# Increasing Person Centered Care Through Quality Improvement Initiatives: Development of the MATCH-QI and Engagement in Preferred Activities Scale

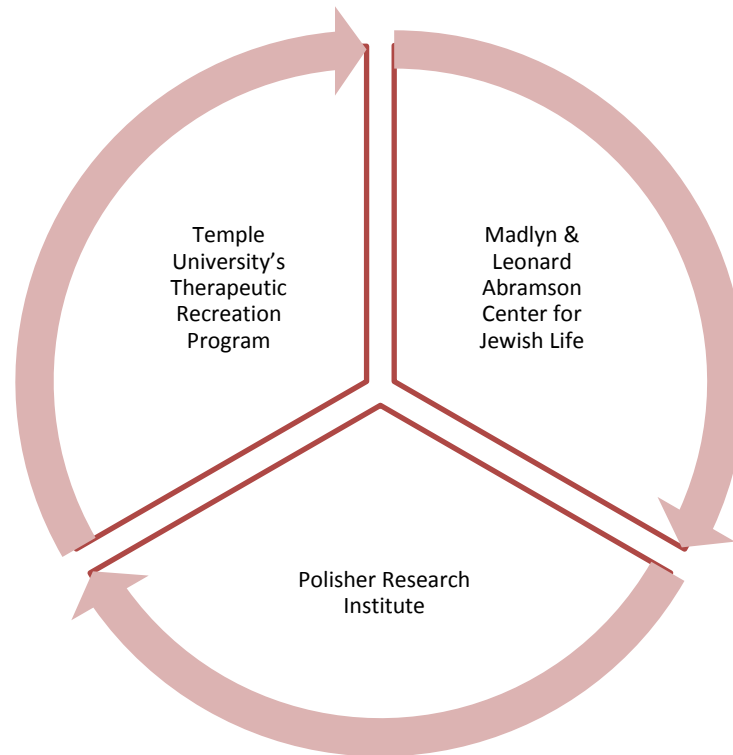Victoria Crumbie, CTRS
Sarah Humes, MS, CTRS
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# Session Objectives

- Review the MATCH-QI technology designed to measure preference congruent care using an ACCESS based system.

- Highlight best practices of utilizing MATCH-QI reports for promoting person centered care and driving quality improvement processes.

- Explain the relevance of measuring and documenting client engagement in connection with person centered care initiatives in geriatric service settings through the use of tools such as the Engagement in Preferred ActivitieS Scale (EPASS).

# Introduction

- The information being presented today is the result of initiatives that emerged out of a tripartite partnership.

Temple University's Therapeutic Recreation Program

Madlyn & Leonard Abramson Center for Jewish Life

Polisher Research Institute

# What is Person Centered Care?

- *" Instead of treating the person as a collection of symptoms and behaviors to be controlled, person-centered care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs. "*

  *–Alzheimer's Society*

# Person Centered Care and Understanding Preferences



Understanding an individual's preferences may enhance treatment outcomes
        - Van Haitsma et al., 2012

There is evidence of increased empathy and appreciation on the part of caregivers when individuals' preferences are made known
        - Pietrukowicz & Johnson, 1991

# How do you know your care is Person Centered?

Current quality indicators in long term care are objective and can be directly linked to your "star rating":

- *- # of falls in your facility*
- *- # of wounds acquired in your facility*

*--HOWEVER—*

How do you obtain a "star rating" for being Person Centered?

One suggestion:

ASK if the recipient of care is satisfied with the services provided.

# Tracking Person Centered Satisfaction: Advancing Excellence Tracking Tool



Area of focus for quality improvement

# Creating Preference Congruence through Activity Matching

**Important Everyday Preferences**

**Preference Congruence**

Occurs when they match

**Activity Attendance**
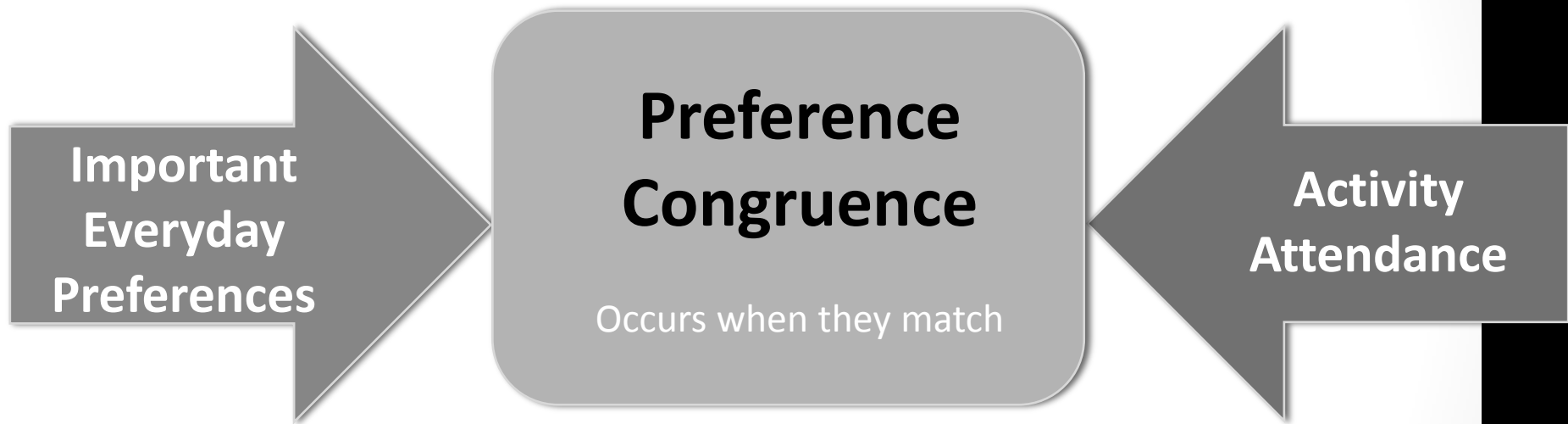
How important is it to you to... listen to music you like?

Attendance at one or more music activities such as piano music, live music and/or special events

# Identifying Preferences through Standardized Assessments

## Preferences for Everyday Living Inventory (PELI)

- A 55 item inventory including: Social Contact, Growth Activities, Diversionary Activities, Self Dominion, Enlisting Others in Care
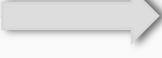
**Q58. How important is it to you to be around animals such as pets?** *(MDS 3.0, Section F, F0500C)*

| Importance | Check all that Apply |
|---|---|
| ☐ Very important (1)<br>☐ Somewhat important (2)<br>☐ Important, but can't do (5)<br><br>☐ Not very important (3)<br>☐ Not important at all (4)<br>☐ Non response (9) | **58a. Which kind of animals do you like to be around?**<br><br>☐ Dogs ☐ Fish ☐ Horses ☐ Hamsters/guinea pigs<br>☐ Cats ☐ Birds ☐ Reptiles ☐ Other_____<br><br>**58b. Which type of contact do you enjoy with animals?**<br><br>☐ Holding in your lap ☐ Feeding ☐ Playing with ☐ Riding<br>☐ Pettings ☐ Watching ☐ Other:_____<br><br>**58c. Are you allergic to animals?** ☐ Yes ☐ No<br><br>If yes, what kind? _____<br><br>**Notes:** |

**MDS 3.0 Section F:** Interview for Activity Preferences includes **8** PELI items

# Linking Preference Assessment and Recreation Attendance

- Recreation staff (professional and paraprofessional) enter data daily into EMR
- Each activity is coded to match a PELI preference item (recreation assessment)

| Preference…While you are at the facility, how important is it to you to… | LINKS TO | Possible Facility Recreation Activities |
|---|---|---|
| Listen to Music* | | Glee Club, Listening to Music, Music Therapy, Sing A Long |
| Keep up with the news | | Current Events |
| Get fresh air when the weather is nice | | Outdoors |
| Have books/newspapers available | | Newspaper, Reading, Short Stories |
| Be around animal such as pets | | Pets & Paws |
| Do favorite activities | | Arts & Crafts, Clay Class, Knit & Crochet, Painters Palette, Puffy Paints, Woodwork |
| Play games | | Card Games, Board Games, Word Games, General Games, Sudoku, Bingo, Trivia |

# Recreation Preference Congruence

**Not attended**
- Zero%  Did not attend any important  activities in last month

**Attended Once**
- Once% - Percentage of important activities that resident attended one time.

**Attended Two or More**
- Twice% - Percentage of important activities that the resident attended two or more times.

# Individual Report
# Mean Recreation Preference Congruence

| Most or Somewhat Important Preference | Important Can't Do | Very Important | Somewhat Important | Sept 2012 | Oct 2012 | Nov 2012 |
|---|---|---|---|---|---|---|
| Having books/newspapers available | 1 | | | 3 | 3 | 0 |
| Listening to music | | 1 | | 5 | 4 | 5 |
| Keeping up with the news | | 1 | | 0 | 0 | 0 |
| Being with groups of people | | 1 | | 6 | 3 | 5 |
| Participation in religious services | | | 1 | 1 | 0 | 1 |
| % Not Attended | | | | 20% | 40% | 40% |
| % Attended Once | | | | 20% | 0% | 20% |
| % Attended More Once | | | | 60% | 60% | 40% |

*"This report provides useful and timely information that can empower my clinical staff to reflect on the delivery of recreational programming on their household and implement new approaches to meeting their resident preferences."*

Sarah Humes, MS, CTRS, Director of Recreation

# Household Report
# Recreation Preference Congruence

**N=26 residents living on Household**

| Section F Preference | Residents | | Sept 2012 Attendance | | | |
|---|---|---|---|---|---|---|
| | # VIP | % | 0 | 1 | ≥2 | QI Graphs |
| Listening to Music | 20 | 76% | 9.52% | 14.29% | 76.19% | |
| Keeping up with the news* | 18 | 69% | 100.00% | 0.00% | 0.00% | |
| Getting fresh air | 18 | 69% | 38.89% | 33.33% | 27.78% | |
| Doing favorite activities* | 18 | 69% | 66.67% | 27.78% | 5.56% | |
| Spending time by yourself | 16 | 62% | 37.50% | 0.00% | 62.50% | |
| Having books/newspapers available* | 16 | 62% | 62.50% | 0.00% | 37.50% | |
| Being around pets* | 15 | 58% | 100.00% | 0.00% | 0.00% | |
| Being with groups of people | 14 | 54% | 0.00% | 0.00% | 100.00% | |
| Participation in religious services | 13 | 46% | 0.00% | 7.69% | 92.31% | |
| **Totals Preference Congruence** | | | **46.12%** | **9.23%** | **44.65%** | |

# Exploring Level of Engagement

| Level of Engagement | Monthly Average | % Engagement |
|---|---|---|
| INVOLVEMENT IN THE ACTIVITY | | |
| Not noted | 2766.00 | 32% |
| Active | 5311.00 | 61.16% |
| Passive | 544.00 | 3.20% |
| Refused | 62.00 | 0.71% |
| ENGAGEMENT IN THE TASK | | |
| Agitated | 2.23 | 0.14% |
| Disruptive | 7.40 | 0.37% |
| Distracted | 17.43 | 1.47% |
| Listening | 386.43 | 47.70% |
| Smiling | 343.53 | 50.31% |

Over the course of 6 months, 222 residents

- Attended a total of 65262 activities, a monthly average of 39 activities per resident.

- Had more Active vs. Passive participation.

- Had more positive vs. negative behaviors.

- Preference congruence and match tracking are viewed as critical elements in facilitating increased quality of life for residents.

- This takes us in a direction of valuing <u>quality</u>
  - Involvement in meaningful experiences valued by the individual

- Attempts to move us away from focus on <u>quantity</u>
  - The more activities and programs attended the better – even if the individual is not particularly interested

# Adapting Activities:
# Clinical Decision Making Guides

**Clinical Decision Making Guide: Preference-based activity examples by functional ability level**

Recreation Preference: _____

| Global Deterioration Scale (GDS) Level | Goal (adapted by functional ability level) | Level of Assistance by Staff | Type of Activities/Program | Optimal Time Frame/Expected Attention Span |
|---|---|---|---|---|
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| HEARING* | | | VISION* | |

* Hearing & Vision deficits could occur at any GDS level. Organization-wide systems must be in place to ensure proper support is provided to adapt activities to meet desired goals and decrease negative effect.

# Adapting Activities:
# Clinical Decision Making Guides

| Preference: Exercise | | | | |
|---|---|---|---|---|
| Global Deterioration Scale (GDS) Level | Goal (adapted by functional ability level) | Level of Assistance by Staff | Type of Activities/Program | Optimal Time Frame/Expected Attention Span |
| 3 | Maintain pursuit | Knowledge of preference and provide reminders of exercise program. | Independent: Exercise independently (weights, video etc.) Groups: seated exercise group, Yoga, Ball toss 1:1 Intervention: Exercise | 30-60 minute groups |
| 4 | Maintain pursuit with appropriate assistance | Minimum assistant with set up. Knowledge of detailed preferences, such as what types of exercise. (Yoga, seated exercise, ball toss.) | Independent: Exercise independently (weights, video etc.) Groups: Exercise group –Guided exercise program 1:1 Intervention: Assist with providing exercise program one on one, appropriate to attention span and ability to retain exercise. | 30-60 minute |
| 5 | Maintain pursuit with appropriate assistance | Minimum assistant with set up. Knowledge of detailed preferences, such as what type of exercise. | Independent: stretching independently. Groups: Guided exercise programs providing simple steps. 1:1 Intervention: Assist with providing exercise program one on one, appropriate to attention span and ability to retain exercise. | 15-30 minutes |
| 6 | Provide appropriate exercise program | Maximum assistance with set up. Knowledge of detailed preferences, such as what type of exercise. | Independent: Simpler steps of stretching Groups: Guided exercise programs to observe and follow simple steps. 1:1 Intervention: Assist with providing exercise program, appropriate to attention span and ability to retain exercise. Physical/verbal cues during program | 15-30 minutes |
| 7 | Provide comforting environment, emphasis is on providing auditory/sensory | Maximum assistance with set up. Knowledge of preference. | Independent: Have exercise material accessible for visual and tactile stimulation. Groups: Small group (2 to 3 clients) but provide individual attention. 1:1 Intervention: Demonstrate exercise to client. Client holding exercise material for tactile and visual stimulation. | 10-15 minutes |
| HEARING*Assistive devices, quiet environment, amplified headphones | | | VISION* Space between facilitator, glasses | |

* Hearing & Vision deficits could occur at any GDS level. Organization-wide systems must be in place to ensure proper support is provided to adapt activities to meet desired goals and decrease negative effect.

# Measuring Engagement

**Engagement = the state of being occupied and involved**

**The concept of engagement has been explored:**

- In a variety of settings
    - Schools
    - Healthcare facilities
    - Community environments

- Across the lifespan
    - Children
    - Adults
    - Older adults

- With individuals of varying disabilities/health conditions
    - Autism Spectrum Disorder
    - Intellectual Disabilities
    - Neurocognitive Disorders/Dementia
    - Communication Disorders/Non-verbal
    - Psychiatric conditions

# Review of Existing Measurement Tools

## Literature Review to examine existing tools

- Wanted to determine if a current scale existed that would meet needs
- Identified pros and cons of each tool
- Evaluated applicability to the population and setting
- Determined usability for RT professionals

## Limitations of Existing Assessments

- Time consuming and/or lengthy
- Complicated scoring to interpret results
- Not inclusive of all individuals in targeted population: many required client skills for involvement – particularly self-report
- Some required additional equipment: videotaping
- Need for additional staff: specific recorder documenting behaviors and actions
- Lack of applicability to wide range of activities

Conclusion:

Nothing met our needs as an Assessment Instrument that could be used to measure engagement in preferred activities for older adults in a long-term care setting

# Rapid Assessment Instruments (RAIs)

Brief, standardized measurement tools that can be used to:

- Facilitate clinical evaluation of clients
- Monitor progress during an intervention

Characterized by the following:

- Short
- Easily administered
- Quickly completed
- Written in straightforward language
- Easily scored and interpreted (Levitt & Reid, 1981)

- Can have both research and practice purposes

- Are particularly valuable in the health care arena where busy practitioners need accurate assessments and monitoring systems that don't infringe on service delivery to clients (Hudson, Hugent & Siepert, 1998)

- Can be designed to utilize either self-report or observation data (Hudson, 1999)

- Direct observation is frequently used in long term care settings with older adults given the large number of individuals challenged to participate in self-report measures (Curyto, Van Haitsma & Vriesman, 2008)

# Engagement in Preferred ActiviteS Scale (EPASS)

# Statement of Purpose

The Engagement in Preferred ActivitieS Scale was developed in order to provide recreation and activity professionals with a rapid assessment instrument that can be used to measure a client's level of engagement in activities of interest.

# Key Variables

The instrument uses three separate variables that are considered in combination in order to obtain an overall level of engagement score for the individual during the activity.

## Duration
- Time individual spends on task during the activity

## Attentiveness
- Level of focus or attention to task the individual exhibits during the activity

## Attitude
- Feelings expressed or emotions exhibited while involved in the activity

# Scoring

- Each variable receives a score from 0-3

- After assigning the appropriate rating for each category, the numbers are added together to get a final score to determine the level of engagement during the activity.

0 = Disengaged

1-3 = Mildly Engaged

4-6 = Moderately Engaged

7-9 Highly Engaged

# Engagement in Preferred ActivitieS Scale (EPASS)

Type of Activity: _____     Activity Location: _____

Client Name: _____     Therapist/Leader: _____

| Duration | 0-25% | 25-50% | 50-75% | 75-100% |
|---|---|---|---|---|
| | 0 | 1 | 2 | 3 |
| Attentiveness | Inattentive | Somewhat Attentive | Attentive | Very Attentive |
| | 0 | 1 | 2 | 3 |
| Attitude | Negative | Somewhat Negative | Positive | Very Positive |
| | 0 | 1 | 2 | 3 |

Add the three scores to get a final score

| 0 | 1-3 | 4-6 | 7-9 |
|---|---|---|---|
| Disengaged | Mildly Engaged | Moderately Engaged | Highly Engaged |

# Definitions

**Duration**
Percentage of time the individual spends on task while attending the activity

**Attention**
The following behaviors should be used to assess level of attention
- Verbal initiation
- Motor initiation
- Visual scanning
- Eye contact
- Nodding
- Gestures
- Facial Expressions

**Attitude**
The following behaviors should be used to determine demonstrated positive or negative attitude
- Positive: smiling, laughing, cheering, listening
- Negative: crying, cursing, pushing, pinching, yelling/calling out, clenching, throwing

# When to use the EPASS

- This tool is designed for use during activities that clients or their family members have identified as "very important" or "somewhat important" preferences based on the PELI and/or MDS
  - *Note: If using the MDS only, question "How important is it to do your favorite activities?" should be clarified through more specific TR Assessment/Interest Survey.*

- This tool is designed for use in activities where the client's current level of functioning has been determined based on the Global Deterioration Scale (GDS) and the individual has been included in programming that has been structured and adapted based on that level of functioning.

# When NOT to use the EPASS

- The EPASS should not be used during group programming where there is no attention to functional level and/or preference

**Additional notes for use of this scale**

- If an individual is "borderline" on one or more of the ratings, raters should score up and apply the higher rating

- It is recommended that the first and last 2-10 minutes of the activity (depending on length of the program) are not used for evaluation to allow for natural distractions that occur within the beginning and final minutes of the activity

# Practice Trials

**Abramson Center for Jewish Life**

Exercise

| Duration | 0-25% | 25-50% | 50-75% | 75-100%(3) |
|---|---|---|---|---|
| Attentiveness | Inattentive | Somewhat Attentive | Attentive | Very Attentive(3) |
| Attitude | Very Negative | Negative | Somewhat positive | Very positive(3) |

Total of Engagement score: 9 (Extremely Engaged)

**Waverly Heights**

Preferred Activity 2: Cooking

| Attentiveness | Inattentive | Somewhat Attentive | Attentive | Very Attentive |
|---|---|---|---|---|
| | 0 | 1 | 2 | 3 |
| Duration | 0-25% | 25-50% | 50-75% | 75-100% |
| | 0 | 1 | 2 | 3 |
| Attitude | Very Negative | Negative | Somewhat Positive | Positive |
| | 0 | 1 | 2 | 3 |

| 0 | 1-3 | 4-6 | 7-9 |
|---|---|---|---|
| Disengaged | Mildly Engaged | Moderately Engaged | Extremely Engaged |

**Comments by Staff**: Attentive when cued and asked to complete a task, but was very sleepy throughout the activity. Correct Score.

# Current Use

**Mildred Shor Inn – Personal Care**

•Integrated into Electronic Medical Record Activity Attendance Folder

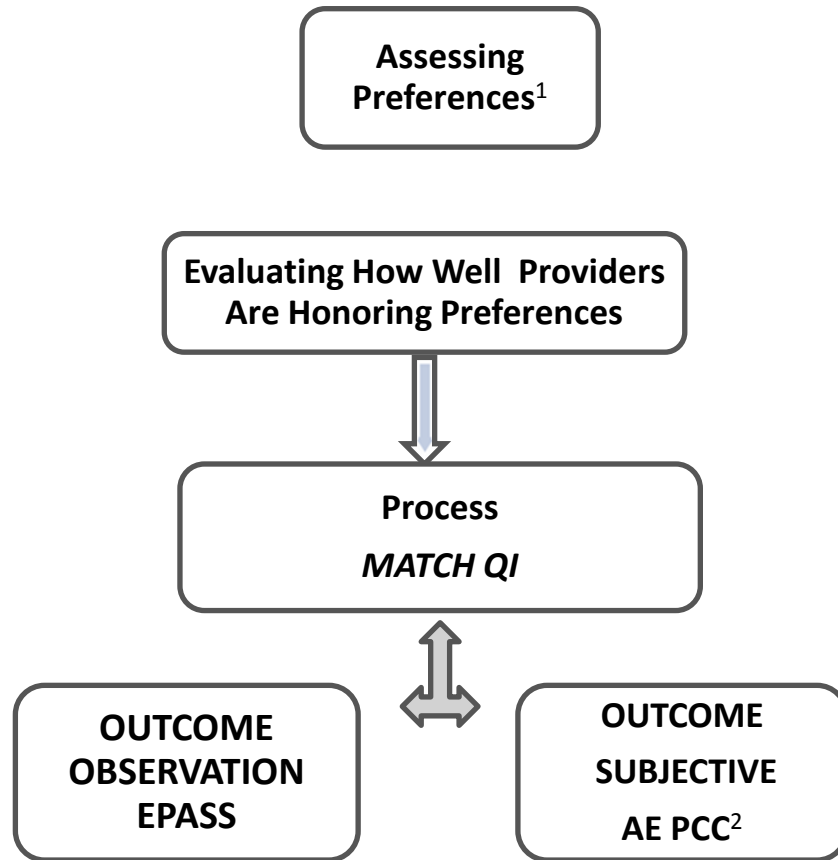| EPASS: | DURATION: | ATTENTION: | ATTITUDE: | ENGAGEMENT SCORE: | ENGAGEMENT LEVEL: |
|--------|-----------|------------|-----------|-------------------|-------------------|
| | 0 - 25% | Inattentive | Very Negative | 0 = | Disengaged |
| | 25 - 50% | Somewhat | Negative | 1 - 3 = | Mildly Engaged |
| | 50 - 75% | Attentive | Somewhat Positive | 4 - 6 = | Moderately Engaged |
| | 75 - 100% | Very Attentive | Positive | 7 - 9 = | Extremely Engaged |

Each field is coded with the scoring outlined in the EPASS instructions Ex: 25-50% has a value of **1**

The Engagement Score Column automatically calculates the total of the 3 columns

# Next Steps/Future Plans

- Currently obtaining additional feedback from practitioners

- Begin dissemination for use in practice

- Publish overview of development process

- Determine psychometric strengths through formal evaluation of reliability and validity

- Look at ways to use for research purposes, outcomes measurement

- Examine possible uses in Quality Assurance/Customer Satisfaction

- Explore possible uses for staff training and development

# Person-Centered Quality Improvement System



Assessing Preferences[1]

Evaluating How Well Providers Are Honoring Preferences

Process
*MATCH QI*

OUTCOME
OBSERVATION
EPASS

OUTCOME
SUBJECTIVE
AE PCC[2]

[1]Van Haitsma, K., Curyto, K., Spector, A., Towsley, G., Kleban, M., Carpenter, B., …Koren, M. J. (2012). The preferences for everyday living inventory: Scale development and description of psychosocial preferences responses in community-dwelling elders. *The Gerontologist*. doi:10.1093/geront/gns102

[2]Van Haitsma, K., Crespy, S., Humes, S., Elliot, A., Mihelic, A., Scott, C., Curyto, K., Spector, A., Eshraghi, K., Duntzee, C., Reamy, A., Abbott, K. (2014). *New toolkit to measure quality of person-centered care: Development and pilot evaluation with nursing home communities*. JAMDA, 15(9), 671-680.

# Access to Resources

- Tools:
- EPASS: rhonda.nelson@temple.edu

- PELI: www.polisherresearchinstitute.org

- AE PCC Tool: www.nhqualitycampaign.org

- General Questions:
- Rhonda Nelson: rhonda.nelson@temple.edu
- Sarah Humes: sarah.humes@temple.edu
- Victoria Crumbie vcrumbie@abramsoncenter.org

# Questions?