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, 2017 through December 30, 2017

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

Project Administration

- Held weekly project team meetings with all project investigators, staff and students.
- 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.
- Recruited Miami University undergraduate students interested in learning about person-centered care to assist with the PELI-Can project. One student completed his senior capstone project, and two others completed independent study courses in person-centered care by working on the PAL Card Project.

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, the Knolls of Oxford, and Berkeley Square of Hamilton.
- Visited the Heartland of Dublin to discuss their strategies for using the PELI with short-stay residents. Based upon our conversation, we created a sample script that providers can use when assessing short-term residents and placed it on our website under the PELI Tools tab.
- Documented eight exemplary case studies of preference fulfillment from providers in OH and TN. We are highlighting one “Success Story” per month in our newsletter.

Goal Two—Education and Training

-Released a 3-minute white board animated video about “Why Preferences Matter”. This video provides an overview of the importance of preferences and an introduction to the PELI and the preference based living team. We have sent it to the Ohio Health Care Association (OHCA) who will incorporate the video into the Core of Knowledge Nursing Home Administrator Training. The video can be viewed on the website home page www.PreferenceBasedLiving.com.
- Hosted a webinar, “PELI: Sexual Orientation and Gender Identity,” on November 1, 2017. We offered 1.0 free social work and BELTSS CEUs to the 38 registrants. The webinar recording was closed-captioned and posted on the website.
- Developed and released a tip sheet introducing a version of the PELI, called the Rainbow PELI, with specific response options to address the needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) residents.
- Published the Rainbow PELI on our website.
- Presented an overview of the project, and progress thus far, at the Scripps Gerontontology Center Long-term Care Advisory Board meeting on Oct.13, 2017 in Columbus, OH to approximately 25 individuals.
• Presented a webinar to the State of Ohio Ombudsmen about the project and solicited feedback regarding barriers they observe to providing preference-based care. As a result of this presentation, we provided 300 postcards with information about the project to Ombudsmen for them to give to providers who may not be familiar with the PELI-Can project or resources.

• Our team presented at the following conferences this fall:
  o American Public Health Association’s (APHA) annual meeting in November 2017 held in Atlanta, GA. Oral presentation entitled, “Translating Evidence into Practice: Ohio’s Pay-for-Performance Initiative for Person-Centered Care Practices.” Approximately 55 people were in the audience.
  o Academy of Senior Health Sciences annual meeting on October 27, 2017 held in Columbus, OH. Oral presentation entitled: “Communicating important preferences using the PELI among staff, residents, families, and volunteers.” Approximately 12 people were in attendance.
  o Miami University Graduate Research Forum held on November 3, 2017. Poster session presented entitled: “Implementing a Person-Centered Intervention in the Nursing Home”.

• Created and emailed three monthly PELI-Can e-newsletters to 960 nursing homes and approximately 600 additional contacts nationwide. New segments incorporated into the newsletter include: Success Stories and PELI Pointers from Providers, Newsletters are available on the PreferenceBasedLiving.com website under the Resources Tab. We have an open rate between 28-30%, which is considered excellent for our industry.

• Two proposals about our project were accepted for the Ohio State University Community Engagement Conference and will be presented on Jan. 24 -25, 2018. Presentations had a 43% acceptance rate.

• Our abstract to the Aging in America annual conference was accepted titled: “Implementation Strategies for Nursing Home Quality Improvement: Lessons from Three States”, which will be held in March 2018.

• COA Forum on Aging conference presentation scheduled for March 13, 2018.

• Submitted a proposal to present two half-day workshops at the Pioneer Network Conference.

• Two proposals for presentations at the OHCA NHA conference were submitted.

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 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.

Technology Infrastructure Support

• Moved the Preference Based Living website from a locally hosted server to a vendor supported website to allow for more users. The website has been visited by 1,500 users since July 1, 2017.

• Submitted a paper, “Using Machine Learning to Facilitate the Delivery of Person Centered Care in Nursing Homes,” to the 31st AAAI Florida Artificial Intelligence Research Society (FLAIRS) Conference.

• Finalized the provider level dashboard data visualization to illustrate data collected through ComPASS. The format will allow providers to quickly access several metrics including: the level of overall preference congruence within the community, resident satisfaction over time, and the number of interviews completed and in progress.

• Made a strategic decision not pursue the creation of a moderated discussion board for providers to post questions and successes through our website. In speaking with providers, it was clear that they preferred we engage with them on platforms they are already use, such as Facebook, Twitter, and LinkedIn. Therefore, we have developed a social media strategy and created social media accounts on the aforementioned platforms to engage with providers to promote materials and other relevant information.