Care policies for older adults emphasize aging-in-place and home care over residential long-term care (LTC). We explore how the use of residential LTC in the last five years of life among people with and without dementia changed between those who died in 2001, 2007, 2013, and 2017 in Finland. Retrospective data drawn from the national health and social care registers include all those who died aged 70+ in 2001, 2007, 2013, and 2017, plus a 40% random sample from 2001 (N=128,050). Negative binomial regression analysis was used to estimate the association of dementia with LTC use during the last five years of life (1825 days). The independent variables included dementia, age, marital status, annual income, education, and chronic conditions. In the total study population, the proportion of LTC users and the mean number of days in LTC increased until 2013, after which it decreased. Changes in LTC use differed between different age groups and by dementia status. Over time, the decrease in round-the-clock LTC use was steep in those aged 90+ with dementia and in people aged 80+ without dementia. The individual factors related to morbidity and sociodemographic factors did not explain these results. The changes in LTC care policy may have contributed to the decrease in LTC use among the oldest. However, according to national statistics, the availability of formal home care has not increased. This development may suggest that the oldest-old and those with dementia—a highly vulnerable group—are left without proper care.

USING DIAGNOSTIC ULTRASOUND TO SUPPORT THE DIAGNOSE SARCOPENIA IN OLDER ADULTS: A SYSTEMATIC REVIEW
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Dual-energy x-ray absorptiometry (DXA) is currently the gold standard for diagnosing loss of muscle mass in older adults (a component of sarcopenia diagnosis). Magnetic resonance imaging (MRI) and computed tomography (CT) have also been used successfully. Due to elevated costs, limited access, exposure to radiation, and increased difficulty of operation, other methods have been explored as alternatives. We reviewed the literature on the use of diagnostic ultrasound to assist in the diagnosis sarcopenia in older adults by searching MEDLINE, Embase, and CINAHL using a variation of terms related to “ultrasound”, “sarcopenia”, and “older adults”. We included studies that included older adults over the age of 60. Eighteen studies were included after screening for eligibility and conducting full-text reviews. The most common transducer head frequency utilized in the studies were 5-12 and 8 MHz (three studies each), followed by 5, 6, and 7.5 MHz (two studies each). The most common musculature examined was anterior thigh musculature, followed by muscles of the lower leg, upper extremity, abdominals, and head/neck. Measurements most taken were muscle thickness/cross sectional area (18 studies), followed by muscle echogenicity (9 studies), and pennation angle (3 studies). Ultrasound is a reliable and valid tool to examine muscle thickness to assist in diagnosing sarcopenia. However, echogenicity measures of a muscle were not reliable. Further research is needed with increased sample size and variance amongst subjects to generalize and create normative data. In addition, standardized protocols for the use of ultrasound to assist in the diagnosing sarcopenia need to be established.

VISUALIZING PERSON-CENTERED LONG-TERM CARE: AN EXPLORATORY SCOPING REVIEW AND EVIDENCE MAPPING

Despite decades of professional, academic, and policy interest in person-centered long-term care (LTC), the field continues to be challenged by the absence of a comprehensive depiction of the concept and a lack of consistency reflected across studies and measures. In response, a participatory action, research-focused, partnership between an institution of higher education and an LTC community (the University of Maine Center on Aging and The Cedars), with funding from The Mayer-Rothschild Foundation, is identifying and mapping the landscape of person-centered LTC in nursing homes and assisted living communities. A collaborative, ongoing, exploratory scoping literature review and evidence mapping has compiled a database of 663 academic and 115 grey literature articles through 65 systematic searches reviewing over 4,296 articles. An iterative process from both the resident and organizational perspectives revealed nine core domains (e.g. dining, resident care, environment, quality improvement, identity and personhood, etc.) and two substantive research gaps (the intersection of person-centered long term care with diversity, equity, and inclusion issues, and pandemic considerations). For mapping purposes, domain content was analyzed categorically based on concept, information revealed about resident, family, and staff experience, and operations applicability. The identified person-centered LTC domains, categorical analysis, identified gaps, and visual representation via mapping will contribute to generating research ideas, supporting the development of effective operationalization for LTC settings, and contributing to an understanding of the theoretical scope and concrete elements of a person-centered care model that aims to improve the wellbeing and quality of life of older adults in long-term residential settings.

WHAT HAPPENS WHEN THE PATIENT DOESN’T DIE? UNDERSTANDING LIVE DISCHARGE FROM HOSPICE CARE
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