care (PCC) communication tool in nursing homes (NH). PCC is a philosophy that recognizes “knowing the person” and honoring individual preferences. The communication tool is based on an assessment of NH resident likes and dislikes via the Preferences for Everyday Living Inventory (PELI). The PELI is an evidenced-based, validated instrument that can be used to enhance the delivery of PCC. In 2016, the Ohio Department of Medicaid (ODM) mandated NHs use the PELI as one of the factors that determine the quality portion of their daily Medicaid reimbursement rate. The Preferences for Activity and Leisure (PAL) Card was developed to communicate important resident preferences across care team members. In 2018, the PAL Card Project was approved by the Ohio Department of Aging as a Quality Improvement Project. The first presentation will describe the implementation of PAL Cards with n=43 NH providers. The second presentation will present data regarding the acceptability, feasibility, and appropriateness of the communication tool as rated by providers. The final presentation explores provider qualitative responses regarding the characteristics of the PAL Card communication tool related to effective implementation. The Discussant, Dr. Howard Degenholz will discuss the implications of initiatives to address the quality of resident care.

PARTNERING WITH NURSING HOME PROVIDERS FOR PERSON-CENTERED QUALITY IMPROVEMENT

Abigail Hermesch1 Da Jung Chang,2 Chelsea Goldstein2 Kimberly Van Haitsma3 and Katherine Abbott4, 1. Miami University, Oxford, Ohio, United States, 2. Scripps Gerontology Center at Miami University, Oxford, Ohio, United States, 3. The Pennsylvania State University, University Park, Pennsylvania, United States

The purpose of this study was to assess the acceptability, feasibility, and appropriateness of the PAL Card intervention. The data for this study came from monthly logs and final calls completed by n=26 NH providers. Staff from multiple departments contributed to the PAL card implementation. Common places for placing PAL cards were wheelchairs, walkers, doors, and in closets. Over 90% of residents approved of the accuracy of information presented in PAL cards. From the providers’ perspective, PAL cards’ acceptability ranged from 96 to 100%, appropriateness ranged from 93.10 to 100 % and feasibility ranged from 90 to 100%. The total staff time estimated costs for PAL card implementation ranged from $180 to $3,236 depending on the individuals involved. The PAL card intervention was deemed acceptable, feasible, and appropriate by providers and accurate by residents. A discussion of the opportunity costs associated with implementing this intervention will be discussed.

PROVIDER PERSPECTIVES ON IMPLEMENTING A PERSON-CENTERED COMMUNICATION TOOL

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The PAL Card QIP Project sought to understand the intervention characteristics associated with effective implementation. Telephone interviews were conducted with n=26 NH providers who completed the project. Calls were recorded, transcribed verbatim and checked for accuracy. The Consolidated Framework for Implementation Research was utilized as an a priori coding scheme to identify factors associated with effective implementation of the PAL Card project. Major themes emerging from the data related to the evidence strength and quality of the intervention as well as the relative advantage to not assessing preferences (“turns out she doesn’t even like TV and we have just been having her watch TV”), adaptability (tailoring for their needs), trialability (expanding offering of intervention after initial success), and complexity of the intervention (sharing the work across departments, difficulty using unfamiliar technology). Providers reported positive intervention characteristics of the PAL cards, however, barriers remain that require additional strategies to successfully implement.

SESSION 695 (SYMPOSIUM)

POLICY SERIES: WOMEN’S PLANNING DECISIONS AND CHOICES AFFECT FINANCIAL WELLNESS IN LATER LIFE

SESSION 700 (SYMPOSIUM)

AN ECOLOGICAL MOMENTARY OUTLOOK ON SUBJECTIVE AGING

Chair: Dikla Segel-Karpas, University of Haifa, Haifa, Israel, Israel
Co-Chair: Amit Shrira, Bar Ilan University, Ramat Gan, Israel, Israel
Discussants: Margie E. Lachman, Brandeis University, Waltham, Massachusetts, United States