

in the care of patients with complex, serious, and chronic illness. There is mounting evidence that spiritual care is a fundamental component of all high-quality compassionate health care, and it is most effective when it is recognized and reflected in the attitudes and actions of both patients and health care providers. We conducted focus groups as a first step in the process to arrive at a consensus definition of “spiritual care.” A second step involved collecting and comparing frameworks and models that recognize that providers cannot be made compassionate simply through the imposition of rules; methods were needed to achieve behavior change. The study group developed and piloted curriculum to train health care providers. The created curricula covered the definitions of a spiritual care, self-awareness, cultural sensitivity, assessment, and skills. As part of ongoing curriculum development processes, training included evaluation tools to accompany skill development. Our work demonstrated the need for compassionate presence during encounters, for applying the spirituality in professional life; and for identifying ethical issues in inter-professional spiritual care. We concluded that it is feasible to train clinicians to address spirituality and provide holistic and patient-centered care in an effort to minimize suffering.

TECHNOLOGIES AND THE EFFECTS ON SOCIAL ENGAGEMENT IN LONG-TERM CARE FACILITIES DURING COVID-19: A SCOPING REVIEW

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During the COVID-19 pandemic, the sense of loneliness and social isolation felt by older adults in long-term care facilities has been exacerbated. Although there has been an increase in the number of digital solutions to mitigate social isolation during COVID-19, facilities in northern British Columbia do not have sufficient information regarding the technologies to support social connectedness. To support evidence-based policy decisions, a scoping review was conducted to identify existing virtual technology solutions, apps, and platforms that promote social connectedness among older adults residing in long-term care. A combination of keywords and subject headings were used to identify relevant literature within PubMed, CINAHL EBSCO, PsychINFO EBSCO, Embase OVIDSP, and Web of Science ISI databases. DistillerSR was used to screen and summarize the article selection process. Twenty-three articles were identified for full-text analysis. A variety of technologies are described which can be used to mitigate the impacts of social isolation felt by long-term care residents. However, many of these digital solutions require stable high-speed internet. This remains a challenge for facilities in northern areas as many have limited access to reliable internet. Metrics used to evaluate social engagement in the context of long-term care are also outlined. This research provides the preliminary groundwork necessary to better inform policy decisions about which technologies are available and, of these, which are effective at enhancing social connectedness for older adults in long-term care.

TECHNOLOGY GUIDED ASSESSMENT FOR URINARY TRACT INFECTION: CREATING A COMMON INTERPROFESSIONAL LANGUAGE

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The Shared Meaning Model (SMM) is a grounded theory, derived in a previous study. This model demonstrates pathways for communication between nurse and primary care providers (PCPs) in the nursing home (NH). In this study we used the SMM for feasibility testing of a clinical decision support app (CDS app) using a descriptive, structured observational design. This study also provided a forum for initial testing of the SMM. The CDS app algorithm provided a common language to assess a resident with the goal of sharing this information with a PCP. The CDS app guided licensed vocational nurses (LVNs) (N=10) in assessing a standardized nursing home resident in a simulation setting experiencing symptoms of a potential urinary tract infection (UTI). Interviews with LVNs provided details of CDS app usability and concerns about using the CDS app with NH residents. Videos recorded LVNs interacting with the resident while using the CDS app on an iPad®. Time-stamps logged duration of the assessment. Bookmarked segments were used for discussion in LVN interviews. Videos were coded for eye contact, conversation, and touch between LVN and resident and documented personalized interactions. Findings indicated areas (lab values, drug names) for changes to language in the algorithm. In less than 12 minutes the CDS app enabled LVNs to collect information based on language used by PCPs to make decisions about the presence of a UTI. Relationships between initial constructs in the SMM were supported. This CDS app holds promise for building a common language to enhance interprofessional communication.

THE IMPACT OF UNMET ADL NEED ON THE SELF-RATED HEALTH AND LIFE SATISFACTION OF CHINESE OLDER ADULTS

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This study aims to examine the associations of change in unmet need for assistance with Activities of Daily Living (ADL) with the self-rated health and life satisfaction of community-dwelling Chinese older adults. Using national longitudinal data from the Chinese Longitudinal Healthy Longevity Study, we examined the associations of unmet ADL need with self-rated health and with life satisfaction from baseline (T1) to a 3-year follow-up (T2) among 1,914 older adults with ADL limitation. Change in unmet ADL need was categorized into “Persistently Unmet”, “Unmet at T1 Only”, “Unmet at T2 Only”, and “Never Unmet”. Self-rated health and life satisfaction were rated by 5-point Likert scales. Linear mixed models were performed to examine the associations, controlling for sociodemographic factors, health conditions, and social support. The results showed that older adults whose ADL needs were persistently unmet, those unmet at T2 only, and those never unmet, experienced a significant decline in self-rated health from baseline to