

Effective management of the perceived risks associated with delivering preference-based person-centered care (PBPC) is historically challenging for nursing home staff. Existing research lacks the granularity needed to guide clinicians who fear negative health and safety outcomes for residents. This study examined direct-care nursing staff perceptions of outcomes associated with delivering PBPC. Participants (N=27) worked in NHs experiencing 6-12 health citations, were mostly female (85%), and represented diverse ages, race, education, and collective work experience in NHs. Content analysis of verbatim transcripts from 12 focus groups identified an overarching theme of: “person-centered outcomes related to risk engagement”; and sub-themes of: harms to staff (e.g. fear, frustration, guilt); harms to residents (e.g. negative moods and behaviors, physical discomfort); and positive shared outcomes (e.g. building nurse-resident relationships, positive care environment). Implications for risk management that improves quality of care and life outcomes in a post-COVID era will be discussed.

RESIDENT AND FAMILY ENGAGEMENT IN CARE CONFERENCES: IMPORTANT PROCESSES AND SUPPORTING STRATEGIES

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Self-determination is a core value of person-centered care. Research has shown residents and families want to be involved in decisions about care. Care conferences are one existing structure where residents and families can engage in decision-making about care goals. However, there are few tools to support effective engagement. To inform future tool development, this study sought to understand what resident and family stakeholders value about engaging in care conferences. In virtual meetings, 16 stakeholders identified 3 key areas of engagement: being informed about health/well-being, influencing care goals, and advocating for needs. They indicated current approaches do not achieve these engagement goals, which is particularly problematic during COVID when families cannot engage in person. Stakeholders offered ideas for supporting engagement such as provision of data before the conference. The study has implications for individualizing care conferences and encouraging resident and family engagement in decision-making both during and beyond COVID.

COVID-19 AND PERSON-CENTERED CARE: LESSONS LEARNED THROUGH A STATEWIDE PROGRAM FOR NURSING HOMES

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Frail elders in nursing homes are the highest risk group for developing complications of COVID-19. This led to a response from CMS and state regulators that was heavily focused on protection and safety through segregation and infection control. The purpose of this study was to gather the narrative of this pandemic response and understand the impact on person-centered care and be able to address provider needs in real-time. This qualitative method focused on nursing home providers who are a part of PEAK 2.0, a Medicaid pay-for-performance program in Kansas.

Interviews with nursing home staff (n=168) revealed two critical themes of need; mandated responses disregarded elders' autonomy and self-determination in decision making, and infection control strategies required new approaches to facets of resident care that still maintained dignity. This data, along with COVID-19 guidance were then used to inform feasible resource development and education to maintain PCC practices during the pandemic.

COVID-19 PERSPECTIVES OF ASSISTED LIVING AND HEALTH CARE PROVIDERS IN SEVEN STATES

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Thirty percent of COVID-19 deaths in long-term care were in assisted living (AL), indicating challenges providing care. This project recruited AL administrators and medical and mental health care providers in a seven-state stratified random sample of 250 communities; it asked what was most challenging responding to COVID-19, what was successful, how to have better dealt with COVID-19, and how others could have helped. The most common challenge was addressing residents' psychosocial needs, explained as “No contact - no hugging. The seniors require touch. It's something we've always done, and we can't do; we're required not to do it.” Successes included infection prevention, and in hindsight, administrators discussed staffing. Related to external entities, one commented, “Come in the building and see what we're doing. Don't sit behind a freaking screen and act like you know what we're doing.” Providers stressed patient access to care and social isolation. Implications will be discussed.

Session 3020 (Symposium)

DISRUPTION TO TRANSFORMATION: AGING IN THE NEW NORMAL: A CHAT WITH NIA SENIOR LEADERSHIP

Chair: Melinda Kelley

Discussant: Melinda Kelley

The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, is the federally designated lead agency on aging research and supports significant research on aging as a life-long process. In the last six years, NIA has experienced a tripling of its budget. Although much of this funding is targeted to Alzheimer's disease (AD) and AD-related dementias research, there has been an increase in funds allocated to non-AD research in keeping with the overall growth of NIH. This symposium will provide a forum for exploration of the implications of the budget increases for the general research community. NIA's senior staff will discuss research priorities and programs supported by the Institute. A question-and-answer session will follow these remarks on current funding and future priorities and research directions of NIA.