

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: April 1, 2018 through June 30, 2018

We have had continued success during Year 2. Our accomplishments during the period from April 1 through June 30, 2018 are detailed below.

Project Administration

- Held weekly project team meetings with all project investigators, staff and students.
- Held a three-day, in-person, face-to-face meeting with the entire PELI-Can project team. This session allowed our full team to conduct an AGILE retrospective of the project and strategically plan priorities for Year 3.
- Continued to increase functionality and capability for analytics on our website. PreferenceBasedLiving.com provides tools, tip sheets, brochures, webinars, training videos and other resources free-of-charge to help provider communities implement preference-based, person-centered care.

Goal One—Guide Providers on Ways to Translate PELI Data into Daily Care Practices

- Continued working with 40 providers who participate in the [PELI PAL Card QIP](#). The QIP team coordinates monthly conference calls to check in, receive progress updates, and problem solve as needed. We lead 10-12 small group calls per month, each with 3-5 providers in order to promote an open dialogue. The calls are recorded and then transcribed and coded to study barriers and facilitators to implementation. As of June 15, 2018 two providers have completed all project requirements ahead of schedule, the first was a 1-star community that submitted all required forms on April 27th and the second was a 5-star community that submitted all required forms June 6th. The majority of participants are on track to complete the project.

Goal Two—Education and Training

- Developed and released a new tip sheet: Using the [PELI in Short-Stay Settings](#), which provides strategies for assessing and honoring the preferences of short-stay individuals.
- Hosted a webinar entitled “Using the PELI in Short Stay Settings.” Thirty people attended the May 8, 2018 webinar. Five attendees received social work CEUs and 4 received BELTSS CEUs.
- The Short-Stay webinar was recorded and closed-captioned. It is available on our [YouTube Channel](#)
- Dr. Abbott was a guest on a webinar for Linked Senior on May 17, 2018 with 330 attendees. The webinar can be accessed by entering your name and email address at this link: <https://www.linkedsenior.com/webinars/2018/04/engagement-and-pc-care/>
- Completed the script of our third training video, *Working with Proxies*.
- Presented an 85-minute workshop on honoring preferences at the OHCA Conference on May 2, 2018 in Columbus, OH. An estimated 30 people attended.

- Created and emailed three monthly PELI-Can e-newsletters to 960 nursing homes and approximately 600 additional contacts nationwide. New newsletter features include: *Success Stories* and *PELI Pointers from Providers*. [Newsletters](#) are archived on the PreferenceBasedLiving.com website under the Resources Tab. According to industry standards, we have an excellent open rate of 28-30%.

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.
- Continued to analyze common barriers to implementation reported by *PELI* providers. The information helps us plan topics for our newsletters, educational offerings and individual consultations with providers.

Technology Infrastructure Support

- Our website, PreferenceBasedLiving.com, has been visited by 844 users (770 new users) this quarter. The majority (87%) of users are based in the US with 25% from Ohio.
- Raised social media presence and built engagement with providers. We actively post on [Facebook](#), [Twitter](#), and [LinkedIn](#).
- Our ComPASS-16 (Care Preference Assessment of Satisfaction using the 16 MDS questions from Section F) mobile responsive application source code has been delivered to Linked Senior. The system is awaiting final deployment by Linked Senior after a source review and test. We are working with Linked Senior on the short-term deployment and long-term sustainability of the system. The MDS 16 item version will be made available at no cost to all providers. ComPASS will make it considerably easier for providers to use the PELI assessment, in comparison to the current paper-and-pencil version. ComPASS will store and track individual preference information over time; prompt providers to assess client satisfaction with preference fulfillment; and produce actionable reports to improve preference fulfillment.