

approach and through information elicited through a series of open-ended questions regarding life story and well-being. Data were obtained from 24 interviews with 12 people belonging to one or more networks of people living with dementia receiving care in adult day programs. Concurrently we obtained measures of health and well-being using validated symptom checklists and the ICE-CAP suite of well-being measures. Parallel interviews were conducted with social network members who were in a care partner role, either paid or unpaid. Respondents were able to map social networks, and preferred open-ended questions to more standardized measures of quality of life and well-being. Findings from both sources were generally convergent, with open-ended questions providing richer information to guide care.

#### **MHEALTH PROTOTYPE AND PILOT PROTOCOL TO ENHANCE SOCIAL SUPPORT FOR PERSONS LIVING WITH DEMENTIA**

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An emerging component of mHealth is the use of tailored mobile applications (app) to facilitate self-management of chronic illnesses, including the mapping of social networks to assist adults living with chronic illnesses to help them be able to identify sources of social support. The purpose of this study is to describe a prototype app to support persons living with dementia (PLWD) in the community and their informal caregivers to map social networks and identify sources of emotional, instrumental, informational, and appraisal of social support. Adapting the Network Canvas open-source software and drawing upon a previously-developed mobile application for adults to self-manage chronic illnesses, we share the key specifications, including health care provider output, preliminary end user feedback, and the pilot protocol designed to test the feasibility. Findings illustrate the importance of leveraging social network data in novel ways to enhance self-management and well-being among PLWD and their caregivers

#### **MEASUREMENT OF SOCIAL NETWORKS OF ELDERS USING TECHNOLOGIES IN THE CONTEXT OF HEALTH AND SOCIAL CARE: A SCOPING REVIEW**

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Social networks impact the health and wellbeing of older adults. The importance of social networks drives the need to reliably measure social networks. Advancements and innovations in the internet, electronic and digital devices, social media and health care technology enriches our ability to collect social network and health data to overcome limitations in social network measurement. This scoping review will review approaches utilizing technology to assist the

measurement and analysis of social networks among older adults in the context of health and social care. Joanna Briggs Institute methodology was followed; PubMed (MEDLINE), Sociological Abstracts, SocINDEX, CINAHL, and Web of Science were searched for related articles. Conference abstracts and proceedings were included. We discuss the gaps and advances in measurement of social networks of older adults using technology and implications for future research in social networks of older adults as a lever for improving health and well-being.

#### **USE OF SENSOR TECHNOLOGY TO MAP THE SOCIAL NETWORKS OF PEOPLE LIVING WITH DEMENTIA: A FEASIBILITY STUDY**

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For older adults living with dementia, social network quality influences health outcomes. However, current social network measurement methods are time consuming and mentally draining for people living with dementia. This study aimed to accurately measure social networks using sensor technology. Bluetooth and radio-frequency identification (RFID) sensors were used to collect social network data in a simulation of a falling nursing home resident living with dementia. Participants wore sensors on their clothing, and video recordings were compared to sensor data. Bluetooth data reflected general direction of movement and instances of idling but were neither precise or accurate. RFID data was accurate after applying data filters. Both systems detected multiple sensors simultaneously. The Bluetooth system is not feasible for clinical use, but the RFID system shows potential for clinical application and accurate measurement of social network factors as interaction frequency and duration.

#### **RELATIONSHIP-CENTERED CARE: ADULT DAY CARE FOR PERSONS LIVING WITH DEMENTIA AND THE SENSES FRAMEWORK**

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Relationship-centered dementia care (RCDC) has been related to improved quality of residential long-term care for persons living with dementia (PLWD). The senses framework supports accomplishing RCDC, whereby PLWD meet fundamental needs or senses through caregiving relationships. This study explored the application of the senses framework to a non-residential, long-term care setting, and included relationships across formal and informal caregivers. The study design is a qualitative, descriptive study of PLWD (N=3), with matched formal (N=3) and informal (N=3) caregivers in one adult day care setting in North Carolina. Semi-structured individual interviews explored each of the six senses of security, belonging, continuity, purpose, achievement, and significance. Interviews were analyzed using both inductive and deductive thematic analysis. Themes elucidate convergence and divergence of how senses are met or not met across triads of caregiving relationships. Findings inform our

understanding of how to integrate the larger social network of PLWD for relationship-centered care.

## SESSION 785 (SYMPOSIUM)

### THE CARE RECIPIENT'S PERSPECTIVE ON QUALITY OF CARE: DIFFERENT APPROACHES IN NURSING HOMES

Chair: Hilde Verbeek, *Department of Health Services Research, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences,, Maastricht, Netherlands*

Discussant: Kimberly Van Haitisma, *Penn State, University Park, Pennsylvania, United States*

In long-term care, there has been an ongoing shift focused on person-centered care, positioning the care recipient at the core of good quality of care. This has resulted in more emphasis on care recipients' preferences and experiences with the care they receive. In the Netherlands, Germany and the United States the need to focus on and assess quality from the care recipient's perspective has emerged. This symposium presents four different approaches to quality of care from the care recipient's perspective. The first speaker will focus on a narrative approach to assess experienced quality of care in nursing homes. The second speaker will present an observational method to assess the level of autonomy provided to people with dementia in nursing homes. The third speaker will present findings about the use of specialist health care in nursing homes as an indicator for quality of care. The last presentation will address the importance of preferences in quality of care. Defining, assessing and improving experienced quality of care from the care recipient's perspective is an ongoing challenge, as each care recipient's preferences and needs differ. It is important to assess in order to monitor that care is being tailored to the care recipient and to identify possible interventions that can enhance experienced quality of care.

### FACILITATING CARE: A NARRATIVE APPROACH TO ASSESS EXPERIENCED QUALITY OF CARE

Katya Sion,<sup>1</sup> Hilde Verbeek,<sup>2</sup> Gaby Odekerken-Schröder,<sup>3</sup> Sandra Zwakhalen,<sup>2</sup> Jos Schols,<sup>2</sup> and Jan Hamers<sup>2, 1</sup>, *Department of Health Services Research, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht, Netherlands, 2. Department of Health Services Research, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht, Limburg, Netherlands, 3. Department of Marketing and Supply Chain Management, Maastricht, Limburg, Netherlands*

This study aimed to develop a method to assess experienced quality of care (QoC) in nursing homes from the resident's perspective. A narrative approach "Facilitating Care" (FC) was developed based on the INDEXQUAL framework of experienced QoC and a needs assessment. FC assesses experienced QoC by training care professionals to perform individual conversations with residents, their family and their professional caregivers (triads) in another organization than where they are employed. FC consists of three phases: 1) training, 2) data collection and registration, and

3) analysis and reporting of the results. In 2018, 16 care professionals were trained and performed 148 conversations (47 residents, 44 family members, 57 professional caregivers) in 8 different nursing homes. Evaluation showed that FC teaches helpful conversation techniques and provides valuable insights into residents' experienced QoC. Whilst the process was considered time consuming, all participants emphasized the added value of taking time for FC conversations.

### THE SUPPORT OF AUTONOMY FOR NURSING HOME RESIDENTS WITH DEMENTIA: OBSERVATION OF MORNING CARE

Linda J. Hoek,<sup>1</sup> Hilde Verbeek,<sup>2</sup> Erica De Vries,<sup>2</sup> Jolanda C. Van Haastregt,<sup>2</sup> Ramona Backhaus,<sup>2</sup> and Jan P. Hamers<sup>2, 1</sup>, *Department of Health Services Research, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences,, Maastricht, Netherlands, 2. Department of Health Service Research, Care and Public Health Research Institute (CAPHRI), Maastricht University, Netherlands, Maastricht, Limburg, Netherlands*

People with dementia in nursing homes need their social environment in supporting their autonomy. This study explored how this relational autonomy is supported by staff for residents with dementia during morning care in nursing homes. Structured observations (n=1815) were carried out to assess how resident choice is supported within staff-resident interaction. Observation of morning care consisted of four main categories: 'getting up', 'physical care', 'physical appearance' and 'breakfast'. In addition, qualitative field notes were taken to support observations. In total, 55 residents with dementia were included from eight nursing home wards in The Netherlands. Results indicated that resident autonomy during morning care was only limitedly supported. Individual staff members took over tasks, regardless of resident's individual capabilities to make a choice. Staff controlled resident's choice for almost all observed categories. The findings of this study implicate that person-centered care during morning routine can be improved by addressing individual needs

### THE USE OF SPECIALIST HEALTH CARE IN NURSING HOMES AS AN INDICATOR FOR QUALITY OF CARE

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Needs-based medical care is essential for maintaining and promoting health and quality of life in long-term care. But still knowledge of medical needs and of needs-based medical care of nursing home (NH) residents is limited. However, individual studies, primarily based on secondary data, show that NH residents have significantly less contact with specialists than community-dwelling elderly. The aim of the study is therefore to gain knowledge about medical needs of NH residents as well as about the use of (specialist) medical care especially with respect to vision, hearing and oral health. Besides sociodemographic and care-related data we evaluated health status and utilization of medical care by means of standardized assessments for n=500 NH-residents. Results show that there are inequalities in (specialist) medical care: