

MEASURING WHAT MATTERS ACROSS INTERNATIONAL LONG-TERM CARE SETTINGS

Michael Lepore,¹ and Kirsten Corazzini,² 1. *LiveWell Alliance, Southington, Connecticut, United States*, 2. *University of Maryland School of Nursing, Baltimore, Maryland, United States*

Measuring what matters most to residents, relatives and staff in residential long-term care settings is critical, yet underdeveloped in our predominantly frailty and deficits-focused measurement frameworks. The Worldwide Elements to Harmonize Research in Long-Term Care Living Environments (WE-THRIVE) consortium has previously prioritized measurement concepts in the areas of care outcomes, workforce and staffing, person-centered care, and care context. These concepts include knowing the resident and what matters most to the resident, and outcomes such as quality of life, and personhood. We present findings of our currently recommended measures, including both general population and dementia-specific measures, such as the Person-Centered Care Assessment Tool (PCAT), the Personhood in Dementia Questionnaire (PDQ), and the ICEpop CAPability Measure for Older People (ICECAP-O). We also describe remaining gaps in existing measures that will need to be addressed to fully specify common data elements focused on measuring what matters most to residents, relatives and staff.

PERSON-CENTERED CARE POST-PANDEMIC IN RURAL U.S. SETTINGS: USE OF WE-THRIVE MEASURES

Sarah Holmes,¹ Kirsten Corazzini,¹ Michael Lepore,² Nancy Kusmaul,³ Deanna Myer,¹ and Zahra Rahmaty,¹ 1. *University of Maryland School of Nursing, Baltimore, Maryland, United States*, 2. *LiveWell Alliance, Southington, Connecticut, United States*, 3. *University of Maryland, Baltimore County, Baltimore, Maryland, United States*

Frontier communities are rural counties that are sparsely populated with limited resources to provide residential long-term care; COVID-19 has heightened these barriers and adversely affected residents, their families and staff. This study describes the feasibility of implementing recommended WE-THRIVE measures in one residential long-term care setting in a frontier community in the rural Midwest, and the capacity for administrative leadership to draw upon results of measures to implement person-centered care post-pandemic. During the COVID-19 pandemic, early efforts to advance person-centered care in the setting were displaced by a focus on infection control and containment. WE-THRIVE measures assess person-centered care following immunization distribution, and are discussed in terms of how to develop a dashboard to 'de-escalate' a COVID-19 focus and rebuild momentum towards person-centered care. Particular attention is given to the context of measurement, including data sharing and measurement burden, to inform advancing person-centered long-term care in other frontier communities.

PERSPECTIVES TOWARD LONG-TERM CARE MEASUREMENT FROM FRONTLINE WORKERS IN BRAZIL

Ruth Caldeira de Mello,¹ Patrick Wachholz,² Paulo José Fortes Villas Boas,³ Vivian Schutz,⁴ Michael Lepore,⁵ Deanna Myer,⁶ Ester Villalonga Olives,⁷ and Kirsten Corazzini,⁶ 1. *University of São Paulo, São*

Paulo, São Paulo, Brazil, 2. *São Paulo State University, São Paulo State University - Unesp, São Paulo, Brazil*, 3. *University of São Paulo, Universidade de São Paulo, São Paulo, Brazil*, 4. *University of Maryland Baltimore, School of Nursing, Baltimore, Maryland, United States*, 5. *LiveWell Alliance, Southington, Connecticut, United States*, 6. *University of Maryland School of Nursing, Baltimore, Maryland, United States*, 7. *University of Maryland, School of Pharmacy, Baltimore, Maryland, United States*

The Brazilian long-term care (LTC) sector remains poorly structured and underdeveloped. COVID-19 did not bring unprecedented focus to the sector just because of the high mortality; it also affected the quality of care. In this pilot study, we evaluated the perspectives toward WE-THRIVE LTC measurements from Brazilian frontline workers in five long-term care facilities. For the four WE-THRIVE domains of LTC measurement (workforce and staffing, person-centered care, organizational context, and care outcomes), respondents used a 4-point Likert scale to rate their importance and answered open-ended questions about how these aspects of care changed since COVID-19. With few exceptions, respondents rated these aspects of LTC as extremely important or very important. Qualitative results highlighted concerns about and impacts of COVID-19, such as challenges related to the isolation of residents. The assessed measurement domains are confirmed to be important by frontline staff in Brazil. Measurement adoption must account for current issues.

PERSPECTIVES TOWARD PERSON-CENTERED LONG-TERM CARE IN CHINA

Jing Wang,¹ Kirsten Corazzini,² and Bei Wu,³ 1. *Fudan University, Chapel Hill, North Carolina, United States*, 2. *University of Maryland School of Nursing, Baltimore, Maryland, United States*, 3. *New York University, New York, New York, United States*

Health care aides provide direct care for older residents with advanced dementia in long-term care facilities. This study aims to understand care aides' perceptions of what is 'good' care, what is person-centered care, and how to provide person-centered care for older residents with advanced dementia, as preparatory work of the WE-THRIVE consortium's efforts to develop internationally-relevant common data elements of person-centered dementia care and launch comparative research in LMICs. Semi-structured interviews were conducted with health care aides (N=35) from 2 government-owned and 2 private long-term care facilities in urban China. Directed and conventional content analysis were used, drawing upon core constructs of person-centered dementia care and Nolan's (2006) senses framework. We found that although care aides were not trained in person-centered care, they did incorporate person-centeredness in their work by tailoring their care to the needs of older residents and facilitating interactions with residents and their peers through communication cues.

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MOBILITY PERFORMANCE IN OLD AGE: A WINDOW INTO BRAIN INTEGRITY

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