

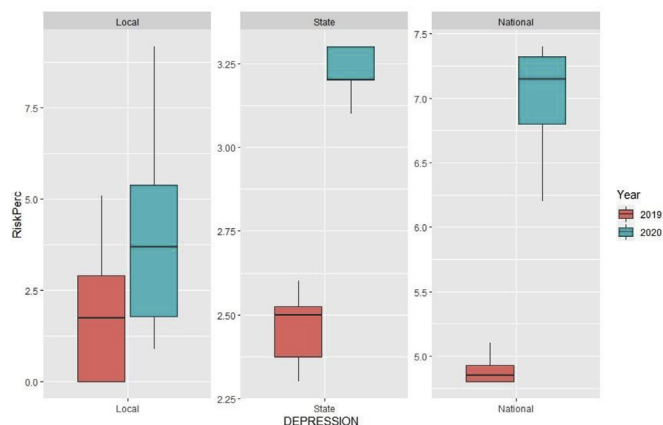


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didn't reveal a significant change in the use of medications (antipsychotics) or anxiety.

| Depression Inference (t-test Results) |         |     |          |        |        |         |
|---------------------------------------|---------|-----|----------|--------|--------|---------|
| Location                              | T-stat  | D.f | MeanDiff | LCL    | UCL    | p-value |
| Local                                 | 2.8339  | 15  | 2.0925   | 0.5187 | 3.6663 | 0.0126  |
| State                                 | 14.3211 | 7   | 0.7625   | 0.6366 | 0.8884 | <0.0001 |
| National                              | 16.2299 | 7   | 2.1125   | 1.8047 | 2.4203 | <0.0001 |



**Conclusion/Discussion:** Although the sample size we studied is small—3 nursing homes—our findings suggested a possible impact of the COVID-19 pandemic on the increased percentage of depression among the geriatric population in Michigan State and the US. We think the limited socialization, activities, and the change in nursing home visitation policies have an undeniable role in decreasing the threshold for depression in this vulnerable age group. These results align with other studies from different parts of the world that provided evidence of the COVID-19 pandemic causing depression in adults. More studies are needed, with more inclusive samples from different states and a more in-depth dive into the use of antipsychotic medications and anxiety, which usually coincide.

**Disclosures:** All authors have stated there are no financial disclosures to be made that are pertinent to this abstract.

#### Goals of Care During the COVID-19 Pandemic: Implementing DNI, DNR, and DNH Orders in a Skilled Nursing Facility



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**Introduction/Objective:** Knowledge of patient treatment preferences concerning resuscitation, intubation, and hospitalization are critical as hospitals and skilled nursing facilities (SNFs) admit older COVID-19 patients facing uncertain disease trajectories that could turn fatal within days. The present study examined the number of Do Not Intubate (DNI), Do Not Resuscitate (DNR), and Do Not Hospitalize (DNH) orders before and after patients were diagnosed with COVID-19 in a New York City SNF, as well as demographic variables related to order implementation.

**Design/Methodology:** Subjects were 150 SNF patients who tested positive for COVID-19 between March and May 2020. All data, including demographic information, medical orders, and goals of care (GOC) discussions were obtained from the SNF's electronic medical records. Bivariate correlations and Chi-square analyses were conducted.

**Results:** Patient ages ranged from 42 to 103 years (Mean=79.82, SD=11.78). Ninety-six (64%) patients were female and 48 (32%) were

White, 46 (31%) Black, 22 (15%) Hispanic, 2 (1%) Asian, and 32 (21%) unknown. Most (118, 79%) reported English as their primary language. SNF length of stay (LOS) ranged from 6 days to 11 years (Mean=842.67 days, SD=931.18). One hundred and eleven (74%) patients were long-term care (LTC) and 39 (26%) were post-acute (LOS <100 days). Fifty three (35%) patients were enrolled in Optum, a service providing added specialized care by nurse practitioners (NPs). Optum NPs initiate GOC discussions routinely and when life-threatening changes in condition occur.

Pre-COVID-19, 79 (53%) patients had DNR orders, 76 (51%) DNI, and 24 (16%) DNH. Overall, 69 (46%) patients did not have any DNI, DNR, or DNH orders. After COVID-19 onset, 99 (66%) of the 150 patients/families had GOC and treatment option discussions with their clinicians. Following these conversations, 96 additional orders (22 DNIs, 22 DNRs, and 52 DNHs) were placed for 57 (58%) patients. Relatedly, the number of patients lacking any medical orders decreased to 47 (31%).

Older age ( $r = .227, p < .01$ ), LTC ( $X^2=7.1, p < .05$ ), and Optum enrollment ( $X^2=15.07, p < .01$ ) were associated with additional medical orders after a COVID-19 diagnosis. No relationship with changes in medical orders were found for gender, race, and primary language.

**Conclusion/Discussion:** After COVID-19 diagnoses, GOC conversations resulted in a substantial increase in DNR, DNI, and DNH orders. Unsurprisingly, older LTC residents were more likely to implement new DNR, DNI, and DNH orders. As Optum NPs routinely discuss GOC with patients/families, decision-making during critical times may be facilitated.

Over half of patients/families chose to implement DNHs, preferring to continue their care in the SNF even if illness worsened. While this likely lessened the burden on hospitals overwhelmed with community COVID-19 cases, GOC conversations also ensured that patient wishes were known and respected. These findings emphasize the critical role SNFs play in establishing medical orders for residents.

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#### Hospital to Nursing Home Transitions of Care for Older Adults With Opioid Use Disorders: A Needs Assessment



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**Introduction/Objective:** Opioid related inpatient stays increased 54.4% and the number of opioid-related ED visits doubled among patients aged 65 and older from 2010 to 2015. 29-49% of residents in skilled nursing facilities (SNFs) have a lifetime diagnosis of substance use disorder. As care transitions are a vulnerable time with high risk for error, assessment of care transitions for patients with opioid use disorder (OUD) may improve patient safety, decrease hospital readmission rates, and ensure equitable care for patients with OUD. Despite this, few studies have evaluated the transition of older adults with opioid use disorders from hospital to SNFs. This study was designed to identify barriers to successful transitions of care to SNFs for patients with OUD.

**Design/Methodology:** A needs assessment was conducted to identify barriers to effective care transitions for patients with OUD from a large academic medical center in Chicago to partnered skilled nursing facilities (SNFs). On the hospital side, informal interviews were conducted with 4 inpatient social workers, 2 physicians, and 2 quality and safety personnel. In addition, 24 semi-structured interviews were conducted with nursing home staff including directors of nursing, administrators, nurses, and physicians. All nursing home interviews were transcribed and coded using ATLAS.ti 8 (ATLAS.ti Scientific Software Development GmbH, Berlin) using a constant comparative method. Quality analysis tools, including a fishbone diagram and a process map, were utilized to identify barriers in transitions of care from hospital to SNF. The hospital assessment portion of this project was determined to be quality improvement and therefore exempt from IRB review; project design for the formal interviews with SNFs was approved by the associated IRB.

**Results:** These interviews show that hospitals routinely struggle to place patients with OUD into nursing homes. Many local SNF protocols do not