

## Session 3445 (Symposium)

### PARTNERSHIP WITH FAMILIES DURING HOSPITALIZATION OF PERSONS WITH DEMENTIA: INTERVENTION AND MEASUREMENT STRATEGIES

Chair: Marie Boltz

Co-Chair: Barbara Resnick

Discussant: JUDITH TATE

Persons with dementia have high rates of hospitalization and are at risk for complications including psychological distress, and functional and cognitive decline. In turn, their family caregivers often face increased stress related to lack of preparedness to meet the complex needs of the patient during hospitalization and in the post-acute period. Hospitalization provides an opportunity to reframe the role of family caregivers from the traditional passive one to that of partners with the hospital team. The aim of the Family-centered, Function-focused Care (Fam-FFC) clinical trial is to test a nurse-family partnership model that incorporates a four step approach to optimize behavioral, functional, and cognitive outcomes in hospitalized persons with dementia and increase preparedness of caregivers to continue to optimize these outcomes in the acute and post-acute recovery period. In this symposium we provide a description of the intervention with regard to theoretical support, four step process, and cultural appropriateness of the process. Two presentations describe, among Black and white dyads, evidence to support the psychometric properties of major outcome measures, caregiving preparedness and neuropsychiatric symptoms, in hospitalized dyads living with dementia. The final presentation describes a strategy to engage the dyad in goal development and evaluation, and its effect upon hospital readmissions. Findings from this symposium will help to identify intervention and measurement resources for those working with hospitalized persons with dementia and their family caregivers, and guide ongoing research needs in this area. Our discussant will synthesize the research findings and discuss implication for research, policy, and practice.

### ENGAGEMENT OF FAMILY IN A GOAL SETTING STRATEGY: IMPACT UPON 30-DAY HOSPITAL READMISSIONS

Marie Boltz,<sup>1</sup> Ashley Kuzmik,<sup>1</sup> Barbara Resnick,<sup>2</sup> Irene Best,<sup>1</sup> and Jacqueline Mogle,<sup>3</sup> 1. *Pennsylvania State University, University Park, Pennsylvania, United States*, 2. *University of Maryland School of Nursing, Baltimore, Maryland, United States*, 3. *Penn State University, University Park, Pennsylvania, United States*

Family-centered Function-focused Care (Fam-FFC) works with family caregivers as care partners in the assessment, function-promoting goal setting, implementation, and evaluation of goal attainment during hospitalization and immediate post-acute period. ANCOVA technique examined the preliminary impact of Fam-FFC upon 30-day hospital readmissions and logistic regression tested the association of goal attainment, measured with the Goal Attainment Scale (GAS) with 30-day hospital readmissions. The majority of the patients were Black (50%), female (62%), had a mean age of 81.6 (SD=8.4), mean Barthel Index of 60.29 (SD=27.7), and mean MoCA of 10.67 (SD=7.0). Goals represented six main categories: mobility, cognition, self-care, toileting, sleep, and pain management. Patients in the intervention group had less

30-day hospitalizations ( $F=4.6, p=.033$ ) and goal attainment was significantly associated with less recidivism ( $B=.179, Wald=2.8(1), p=.045$ ). FamFFC shows promise in reducing 30-day hospital readmissions; results support the contribution of family engagement and use of GAS

### CULTURAL APPROPRIATENESS OF AN INTERVENTION TO PROMOTE FUNCTIONAL RECOVERY FROM HOSPITALIZATION: CAREGIVER VIEWS

Rhonda BeLue,<sup>1</sup> and Marie Boltz,<sup>2</sup> 1. *St. Louis University College for Public Health and Social Justice (CPHSJ), St. Louis University, Missouri, United States*, 2. *Pennsylvania State University, University Park, Pennsylvania, United States*

The Fam-FFC model includes caregiver education and care pathway to promote physical function, wellbeing, and cognition. The Ecological Model (EM) provided a framework to assess the cultural appropriateness of the Fam-FFC intervention, through interviews with family caregivers, patients, and nurse champions, and focus groups with staff. Findings are described within the eight dimensions of the EM: 1) language: perceptions of the dyads' comfort level with intervention information; 2) persons: representation of dyads' ethnic /racial group within the nurse champions' ethnicity/race; 3) metaphors: use of cultural terms equivalent to those used by participants; 4) content: integration of participants' values, customs, and traditions in the intervention; 5) concepts: congruence of caregiving concepts with cultural norms; 6) goals: congruence of the intervention goals with participants' cultural norms and goals; 7) methods: the cultural appropriateness of the delivery of the intervention; and (8) context: alignment of the intervention with the participant's socio-community context.

### THE PREPAREDNESS FOR CAREGIVING SCALE IN AFRICAN AMERICAN AND WHITE CAREGIVERS OF HOSPITALIZED PERSONS WITH DEMENTIA

Ashley Kuzmik, *Pennsylvania State University, University Park, Pennsylvania, United States*

This study evaluated the Preparedness for Caregiving Scale (PCS) upon discharge from the hospital. The caregivers reported a mean age of 60.5 years (SD=13.9). The majority of caregivers were female (72%), married (59%), non-Hispanic/Latino (98%) and either white (52%) or African American (48%). Fifty percent were employed outside of the home and averaged 40.7 (SD= 14.4) hours of outside work per week. The average PCS was 24.4 (SD=6.9, 0-32). One-factor structure of the PCS and measurement invariance by race was fully supported. Predictive validity revealed significant association between the PCS and anxiety ( $\beta =-.41, t = -7.61(287), p <.001$ ), depression ( $\beta =-.44, t = -8.39(287), p <.001$ ), and strain ( $\beta =-.48, t = -9.29(287), p <.001$ ). The PCS is a valid and meaningful tool to measure preparedness in African American and white family caregivers of persons with dementia during post-hospitalization transition.

### RELIABILITY AND VALIDITY OF THE NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE IN DYADS WITH DEMENTIA AT HOSPITALIZATION

Barbara Resnick, *University of Maryland School of Nursing, Baltimore, Maryland, United States*