aides. Results: Between 2000 and 2018, the total number of male DCWs in the U.S. increased 118% to 474,925, with more than half (52.6%) in 2018 employed as nursing, psychiatric, and home health aides. Among these 250,139 aides, 62% (154,557) were employed as nursing assistants, 23% (57,126) worked as home health aides, and 15% (38,456) were employed as orderlies and psychiatric aides. However, 60% of all orderlies and psychiatric aides were male; this was the only occupation in the direct care workforce in which men were in the majority. Implications: The majority of male DCWs work as nursing, psychiatric, and home health aides and the new occupation classifications in the ACS reveal that while most work as nursing assistants and home health aides, the one occupation with a majority male workforce was orderlies and psychiatric aides. These findings suggest that the greatest need for male DCWs may be as orderlies and psychiatric aides, occupations in which size and physical strength are important factors.

EMPTY BEDS IN NURSING HOMES FILLED BY YOUNGER INDIVIDUALS FOLLOWING ACA MEDICAID ELIGIBILITY EXPANSION

Ashley Ritter, Norma Coe, and Salama Freed, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

National decline in nursing home occupancy rates coupled with expansion of Medicaid insurance eligibility under the Affordable Care Act (ACA) potentially create an opportunity for younger, low-income individuals to enter nursing homes following a hospitalization. Changes in the population of individuals using nursing homes could result in downstream consequences on facility payor mix, case severity index, and ultimately patient outcomes. This study measures the effect of ACA Medicaid eligibility expansion on the patient population using nursing homes, accounting for the nursing homes' occupancy rate. Data were obtained from the publicly available national dataset, LTCfocus (2009-2016). Difference in differences estimation with time and state fixed effects was utilized to examine the effect of ACA Medicaid eligibility expansion on two outcomes, 1) average age in years of residents as of April 1 and 2) the proportion of individuals covered by Medicaid insurance at the facility level. Results show facilities with pre-ACA occupancy rates between 40% and 50% demonstrated the largest decrease in average age by year three, 1.32 years [95% CI: -2.257, -0.385]. Facilities with a pre-ACA occupancy rate of 60-70% demonstrated the largest increase in the proportion of individuals covered by Medicaid in year one, a 5.5 percentage point increase [95% CI: 0.009, 0.102]. In summary, Medicaid expansion under the ACA resulted in an increase in younger individuals and individuals covered by Medicaid using nursing homes, varying across pre-ACA occupancy rates. It remains to be studied if increased utilization of this high cost setting provides superior patient outcomes for these populations.

EVIDENCE FOR PUBLICLY REPORTED QUALITY INDICATORS IN RESIDENTIAL LONG-TERM CARE: A SYSTEMATIC REVIEW

Franziska Zúñiga,[1] Magdalena Osinska,[2] and Franziska Zuniga, *1. Basel University, Basel, Basel-Stadt, Switzerland, 2. University of Basel, Basel, Switzerland*

Quality indicators (QIs) are used internationally to measure, compare and improve quality in residential long-term care. Public reporting of such indicators allows transparency and motivates local quality improvement initiatives. However, little is known about the quality of QIs. In a systematic literature review, we assessed which countries publicly report health-related QIs, whether stakeholders were involved in their development and the evidence concerning their validity and reliability. Most information was found in grey literature, with nine countries (USA, Canada, Australia, New Zealand and five countries in Europe) publicly reporting a total of 66 QIs in areas like mobility, falls, pressure ulcers, continence, pain, weight loss, and physical restraint. While USA, Canada and New Zealand work with QIs from the Resident Assessment Instrument – Minimal Data Set (RAI-MDS), the other countries developed their own QIs. All countries involved stakeholders in some phase of the QI development. However, we only found reports from Canada and Australia on both, the criteria judged (e.g. relevance, influenceability), and the results of structured stakeholder surveys. Interrater reliability was measured for some RAI QIs and for those used in Germany, showing overall good Kappa values (>0.6) except for QIs concerning mobility, falls and urinary tract infection. Validity measures were only found for RAI QIs and were mostly moderate. Although a number of QIs are publicly reported and used for comparison and policy decisions, available evidence is still limited. We need broader and accessible evidence for a responsible use of QIs in public reporting.

EXPLORING LEADERSHIP, STRESS OF CONSCIENCE, AND PERSON-CENTERED CARE IN NURSING HOMES

Annica Backman,[1] karin sjögren,[2] Hugo Lovheim,[3] Marie Lindkvist,[4] and David Edvardsson,[5] *1. Umea University, Umea, Sweden, 2. Departement of Nursing, Umea, Sweden, 3. Umeå University, Umea, Sweden, 4. Department of Epidemiology and Global Health, Umea, Sweden, 5. La Trobe University, Melbourne, Victoria, Australia*

On a daily basis, many care situations contain difficult issues and challenges for care providers. Stress of conscience, such as feelings of guilt, can be experienced by staff when not fulfilling ethical obligations to the residents. Although leadership has been advocated as a key component for staff work perceptions as well as for person-centred care, the impact of nursing home managers' leadership on levels of stress of conscience among staff and the extent to which person-centred care (PCC) is provided is yet to be explored. Thus, the aim was to explore the relationship between leadership, stress of conscience and PCC as perceived by staff. The study was based on a cross-sectional national survey of 3084 staff and their managers in 189 nursing homes throughout Sweden. Descriptive statistics and regression modelling were used to explore associations. The preliminary results showed that leadership was negatively associated to stress of conscience and positively associated to PCC. PCC were negatively associated to stress of conscience. Additional findings will be presented. This indicates that nursing home managers' leadership seem to beneficially impact staff work situation in terms of stress of conscience and person-centred care provision.