WHAT IS THE PREFERENCES FOR EVERYDAY LIVING INVENTORY (PELI)?

Overview
Phrased in clear, conversational language and tested with older adults, the Preferences for Everyday Living Inventory (PELI) is an assessment instrument that elicits an individual’s preferences, and supports effective care planning to enrich the quality and meaning of daily life. Care team members can use the questionnaire to learn about an individual’s most important preferences and integrate the information to personalize care planning to improve the quality of care.

Visit PreferenceBasedLiving.com to find the full complement of PELI tools and resources available free of charge.

How Does the PELI Work?
The PELI questionnaire consists of 72 questions focusing on five key domains of an individual’s day-to-day life: social contact, personal development, leisure, living environment and daily routine. Providers can choose to ask the complete set of questions, or they can select fewer questions that are most relevant to the community needs. (See PELI Tip Sheet, How to Get Started).

PELI questions yield useful information such as what time individuals like to wake up, take a shower, and get dressed, and what kinds of recreational activities they enjoy. Sixteen of the PELI questions are consistent with the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) 3.0 (Section F – Preferences for Customary Routine and Activities) for nursing homes, but delve more deeply into the specific aspects of resident preferences. Using the PELI will assist your community to meet regulatory mandates and show surveyors your progress in providing person-centered care.

“PELI is a great tool for becoming better acquainted with new residents. It’s especially helpful for paraprofessional staff who may not have clinical training because it provides a way for them to learn more about the residents in their care and organize the information.”
– Sarah Humes, MS, CTRS

Who Administers the PELI Interview?
Professional and paraprofessional team members, as well as family members, guardians and volunteers, will be equipped to conduct PELI interviews once they have viewed the Interviewing Older Adults Using the PELI training video (23 minutes). Interviews with an older adult can take place in one sitting, or over a series of conversations. Ideally, the questions are asked annually or at more frequent intervals if there are significant changes in condition. When an individual is unable to answer PELI questions independently, a family member, close friend or care team member who knows the person well can provide preference information via interview or by filling out the questionnaire.

Where Is the PELI Used?
The PELI is designed for use in a variety of settings, including nursing home, post-acute, assisted living, rehabilitation and home health care. Currently, four versions of the PELI are available:

- **PELI-Nursing Home – Full**: with 72 preference ratings, plus detailed follow-up questions
- **PELI-Nursing Home – Mid-Length**: includes only preference ratings for a shorter interview
- **PELI-MDS**: contains the 16 PELI items which are also part of MDS 3.0–Section F, plus detailed follow-up questions
- **Rainbow PELI**: addresses the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) older adults residing in nursing homes.

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Where Can I Find the PELI and How Much Does it Cost?

PELI questionnaires and related resources for providers are available for free download at PreferenceBasedLiving.com. The PELI was developed as a public service to assist health care providers in delivering person-centered care. It is based on extensive research generously supported by the federal government and multiple foundations.

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What are the Benefits of Using the PELI?
The primary aim of the PELI is to support planning and delivery of individualized care that meets each person’s psychosocial and physical needs. The tool also can be used to guide staff training, accelerate quality improvement, and align services more closely with expectations for consumers, families and regulatory agencies. (See tip sheet on Using the PELI in Short-Stay Settings for additional advantages of the PELI.)

How Was the PELI Developed?
The PELI was developed under the leadership of Kimberly Van Haitsma, Ph.D., Associate Professor of Nursing and Director, Program for Person-Centered Living Systems of Care, Pennsylvania State University, and Katherine Abbott, Ph.D., Scripps Research Fellow, Miami University. The preference based living team is a multidisciplinary effort including researchers, expert clinicians and quality improvement specialists.

The PELI is the first tool of its kind to pass rigorous scientific testing. In 2005, it was piloted with more than 500 home health clients enrolled in the Visiting Nurse Service of New York. The tool proved to be a reliable and valid measure of preferences and was well accepted by a wide range of older adults. Since then, researchers have tested and refined the PELI with 350 nursing home residents, and the team continues to adapt the tool with diverse populations of older adults.

What is the Ohio Mandate?
Because of the evidence-base surrounding the PELI, the Ohio Department of Medicaid designated use of the PELI as one of five factors that determine quality metrics for each nursing home’s daily payment rate. Also, the department has funded a project that partners with nursing homes to provide education and training on how to use the PELI to learn about and apply the information to honor resident preferences and guide daily care.

The project, called Incorporating the Preferences for Everyday Living into Ohio’s Nursing Homes to Improve Resident Care, or PELI-Can for short is based at the Scripps Gerontology Center at Miami University in Oxford, OH. The team has developed a quarterly webinar series, monthly newsletters, a helpline, and educational training videos for nursing home staff, all available at PreferenceBasedLiving.com.

“PELI helps sensitize direct care staff so they can offer life-enriching experiences that are significant to each elder. For example, residents love being asked not just if they like to read, but what they like to read and how important reading is to them.” -- Susan Frazier, Green House Project, Chief Operating Officer

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Who Else Uses the PELI?
The PELI is recognized by national organizations:

- In 2015, CMS developed the Focused Dementia Care Survey Tools Memorandum, which cites the PELI as an appropriate assessment tool to learn about individuals with dementia’s preferences.
- In 2010, the MDS 3.0 Section F (Preferences for Customary Routine and Activities) incorporated several PELI items for use in every nursing home in the U.S.
- The National Nursing Home Quality Improvement Campaign person-centered care quality improvement goal incorporates PELI questions.
- Green House Project uses PELI in its train-the-trainers curriculum for members nationwide. The process gives educators -- including nurses, social workers, and activity directors -- firsthand experience with deep listening and linking preference assessment to care.

Internationally, plans are underway to adapt the PELI for use in Australia and Germany.

LEARN MORE ABOUT THE PELI

To learn more about the PELI, sign up for our newsletter, or view our tip sheets, webinars, training videos, journal articles and other resources, visit our website at http://preferencebasedliving.com/

About the Series:
This is one in a series of tip sheets on using the PELI to improve person-centered care. Topics include:

- How to Get Started
- Interview Tips
- Working with Proxies
- Helping Staff Engage
- Ensuring Resident Choice
- Top Preferences Across LTSS Settings
- Integrating Preferences into Care Plans
- Sexual Orientation and Gender Identity
- Social Preferences
- Short-Stay Settings

Find the full series at PreferenceBasedLiving.com. For more information, connect with us:

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