"It's worth the time and energy": Nursing home provider perspectives on implementing a person-centered communication intervention during a global pandemic.

Abbott, K.M., Heppner, A., Corpora, M., Kelley, M., Kasler, K., Cinfio, B., & Van Haitsma, K.

Background and Objectives

- Person-centered care is a philosophy that recognizes "knowing the person" and honoring individual preferences.
- Obtaining the knowledge and communicating important preferences across staff is challenging in nursing homes (NH).
- Preferences for Activity and Leisure (PAL) Cards were co-developed with NH providers to communicate important resident preferences across a care community.
- PAL Cards are based on an assessment of NH resident likes and dislikes via the Preferences for Everyday Living Inventory (PELI), which is an evidence-based, validated instrument used to enhance the delivery of PCC.

The purpose of this study was to assess the implementation of a novel PCC communication tool in Tennessee NHs during the global pandemic.

Design and Methodology

- NH providers in TN were recruited to create PAL Cards for 15-20 residents through a Quality Improvement Project (QIP).
- Providers collected data aligned with the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) and participated in monthly virtual coaching calls and an end of project telephone interview.
- Monthly calls focused on discussions related to the barriers and facilitators to implementation and in the context of COVID-19.
- Interviews were recorded, transcribed verbatim, checked for accuracy, and coded via thematic analysis.

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Results

- A total of n=15 providers joined the QIP and n=7 (47%) completed the project.
- Ownership of participating providers included 54% not for profit, 46% for profit, and 8% government-owned with an average star rating of 3.7 (SD 1.1, range of 1-5).
- Activities professionals and social workers completed n=95 PAL Cards.
- On average it took providers 3.5 months to complete the project (SD 1.9).

Major themes emerged related to the pandemic:
- **Structural changes (e.g. halting admissions, adding an isolation unit)**
  "We don't have any volunteers coming in whatsoever. No family whatsoever. It's just a lot. They were a huge asset."
- **Resident burden (e.g. physical isolation, loneliness)**
  "...it's been hard on them, because they've really been isolated. They can't see their families. I mean, we do have the iPads and stuff. But some of them I found, didn't even want to do that, because it makes them too sad."
- **Provider burnout (e.g. increased workload, mental exhaustion)**
  "It's been really hard with the pandemic to keep the motivation going, because like it's affected you at home and it's affected me in recreation, it's affected our nursing assistants in a big way, too. It's been really hard to keep the drive alive."

Providers expressed how PAL Cards have helped blunt the negative impact of each theme.
- *"Now that therapy has to go room to room to room instead of bringing the resident to the therapy gym they're able to utilize the PELI PAL Card and... explore them and use them to their advantage."*
- *"If I can sum it up in just a word or two, it's worth it. It's worth the time and energy."*
- *"I think this is the best time to have the PAL cards present. So I'm going to appeal to [administrator]. So when this day comes and we have another opportunity to have a meeting that says, hey, we're going to be on the front lines, so we're going to be passing trays and we're going to spend time with the residents and visit door to door - use the PAL card. Use the talking points that are offered."*
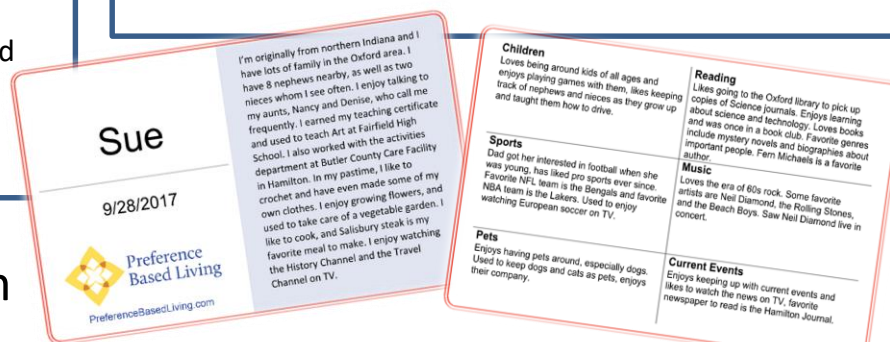
Conclusion and Discussion

- While many providers expressed a desire to use PAL Cards more robustly in their community, the intervention was interrupted when all care shifted to one-to-one efforts with residents quarantined in their rooms.
- This change created less efficiency in providing meals, activities, and meeting the emotional needs of residents.
- Limited provider resources were exacerbated by the pandemic, made evident by staffing shortages and increased workload.
- For providers who were successful in continuing to implement the intervention, it was due to staff from other departments contributing their time.
- The virtual coaching facilitation model enhanced providers' access to knowledge and information and made it possible for the project champions to succeed during COVID.
- Policies facilitating the reimbursement of virtual coaching models to support nursing home providers in implementing evidence-based practices are needed.
- A limitation of this study is it represents the experiences of a small number of TN providers, recruited through convenience sampling, who participated in the QIP and succeeded in implementing PAL Cards.

Thank you!
Katy Abbott, PhD., MGS
Email: abbottkm@miamioh.edu