UNDERSTANDING RESIDENT, FAMILY, AND STAFF SAFETY PRIORITIES TO GUIDE DEVELOPMENT OF AN ENGAGEMENT TOOLKIT

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Resident and family engagement (the desire, ability, and activation as a partner in care) is a necessary component of keeping assisted living (AL) residents safe. Barriers to engagement include differing priorities between the resident/family and staff. This presentation outlines the results of a content analysis of qualitative interviews with 105 AL staff, residents, and family members, in which we examined AL stakeholder priorities for safety. Qualitative interviews were analyzed to first identify safety priorities by stakeholder type (staff, resident, and families), and then compared across stakeholder group. Stakeholder-specific safety priorities were identified, including infection management (COVID-19 and others), medication errors, falls, elopement, lack of AL resources/staffing, conflict, adverse events, nutrition, physical hazards, building security, chemical agents, fire/natural disasters, and abuse/neglect – the importance of these priorities vary by stakeholder type. Presentation discussion will include implications for future intervention to address the top safety problems in AL.

ENGAGEMENT IN ASSISTED LIVING DURING THE COVID-19 PANDEMIC: CHALLENGES AND PROMISING PRACTICES.

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The “lockdown” in assisted living (AL) from the COVID-19 pandemic has physically isolated residents from the outside world and affected resident and family engagement in care. This presentation outlines a content analysis of qualitative semi-structured telephone interviews conducted from April 2020 with 105 AL staff, residents, and family members exploring COVID-19 experience/restrictions and engagement during the pandemic. Analysis revealed AL families and residents expressed difficulties with COVID-19 visiting and distancing restrictions, reduced family visitations, discontinuity of care, and worries about COVID-19 infection. Staff/administrators expressed uncertainty about lack of knowledge about COVID-19, worries about transmission, and if staff will get exposed outside of work. Promising factors include enhanced communication between staff and families regarding care, improved virtual communication, creative strategies to socially engage residents, and improved infection control practices and staff training. The presentation discusses the implications of the findings for future research, policy, and practice.

Session 3330 (Symposium)

A SYSTEMS-WIDE APPROACH FOR EARLY DETECTION AND MANAGEMENT OF DEMENTIA IN PRIMARY CARE

Chair: Annette Fitzpatrick Discussant: Basia Belza
Dementia is frequently unrecognized and under-reported by health care providers. The needs of an aging population increase the burden on an already over-worked primary care system that is often without the appropriate training, resources, and reimbursement to address the growing number of people with cognitive decline in the US. In this symposium we present a systems-wide approach within University of Washington (UW) Primary Care to increase awareness of early signs and symptoms, detection of cognitive impairment, and support of providers, patients and caregivers that will ultimately improve outcomes of care. This quality improvement (QI) program integrates stakeholder-selected components of the GSA KAER (Kickstart-Assess-Evaluate and Refer) Model and Toolkit (2020 Edition), developed by the Gerontological Society of America (GSA), into primary care practice. We describe content and logistics of a continuing education intervention for primary care providers and clinical staff to increase skills for evaluation and management of dementia. Working with UW clinic managers and information technology (IT), we have developed a pragmatic system for streamlining operations and documenting care utilizing newly developed interdisciplinary workflows and electronic health record order sets. Using input from our Community Advisory Board, we explain development of a web-based resource repository to be used in-clinic and at home to support providers, staff, patients, families, and caregivers across cognitive changes. Strategies presented here are aimed to help other health care systems initiate steps to integrate KAER and other tools into a practical QI program for improving detection and management of dementia through support of primary care.

INTEGRATING THE GSA KAER TOOLKIT INTO PRACTICAL TRAINING FOR PRIMARY CARE CLINICS

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Education is central to driving change in clinical practice. First, primary care providers and their clinic team members need to understand why detecting cognitive impairment is important, how it can be done efficiently, and what the next steps in referral and management are. To engage primary care clinics in this change process, we developed a continuing