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Incorporating the Preferences for Everyday Living into Ohio's Nursing Homes to Improve Resident Care

Proposal to the Ohio Department of Medicaid

March 16, 2016

1. Purpose and Summary

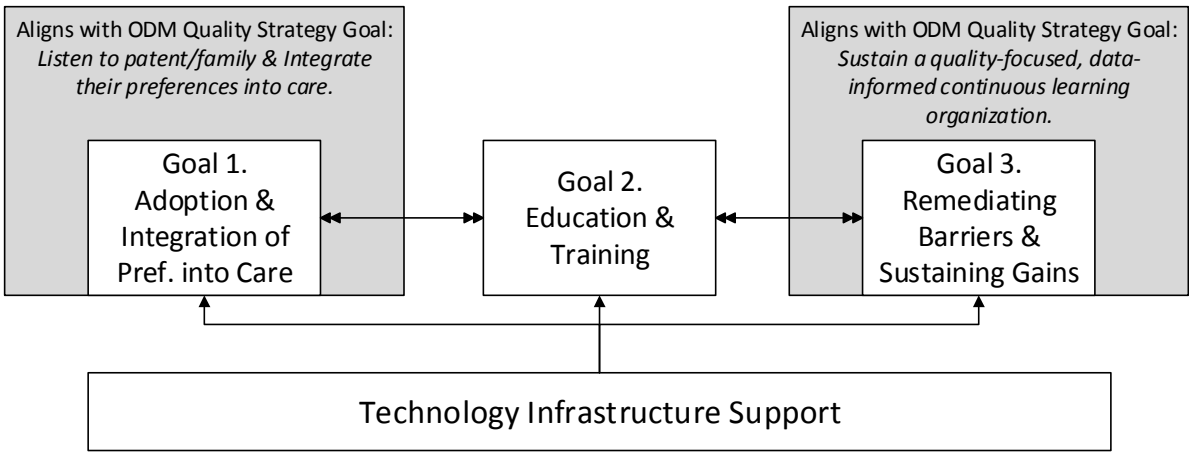
Miami University and the Scripps Gerontology Center are pleased to submit to the Ohio Department of Medicaid (ODM) a proposal to utilize funding from the Resident Protection Fund. These funds are comprised of the state's share of civil money penalties (CMPs) imposed on skilled nursing facilities (SNFs). This project is for all nursing home providers in Ohio who seek a sustainable way to provide person-centered care. The *Incorporating the Preferences of Everyday Living Inventory (PELI) into Ohio's Nursing Homes to Improve Resident Care* project will guide providers on ways of translating *PELI* data into daily care practices. This project will focus on promoting adoption of preference assessment through education and training, and sustainability through quality improvement strategies. Furthermore, this initiative is aligned with two of the five goals defined in the Ohio Department of Medicaid Quality Strategy including: listening to patient/family and integrate preferences into care and sustain a quality-focused, data informed continuous learning organization.

Nursing homes (NH) are embracing person-centered care (PCC), an approach that emphasizes "knowing the person" and honoring each individual's preferences. As providers shift toward delivering PCC, they need timely, efficient methods to gauge whether they are meeting consumer preferences while also identifying priorities for improvement. One approach is for providers to assess the preferences for everyday living of nursing home residents. The *Preferences for Everyday Living Inventory* (*PELI-NH*) has been selected by the Ohio Department of Medicaid as one of five quality improvement indicators. This measure was selected because of its demonstrated validity and flexibility in identifying nursing home residents' most strongly held everyday preferences. Assessing preferences is an important first step, but based upon our experience, providers need education and training on how to approach the assessment of preferences and use the information to drive improvements in care and sustain those gains over time.

Therefore, this project will have three primary goals*: 1) to guide providers on ways of integrating PELI-NH assessment into daily operational practices that can improve resident care among Ohio nursing homes; 2) to provide education and training for providers in using preference assessment data to guide care; and 3) to evaluate remaining barriers to preference-based PCC implementation and provide solutions for long-term sustainability.* These goals will be supported by a technological infrastructure in order to assist providers in collecting, managing, and tracking data over time (See Figure 1 below).

To achieve these goals, we have decided to initially focus on the 16 preference items that all nursing homes currently ask in the *Minimum Data Set* (MDS) 3.0 Section F. Providing an initial focus on the MDS items (which completely overlap with the PELI tool) and how providers can use the information to impact resident care will be the main emphasis for this three year project. This initiative has the ability to build person-centered care capacity among all Ohio NHs, even those that have low star ratings. In addition, we are incorporating materials that will stretch high performing homes (e.g., engaging proxy respondents) and build a technological data collection and analysis support infrastructure.

Figure 1. Incorporating the Preferences of Everyday Living Inventory into Ohio's Nursing Homes to Improve Resident Care.



Goal #1 Guide providers on ways of translating PELI data into daily care practices that can improve resident care among Ohio nursing home providers.

Goal #1 focuses on the process of translating resident preference data into daily care practice by incorporating a Plan, Do, Study, Act (PDSA) quality improvement strategy. Initially, we will focus on educating providers on interviewing residents using an augmented MDS 3.0 Section F. This first step will create a process for providers to seek details about preference items that long-stay residents mention as important in the mandated preference data already collected. Focusing on preferences as a way to learn more about residents, allows for a shift in the mindset of providers from 'just another task' to a relationship building conversation. A long-term goal will be that providers can incorporate additional PELI items (beyond the 16 MDS items) over time. The second step in the process will entail assisting providers in identifying a method for data entry and tracking resident preferences during their stay in the facility. We will create processes for several data management methods - from paper and pencil to web based applications - which providers can choose from based upon their unique needs. Third, we will guide providers in developing a communication plan. This plan will include all staff members that have access to resident preference information. In the fourth step, we will share with providers how to use preference information in care planning meetings in order to translate resident preferences into everyday practices. Finally, we will encourage providers to reflect upon the process and determine what is working well and what needs improvement.

Throughout the process we will work with providers to identify and document 10-15 exemplary case studies that highlight successes of resident preference assessment and fulfillment. We will use these case studies not only as examples of the benefits of preference-based person centered care, but in order to refine training materials. For example, we can turn case studies into simulation exercises with role playing that can be another learning strategy providers can use for training employees.

Goal #2. Education and Training Objectives

We propose to develop and disseminate a variety of education and training materials throughout the three-year period of this grant. Examples of these products include a 'tip of the month' electronic newsletter, quarterly webinars, and three training videos. We have collected numerous tips that range from getting started with the *PELI* to engaging proxies for residents who cannot self-report their preferences. These bite size tips will be sent electronically to all OH NHs via newsletters from the Scripps Gerontology Center. The Scripps Gerontology Center engages all OH NHs every two years for their Biennial Survey and maintains a database for communicating with providers. In addition, we will conduct quarterly webinars that will allow us to present more detailed implementation training and answer questions. These webinars will be recorded and made available for viewing. Finally, we propose to create three 20-minute training videos with accompanying training guides, similar to the Person-Centered Care training video and training guide produced by the Scripps Gerontology Center in 2015 (http://miamioh.edu/person-centered care video). The proposed videos include 1)

how to conduct PELI interviews, 2) how to engage and interview proxies, 3) how to incorporate *PELI* data into care planning, and 4) how to achieve success in person centered care using QAPI methods.

In addition, we seek to utilize our strategic alliances with industry based organizations such as the Ohio Health Care Association (OHCA), Ohio's Leading Age, the Ohio Person-Centered Care Coalition, and Academy of Senior Health Sciences, Inc. for additional education and training sessions via their annual conferences. Our aim is to present half or full-day workshops along with interactive sessions based upon the conference schedules. We will also utilize the annual meetings to conduct focus group sessions to identify common implementation barriers and solutions to delivering preference-based person-centered care. Understanding the barriers to delivery allows us to create additional resources as we learn from nursing homes that have been successful in overcoming those barriers. These "best-practice" suggestions will be included in monthly tips and webinar sessions. Finally, we propose to develop and produce an overview of the *PELI* video segment for the Core of Knowledge Nursing Home Administrator Training and Ohio State Tested Nurse Aides (STNA) training.

Goal #3. Understand facilitators and remaining barriers to preference-based PCC implementation & evaluation

The third goal of this study is to identify and remediate barriers to providing preference-based person-centered care among providers. In order to achieve this goal, we will provide a 'hot line' for Ohio nursing homes to call when they encounter barriers. A project manager will log calls and use our team of consultants to formulate a timely response to the barrier. The project manager will proactively call a portion of low star rated homes every month to inquire where the provider is in the implementation process and offer problem solving support for barriers that have been encountered. The project manager will also detail successful implementation strategies to share via a newsletter and webinars. Individual interviews will be augmented by focus group sessions conducted at annual industry wide conferences to identify barriers and facilitators. We will code and categorize barriers and facilitators and develop a set of recommendations to address the most common barriers. We will use our network of consultants and providers who have successfully overcome barriers with specific examples. We have the ability to seek input not only from Ohio nursing homes, but from nursing homes in Pennsylvania where we have conducted several implementation projects. These 'best practice' recommendations will be disseminated via tip of the month newsletters and webinars. We have included a consultant who has 20 years of lean management experience, Alfred Ryan Director of LEAN Initiatives at Miami University, in order to integrate the principles of continuous performance improvement throughout the materials we develop.

Technology Infrastructure Support*:*

We recognize that providers need assistance in collecting, managing, and tracking data over time. The Scripps Gerontology Center, in partnership with the Miami University Department of Computer Science, has developed a responsive website called *ComPASS (Care Preference Assessment of Satisfaction)* that assists providers in asking residents about their preferences for everyday living and track resident satisfaction with the way their preferences are met over time. *ComPASS* provides an efficient system to measure resident preferences and track their satisfaction with preference fulfillment over time. The quality improvement system helps providers pinpoint opportunities for improvement in care delivery.

The *ComPASS* website walks nursing home providers through the process of 1) administering the MDS 3.0 preference interview (with the potential to expand to include all PELI items), 2) asking "*how satisfied"* residents are with their important preferences being met, and 3) generating visual reporting at the individual, neighborhood, and facility level. These reports (see Appendix A) give feedback to providers to see 'at a glance' how well they are providing preference-based person-centered care. For the purposes of this project, we seek to perform usability tests with a small number of providers in order to make refinements to the software program. Software development for *ComPASS* will employ the use of Agile Project management techniques in order to provide iterative releases with new features added based upon feedback from providers. The development team will be a multi-disciplinary effort involving faculty and students from Gerontology, Scripps, and Computer Science, with each taking on a different role within the Agile team.

While ComPASS is specifically geared toward companies that do not have electronic medical records (EMRs), we propose working with the major EMR software companies in Ohio with the goal of integrating the

full 72 items of the PELI. In addition, a discussion board, moderated by the project manager and gerontology graduate students, will be created to allow providers to post questions and successes in providing preference-based care. We view this technology facilitated education feature as a way of building a knowledgeable community of users to help shape the process of providing preference-based care.

2. Expected Outcomes.

The expected outcomes from this project are to provide all 960 nursing homes in the state of Ohio with:

a. A process of interviewing residents about their preferences, managing, communicating, and integrating data into quarterly care planning meetings (*Goal #1*).
b. A plan for continuous quality improvement via a Plan, Do, Study, Act cycle for translating preference information into care (*Goal #1*).
c. Education and training materials for all ranges of nursing home staff (from administrator to direct care worker) including: newsletters, webinars, and training videos with guides (*Goal #2*).
d. Solutions to barriers to implementing preference-based care (*Goal #3*).
e. A variety of technological solutions for collecting, managing, and tracking data in order to sustain preference-based care over time. (*Technological Infrastructure Goal*).

We propose the following timelines for the project, which will total 3 years.

Table 1. Timeline for Goal #1. Guide providers on ways of translating PELI data into daily care practices that can improve resident care among Ohio nursing home providers

	Month									
	1	2	3	4	5-21	22-24	25-27	28-30	31-33	34-36
Develop process of interviewing resident as conversation and relationship building opportunity										
Develop data management process options										
Develop communication process options (who has access to data, who can modify, how to use effectively to communicate with 'floating' staff)										
Develop process for integrating preference data into quarterly care planning meetings										
Develop process for reflection of whole process via Plan, Do, Study, Act cycle and make course corrections as needed										
Identify and document exemplary case studies of preference fulfilment with outcomes for residents, staff, and family members										

Table 2. Timeline for Goal #2 Provide education and training for providers in using preference assessment data to guide care.

	Month											
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
PELI Tip of the Month via Newsletter												
Recorded Quarterly Webinar												
Training Video 1. How to Interview NH Residents About Their Preferences												
Training Video 2. How to Engage Proxy Respondents												
Training Video 3. How to Incorporate PELI Info Into Care Planning												
Partner with OHCA, OH Leading Age, The Academy of Senior Health Sciences, OH PCC to present at annual conferences												
Develop and create overview of PELI video segment for Core of Knowledge (NHA Training)												

Table 3. Timeline for Goal #3 Understand facilitators and remaining barriers to preference-based PCC implementation & evaluation

	Month											
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
Telephonic help "Hot Line" for providers												
Identify barriers to implementation via focus group sessions and key informant interviews (via travel to sites and focus group sessions at annual conferences)												
Develop strategies to overcome/address barriers												
Finalize implementation strategies and continue dissemination												
Follow-up with providers using RE-AIM Framework												
Case studies of facilities that extend preference assessment beyond MDS												

Table 4. Timeline of Technology Infrastructure Objectives

	Month											
	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-33	34-36
ComPASS-MDS available to all Ohio nursing homes												
Develop *ComPASS*-MDS dash boards for providers												
Create and moderate discussion board for providers to post questions/successes												
Collaborate with Point Click Care and Health Medex – for EMR consultation												
Conduct usability tests with nursing homes utilizing *ComPASS* for data entry and QI reporting												
Develop *ComPASS* user guide and training materials												

3. Results Measurement.

We propose to evaluate the program's effectiveness using the RE-AIM framework to identify the following outcomes:

Reach – the number, proportion, and representativeness of providers who were reached by the education and training initiatives.

Efficacy – the impact of the education and training on important outcomes, such as costs, staff perceptions on their confidence in providing preference-based PCC, and resident satisfaction with care.

Adoption – the number, proportion, and representativeness of providers who are assessing preferences and integrating the information into care planning documents.

Implementation – the level through which the organization is using the *PELI*, in other words, the fidelity to the various elements of the *PELI*. This includes how many and which items from the PELI are being used, how often they are reassessed, and specific examples of ways providers used the data to improve care.

Maintenance – the extent to which a provider has incorporated the *PELI* into their continuous quality improvement strategies.

We will provide quarterly progress reports to ODM and a final report one quarter after conclusion of the project.

4. Benefit to SNF Residents.

A compelling body of literature suggests that the integration of knowledge about individuals' psychosocial preferences into care is related to improved decision making about care services, enhanced quality of care and life outcomes, and increased satisfaction with care. This strategy honors the experiences and continuity of likes and dislikes that individuals have developed over a lifetime. Also, it empowers residents, helping them to maximize their potential for retaining relationships, capabilities, interests and skills by acknowledging what they prefer in the context of their strengths and needs.

5. Non-Supplanting.

The funding requested in this proposal will not supplant any existing funding for assessing preferences. SNFs are required to assess the 16 preferences found in Section F of the MDS 3.0. This proposal will provide education and training resources for how to use the information providers are already collecting in order to improve resident care. This project aligns with two of the five ODM Quality Goals (see Figure 1).

6. Consumer and Other Stakeholder Involvement.

The Scripps Gerontology Center at Miami University developed this proposal pursuant to a request from ODM for ideas to utilize the CMP money to benefit SNF residents in Ohio. Miami University's Scripps Gerontology Center is a leading source of local, state, national, and international information about the impact of aging on society, and about effective solutions to the challenges and promises of aging populations. The mission of the Scripps Gerontology Center is "to do work that makes a positive difference in the lives of aging individuals, their families and communities, and to meet the needs of aging societies." In addition, the project team involves collaboration with the originator of the PELI - Dr. Kimberly VanHaitsma - who has had experience implementing the PELI in nursing homes and other settings for over 20 years.

The PELI was one of the quality measures selected for Ohio by a stakeholder group that included representatives of ODM, the Ohio Department of Aging, the State Long Term Care Ombudsman's Office, the Ohio Department of Health, the three provider organizations representing SNFs, the Governor's Office, legislators, consumer representatives including AARP, and a long-term care researcher.

7. Funding.

The Scripps Gerontology Center at Miami University requests funding to support the goals of this project. Three annual prospective payments will be awarded on the following dates: July 1, 2016, July 1, 2017, and July 1, 2018.

We are requesting salary support for faculty, graduate students, and project staff. In addition, we are requesting funds to support travel and lodging to present at state wide conferences, visit facilities for focus group sessions and usability tests of *ComPASS*, as well as to have Dr. Van Haitsma travel to Ohio annually for face to face meetings. Pursuant to the ODM and CMS guidelines, we will only submit lodging for reimbursement that is 50 miles or more from Oxford, OH. We have also included funds for server costs to host the *ComPASS* website that all facilities will be trained and encouraged to utilize. Videography funds will be used to hire a videographer to film and edit one 20-minute video annually.

The table below shows our funding request.

		YEAR 1	YEAR 2	YEAR 3	3-Yr Total
SALARIES & WAGES		**(7/1/16-6/30/17)**	**(7/1/17-6/30/18)**	**(7/1/18-6/30/19)**	**REQUEST**
Katherine Abbott, Ph.D.	Principal Investigator (16% AY)	$ 10,135	$ 10,439	$ 10,752	$ 31,326
	Principal Investigator (100% Summer)	$ 21,115	$ 21,748	$ 22,401	$ 65,264
Jerry Gannod, Ph.D.	Co-Investigator (1.5 months Summer)	$ 22,246	$ 22,913	$ 23,600	$ 68,759
Jane Straker, Ph.D.	Co-Investigator (10% entire project)	$ 9,238	$ 9,515	$ 9,800	$ 28,553
TBN	Project Manager (100%)	$ 41,200	$ 42,436	$ 43,709	$ 127,345
Computer Science students	2 @ 10 hrs/wk entire project	$ 8,684	$ 8,945	$ 9,213	$ 26,842

Graduate Assistant (master's)	50% each AY	$ 15,224	$ 15,681	$ 16,152	$ 47,057
Graduate Assistant (CEC/CSE)	50% each AY	$ 15,224	$ 15,681	$ 16,152	$ 47,057
Graduate Assistant (doctoral)	50% entire project	$ 28,255	$ 29,103	$ 29,976	$ 87,334
TOTAL SALARIES & WAGES		$ 171,321	$ 176,461	$ 181,755	$ 529,537
FRINGE BENEFITS					
Staff @ 37.47% FY17; 38.14% FY18; 39.49% FY19		$ 22,697	$ 23,796	$ 25,377	$ 71,870
Summer @ 16.47%		$ 7,142	$ 7,356	$ 7,576	$ 22,074
Students and Graduate Assistants @ 1.7%		$ 1,146	$ 1,180	$ 1,215	$ 3,541
TOTAL FRINGE BENEFITS		$ 30,985	$ 32,332	$ 34,168	$ 97,485
OTHER EXPENSES					
Travel		$ 13,500	$ 13,500	$ 13,500	$ 40,500
Consultant: Sarah Humes, CTRS		$ 5,000	$ 5,000	$ 5,000	$ 15,000
Consultant: Alfred Ryan		$ 4,500	$ 4,500	$ 4,500	$ 13,500
Consultant: Abby Spector		$ 10,000	$ 10,000	$ 10,000	$ 30,000
Videography		$ 20,000	$ 20,000	$ 20,000	$ 60,000
Server costs		$ 450	$ 450	$ 450	$ 1,350
Supplies/equipment		$ 1,500	$ 1,500	$ 1,200	$ 4,200
TOTAL OTHER EXPENSES		$ 54,950	$ 54,950	$ 54,650	$ 164,550
SUBCONTRACTS					
The Pennsylvania State University, Polisher Research Institute Kimberly Van Haitsma		$ 43,102	$ 44,136	$ 45,195	$ 132,433
TOTAL SUBCONTRACTS		$ 43,102	$ 44,136	$ 45,195	$ 132,433
TOTAL DIRECT COSTS		$ 300,358	$ 307,879	$ 315,768	$ 924,005
Facilities and Administrative Costs (F&A)					
(Miami Univ. has a 44.5% MTDC negotiated rate with DHHS):					
10% requested, as limited by OH Dept. of Medicaid		$ 28,226	$ 26,374	$ 27,057	$ 81,657
TOTAL PROJECT COSTS		$ 328,584	$ 334,253	$ 342,825	$ 1,005,662

8. Involved organizations.

Miami University, Scripps Gerontology Center & Department of Computer Science and Software Engineering
The Pennsylvania State University
Polisher Research Institute

9. Contacts.

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Kimberly Van Haitsma, PhD, Co-Investigator, Pennsylvania State University, Polisher Research Institute, ksv110@psu.edu, 814-865-7988.

Appendix A. Example Individual Report Provided by *ComPASS* (Care Preference Assessment of Satisfaction).