

PHYSICAL RESTRAINT USE IN SWISS NURSING HOMES: TWO NEW NATIONAL QUALITY INDICATORS

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Quality indicators are used in nursing homes to assess physical restraint use. Switzerland introduced two publicly reported indicators measuring the use of 1) bedrails and 2) trunk fixation or seating that prevent standing up. Whether these indicators show good between-provider variability is unknown. The study aimed to measure the prevalence of physical restraint use and assess their between-provider variability using a cross-sectional, multicentre study of a convenience sample of nursing homes. The between-provider variability of the indicators was assessed with intraclass correlation 1 and with caterpillar plots based on Empirical Bayes estimates. We included 11,412 residents from 152 nursing homes. Prevalence rates were 13.5% (n=1'433) for bedrails and 3.6% (n=411) for trunk fixation / seating that prevent standing up. For the first indicator, intraclass correlation 1 was 0.245 (95%-CI 0.197-0.286), for the second 0.343 (95%-CI 0.235-0.405). The two indicators showed good between-provider variability and can be recommended for public reporting. Part of a symposium sponsored by Systems Research in Long-Term Care Interest Group.

ADVANCE CARE PLANNING FOR CARE-DEPENDENT OLDER PERSONS LIVING AT HOME: A CLUSTER-RANDOMIZED CONTROLLED TRIAL

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Advance Care Planning (ACP) for care-dependent older persons living at home is an important part of care, but remains difficult to implement, mostly due to access barriers. The aim of this trial is to increase patient activation, family communication and surrogate designation through an ACP-intervention delivered by trained nurses to care-dependent clients in their homes. The intervention is evaluated in a cluster-randomised controlled trial in Germany (DRKS00016886). Primary outcome is patient activation (PAM-13); secondary outcomes cover institutionalisation, ACP-engagement and prevalence of ACP-documents. 28 home care services (HCS) with 20 trained nurses and about 340 participants have been included. First results show that patients and caregivers judged the topic and the discussion with trusted persons as important and seized the opportunity for communication. In conclusion, established relationships can be built upon to ensure access to ACP and thus to avoid involuntary treatment in situations of decisional incapacity. Part of a symposium sponsored by Systems Research in Long-Term Care Interest Group.

PREVENTION AND REDUCTION OF CARE AGAINST SOMEONE'S WILL IN COGNITIVELY IMPAIRED PEOPLE AT HOME: A FEASIBILITY STUDY

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Sometimes care is provided to a cognitively impaired person against the person's will, referred to as involuntary treatment. An intervention (PRITAH) was developed to prevent and reduce involuntary treatment comprising 4 components: client-centered care policy, workshops, coaching on the job by a specialized nurse and the use of alternative interventions. A feasibility study was conducted including 30 professional caregivers. Feasibility was assessed by attendance lists (reach), a logbook (dose delivered and fidelity), evaluation questionnaires and focus group interviews (dose received, satisfaction & barriers). The workshops and coach were positively evaluated and the average attendance rate was 73%. Participants gained more awareness and knowledge and received practical tips and advice to prevent involuntary treatment. Implementation of the intervention was feasible with minor deviations from protocol. Recommendations for improvement included more emphasis on involvement of family caregivers and general practitioners and development of an extensive guideline to comply with the policy. Part of a symposium sponsored by Systems Research in Long-Term Care Interest Group.

SESSION 6000 (SYMPOSIUM)

ACHIEVING HEALTHCARE EQUITY: DISPARITIES IN DIAGNOSIS, QUALITY OF CARE, AND OUTCOMES AMONG PEOPLE WITH DEMENTIA

Chair: Maricruz Rivera-Hernandez

Co-Chair: Amit Kumar

Discussant: Amit Kumar

Alzheimer's disease and Related Dementia (ADRD) is a significant public health problem and improving the quality and efficiency of care for older adults with ADRD is a national priority. Approximately five million older adults in the United States, including 50% of nursing home residents and 20% of community-dwelling elderly, have ADRD or probable dementia. Although, the number of minorities affected by ADRD growing at an alarming rate, the diagnosis of ADRD and supportive care for this condition are more likely to be delayed among racial/ethnic minority groups. Given the need to ensure equity of care among racial and ethnic groups, there is a pressing need to understand disparities in diagnosis, access and quality of care among racial and ethnic groups with ADRD, specifically using nationally representative data. This symposium will feature four presentations that provide novel insight regarding racial disparities among people with ADRD in the community-, institution-based post-acute, and long-term settings. Individual presentations will describe 1) racial and ethnic differences in risk and protective factors of dementia and cognitive impairment without dementia; 2) racial and ethnic disparities in high-quality home health use among persons with dementia;