

During the COVID-19 pandemic Missouri Quality Initiative APRNs worked in 16 nursing homes (NHs) providing clinical expertise and support. To understand their influence on the NH COVID-19 response, we conducted four group interviews with APRNs from 13 of the 16 NHs. Using thematic analysis, we identified similarities and differences between NH groups and then compared groups by COVID-19 infection rates. Leaders from NHs with high COVID-19 rates were unwilling to report infections and were resistant to resident/staff testing. In contrast, leaders from NHs with low COVID-19 rates were strategic about acquiring supplies, held daily huddles, and initiated CDC recommendations almost immediately. All reported residents lost weight, and experienced mood and physical decline resulting from quarantine/isolation. APRNs worked with providers to identify potentially ill residents/staff, improve isolation/quarantine procedures, manage ill residents, and supported efforts to mitigate viral spread. We will discuss implications for broader infection prevention in NHs.

POSITIVE EFFECT OF A SUCCESSFULLY IMPLEMENTED MODEL OF CARE ON UNPLANNED TRANSFERS TO HOSPITAL

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Models of care have shown effectiveness in reducing unplanned transfers in nursing homes (NHs) from 11.7% to 6.1%. These include coordination of care and access to skilled medical providers such as geriatricians, specialist nurses or registered nurses with additional training. A hybrid type-2 effectiveness-implementation project (INTERCARE) was developed to improve intervention uptake and to understand the mechanisms behind results. INTERCARE consisted of six core elements and was rolled-out to 11 Swiss NHs with a stepped-wedge design allowing all NHs to receive the intervention. 942 residents were recruited (June 2018 -January 2020). INTERCARE showed a significant reduction of unplanned transfers during the intervention period compared with baseline. The successful implementation of INTERCARE relied on the use of implementation science, building on stakeholder input and careful theory-driven contextual adaptations. INTERCARE's success was driven by registered nurses with expanded roles, on-site coaching, and the use of tools for clinical decision making.

DEFINING APPROPRIATE RESOURCES FOR NURSING HOMES TO REDUCE POTENTIALLY AVOIDABLE TRANSFERS AFTER A FALL

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Falls are common in nursing home (NH) residents and are the predominant reason for an emergency department (ED) transfer. Falls are responsible for 25% - 87% of ED transfers, a proportion of which are potentially avoidable. INTERCARE – an implementation science study reducing unplanned hospitalizations (2018 – 2020) – involved experts to identify potentially avoidable fall-related transfers. Focus group and stakeholder survey enabled identification of resources to safely manage some falls in NHs. 25.9% of fall-related transfers were potentially avoidable based on using root-cause analysis and discharge reports. Avoidability was associated to ED visit, compared to hospitalizations. Appropriate resources identified by stakeholders included timely access to outpatient services for diagnostic imaging (e.g., X-Ray) and clinical skills' training in suturing and wound care for registered or specialist nurses. Although NHs are striving for a home-like environment, better access to basic diagnostic and treatment services within NHs should be possible.

Session 4480 (Symposium)

THE M. POWELL LAWTON AWARD LECTURE: THE PERSON-ENVIRONMENT FIT FRAMEWORK, OLDER ADULTS, AND TECHNOLOGY INTERACTIONS

Chair: Debra Dobbs

The lecture will be given by the 2020 recipient, Sara Czaja, PhD, FGSA of Weill Cornell Medicine. The 2021 M. Powell Lawton Award recipient is David Roth, Phd, FGSA, of Johns Hopkins University. The M. Powell Lawton Award is presented annually to an individual who has made outstanding contributions from applied research that has benefited older people and their care. The Lawton Award is generously funded by the Polisher Research Institute of Abramson Senior Care.

THE M. POWELL LAWTON AWARD LECTURE: THE PERSON-ENVIRONMENT FIT FRAMEWORK, OLDER ADULTS AND TECHNOLOGY INTERACTIONS

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M. Powell Lawton made significant contributions throughout his illustrious career to improve the quality of life of older adults. His landmark theory of person-environment fit (P-E Fit) recognized the importance of understanding the dynamic interactions between older adults and their physical and social environments and the subsequent impact of these interactions on independent living. In today's living environments, technology is ubiquitous and can serve as both a barrier and facilitator to the ability of older people to live independently. This presentation will discuss how the P-E Fit Model can be used to clarify potential mismatches between technology systems and the characteristics, abilities, and preferences of older adult and how it can be used to guide design and training interventions to maximize the ability of aging adults to interact successfully with technology systems. Examples will be drawn from the Center for Research and Education on Aging and Technology Enhancement (CREATE) in the domains of social engagement, work, and health from technology design and intervention perspectives. The CREATE conceptual framework, consistent with the P-E