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

Quarterly Progress Report to the Ohio Department of Medicaid

Timeframe: July 1, 2017 through September 30, 2017

We have had continued success during the start of Year 2. Details of our accomplishments during the period from July 1, 2017-September 30, 2017 are listed below.

**Project Administration**
- Held weekly project team meetings with all project investigators, staff and students.
- Hired a new Project Manager. Dr. Leser resigned as the Project Manager to accept a faculty position with another university. We conducted an extensive replacement search and have hired Alexandra Heppner who started on Sept. 18, 2017. Ms. Heppner has a Bachelor’s degree in social work and has worked in both nursing home and adult day health settings.
- Continued to increase functionality and capability for analytics on our website, PreferenceBasedLiving.com. The website provides tools, tip sheets, brochures, webinars, training videos and other resources to assist provider communities as they implement preference-based, person-centered care.
- On Sept. 6, conducted an Agile Retrospective to review project progress during the summer.

**Goal One—Guide Providers on Ways to Translate PELI Data into Daily Care Practices**
- Continued relationships with provider communities participating in PAL Card implementation testing: Butler County Care Facility, Pristine Senior Living of Oxford and the Knolls of Oxford. Established a new relationship with Berkeley Square of Hamilton. To date our team has produced PAL cards for more than 55 residents across the four organizations. We have also been conducting follow-up interviews with staff and residents to assess the impact of the PAL cards.
- Disseminated the PAL Card template, implementation tip sheet, and sample PAL Cards via our PreferenceBasedLiving.com website. Our October newsletter will highlight this set of resources.

**Goal Two—Education and Training**
- Hosted a webinar, “Integrating Preferences into Care Plans,” on Sept. 28, 2017. We offered 1.0 free social work and BELTSS CEUs to the 73 registrants. The webinar recording will be closed-captioned and posted on our website in Oct. 2017.
- Developed two new tip sheets to advise organizations as they integrate PELI information into the care planning process and communicate resident preferences across care team members. The new tip sheets are: *Integrating Preferences into Care Plans* and *PAL Card Implementation Tip Sheet.*
- Presented a pre-conference half-day “PELI Bootcamp” workshop to approximately 80 participants at the Annual Pioneer Network Conference held in Rosemont, IL on July 30, 2017.
- Presented two sessions at the OHCA Social Work Conference on Aug. 22, 2017. Approximately 30 participants attended each of the two presentations: “Using the PELI for Quality Improvement Purposes”
and “Communicating Important Preferences Using the PELI among Staff, Residents, Families, and Volunteers.”

- Created and emailed three monthly PELI-Can e-newsletters to 960 nursing homes and approximately 600 additional contacts nationwide. Newsletters are available on the PreferenceBasedLiving.com website under the Resources Tab.
- Disseminated our first training video and guide, “Preference-Based Living: Interviewing Older Adults Using the PELI”. The video and guide are available free-of-charge on our website under the Resources Tab.
- Wrote script and produced the second in a three-part series of training videos on how to integrate preferences into the care planning process. At the end of September, the video was filmed over three days and included involvement of PELI-Can team members, a videographer, producer and actors.
-Submitted an abstract for a symposium called “Implementation Strategies for Nursing Home Quality Improvement: Lessons from Three States” to the 2018 Aging in America annual conference, which will be held in March 2018.
- Submitted a proposal to present at the OHCA activity professional conference in 2018.

**Goal Three—Understand Facilitators and Barriers to Preference-Based PCC Implementation and Evaluation**

- Continued to operate the PELI Help Line. Responded to and tracked all communications with providers. We are now hearing from providers in TN who are using the PELI as part of the QuILTSS program outlined here: [https://www.tn.gov/assets/entities/tenncare/attachments/QuILTSS10MeasurementMemo.pdf](https://www.tn.gov/assets/entities/tenncare/attachments/QuILTSS10MeasurementMemo.pdf)
- Continued to track common barriers to implementation reported by PELI providers. The information helps us plan topics for our newsletters, educational offerings and individual consultations with providers.
- Developed a customizable and downloadable brochure for providers to distribute to residents and their family members (available at PreferenceBasedLiving.com). The brochure explains the aims of preference-based care for people receiving long-term services and supports. The impetus came from providers who reported that some residents or family members had concerns about how PELI information would be used and were therefore reluctant, or refused, to participate in PELI interviews. The brochure explains how the PELI helps to personalize care for residents and improve their quality of life. Organizations can insert their name and contact information on the brochure’s back panel.
- Solicited success stories from provider communities that have used the PELI to create positive outcomes for residents. We published the “call for entries” in our July, Aug. and Sept. 2017 newsletters as well as on our website. By the Sept. 15 deadline, we had received several success stories. We are seeking provider permission to feature the stories in upcoming newsletters.

**Technology Infrastructure Support**

- Conducted usability testing of our mobile responsive website, Care Preference Assessment of Satisfaction (ComPASS), with a second nursing home.
- Continued developing individual and neighborhood level data visualization methods to illustrate resident satisfaction data collected through ComPASS. The format will allow providers to quickly assess how satisfied residents are with fulfillment of important preferences.