

# “Build that relationship, that’s where it all begins”: Staff Perceptions on the Implementation of a Person-Centered Communication Intervention

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## BACKGROUND & PURPOSE

The purpose of this study was to assess the implementation of a novel person-centered care (PCC) communication tool called Preferences for Activities and Leisure (PAL) Cards in Ohio and Tennessee nursing homes (NH).

PCC is a philosophy that recognizes “knowing the person” and honoring individual preferences.

The communication tool is based on an assessment of NH resident likes and dislikes via the Preferences for Everyday Living Inventory (PELI), which is an evidenced-based, validated instrument used to enhance the delivery of PCC.

The Consolidated Framework for Implementation Research (CFIR) was utilized as an a priori coding scheme to identify factors associated with effective implementation.

## RESULTS

### Characteristics of the Individual

**Knowledge and Beliefs about the Intervention** “The PAL cards are going to help us give clues or cues on how to meet their needs in a more personal level”

“we really explained hard about why it is not a HIPAA violation, number one, because that was the first thing everybody said”

**Self-efficacy** “I didn’t get hired till the end of March...it was just thrown my way when I first got here. So I wish I would have had some more time to actually figure out what I’m doing”

**Stage of Change** “Really, I think we need to do some additional training. We’ve had some new staff come in and so I did do in-servicing with our QAPI meeting and then on the unit with the nurses’ aides and the nurses.”

**Other Personal Attributes** “She is really computer smart and I am not.”

### Inner Setting Continued

**Networks and Communication** “We’re going to be doing company-wide training, which we haven’t done since COVID started. And I’m having an opportunity to discuss the PELI PAL card ... With all shifts. ”

**Readiness for Implementation** “We kind of did it as a group. We kind of picked up like 21 people and you know each one has a certain number to do and then we did it in steps. We picked our people together and we interviewed them and then we made the cards together. We kinda did it in the steps like that.”

• **Access to Knowledge and Information** “I think that packet of all the information that you gave us answered just about every question we could possibly have. It’s kind of like my Bible to go if I have any questions.”

• **Leadership Engagement** “I e-mailed everyone and asked for a team of four people. And I got zero response except for my administrator who said, “I will help if I can. I don’t know what I can do.” So it is pretty much me and my assistant”

**Structural Characteristics** “So even though we’ve had staff meetings that have introduced the PAL cards we’re still having people from other areas come in and asking, “what are these about?” so just continuing that education trying to find a way to inform everyone about it and we’ve kind of you know put bulletin boards out and passed out memos and things like that.”

### Inner Setting

**Culture** “we have a lot of family support in the building so the next group of mine will probably be more family related. Tell me about your mom, what would you want people to know about your mom or dad.”

**Implementation Climate** “We try to incorporate it with all of the other initial assessments we’re doing with people or the annual assessments but I kind of feel like they’re “assessed out.”

• **Compatibility** “For me, I am so much about relationships, that’s just my big call is not only to have relationship but to build relationships with others. Constantly telling the volunteers, “make that connection, build that relationship, that’s where it all begins.” And I see this as a huge relationship builder between anybody who sees the resident who may not be able to express those things, but this will give them a starting point.”

• **Goals & Feedback** “it was kind of interesting we actually did a staff satisfaction survey and one of the feedback we got from staff was that they really want to know the residents better. So we’re hoping that by doing this we’ll see an improvement of our staff satisfaction as well.”

• **Relative Priority** “But if you know they have free time, a program gets done early or you know something changes up... I’ve been really saying to them, you know if it all you have extra time in between something, because sometimes that does happen. You know a program doesn’t go as successful as we think and it ends a half an hour early, or something like that. I said, we need to make the PAL cards a priority”

### COVID presented major barriers to implementation

• “I just wish it happened at a better time, really, because I couldn’t do it my best. I couldn’t give it my best during all of this either.”

• “Just trying to find a way to place the cards so they can be seen, because now they’ve got these masks on and we’re encouraging them to kind of stay in their room. So we’re trying to figure out the best approach of placing the cards so they’ll be noticeable. That’s where we’re at right now.”

• “We can’t have any volunteers. We can’t have like any family members unless it is end of life. That’s taking down a lot of extra hands and staff and stuff.”

## DISCUSSION & IMPLICATIONS

• The CFIR proved to be applicable in the nursing home setting and useful in helping us understand the strengths and weaknesses of the implementation of the PAL Card project.

• Providers reported that PAL Cards were valuable for both short stay and long stay residents, but needed different implementation strategies. For example, due to a smaller window of opportunity for short stay residents a reframing of the intervention purpose is needed (e.g., focus on individual therapy goals).

• Confusion around HIPAA Privacy and the ability to openly share important preference information impedes PCC.

• Providers saw that PAL Cards were beneficial to supporting PCC during COVID when residents were isolated and activity staff not able to visit. PAL Cards assisted staff who may have been unfamiliar with the residents being isolated.

• COVID has exposed the staffing shortages that are prevalent in nursing homes and the important role that volunteers and family play in the culture of these environments.

• 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.

• Clarity around HIPAA privacy laws, respecting resident privacy, and dignity are needed for providers to successfully communicate important preferences.

## METHODS

• Monthly telephone interviews with n=35 NH provider champions from OH (n=26) and TN (n=9) who agreed to participate in a quality improvement project implementing PAL Cards with residents in their communities were conducted.

• A total of n=62 Interviews were audio recorded, transcribed, checked for accuracy, and coded in Dedoose.

• Coders applied the Consolidated Framework for Implementation Research (CFIR) to identify the Characteristics of the Individual and Inner Setting factors associated with effective implementation. Coders met weekly and reconciled to consensus.

• Participating providers were 58% Not-for-profit, 42% For-profit, on average providers were licensed for 91 residents, with an average star rating of 4.0.

## PREFERENCE FOR ACTIVITY AND LEISURE (PAL) CARDS

The Preferences for Activity and Leisure (PAL) Card was developed to communicate important resident preferences across care team members and offered as a Quality Improvement Project.



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## Funded By:



## REFERENCES

CFIR Research Team. (2019). *Constructs*. Retrieved March 2019, from Consolidated Framework for Implementation Research: <http://www.cfirguide.org/constructs.html>