Preferences for Everyday Living Inventory of the Elderly (PELI-D)

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Background
Regardless of the healthcare setting, person-centered care and its implementation in caring for the elderly is a central issue. To provide individualized and person-centered care, healthcare professionals need knowledge about individual preferences of the persons cared for. Up to now, there are no tools in German language available to assess these preferences.

The instrument PELI bases on self-assessment of the persons concerned in everyday living. The PELI includes five domains that represent preferences in the following activities of daily life: Social Contacts, Growth Activities, Leisure Activities, Self-Dominion, Support Aids, Caregivers and Care.

The PELI was originally developed to measure the preferences of people living at home. However, it has been successively adapted for use in further healthcare settings, so that the following four versions of the PELI are now available:

- PELI-NH Full©: Extended version for the use in long-term care facilities
- PELI-NH Mid-Level©: Short version for the use in inpatient care
- PELI-HC©: Version for the use in outpatient care
- PELI-AD©: Version for the use in day care

Altogether, up to now study results indicate that PELI is a practicable, meaningful and valid instrument that facilitates person-centered care of the elderly in diverse settings and thereby improves quality of healthcare.
Project Aims
Since there is no comparable instrument available in Germany, all versions of the PELI (for inpatient, outpatient and day care) are to be:

1. translated and culturally adapted
2. proofed referring applicability and benefit in a pilot study

Methods
The study is set up in two phases. Phase one includes the translation of PELI, phase two evaluates PELI-DA (outpatient care), PELI-DS (inpatient care) and PELI-DT (day care), applicability is evaluated in a pilot study.

The process of translation is performed following the recommendations (Wild et al., 2005). This includes a forward-backward translation, involving expert committees.

The pilot testing takes place in a long-term care facility, an outpatient nursing service and day care service of the cooperation partners mentioned above. Diverse data (e.g. guided interviews, focus groups, nursing records) will be collected to point out the usability and applicability of the translated versions of the PELI.

Conclusions
The PELI-D will provide an instrument free of charge to measure preferences of persons in need of care in out- and inpatient settings in a standardized way for nursing facilities. Collected information should serve as a base for a systematic planning and implementation of care, which is adequate to the individual preferences of the person concerned. This contributes to optimize the process of care services and to enable elderly people in their autonomy and social participation.

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