



**Promoting Person Centered Care in Systems of  
Care: Preference Congruence**

**Katherine Abbott, PhD, MGS**



MIAMI UNIVERSITY

---

SCRIPPS GERONTOLOGY CENTER



# *Objectives*

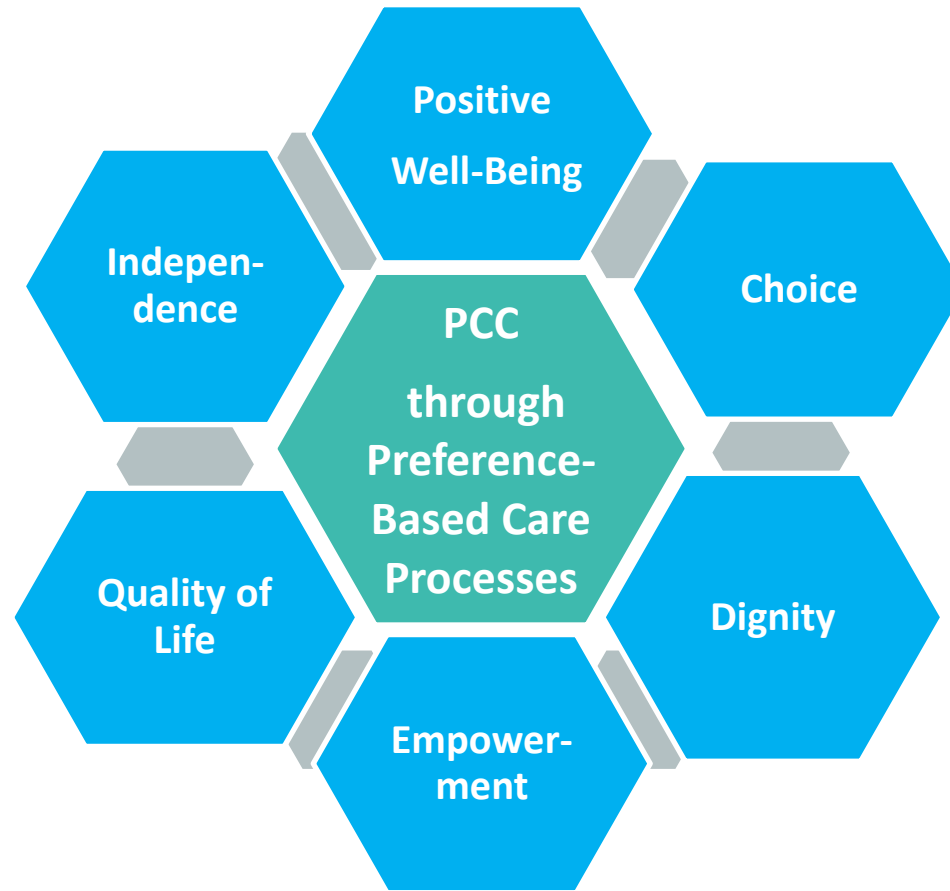
- Describe an organizational quality improvement based system designed to enhance preference congruence in LTSS
-

# *Person-Centered Care (PCC)*

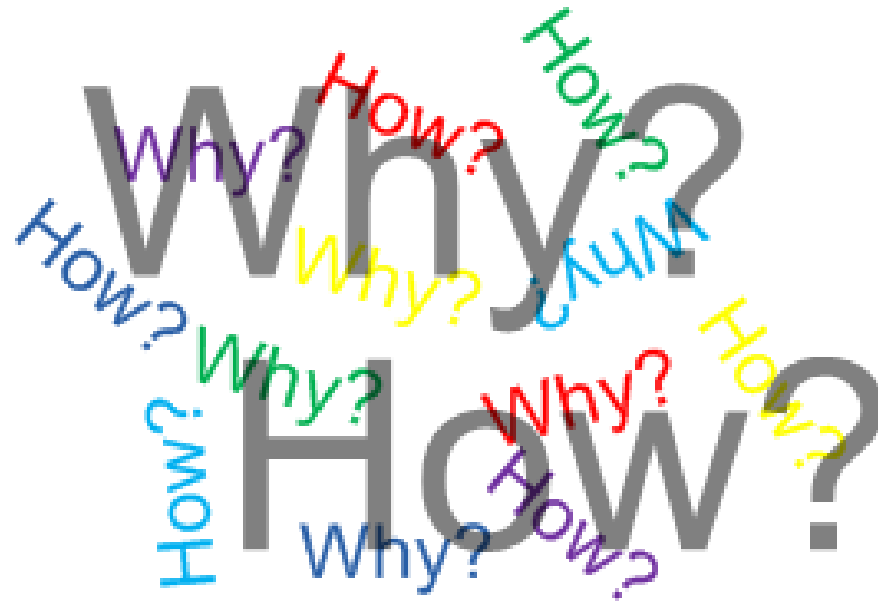
Honoring personal preferences  
are a basic component of  
Person-Centered Care

---

# *Benefits of Person-Centered Care*



- However, the construct and measurement of preferences is poorly operationalized...



# *Knowledge of preferred activities and routines provides.....*

Concrete and actionable information that can be used to design person centered care goals for older adults receiving care from informal and formal caregivers within health care systems.

---

# *When preference based care is provided, we see some evidence for optimized outcomes for ....*

- **Older adults**

- Resnick, et al. (2009)
- Palese, et al. (2010)
- Kolanowski, et al. (2011)
- VanHaitsma, et. al (2015)



- **Informal caregivers**

- Passalacqua & Harwood (2012)

- **Formal caregivers**

- Gitlin et al. (2010)

- **Systems of Care**

- Van Haitsma et al. (2014)



*Though the evidence base is growing  
for person centered care delivery,  
there is still a long way to go.*





***For LTSS providers, the delivery of PCC involves a highly complex set of interdependent processes***

- Day to day contact between resident/client, staff and family members
  - Rhythms and programs of the communities/ neighborhoods where groups of older adults reside
  - Organizational compliance with federal and state regulations
-

# *Why this is an ideal time to focus on person centered care*

## Increased regulation: CMS Interpretive Guidelines to Providers (F-tag 309)

CMS requires nursing homes to “provide a supportive environment that promotes comfort and recognizes individual needs and preferences”.

## Affordable Care Act: Lower costs, better health, better patient experience

Affordable Care Act (ACA) places new emphasis on lower costs, better health outcomes, and better patient experiences of care in all settings of care.

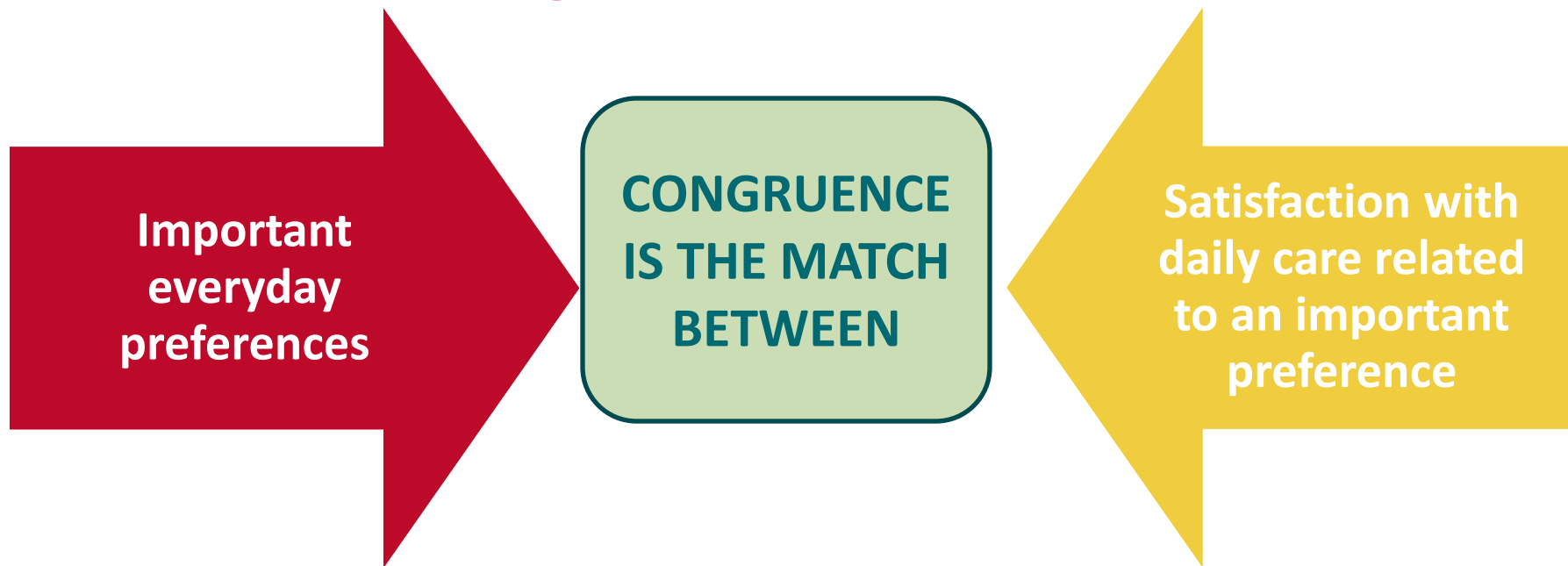
## Quality Assurance Performance Improvement (QAPI)

The Affordable Care Act of 2010 requires nursing homes to have an acceptable QAPI plan within a year of the promulgation of a QAPI regulation.

# *Preference Congruence*

- An evidence based person centered quality improvement system for LTSS providers
  - Feedback to the care team in 3 areas
    - Which resident/client preferences are being met and which require further follow up
    - Which preference gaps may be affecting many persons residing together in a household/floor/unit
    - Overall measure of quality that can be benchmarked and tracked over time
-

# *What is Preference Congruence Care?*



How important is it to you to.....  
choose what time to go to bed?

How satisfied are you in being  
able to..... choose what time to  
go to bed?

Preference Congruent” care is care that *fulfills important resident/client preference for personal care and recreational activities.*

# *How do we measure Preference Congruent Care?*

- Use the Advancing Excellence PCC Toolkit
  - MDS 3.0 Section F. Preferences for customary routine and activities
    - Download the PCC Toolkit from [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
-

# *How do we measure Preference Congruent Care?*

- **Step 1: Interview each resident/client to discover:**
    - Which preferences are “very” or “somewhat” important
    - Which preferences resident/client rates as “important, but can’t do”
    - How satisfied s/he is with each of the important preferences being fulfilled
-

# Step 2: Record Resident Interviews in the AE Excel Workbook

Resident name	Rose
Identifier	A202
Resident's Household, Neighborhood or group name	Sunshine
Date of Interview (mm-dd-yyyy)	11/12/2013
Stay type	Long stay
Indicate primary respondent	Resident

F0400	Interview for Daily Preferences	1-Very Important 2-Somewhat Important 3-Not Very Important 4-Not Important at all 5-Important, but can't do		1-Mostly or completely satisfied 2-Somewhat Satisfied 3-Not satisfied at all	
	How important is it to you..	Resident Response Importance		Resident Response Satisfaction	Priority
A	Choose what clothes to wear?	1	A	1	Green
B	Take care of your personal belongings or things?	3	B	9	
C	Choose between tub bath, shower, bed bath or sponge bath?	1	C	3	Red
D	Have snacks available between meals?	2	D	2	Yellow
E	Choose your own bedtime?	5	E	9	Gray

## *Using PCC information to Care Plan with an Individual*

- Bring Individual Preference Congruence interview results to care conference to be discussed by the entire team and immediately included in the plan of care.
  - Include resident, family, and CNA in care planning meeting for best results!
  - **It takes a team to match care to resident preferences!**
-



# *Preference Congruence for Groups*

## **Neighborhood information:**

- Select which neighborhood you would like to view from drop down menu
  - See “at a glance” the profile of each resident who lives in a common location
  - Assists in prioritizing which preferences need attention first
  - Serves as a guide for care planning team in thinking about quality of care delivery for an entire household
-

# Sample Neighborhood report: All residents who live in the same Neighborhood



## Neighborhood Report

Household / Neighborhood /  
Group Name

A3

Click on UPDATE FORM button each time the Household / Neighborhood /  
Group name is changed or additional interview results have been  
recorded.

Click on PRINT REPORT button to print formatted report.

Summary of Data	Count of "Very Important" and "Somewhat Important" items per resident	14	11	14	12	15	9	14	13	15	13	9	16
	% of "Very Important" and "Somewhat Important" and "Mostly or Very Satisfied"	85.7%	63.6%	85.7%	66.7%	88.9%	64.3%	84.6%	66.7%	46.2%	44.4%	87.5%	
	% of "Very Important" and "Somewhat Important" and "A Little or Somewhat Satisfied"	14.3%	36.4%	7.1%	75.0%	33.3%	11.1%	21.4%	33.3%	38.5%	33.3%	12.5%	
	% of "Very Important" and "Somewhat Important" and "Not at All Satisfied"			7.1%	25.0%			14.3%	15.4%	15.4%	22.2%		
	% of Important, but Can't Do - No Choice												

Resident Data	Resident Name	AS	BR	ES	SF	MK	FG	FC	FB	AF	CG	BG	PS
	Identifier	A327	A322	A304	A317	A302	A313	A319	A318	A301	A325	A314	A306
	Date	5/23/2013	5/24/2013	5/16/2013	5/16/2013	5/17/2013	5/13/2013	5/14/2013	5/15/2013	5/15/2013	5/14/2013	5/15/2013	5/14/2013
	Stay Type	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY	LONG STAY
Interview for Daily Preferences	A choose what clothes you wear?	GREEN	GREEN	GREEN		GREEN		GREEN	GREEN	GREEN		GREEN	YELLOW
	B take care of your personal belongings?	GREEN	GREEN	GREEN	YELLOW	YELLOW	YELLOW	GREEN	GREEN	YELLOW	YELLOW	YELLOW	GREEN
	C choose between a tub bath, shower, bed bath, or sponge bath?	GREEN		GREEN	YELLOW	GREEN	GREEN	YELLOW	GREEN	GREEN	RED	GREEN	GREEN
	D have snacks available between meals?	GREEN		GREEN	RED					GREEN		RED	GREEN
	E choose your own bedtime?	GREEN		GREEN	YELLOW	YELLOW	GREEN	GREEN	GREEN	YELLOW	GREEN		GREEN
	F have your family or a close friend involved in discussion about your care?	YELLOW	GREEN	GREEN	YELLOW	GREEN		GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
	G be able to use the phone in private?	GREEN		GREEN	YELLOW	GREEN			GREEN	YELLOW	GREEN		GREEN
	H have a place to lock your things to keep them safe?		GREEN			GREEN		GREEN	RED	GREEN	GREEN	YELLOW	GREEN
Interview for Activity Preferences	A have books, newspapers, and magazines to read?		GREEN	GREEN	YELLOW	YELLOW	GREEN	YELLOW		YELLOW	YELLOW	GREEN	GREEN
	B listen to music you like?	GREEN	GREEN	GREEN	YELLOW	GREEN	GREEN	GREEN	GREEN	YELLOW	YELLOW		GREEN
	C be around animals such as pets?	YELLOW	YELLOW			YELLOW		RED	RED				GREEN
	D keep up with the news?	GREEN	YELLOW	GREEN	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN	RED		GREEN
	E do things with groups of people?	GREEN		RED		GREEN	GREEN	GREEN	GREEN	GREEN	YELLOW		GREEN
	F do your favorite activities?	GREEN	GREEN	GREEN	RED	YELLOW	GREEN	GREEN	GREEN	GREEN	YELLOW	YELLOW	GREEN
	G go outside to get fresh air when the weather is good?	GREEN	YELLOW	YELLOW	RED	GREEN	GREEN	RED		GREEN	GREEN	RED	YELLOW
	H participate in religious services or practices?	GREEN	YELLOW	GREEN	YELLOW	GREEN		YELLOW	GREEN	GREEN	GREEN		GREEN

# Sample Household report: Which Types of Preferences are most incongruent?



## Results By Preference

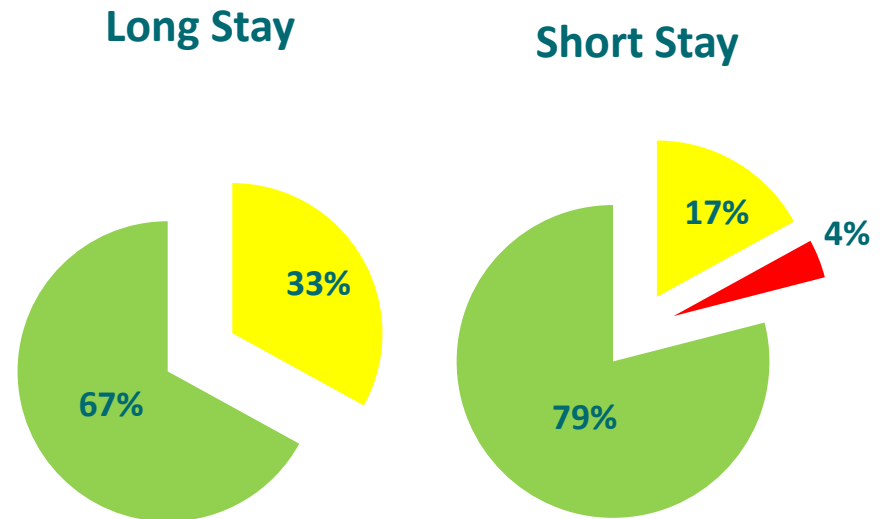
How important is it to you to...		Total # residents indicating this is a "very important" or "somewhat important" preference	% Mostly or completely satisfied	% A little or somewhat satisfied	% Not satisfied at all	% Important, but can't do or no choice	How are we doing...
Interview for Daily Preferences	A choose what clothes you wear?	37	89.2%	8.1%	2.7%	0.0%	
	B take care of your personal belongings?	41	75.6%	24.4%	0.0%	0.0%	
	C choose between a tub bath, shower, bed bath, or sponge bath?	40	82.5%	15.0%	2.5%	0.0%	
	D have snacks available between meals?	28	82.1%	10.7%	7.1%	0.0%	
	E choose your own bedtime?	39	82.1%	17.9%	0.0%	0.0%	
	F have your family or a close friend involved in discussion about your care?	47	87.2%	12.8%	0.0%	0.0%	
	G be able to use the phone in private?	29	89.7%	10.3%	0.0%	0.0%	
	H have a place to lock your things to keep them safe?	33	72.7%	21.2%	6.1%	0.0%	
Interview for Activity Preferences	A have books, newspapers, and magazines to read?	39	79.5%	20.5%	0.0%	0.0%	
	B listen to music you like?	46	82.6%	17.4%	0.0%	0.0%	
	C be around animals such as pets?	29	55.2%	31.0%	13.8%	0.0%	
	D keep up with the news?	34	76.5%	17.6%	5.9%	0.0%	
	E do things with groups of people?	34	85.3%	11.8%	2.9%	0.0%	
	F do your favorite activities?	40	77.5%	20.0%	2.5%	0.0%	
	G go outside to get fresh air when the weather is good?	44	63.6%	27.3%	9.1%	0.0%	
	H participate in religious services or practices?	38	84.2%	15.8%	0.0%	0.0%	

# Measuring Person Centered Care for the Entire Community

March – June 2013

Preference Congruence	Long Stay	Short Stay
Number of Residents Tracked this month	80	49
Percent of Resident Preferences “Very Important” or Somewhat Important AND “Mostly or Completely Satisfied	67%	79%

Overall Preference Congruence by Stay type



# Care Conference

Step 3:  
A Record priority attendees at each care conference this month.



				Priority Attendees			If Priority Attendees were Not Present, were the reasons explored?	No
	Resident Name	Stay Type <small>Long Stay/Short Stay</small>	Date Care Conference Occurred <small>MM/DD/YY</small>	Did the Resident Attend?	Did Resident's Family Member and/or Friend Attend?	Did Resident's CNA/Direct Care Staff Member Attend?		
r1								
r2								
r3								
r4								
r5								
r6								
r7								
r8								
r9								
r10								
r11								
r12								
r13								
r14								
r15								
r16								
r17								
r18								
r19								
r20								
r21								
r22								
r23								
r24								
r25								
r26								
r27								
r28								
r29								
r30								
r31								
r32								
r33								

Resident's Name  
Please type your resident's name.

**Step 4:**  
 This optional worksheet is provided for you to track key elements in optimized care planning.

This Resident			Optimized Agenda					
Resident Name	Stay Type	Date Care Conference Occurred	Is this the same Direct Care Staff Member Present as Previous Care Conference?	Interview	Great Ideas	Tools & Resources	ACP Resources	Were Solutions Agreed Upon to Address ALL Gaps Between Resident Preferences and Care?
				Was the Resident Preference Satisfaction Interview completed <b>PRIOR</b> to meeting?	Were the results of the Resident Preference Interview reflected in revised care plan? <small>For example, were the 3 most important preferences listed? Were the Red areas addressed?</small>	Was the Care Plan Written in the Resident's Voice? <small>For example, using "I" statements</small>	Is the Resident's Advance Care Plan Accessible AND Current?	
automatic	automatic	automatic						
r1								
r2								
r3								
r4								
r5								
r6								
r7								
r8								
r9								
r10								
r11								
r12								
r13								
r14								
r15								
r16								
r17								
r18								
r19								
r20								
r21								
r22								
r23								
r24								
r25								
r26								
r27								
r28								
r29								
r30								
r31								
r32								
r33								

# *Implementation Manual provides information to providers about ...*

- Strategies for doing the Preference Congruence Assessment
    - ❖ WHO does the interviews
    - ❖ WHEN and How Often to do the interview
    - ❖ WHERE to do the interview
    - ❖ Tips for overcoming common barriers encountered when interviewing older adults
    - ❖ Assembling your core team
    - ❖ Doing a staged implementation process
    - ❖ Training your staff
-

## *Implementation Manual provides information to providers about ...*

- Strategies for approaches to meet resident preferences that are incongruent.....
    - ❖ Types of evidence based interventions to consider
    - ❖ Suggestions for modifying activities to accommodate sensory, cognitive and functional impairments
    - ❖ And many other tips.....
-



# ***Why should a long term care provider consider using the PCC Tool?***

- **Feedback from Pilot Communities**
-

# Recent Article Summarizing the Pilot Study

JAMDA 15 (2014) 671–680



JAMDA

journal homepage: [www.jamda.com](http://www.jamda.com)



Quality Improvement in Long-Term Care

## New Toolkit to Measure Quality of Person-Centered Care: Development and Pilot Evaluation With Nursing Home Communities



Kimberly Van Haitsma PhD<sup>a,\*</sup>, Scott Crespy PhD<sup>b</sup>, Sarah Humes MA<sup>b</sup>, Amy Elliot PhD<sup>c</sup>, Adrienne Mihelic PhD<sup>d</sup>, Carol Scott BS<sup>e</sup>, Kim Curyto PhD<sup>f</sup>, Abby Spector MMHS<sup>g</sup>, Karen Eshraghi MSW<sup>a</sup>, Christina Duntzee BS<sup>a</sup>, Allison Reamy Heid PhD<sup>a</sup>, Katherine Abbott PhD, MGS<sup>a</sup>

<sup>a</sup> Polisher Research Institute, Madlyn and Leonard Abramson Center for Jewish Life, North Wales, PA

<sup>b</sup> Madlyn and Leonard Abramson Center for Jewish Life, North Wales, PA

<sup>c</sup> Pioneer Network, Rochester, NY

<sup>d</sup> CFMC, Englewood, CO

<sup>e</sup> Advancing Excellence in America's Nursing Homes, Washington, DC

<sup>f</sup> VA Western New York Healthcare System, Batavia, NY

<sup>g</sup> Spector Consulting, Bala Cynwyd, PA

# ***Why Should a Provider Use the PCC Tool?***

- Increases the understanding of Person Centered Care
  - Increases awareness and communication of resident/client preferences
  - Enhances quality of resident/client & Staff Relationships
  - Enhances quality of care conferences
-

# ***Why Should a NH Provider Use the PCC Tool?***

- The tool facilitates a nursing home's compliance with QAPI guidelines and serves as a specific Performance Improvement Program (PIP)
  - Provides direct feedback on where the community is doing well and what can be an opportunity for improvement.
  - Provides a way to track a nursing home's PCC levels over time so that early declines can be identified, analyzed and specific issues can be addressed.
-

# *Walk through Website*



MIAMI UNIVERSITY

---



# References

- Edvardsson, D., Sandman, P., & Borell, L. (2014). Implementing national guidelines for person-centered care of people with dementia in residential aged care: effects on perceived person-centeredness, staff strain, and stress of conscience . *International Psychogeriatrics*, 26, pp 1171-1179. doi:10.1017/S1041610214000258.
- Kolanowski, A. M., Litaker, M., Buettner, L., Moeller, J., & Costa, P. (2011). A randomized clinical trial of theory-based activities for the behavioral symptoms of dementia in nursing home residents. *Journal of the American Geriatrics Society*, 59(6), 1032-1041
- VanHaitsma, K., Curyto, K., Abbott, K., Towsley, G., Spector, A., & Kleban, M. (2015). A randomized controlled trial for an individualized positive psychosocial intervention for the affective and behavioral symptoms of dementia in nursing home residents. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 70, 35-45. doi: 10.1093/geronb/gbt102.
- Resnick, B., Gruber-Baldini, A.L., Zimmerman, S., et.al. (2009). Nursing Home Resident Outcomes from the Res-Care Intervention. *J Am Geriatr Soc*, 57(7), 1156-1165.
- Palese, A., Granzotto, D., Broll, M. G. and Carlesso, N. (2010). From health organization-centred standardization work process to a personhood-centred care process in an Italian nursing home: effectiveness on bowel elimination model. *International Journal of Older People Nursing*, 5, 179–187
- Passalacqua, S. A. and Harwood, J. (2012). VIPS communication skills training for paraprofessional dementia caregivers: an intervention to increase person-centered dementia care. *Clinical Gerontologist*, 35, 425–445.
- Gitlin, L. N., PhD., Hodgson, Nancy,R.N., PhD., Jutkowitz, E., B.A., & Pizzi, Laura,PharmD., M.P.H. (2010). The cost-effectiveness of a nonpharmacologic intervention for individuals with dementia and family caregivers: The tailored activity program. *The American Journal of Geriatric Psychiatry*, 18(6), 510-9. Retrieved from <http://search.proquest.com/docview/366459809?accountid=13158>
- 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. doi: 10.1016/j.jamda.2014.02.004.
- Grabowski D, O'Malley A, Afendulis C, Caudry D, Elliot A, Zimmerman S. Culture change and nursing home quality of care. *The Gerontologist* 2014; 54(Suppl 1): S35-S45. doi: 10.1093/geront/gnt143.



**ADVANCING EXCELLENCE**  
IN AMERICA'S NURSING HOMES

# **Person-Centered Care: Advancing Excellence's Circle of Success**

**Carol Scott**  
[cscott@leadingage.org](mailto:cscott@leadingage.org)  
**816-830-0094**





ADVANCING  
EXCELLENCE  
IN AMERICA'S  
NURSING HOMES

## OUR MISSION

*Making  
nursing homes  
better places  
to live, work  
and visit*

## OUR VISION

Every nursing home resident in America experiences person-centered quality of life as a result of a stable and empowered workforce, dedicated to improving clinical and organizational outcomes, and engaging in open communication and transparency.

# WHO WE ARE

# Organization Members



American Academy of Nursing



**ADVANCING EXCELLENCE**  
IN AMERICA'S NURSING HOMES



# WHO WE ARE

# Organization Members



**ADVANCING EXCELLENCE**

IN AMERICA'S NURSING HOMES



**WHO  
WE  
ARE**



**ADVANCING  
EXCELLENCE**  
IN AMERICA'S  
NURSING HOMES

# Advisory Members





# WHO WE ARE

# Supporting Members

GOLD



## Kimberly-Clark



**ADVANCING EXCELLENCE**  
IN AMERICA'S NURSING HOMES



**WHO  
WE  
ARE**

# Provider Members



**ADVANCING  
EXCELLENCE**  
IN AMERICA'S  
NURSING HOMES

# Individual Members

**Theresa Schmidt, BA, MA**  
**Dheeraj Mahajan, MD, CMD, CIC**  
**Dayne DuVall, LMT, CAEd, CRTS**  
**Rita Morris, Family Member**

# Quality Measure Information on AE website

The screenshot shows the top navigation bar of the Advancing Excellence website. On the left is the logo, a yellow triangle pointing up, with the text "ADVANCING EXCELLENCE" and "IN AMERICA'S NURSING HOMES" below it. To the right of the logo are social media icons for RSS, Facebook, Twitter, and LinkedIn, followed by a "SEARCH" dropdown and "SIGNED IN AS PRIMARIS" with a dropdown arrow. Below these are navigation links: "PARTICIPANTS", "RESOURCES", "PROGRESS", "GOALS", "ABOUT", and "CONTACT US", each with a dropdown arrow. Below the navigation bar is a banner image of a group of people, with the text "STATE AND NATIONAL STATISTICS" overlaid in large white letters.

Select Option:  Enrollment Maps  Quality Measures

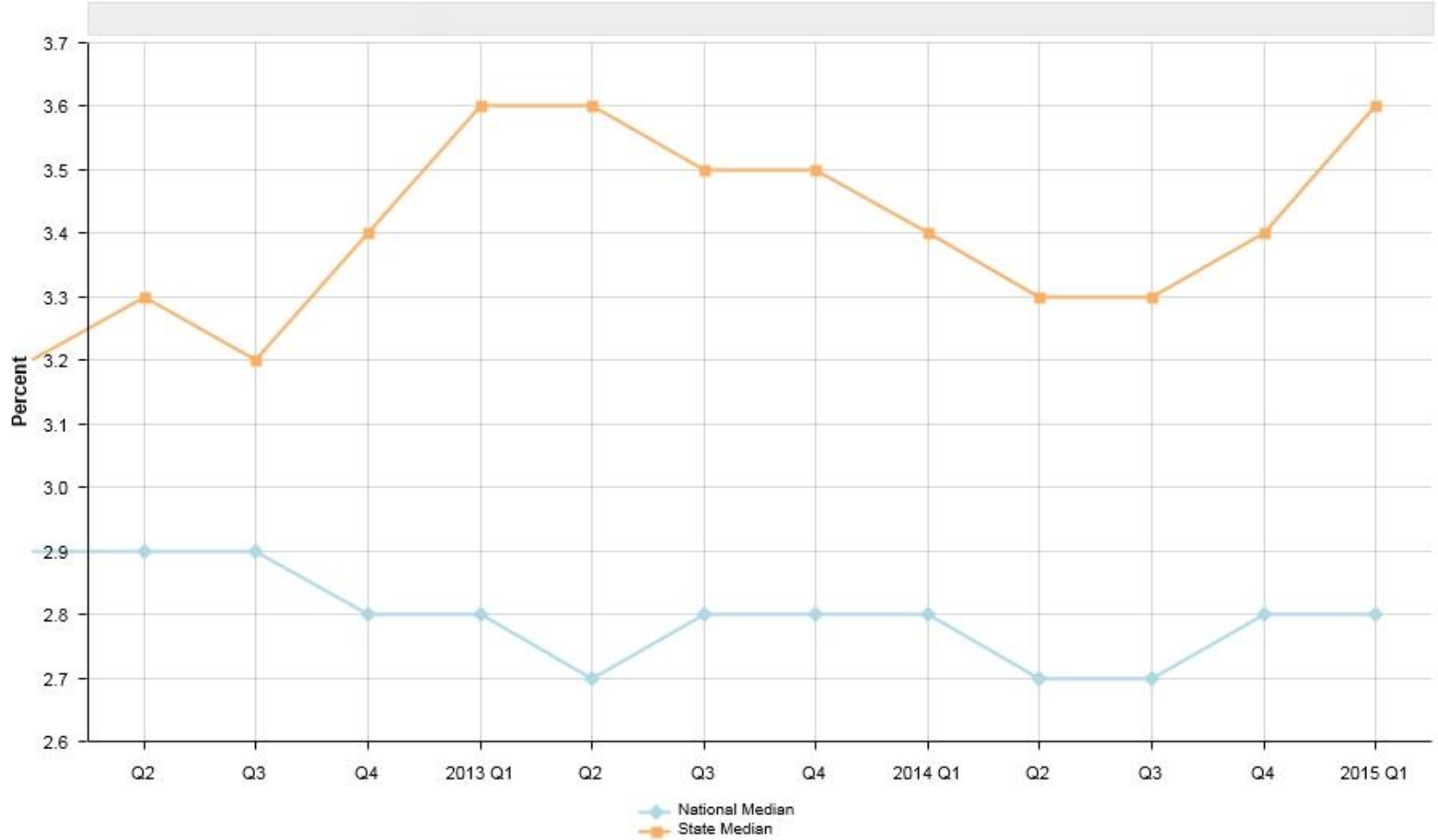
**Create your graphs:** Use the checkboxes below to select the trends you would like to view. To select state-level trends, select a state from the dropdown list. Click the "Display Data" button to display graphs for your selections. The "Reset" button will clear the selected state, graphs and checkboxes.

**View your graphs:** Clicking the "Display Data" button will display thumbnail charts at the bottom of the page. Double-click to see a full view of your chart. You may customize your chart by setting the time period. Use the download icon in the upper left of the chart to download your image.

**Trend lines not displaying?** If a state had less than 30 nursing homes with publicly reported data in any quarter for a measure, their 10th/90th percentile trend line will not be available for selection. In those instances, please use the national 10th/90th percentile lines for comparisons instead.

Long-Stay Quality Measures				
State:	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select all quality measures by marking the appropriate checkbox				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State Median	State 10th	National Median	National 10th

### Long-Stay Residents With One or More Falls With Major Injury Missouri





## 4 Organizational Goals

## 5 Clinical Goals



Hospitalizations



Staff  
Stability



Pressure  
Ulcers



Medications  
Antipsychotics



Consistent  
Assignment



Infections  
*C. difficile*



Mobility



Person-  
Centered Care



Pain  
Management

ADVANCING EXCELLENCE

# Registering & Participating

## REGISTRANTS:

Sign up, select 2 goals (one from each category)



## PARTICIPANTS:

Demonstrate commitment to performance improvement by uploading data to AE website monthly for 6 consecutive months for 2 goals

# WHO WE ARE



**ADVANCING  
EXCELLENCE**

IN AMERICA'S  
NURSING HOMES



Of Nation's  
Nursing Homes ...

**9,902 (63.3%)**

Registered  
since 2006

**4,530 (28%)**

Currently registered  
in AE Campaign

Selected 2 or more goals

**846**

Participating homes

Entered 6 months of data  
on AE website

**4,004**

**Consumers**

**4,487**

**Nursing  
Home Staff  
Members**

**52**

**State-Based  
LANEs**



# FIND NURSING HOMES

Registered	Provisional Participant	In Progress Participant, Inactive	In Progress Participant, Active	Full Participant, Inactive	Full Active Participant

## What is Participation?

	Select Goals	Monitor your QI Project	Enter Monthly Outcomes on the AE Website			
<b>Participation Status</b> <a href="#">Read More</a>	<ul style="list-style-type: none"> <li>Register</li> <li>Prioritize</li> <li>Choose 2</li> </ul>	<ul style="list-style-type: none"> <li>Watch This! (6 minutes)</li> <li>Get Tracking Tools</li> <li>Get QI Resources</li> </ul>	3 Consecutive Months (current) on an Organizational Goal	6 Consecutive Months on an Organizational Goal	6 Consecutive Months on an Clinical Goal	Currently Entering Data over the most recent 6 months
Active Full	●	●		●	●	●
Inactive Full	●	●		●	●	
Active In Progress	●	●		●		●
Inactive In Progress	●	●		●		
Provisional	●	●	●			

Good to Know

[Read More](#)



ADVANCING EXCELLENCE  
IN AMERICA'S NURSING HOMES

## ➤ The Domestic Lean Goddess - PDSA Video

Without data  
you're just  
another person  
with an opinion.

W. Edwards Deming





# Circle of Success

Start

How do I know where I am?

Where do I want to be?

What processes are associated with my outcome?

When I change a process, how do I know it had the effect I wanted?

How am I doing compared to other nursing homes working on this goal?

