

greater improvement in the intervention group at 2 months ($p=0.004$) but not 12 or 24 months ($p=0.17$ and 0.79 , respectively). Effects of long-term vitamin D supplementation on physical functioning remain unclear.

EFFECTS OF DAILY VITAMIN D SUPPLEMENTATION ON OBJECTIVELY MEASURED PHYSICAL ACTIVITY: RESULTS FROM THE STURDY TRIAL

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Cross-sectional evidence suggests older adults with higher serum vitamin D are more physically active, but whether long-term vitamin D supplementation attenuates age-related declines in physical activity (PA) is undefined. We examined the association between vitamin D supplementation and daily PA in 639 STURDY participants (aged 77 (5.4) years; 44% women) over up to 24-months. Participants were randomized to receive 200 ($n=275$), 1000 ($n=168$), 2000 ($n=59$), or 4000 ($n=63$) IU/day of vitamin D3. PA was measured using the Actigraph Link wrist-worn accelerometer 24 hours/day for 7-days at baseline, 3, 12, and 24 months. In linear mixed models adjusted for baseline PA level, total daily PA appeared to decline ($\beta=-43.3$ counts, $p=0.06$) annually for all groups and there was no difference by vitamin D3 dose (p for group*time =0.14). These results suggest daily vitamin D supplementation has no effect on quantities of daily PA.

SESSION 7075 (SYMPOSIUM)

EFFECTS OF A NOVEL APPROACH TO REDUCING COSTLY HOSPITALIZATIONS OF NURSING HOME RESIDENTS

Chair: Ruth Tappen

Co-Chair: David Wolf

Discussant: Karen Southard

The reduction of preventable hospitalizations from long term care facilities has been identified by CMS as an important measure of quality, both in terms of resident outcomes and nursing home performance. As many as one-quarter of individuals admitted to nursing homes from acute care are rehospitalized within the month placing them at high risk for increased falls, delirium, skin breakdown, nosocomial infection and the like and costing an estimate \$4.3 billion annually. To address this well documented threat to care quality, CMS has imposed significant penalties for excessive readmissions on facilities with high rehospitalization rates. An important contributor to these preventable readmissions is resident and family insistence on the transfer. Early efforts to reduce potentially preventable hospitalization of nursing home residents focused on developing systems to identify and respond to acute changes in condition before hospitalization becomes necessary. Reports from facility staff, however, brought to

our attention the additional problem of resident and family insistence on transfer despite provider recommendations to the contrary. A series of funded studies to understand this problem, develop a solution and test the effectiveness of this solution will be reported by an interdisciplinary team. We begin with description of the development and clinical trial of Go to the Hospital or Stay Here?, an evidence-based, patient-centered decision aid, with individual residents and families, followed by a pilot test of facility-wide implementation; then an eight state regional dissemination supported by CMS and participating states and finally a discussion of best practices for effective implementation of the Guide.

GO TO THE HOSPITAL OR STAY HERE?: A RANDOMIZED CLINICAL TRIAL

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With the exception of guides for making end of life choices, there are very few if any patient decision aids created for residents of long-term care facilities. Further, only half of patient decision aids produced for any purpose have actually been field tested with patients and even fewer have been evaluated by providers other than the developers of the decision aid. Development of Go to the Hospital or Stay Here? was based on expert experience combined with extensive input from over 270 long-term care residents, their families and their caregivers. The initial clinical trial of this decision aid is reported in this presentation. Increased knowledge, reduced decisional conflict, increased preference for care in the nursing home when possible and a high rating of the helpfulness of the Guide were found in those who received the Guide ($n=97$) compared to those who did not ($n=95$).

PILOT STUDY TO IMPLEMENT A RESIDENT AND FAMILY DECISION GUIDE

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In this first stage of an 8 state initiative designed to assist nursing homes in reducing unnecessary hospital readmissions, 16 nursing homes were identified and invited by CMS and state agency advisors to participate in the pilot study of the effects of intervention (use of the Guide). Selected facilities received an online orientation to the project and onsite visit from project team leadership prior to launch. Pre and post implementation data were uploaded to a secure section of the project website by the facilities. Three facilities withdrew due to change in top management and a fourth facility provided incomplete data resulting in data for analysis from 12 pilot facilities. Results show the average reduction in readmissions was 31.2% for the project period as compared with the 3-month pre-project period. This presentation will include facility reports of the effect of Guide use on resident and family decision making.

REGIONAL WORKSHOPS TO WIDELY DISSEMINATE AN INNOVATIVE PRACTICE

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