MIAMI UNIVERSITY
OXFORD, OH • EST. 1809

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: October 1, 2018 through December 31, 2018

Project Impact – Interim Reach Report

- In this report, we continue to highlight the project's impact on the quality of life and quality of care of Ohio nursing home residents. Here we focus on the first of our five RE-AIM evaluation criteria: reach of the project. RE-AIM is a national model to "translate research into action" and "improve and sustain adoption and implementation of effective, generalizable, evidence-based interventions". RE-AIM's five components are: reach, effectiveness or efficacy, adoption, implementation and maintenance of the intervention effects. Here, we focus on the first of our five RE-AIM criteria: Reach of the project, which pertains to the "absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program" (see the preliminary report on page 4).

- As a preliminary step to understand the reach of the project, we examined the extent to which Ohio providers utilize the PELI in day-to-day activities. The majority (62%) of Ohio's nursing home providers were conducting regular PELI assessments and integrating information into care plans as self-reported in the 2015 Ohio Biennial Survey (data collected in 2016). Results indicated that higher PELI users tended to be: larger, for-profit organizations with special care units, having higher proportions of resident days paid for by Medicaid, and were involved in other quality improvement programs.

- In addition, we pulled data from CMS Nursing Home Compare in 2017 to look for preliminary associations between PELI use and quality measures. **We found that overall star and health inspection ratings were statistically significantly higher for high PELI Users compared to non-users** when we controlled for nine key characteristics: provider ownership, provider location, size, chain affiliation, presence of special care unit, occupancy rate, Medicaid proportion, change in leadership (NHA/DON) since 2013, and total health deficiency in 2015. In this initial look of the data, we did not find an association between PELI Use and overall quality measures or staffing rating.

- Finally, we explored the associations between PELI Use and Ohio Department of Aging 2017 Resident Satisfaction and the 2016 Ohio Nursing Home Family Satisfaction survey. **Compared to PELI non-users, high PELI users had statistically significantly higher average satisfaction scores** when we controlled for the same nine key characteristics (provider ownership, provider location, size, chain affiliation, presence of special care unit, occupancy rate, Medicaid proportion, change in leadership (NHA/DON) since 2013, and total health deficiencies in 2015).

- Longitudinal analysis is needed to determine whether ongoing use of the PELI is related to enhanced outcomes in quality and satisfaction for Ohio providers.

Project Administration

- Held weekly team meetings with all project investigators, staff and students. Conducted an agile retrospective on 12/5/18 to reflect on what has worked well, what didn't go well, and what we need to change.
- Updated the "About Us" section on our website PreferenceBasedLiving.com to highlight the interdisciplinary team members as well as the members of the technical advisory panel for translational research.

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

We concluded the PELI PAL Card QIP at the end of October. Twenty-eight providers successfully fulfilled all of the project requirements and received a certificate of completion. This 70% completion rate is outstanding for this type of project.

Participating nursing homes made PAL Cards for over 500 residents. Many of these providers have since started creating PAL Cards for their whole community and integrated the process into daily operations. During final interviews, providers affirmed the value of the PAL Card QIP project, with comments such as:

> "*Don't think that it's just another project. It is very useful. For me, almost everything is about relationships. And this is a tool that could be used to increase our relationship with people, people who are in dire need of a relationship*" (Activities Director).

Many participants also reported the positive impact on resident quality of life:

> "*We had one family member say that she noticed that her mom seemed to be happier since we were able to engage her in conversation about things that were meaningful to her*" (Activities Director).

Goal Two: Education and Training

- Released a new tip sheet and toolkit to guide providers as they address the challenge of honoring residents' choices while mitigating potential risks associated with the choices and preferences.
- Hosted a webinar entitled *Using the PELI for Your Quality Assurance Performance Improvement (QAPI) Program*. Seventy-two nursing home staff registered and 28 attended the virtual seminar on 10/23/18. Four attendees received social work CEUs and six received BELTSS CEUs. The webinar was recorded, closed-captioned, and placed on our YouTube Channel in October.
- Presented two research papers on the *PELI-Can Project* at the Gerontological Society of America Annual Scientific meeting in Boston, MA. The first presentation was titled "*When Will This Nonsense End?: Barriers to Implementing the PELI Among Ohio Nursing Homes*" (11/14/18) and the second presentation discussed "*The Impact of Preference-Based Person-Centered Care on Quality and Satisfaction Outcomes*" (11/15/18). Approximately 100 professionals attended the two presentations combined. In addition, Dr. Abbott presented a paper related to the barriers to fulfilling food preferences and Dr. Gannod presented a paper on a machine learning recommender system to tailor preference assessments to enhance person-centered care.
- Presented to the Ohio Assisted Living Association on "*Honoring Preferences & Improving Satisfaction with the PELI*" in Columbus, OH (10/29/18). Approximately 70 providers attended.
- Presented to the Academy of Senior Health Sciences on "*Strategies for Integrating Important Preferences into the Care Planning Process*" (10/25/18).

- Held a follow-up meeting (11/16/18) with Scarlet O'Hara, Director of Assisted Living at Ohio Living Llanfair, to answer questions with the members of the community's leadership team. We discussed strategies to integrate the PELI into daily operations. The Llanfair campus would like to implement the PELI across their spectrum of care (independent and assisted living, short-stay/rehab, and long-term care) and serve as a pilot site for the rest of the Ohio Living communities across the state.
- Created and emailed three monthly PELI-Can e-newsletters to 2000+ nursing home administrators and care team members, ombudsmen, and family members. Newsletters are archived on the website and remain fully accessible to providers.
- Eight Miami University students (3 undergraduate and 5 graduate; including 2 international students) studied person-centered care and worked with a nearby nursing home with a two-star rating. Students learned how to conduct PELI interviews with residents and create PAL Cards.

Goal Three: Understand Facilitators and Barriers to Preference-Based PCC Implementation

- 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

- During this quarter (October 1, 2018 through Dec.20, 2018), 822 users contributed to 1,350 sessions and 3,718 page views on our website, PreferenceBasedLiving.com. Of these users, 82.3% were new visitors to the website. **We have a month-over-month growth of users of 61.88% indicating continued uptake of project materials**.
- We actively post on our social media platforms -- Facebook, Twitter, and LinkedIn -- to engage with providers.
- In preparation for making ComPASS software available to the public, the software development team has been continuing to refactor the code in order to improve both the maintainability and reliability of the various components within its model-view-controller framework. These changes will make handoff of the code to third-party developers easier, and will ensure scaling of the software as we move to support activities such as the creation of machine learning-based recommender engines. The team has also spent a significant amount of effort in redesigning the provider experience of using the system. This includes creation of a new look and feel for the provider interface to provide a more natural flow of the various tasks performed by end-users. Release of a new version of the system based on these user interface changes will be completed at the end of this quarter. ComPASS can be accessed by all Ohio providers via the following link: https://pelicompass.com/.
- Our partner Linked Senior completed an objective rendering of the ComPASS code for commercial viability. The goal of the code review is to assess whether ComPASS is ready for use by the general public. Linked Senior provided detailed suggestions for improvements, such as shortening page views, cleaning up page views for features that don't belong, and removing embedded javascript. The corrections have been made by the Tennessee Tech University team and an updated version of ComPASS will be released to Linked Senior in early January, 2019. In addition, Linked Senior advertised our October QAPI webinar to their client base, allowing us to reach additional provider communities.

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

The PELI-Can Project has reached long-term services and supports practitioners as well as academic and policy audiences through diverse dissemination strategies.

Online Platforms

4,000+ WEBSITE USERS

Since its launch in July 2017, over 4,000 users have accessed PELI resources on **PreferenceBasedLiving.com**

1,750+ VIEWS ON YOUTUBE

Providers can access our 17 videos, including professionally produced training videos & virtual seminar recordings.

Our most watched videos are:

Why Preferences Matter
Integrating Preferences into Care Planning
How to Make a PELI PAL Card

1,200+ eNEWSLETTER SUBSCRIBERS

Our monthly eNewsletters highlight upcoming conferences and training events, new Preference Based Living resources, and provider tips to honor preferences.
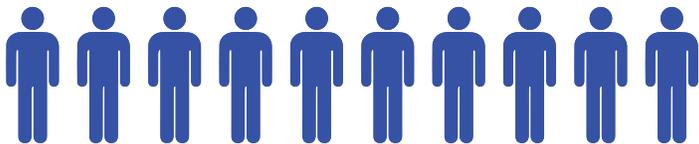
Follow us on Social Media!

#PBLtips

Weekly Tip Tuesday posts on Twitter & Facebook feature successful PELI implementation strategies.

Preference Based Living
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This month we are focused on residents' preferences for giving gifts and how we can best support their preference. #personcenteredcare #PCC #prefbasedliving #TipTuesday #PBLTips

GIVING GIFTS

Offer opportunities for residents to participate in a group that is making a gift (e.g., baking cookies, knitting hats, assembling gift baskets, etc).
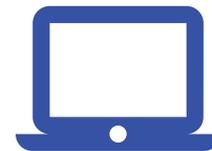
#PBLtips

Preference Based Living

Live Presentations

1,000+ In-Person Attendees

The PELI-Can team presents to diverse audiences that include:

- Nursing Home Administrators
- Directors of Nursing
- Activity Professionals
- Social Workers
- Long-Term Care Ombudsmen
- Legal Guardians
- LTSS Researchers

350+ Virtual Seminar Viewers

Content highlights practical evidence-based strategies to honor resident preferences.

> " Thank you for this extremely important webinar. Resident preferences are the key to happier, healthier residents. "
>
> -Seminar Attendee