

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. *Conclusions:* 1. Prevalence of both undernutrition and overnutrition are high in long-term care residents; they can be identified and addressed in a proactive manner.

2. An interdisciplinary approach including physicians, nurses, social workers, nutritionists, and physiotherapists can help address most nutritional disorders.

3. Presence of dementia and depression may be limiting factors for success. *Disclosures:* All authors have stated there are no financial disclosures to be made that are pertinent to this abstract.

Using the Kano Model Survey for Quality of Life Improvement in the Long-Term Care Setting During COVID-19

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Background: A quality improvement project was conducted within this facility's post-acute and long-term care unit to determine which provided services are related to quality of life. The Kano model was utilized to assess a service by using questionnaires with antagonistic questions to assess function and satisfaction. The services are then categorized as performance, attractive, must-have, indifferent, and reverse. If more of the attractive and performance services are performed well, satisfaction will increase. Increasing performance of must-have or indifferent services will not increase satisfaction.

Objective/Aim: The goal of this quality improvement project was to utilize a Kano model survey to determine which provided services are related to improved quality of life.

Quality Improvement Methods: This project took place in a VA Post-Acute and Long-Term Care setting during the COVID-19 pandemic. The Kano analysis relates patient satisfaction and helps determine which feature of a service has value. A Kano questionnaire was developed consisting of twenty bimodal questions measuring 9 quality measures identified by the University of Minnesota Quality of Life Project, a comprehensive assessment of quality of life measures in nursing homes. The survey was conducted verbally among 10 male veterans over age 50. A follow-up questionnaire was completed to evaluate how often residents receive performance category services.

Results: Enjoying food, being able to make private phone calls, choosing own sleep schedule, and being involved in treatment decisions rated in the "performance" category. These features have a proportional relation between functionality and satisfaction, i.e. the more a service is provided, the more satisfied the residents become. Services categorized as "attractive" provide increased satisfaction when done well but do not cause dissatisfaction when absent. These features include attending organized activities, staff taking interest in the resident's experiences, and staff engaging in friendly conversations. Services determined "must-have" are requirements the residents expect and include being able to receive help when needed and having consistent care between nurses. Providing these services well does not increase satisfaction, but if done poorly or absent will result in dissatisfaction. The ability to attend religious activities was rated "indifferent." A follow-up survey was administered to determine how well the facility performs the "performance" rated services. The results show that over 80% of the residents report that they enjoy the food served often, however almost 60% responded they get a good night of sleep only sometimes or rarely.

Conclusions: The outcome of this study showed that the Kano model for surveying can be adapted to assess resident satisfaction in long term care settings. It was determined that sleep is a performance rated service to the residents and that there is room for improvement in this performance service. *Disclosures:* All authors have stated there are no financial disclosures to be made that are pertinent to this abstract.

Using Virtual Pet to Replace Pet Therapy Visits in Our Nursing Facility During the COVID-19 Pandemic



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Background: Introducing pets and animal therapy into an institutionalized resident's routine improves their psychopathological status and perceived quality of life. It is also known to foster sociability and reduce reliance on psychotropic medications. During the COVID-19 pandemic, pet therapy in the nursing home has been discontinued to prevent the spread of the virus from volunteers and possibly through some pets. Virtual visits from physicians and families have become routine; however, virtual pet therapy visits have not been studied before and may improve residents' moods.

Objective/Aim: The aim was to understand the effects of discontinuing pet therapy during the COVID 19 pandemic on nursing home residents' mood and wellbeing in a facility where pet therapy was previously well established. Additionally, we sought to evaluate the impact of virtual pet therapy visits on the residents' mood and wellbeing.

Quality Improvement Methods: Charles Morris Nursing and Rehabilitation Center(CMNRC) is a non-profit 93-bed NH affiliated with the Jewish Association on Aging. Nineteen patients in the nursing facility were interviewed with a 5-question survey that sought to determine the impact of the discontinuation of pet therapy on mood. Residents were then offered virtual pet visits via iPads. Through this virtual visit, residents were able to hear and talk to animals. Residents were then offered the 5-question survey again. A visual analogue mood scale was used to rate mood. Patients with cognitive impairment were excluded.

Results: 14/19 patients (73.7%) from the initial survey stated that they missed the prior visiting therapy pet. Additionally, 13/19 patients (68.4%) rated their mood as sad on the visual analogue scale due to the discontinuation of the pet therapy. On the initial questioning, 18/19 patients (94.7%) were willing to try virtual pet therapy. After completing the virtual pet visits, all 19/19 patients (100%) stated that they liked the virtual pet visit, and 1/19 patients (5.3%) even said that they preferred virtual pet visits over actual pet visits.

Conclusions: The patients at CMNRC were negatively impacted by the discontinuation of pet therapy. During the COVID-19 pandemic, most of them wanted to have a virtual pet visit if pet therapy could not be continued. Based on their responses, the patients may have benefits to their mood and wellbeing from the virtual pet visits. Further research will be needed to determine the practical impact of virtual pet therapy.

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"What Is a Care Plan?": A Qualitative Assessment of Nursing Home Resident's Perspectives



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Background: As part of CMS regulations each long-term care (LTC) facility must develop care plans for residents, which allow for engagement about treatment options. There is a dearth of data regarding how LTC residents in the US feel about their role in the meetings, how they are integrated in them, and how well the meetings represent their own health goals

Objective/Aim: To understand the perspectives of NH residents regarding their interdisciplinary (ID) care plan meetings within a single site LTC facility in Maryland. The goal is to apply what we learn to improve the way we include residents in the plans made regarding their care.

Quality Improvement Methods: Conducted at a LTC facility in Maryland, with approximately 80 LTC residents. Geriatric fellows maintain a longitudinal panel of LTC residents at the LTC facility. Participants were randomly selected. Using theoretical saturation a sample of 12 participants were selected and underwent semi-structured interviews. Of the 12 participants we selected 6 to create a preliminary coding template which we used to then code the remaining transcripts. All identifying information was removed from the scripts to allow anonymity.

Results: Of the participants identified, the majority did not know the meaning of a care plan meeting. When they did, they had limited understanding of the meeting purpose: "To find out how to take care of me better, something like that." "Well I think they showed me some kind of paper for it but I never wanted to go." However, of the patients