

based/merit pay and self-managing teams). Organizational culture consists of four types: clan culture (friendly working environment); adhocracy culture (dynamic/creative working environment); market culture (results-based organization); and hierarchy culture (formalized/structured work environment). This study used facility survey data from approximately 324 NH administrators (30% response rate) from 2017- 2018, merged with secondary data from LTCFocus, Area Health Resource File, and Medicare Cost Reports. The dependent variables consisted of RN, LPN, and CNA turnover rates (% voluntarily quit), while the independent variables comprised HRM practices and type of organizational culture. Control variables consisted of organizational (ownership, chain affiliation, size, occupancy rate, and payer mix) and county-level factors (Medicare Advantage penetration, income, education, unemployment rate, poverty, and competition). Generalized linear model results show that every unit increase in high-involvement HRM practices is associated with a reduction of 6%, 4%, and 2% in RN, LPN, and CNA turnover rates, respectively. Also compared to hierarchical cultures, nursing homes with a clan culture are associated with a reduction of 62%, 49%, and 33% in RN, LPN, and CNA turnover rates, respectively. HRM practices and organizational cultures that promote employee participation, engagement, and empowerment have the potential to reduce nurse staffing turnover rates among underresourced nursing homes.

NOT JUST HOW MANY BUT WHO IS ON SHIFT: THE IMPACT OF WORKPLACE INCIVILITY AND BULLYING AMONG RCAS ON RESIDENT CARE

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Much of the literature examining the link between care quality and staffing in long-term residential care focuses on staffing ratios and staffing mix; that is, how many staff are on shift. Far less attention has been devoted to exploring the impact of staff members' workplace relationships, or who is on shift, on care quality. Of increasing concern is the potential for peer incivility and bullying to disrupt the respectful, collaborative and effective working relationships considered key to residential care aides' (RCAs) care provision. This paper draws on data collected from a critical ethnography examining workplace incivility and bullying in a rural, not-for-profit care home. To date, more than 50 hours of participant observation, and 20 in-depth interviews with RCAs, licensed practical nurses, support staff, management and residents have been conducted. Thematic analyses identified three key themes: impact on resident safety; cutting corners; and impact on resident agitation and anxiety. Impact on resident safety highlights how incivility and bullying can result in non-adherence to two-person lift policies and procedures. Cutting corners outlines how RCAs' relationships with their co-workers dictates to what extent they provide the requisite care to a resident for whom another RCA is responsible. Impact on resident agitation and anxiety focuses on residents' reactions to the tensions that emerge between RCAs as a result of incivility and bullying. Findings highlight how peer incivility and bullying may indirectly influence certain

quality indicators (e.g., pressure sores, psychotropic medication use) thereby offering additional insight into the staffing-care quality link.

USING A UNIVERSAL SATISFACTION SCORE IN LONG-TERM CARE SETTINGS

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The CoreQ (not an acronym) consists of a limited number of satisfaction items (3-4 items, depending on setting) that are used to create an overall satisfaction score for long-term care facilities. This measure has been used in assisted living (AL) and skilled nursing facilities (SNFs) and has been endorsed by the National Quality Forum (NQF). Briefly, the development and psychometric testing of the CoreQ will be described, including the rationale for producing an overall satisfaction score and correlation with important quality indicators like Five-Star. Using data collected over the past 3 years, comprising more than 100,000 respondents, the use of the CoreQ measure will be described. For example, the CoreQ scores are used in MA to allow providers to benchmark their performance. The use of the scores in this way will be discussed including how providers have used the scores for quality improvement. Some states have elected to use CoreQ in pay for performance and other state initiatives. A case study of how New Jersey uses CoreQ with SNFs will be presented, including distribution of scores and addressing data collection challenges. CoreQ can be utilized as a short customer satisfaction measure to allow providers to benchmark their performance, residents and families in decision-making, and states and others to use for accountability.

VARIABILITY IN ACCESS TO VA'S AID AND ATTENDANCE PENSION BENEFIT: A MIXED-METHODS STUDY

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The Veterans Benefit Administration's (VBA) Aid and Attendance enhanced pension benefit (A&A) is available to older, low-income Veterans who require assistance meeting their daily needs. However, reports indicate that A&A is underutilized with only 1/3 of eligible Veterans receiving this benefit. The objective of this mixed methods study is to characterize the variability in A&A enrollment across VA Medical Centers (VAMCs) and determine factors attributable to the variation. Using VA administrative data, we calculated the rate of enrollment in A&A among Veterans receiving pension. We then purposefully sampled 16 Chiefs of Social Work at VAMCs with the highest (n=7) and lowest (n=9) rates of enrollment. Interviews were transcribed, coded, and analyzed using conventional qualitative research methods. The rate of enrollment in A&A varies from <1% to 23% across VAMCs. VAMCs that had higher rates of enrollment were larger and more likely to be located in the South and Mid-Atlantic regions. Respondents at sites with low rates of enrollment indicate that education around the eligibility criteria is needed