident-family, staff-staff, among others. Subthemes include: quality of relationships, compassionate caregivers and communication.

Program Flexibility

The fifth theme is "*Program Flexibility*". This theme addresses the variations within the different music care initiatives. Different music care initiatives had different levels of flexibility and/or adaptability. The essence of music care is flexibility, and it is designed to be adapted for specific care contexts. Subthemes of adaptability, overwhelmedness and benefits of MCT showcase experience of flexibility at the participating homes.

Potential Continuity

The sixth theme is "*Potential Continuity*". Music care initiatives have the potential to provide long-term benefits through continuation and integration in long-term care homes. Integration of music care can be seen through the "ripple effect" phenomenon which occurs when music care is expanded and spreads beyond the scope of this project. "Ripple effect" can manifest in three ways, each of which represents a subtheme of this overarching theme: involving more residents, creating more initiatives, impacting more challenges.

Enhanced Socialization

The seventh theme is "*Enhanced Socialization*" An important effect recognized by multiple interviewees is enhanced socialization, and this theme encompasses how participants connect with each other socially as a result of the music care initiative. This was different than prior to the music care initiative, where individuals were lonely, or stayed isolated. MCIs create a space that fosters a group dynamic where residents feel connected. Interviewees noted the group helped support and encourage individual participation in the program and enhance socialization.

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MCP Outcomes

There were meaningful changes across residents, as evidenced by individual and average changes in social isolation, loneliness, depression, engagement, cognitive, and responsive behaviour scores. There were a number of positive qualitative observations documenting positive resident outcomes, in addition to the positive impact of the project on staff and other LTC community members (such as families and volunteers). Residents benefited either directly, through a documented change in health outcomes scores, or indirectly, through the "ripple effect".

The "ripple effect" is a phenomenon that occurs when music care starts to become integrated into the LTC community in a sustainable way. In the grow phase, we described three ways that the "ripple effect" occurs: involving more residents, creating more initiatives, and impacting more challenges.

This project was designed to target both isolation and loneliness, which are related but distinct constructs. It is important to consider if music care is more suited to have a positive impact on one or the other construct. Since isolation and loneliness are so related and confounding of each other, it is challenging to understand which construct is being primarily impacted by the delivery of music care in context. Other factors to consider are the demographics of the care receivers (for example, cognitive impairment), and the type of scale used to understand change.

The MCP program is unique and innovative because it involves training internal staff to deliver music care in the scope of their everyday practice. The theoretical framework under which this program was developed, IMMC, involves four "levels" of music care integration, that each care community works through as they learn how to deliver music care, supported by expert music care provider. We believe this is a more sustainable approach compared to hiring contractors to deliver music in LTC, as it allows for music care to be delivered relationally, in organic moments, through a means that is tailored to the needs of each resident and their preexisting relationship with their caregiver. The MCP program is further justified by the high-quality scientific evidence showcasing its outcomes and results. Overall, when considering all of the qualitative and quantitative evidence, we can conclude that *doing music care through the IMMC in the MCP program can make a difference in LTC.*

Room 217 believes that the IMMC is transferrable to other care settings, such as hospitals, hospices, and adult day centres. The next phase of testing the IMMC will involve its implementation, through the MCP program or its derivative, in care settings other than LTC.

The principle benefit of the PAR approach within the MCP program was the shared ownership of the program and associated research between the LTC community and the Room 217 Foundation. Engaging the LTC home in the process and ensuring that community voices were heard lead to a greater potential for long-term implementation and finding practical solutions that will be used to solve every-day problems. In addition, the adaptive nature of the methodology allowed changes to be made to the initiative throughout the process on the condition that they are purposeful and made with the goal of creating a usable plan of action. PAR is always messy in this regard and is suspect of bias and non-objectivity. Therefore, more protocols and detailed, accurate reporting were required for the program and associated outcomes data to maintain validity.

Enablers & Barriers of Music Care Delivery

While enablers and barriers were discovered in the MCP seed project, the grow iteration of MCP gave us more granularity into those factors and highlighted new ones. They have cumulatively been grouped into categories, named and given a diagnostic question to help determine readiness factors of success in music care delivery (Table 1). The Music Care Delivery Readiness Factors of Success could be used as an assessment tool for Room 217 to use for MCP recruitment to help predict success. The tool may also help a LTC home address any gaps prior to starting MCP in order to ensure readiness.

Factors Category	Enablers and Barriers	Readiness Question
Integration – What does it take to incorporate music care into the setting?	Strong leadership	Is there decisive oversight and advocacy for music care?
	Resident engagement	Are residents involved in decision-making?
	Music therapy	Is there a music therapist on staff?
	Perceptions of music and care	Is music perceived as holistic, integral, fun, and pleasurable?
	Value of music and care	Is there an ongoing financial investment in music care?
	Outbreaks/pandemic	Are outbreaks and pandemics used as opportunities to leverage music care?
	Room 217 support	Do you take advantage of Room 217's coaching, training and music care resources?
Staff – Who are the people most responsible for music care delivery?	Awareness of residents' needs	Does staff use a person-centred approach to care?
	Buy-in	Is there buy-in for music care from most of the staff?
	Culture	Does the staff culture have a growth mindset?
	Number	Are there enough staff to enact a music care initiative?
	Knowledge of evaluation	Is there a demonstration of evidence-based practice?
	Reflective practice	Is there a demonstration of reflective practice?
	Community	Does the staff share a philosophy of LTC as the residents' home and shared community?
	Adaptability	Can staff flex and adapt to changing environment and resident needs?
Processes – What are the internal operational procedures impacting music care delivery?	Purposeful recruitment	Are you able to prioritize residents based on need?
	Planning and implementation	Are you able to create a detailed plan with sequential steps and put it into practice?
	Resources	Do you have physical space, technology, musical instruments needed for music care?
	Communication	Can you clearly articulate and mobilize your team around the plan?
	Tracking	Is there a procedure in place for tracking change?
	Time	Will time be allotted for learning music care practice?
	Construction	Is there scheduled site construction that could impact music care delivery?
Delivery – What makes music care delivery work?	Flexibility	Can the music care initiative be adapted for optimization? i.e. language, group size
	Confidence	Do those delivering music care feel they can be confident and creative?
	Inclusivity	Can music care be used as a means of social bonding especially amongst residents with different backgrounds i.e. ethnicity, socioeconomic?
	Frequency	How often can music care be delivered?
	Team approach	Is there a cohesive team approach for music care delivery?
	MCI appropriateness	What is the strategic fit of MCI within your context?
	Community partnerships	Are there community partners that might be willing to support music care practically?

Table 1: Music Care Delivery Readiness Factors

Key Learnings

During the Grow phase of MCP, we learned that in order for music care to have a difference in LTC communities, music care must occur more than once per week. During cycle 1 of MCP, we did not provide any minimal number of music care touchpoints, and this had a negative impact on LTC homes who did not put emphasis on ensuring that each participating resident received purposeful music care more than once per week. After cycle 1, MCP facilitators stressed the importance of providing music care touchpoints at least twice per week, which had a significant positive impact on the delivery of the MCP program in the remaining LTC homes.

To our knowledge, there are no other music interventions or initiatives in Canada that are built around equipping front-line staff members from a variety of scopes of practice to turn to music as an approach to care in their day-to-day interactions with LTC residents. The more front-line care workers who are able to participate in the education component of MCP, the greater the probability of long-term (lasting) music care integration within the home. It is critical for Room 217 to provide this information at the outset of MCP. Also, it is important to recognize the structural and financial barriers that the home faces when considering which and how many care providers are able to participate in the education program.

Regarding the education program itself, MCP grow phase has validated that the Room 217 Music Care Training program is unique, and valued by the care providers who are able to participate in it. Site team members across numerous homes consistently referenced the training as a highlight of the program.

Through this project, we have also learned the value of a great team. Strong communication and collaboration goes a long way in ensuring all of the nuanced details of each home's MCP experience were recorded, honoured, and considered throughout the process.

Recommendations

Run MCP in "sister homes"

Implement MCP within a group of homes owned and operated by the same group (i.e. "sister homes") in order to streamline the process from the Room 217 and from the LTC homes' perspectives.

Streamline the MCP evaluation processes

At the culmination of the grow phase, we recommend removing a large portion of the data collection component of MCP, since 300+ residents' experiences have been documented, and results have been compiled.

Test MCP in other healthcare settings

LTC was the logical location to develop and test the IMMC (i.e. the theoretical framework that provides the basis for the MCP program) as it is a microcosm of a community. We believe that the IMMC and

MCP program will translate well to other healthcare settings, such as hospitals, retirement homes, adult day programs, and hospices.

Conclusions

MCP was designed to change the culture of care using music in the long-term care context. MCP combines elements of coaching, consultation, facilitation, and education. Through MCP, the site team is equipped with the tools needed to iterate the MCP process, allowing each participating LTC home to systematically determine how to use music to solve other challenges experienced in the LTC setting. Through qualitative and quantitative evidence, we have shown that the purposeful implementation of music in the long-term care context makes a difference in the residents' experience of isolation and loneliness.

MCP is a comprehensive program. In its current form, it involves at least three Room 217 staff members, up to 10 LTC community members, two days of training, and multiple meetings and coaching sessions. However, it is still important to consider critically how MCP will maintain its functionality across time, especially without the support of external grant or charitable funding. A key question for Room 217 remains, will LTC homes invest in music care delivery?

We know MCP changes the culture of care. We also know that in order to achieve meaningful outcomes through MCP, a significant amount of time, effort and energy is required from the LTC community and a comparable investment is required from Room 217. This is because music care is not currently integrated into the LTC system, neither in the funding or staffing model. MCP requires commitment above and beyond the day-to-day routine of an entire care community to lead to integration of music care in the long run.

Given that the initial MCP pilot and the subsequent MCP grow projects have shown that LTC teams embrace the use of music care, that music care can reduce isolation and loneliness, that numerous other quality of life outcomes are achieved, and that potentially costs related to management of behaviours are reduced, there is a strong imperative for any structural and staffing changes flowing from the current COVID experience to implement music care into the new standard of care in LTC homes in Canada. With the promise from the provincial government that there will be a full review of LTC post pandemic, the time is now for MCP to become a cost efficient and unequivocally effective standard in LTC to improve the quality of life and care for residents.