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restrictions, and lack of disease specific clinical knowledge. Self-reported stress was high, with 53% of participants screening positive for potential severe depression and anxiety (PHQ-4 total score ≥ 9) and 29% screening positive for possible post-traumatic stress disorder (PTSD) based on the IES-6 (mean score ≥ 1.75). Interview data offered evidence of the sources and nature of psychological impact of a COVID-19 outbreak. Participants experienced decreased stress when they reported increased knowledge, increased experience, decreased mortality, resolution of outbreak, and access to vaccination.

Conclusion/Discussion: Nursing home staff described pandemic advance care planning as impersonal and uncomfortable compared to prior experiences. In future crises, maintaining in person conversations or equivalent interactions and supporting staff with adequate clinical knowledge and personal mental health resources is important in ACP.

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Impact of COVID-19 on Infection Control Practices in Skilled Nursing Facilities



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Introduction/Objective: Infection control practices in the skilled nursing facility (SNF) setting have been a critical priority during COVID-19. Our study observed specifically which practices, as predicted by SNF infection management staff, are likely to remain in place in the future, and how they may change.

Design/Methodology: 26 semi-structured, qualitative interviews were conducted with administrators, directors and assistant directors of nursing, infection preventionists, and Minimum Data Set (MDS) coordinators at 13 SNFs across the country from June to September 2021. Interview transcripts were analyzed using a content analysis approach.

Results: SNF infection management staff agreed that there is increased awareness of infection control practices due to COVID-19, as well as greater education and monitoring of ongoing infection control practices. Staff, families, and other visitors entering the SNF are screened upon entering the SNF. When someone has symptoms of an influenza-like illness, testing increased and training of staff about proper protocol when an individual is symptomatic increased. Overall visitation within the facility is more controlled. Other changes to infection control practices include enhanced capabilities of isolating symptomatic residents, presuming that new admissions are infectious by placing them in a quarantine unit, closing common areas of the SNF, having more easily accessible personal protective equipment throughout the SNF, and quicker, more frequent, and more thorough cleaning. Prior to the COVID-19 pandemic, infection control practices varied more widely by facility. For example, during influenza season some facilities required staff to wear masks if they chose not to receive a flu vaccine, while other facilities did not. However, since the pandemic, mask-wearing mandates for anyone inside a SNF, including staff, residents, and visitors, are nearly universal. Most people that were interviewed agreed that mask-wearing would continue well into the future and that decreases in influenza outbreaks over the course of the COVID-19 pandemic were due in part to increased infection control practices, such as mask-wearing. However, continued mask wearing was not always viewed as positive; some worried that continued mask-wearing would disincentivize staff from getting a flu vaccination, particularly in facilities where staff needed to wear masks if they did not receive their influenza vaccine prior to COVID-19. Some expressed that continued mask-wearing, in addition to continued increased screening and monitoring, would lead to staff burnout, making it difficult to staff SNFs in the future.

Conclusion/Discussion: The COVID-19 pandemic led to significantly enhanced and more uniform infection control practices in SNFs. While there may be some negative consequences of continued enhanced

infection control practices, such as staff burnout, infection management staff at SNFs agreed that enhanced infection control practices have contributed to decreases in influenza outbreaks.

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Increasing Sense of Purpose Reduces Loneliness in Long-Term Care Residents



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Introduction/Objective: Loneliness poses a risk to long-term care residents' physical, mental, and emotional health. The COVID-19 pandemic has exacerbated the psychosocial challenges in long-term care. To address these long-standing challenges, programs focused on temporary companionship are not enough. Create Circles, a 501(c)(3) nonprofit, developed an evidence-based curriculum for volunteers and health professionals to develop a sense of purpose rather than provide companionship. By encouraging goal-oriented projects like compiling a cookbook or writing a memoir, the older adult-volunteer pair use past experiences to find meaning in the present. We hypothesize that the Create Circles intervention will 1) develop a sense of purpose and 2) reduce loneliness in residents over 8 weeks. We tested the efficacy of this curriculum and intervention with the Crumbaugh & Maholick Purpose in Life Test and the UCLA Loneliness Assessment.

Design/Methodology: The study population was drawn from 3 skilled nursing facilities, including 2 rural and 1 suburban facility. Residents were enrolled based on cognition, ability to speak, and perceived loneliness by the Activities Directors at each facility. Undergraduate students paired with the residents were trained by the 4-hour Create Circles Resident Engagement training online. The training consists of long-term care background knowledge, perspective taking, rapport-building strategies, engagement activities, sample interactions, and role-plays. Volunteers virtually met through video chat 2 times per week with their respective residents for 8 weeks. Residents completed the Crumbaugh & Maholick Purpose in Life Test and the UCLA Loneliness Assessment before and after the 8-week program. After the program, Activities Directors were asked about perceived resident loneliness, engagement, and niceness with staff.

Results: Twelve residents from 3 skilled nursing facilities and 12 volunteers from 6 universities participated in the program from March 1 to April 30, 2021. Paired-sample t-tests showed a 31% increase (6.7 vs. 8.8, $p < .001$) in purpose in life and a 28% (3.3 vs. 2.4, $p < .001$) decrease in loneliness due to the intervention. Activities Directors averaged a 5 on a 5-point scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree) when asked if the intervention made the residents less lonely, more engaged, and nicer to staff.

Conclusion/Discussion: The Create Circles program was well-received by residents and volunteers, and nursing home staff. The data suggest that programs that focus on instilling a sense of purpose for long-term care residents effectively reduce loneliness. Limitations for this study include small sample size and lack of long-term follow-up. A study with a larger sample size and longer follow-up would validate these preliminary results.

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Pain Management Among Nursing Home Residents Before and After COVID-19: A Systematic Review



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Introduction/Objective: Pain is underrecognized and undertreated in nursing home settings. Pain management represents a challenge in

nursing home residents (NHRs). During the COVID-19 pandemic, NHRs have been affected by the virus mortality, staffing shortages, insufficient resources, and the decrease in available clinicians. The purpose of this study is to examine current data on pain management among NHRs nationwide before and after the COVID-19 epidemic.

Design/Methodology: A systematic review of English-language papers published between 2010 and 2021 was conducted using PubMed and Google Scholar. Our focus was to explore pharmacologic pain management among NHRs at a national level with exclusion criteria of those subjects with a known chronic condition that required pain medications like arthritis. Keywords used in the search included “Pain management,” “Older People,” “Nursing Homes,” and “Pain management post-COVID-19,” putting into account older adults with cognitive impairment. Six independent reviewers reviewed the studies, and the rest of the team validated the results to avoid bias.

Results: Twenty-four studies have investigated pharmacological interventions. Of these, 12 met our inclusion criteria. Three studies prior to the COVID-19 pandemic and one after the pandemic found that the most popular and evidenced pharmacological pain management is acetaminophen (paracetamol in Canada and United Kingdom), followed by opioids. Acetaminophen is evidenced to benefit NHRs and increase their activities of daily living (ADL) according to the Average Treatment Effect (ATE) score. Two studies prior to the pandemic and 1 after the pandemic found that NHRs with cognitive impairment are less likely to receive pain management and less likely to report different grades of pain (mild, moderate, severe). Two studies prior to the pandemic and 1 after the pandemic emphasize the importance of recognition of pain by the medical staff, particularly in patients with cognitive impairment, as it is frequently under-reported. One study before the pandemic and 1 after the pandemic found that pain management is associated with decreased incidence of pain behaviours (non-verbal, facial, protective behaviour) and neuropsychiatric behavior associated with pain. Approximately the same proportion of NHRs were found to report moderate-to-severe pain according to 2 studies; 1 prior to the pandemic (44%) and 1 after the pandemic (45%).

Conclusion/Discussion: There was no significant difference reported in pain medication prescription or frequency before and after COVID-19. Acetaminophen is the most commonly used, most effective and safe pain management medication for NHRs, followed by opioids. Pain is under-reported by both NHRs and medical staff, since pain perception diminishes as cognitive function deteriorates, which may lead to a reduction in opioid analgesics prescription. More studies are needed to assess efficacy of pain management in NHRs.

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Patient Perspectives on Substance Use Disorders (SUD) and Opioid Use Disorders (OUD) in the Nursing Home



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Introduction/Objective: Substance use disorders (SUD) and opioid use disorders (OUD) in older adults represent one of the fastest-growing public health concerns in the United States.¹ A 2020 CDC report showed that drug overdose deaths among adults aged 65 and older increased more than six-fold from 1999–2019.² As the older adult population ages and enters nursing homes (NH) in increasing numbers, it is crucial to consider the experience and perspectives of this patient population in order to improve care.

Design/Methodology: Nursing home residents were recruited via flyers posted in facilities within 1 nursing home network located in urban communities of South Chicago. The flyer advertised that researchers were interested in learning about persons with a history of SUD/OUD and their experience in the nursing home. Participants provided oral consent and were not compensated for the study. Six interviews were conducted in person by a study investigator in May 2021, and recorded using a secure

HIPAA compliant audio teleconference platform. The interview guide included questions regarding 1) stigma in the nursing home, 2) drug use in the nursing home, 3) views on Medications for Opioid Use Disorder (MOUD) and treatment options for OUD, 4) access to counseling on recovery services, 5) recommendations for improvement and 6) experiences during COVID-19. Interviews were transcribed and aggregated for bulk coding analysis.

Results: Our qualitative analysis identified 4 general themes from interviews with nursing home patients with SUD/OUD: 1) turning to substances as a coping mechanism for life stressors, 2) acknowledgment that illicit drug use occurs in the nursing home, 3) referencing the nursing home as a positive influence on addiction and, 4) actively desiring more counseling or resources for mental health and/or addiction.

Conclusion/Discussion: It is interesting that patients with SUD/OUD admitted into nursing homes generally view their stay as a positive influence on their use disorder. NHs represent a powerful opportunity for healthcare professionals to connect a unique population with substance use resources in the community. To date, patients' positive experiences may stem from 1) stable housing, 2) being in an environment removed from daily stressors and 3) being in an environment where substances are less accessible. Areas identified for further improvement include increased access to more counseling services for substance use disorder management.

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1. Lau-Ng R, Day H, Alford D. Barriers Facing Older Adults with Substance Use Disorders in Post-Acute Care Settings. *Generations Journal*. 2020;44(4). <https://generations.asaging.org/barriers-elders-suds-post-acute-care>
2. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2019 on CDC WONDER Online Database, released in 2020.

Physicians' Telehealth Experience in PALTIC During the COVID-19 Pandemic in 2020



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Introduction/Objective: Prior to the SARS-CoV-2 pandemic, telemedicine was limited and infrequently used in PALTIC. As the pandemic spread and negatively impacted direct physician care, telemedicine offered a way to ensure continuity of care. Telehealth was a crucial link between physicians and staff to provide medical care and support when in person access was restricted. There is limited literature with regards to physician experience and satisfaction with telemedicine in PALTIC. Physicians were surveyed for their experiences with telehealth. Billing data using telehealth codes was reviewed for the year 2020. A subset of the physicians who had billed telemedicine codes were surveyed with a short questionnaire.

Design/Methodology: PALTIC attending physicians in RI, CT, PA, and NJ were emailed a Google-form style survey made up of multiple choice, multi-answer and open answer style questions. The responses were quantified automatically by the form. Respondents were not offered compensation.

Results: Of the 34 physicians surveyed, 56% responded. Their participation in telehealth peaked at months of the year that were consistent with COVID-19 peaks in the U.S., specifically in March–May 2020. Follow up visits were the most commonly performed type of visit (80%) followed by H&P examination (40%) which is consistent with PALTIC physician work. 47% of respondents performed greater than 20 telehealth visits but almost 13% reported performing more than 100 visits. Overwhelmingly, physicians reported conducting telehealth visits because they attended in more than one building and one of their centers was experiencing an outbreak. Facetime was the most commonly (80%) used platform followed by Zoom (33%). When asked how they felt about using telemedicine, physicians reported feeling both comfortable and successful. Access to a smartphone