embedding advanced practice registered nurses (APRN) in 16 US NHs over a 6-year period. We will discuss the influence of race on multiple hospital transfers and present possible interventions to reduce transfers. Next, we will present finding from a study with MOQI APRNs that highlighted their contributions to the COVID-19 pandemic response in NHs and discuss the broader implication or infection control practices. In addition, we will present the INTERCARE project which successfully reduced unplanned hospitalizations in 11 Swiss NHs, by implementing a registered nurse with an expanded role, to compensate for the very limited access to APRNs; which is the case for many European countries. Both MOQI and INTERCARE pinpoint the importance of strategies to support the introduction of a new role in NHs. Both projects will give examples of different models of care which can be feasibly implemented to sustainably decrease unnecessary hospitalizations, in different contexts and with different resources. Finally, data from the INTERCARE study will address the issue of potentially avoidable fall-related transfers and which resources are deemed appropriate to mitigate these.

POSITIVE EFFECT OF A SUCCESSFULLY IMPLEMENTED MODEL OF CARE ON UNPLANNED TRANSFERS TO HOSPITAL

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Models of care have shown effectiveness in reducing unplanned transfers in nursing homes (NHs) from 11.7% to 6.1%. These include coordination of care and access to skilled medical providers such as geriatricians, specialist nurses or registered nurses with additional training. A hybrid type-2 effectiveness-implementation project (INTERCARE) was developed to improve intervention uptake and to understand the mechanisms behind results. INTERCARE consisted of six core elements and was rolled-out to 11 Swiss NHs with a stepped-wedge design allowing all NHs to receive the intervention. 942 residents were recruited (June 2018 -January 2020). INTERCARE showed a significant reduction of unplanned transfers during the intervention period compared with baseline. The successful implementation of INTERCARE relied on the use of implementation science, building on stakeholder input and careful theory-driven contextual adaptations. INTERCARE's success was driven by registered nurses with expanded roles, on-site coaching, and the use of tools for clinical decision making.

DEFINING APPROPRIATE RESOURCES FOR NURSING HOMES TO REDUCE POTENTIALLY AVOIDABLE TRANSFERS AFTER A FALL

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Falls are common in nursing home (NH) residents and are the predominant reason for an emergency department (ED) transfer. Falls are responsible for 25% - 87% of ED transfers, a proportion of which are potentially avoidable. INTERCARE – an implementation science study reducing unplanned hospitalizations (2018 – 2020) – involved experts to identify potentially avoidable fall-related transfers. Focus group and stakeholder survey enabled identification of resources to safely manage some falls in NHs. 25.9% of fall-related transfers were potentially avoidable based on using root-cause analysis and discharge reports. Avoidability was associated to ED visit, compared to hospitalizations. Appropriate resources identified by stakeholders included timely access to outpatient services for diagnostic imaging (e.g., X-Ray) and clinical skills' training in suturing and wound care for registered or specialist nurses. Although NHs are striving for a home-like environment, better access to basic diagnostic and treatment services within NHs should be possible.

MULTIPLE HOSPITAL TRANSFERS AMONG MOQI NURSING HOME RESIDENTS: THE INFLUENCE OF RACE

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Missouri Quality Initiative (MOQI) was a CMS-funded enhanced care and coordination provider demonstration project (2012-2020) that successfully reduced avoidable hospitalizations and improved nursing home (NH) care quality. Little is known about the influence of race in multiple hospital transfers from NHs. Using a mixed-methods approach we analyzed hospitalization root cause analysis data from 2017-2019 for 1410 residents in 16 MOQI NHs. There were 113 residents who were transferred 609 times. Those with multiple transfers (four or more transfers/year) were compared by race and key characteristics (e.g., code status, diagnosis). A subset of residents with multiple transfers were examined qualitatively to identify and describe key cases. Findings suggest that Black residents have a higher probability for multiple transfers. Findings highlight the need for transfer prevention efforts for Black residents including early assessment and intervention, early/frequent discussion about goals of care, advance directives, resuscitation status, and family/resident understanding of treatment effectiveness.

THE INFLUENCE OF MOQI APRNS ON THE COVID-19 RESPONSE IN NURSING HOMES

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During the COVID-19 pandemic Missouri Quality Initiative APRNs worked in 16 nursing homes (NHs) providing clinical expertise and support. To understand their influence on the NH COVID-19 response, we conducted four group interviews with APRNs from 13 of the 16 NHs. Using thematic analysis, we identified similarities and differences between NH groups and then compared groups