

Transferring long-term nursing home residents between facilities can compromise the quality of life and be associated with functional decline, hospitalizations, and even death. This study aimed to examine transfer rates and identify risk factors associated with transfers among long-term nursing home residents before (2018-2019) and during the COVID-19 pandemic (2020). Using the Michigan state Minimum Data Set data 2018-2020, we identified long-term residents as those who stayed in nursing homes for at least 100 days each year (N=39,693, 39,454, and 35,575, respectively). We defined a facility-to-facility transfer as a direct transfer between two nursing homes. We first examined the likelihood of transfer by year using logistic regression models, adjusting for residents' age, sex, race, and marital status. We then examined two health statuses that could be associated with a transfer: activities of daily living (ADL) and cognitive impairment. Finally, we compared transfers that occurred before COVID-19 (2018-2019) and during COVID-19 (2020), adjusting for residents' demographic characteristics and health statuses. After adjustment, age was the only factor associated with transfers for all three years (Age \geq 80: AOR=0.61, 95% CI: 0.54-0.69; AOR=0.63, 95% CI: 0.55-0.72; AOR=0.71, 95% CI: 0.63-0.80, respectively). New risk factors in 2020 were Black race (AOR=1.22, 95% CI: 1.07-1.40) and requiring ADL assistance (AOR=1.24, 95% CI: 1.03-1.49). The COVID-19 period had higher transfer rate (unadjusted rates 2.9%, 2.7%, 3.5%, respectively) with 10% higher odds of transfer compared to before COVID-19 (AOR=1.10, 95% CI: 1.01-1.20). This finding suggests that COVID-19 has an impact on how nursing home transferred their long-term residents.

TRENDS IN DELIRIUM RATE ACROSS 14 HOSPITALS DURING THE COVID-19 PANDEMIC: A COMPARATIVE STUDY.

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During the COVID-19 pandemic, strategies to prevent delirium in the hospital were limited due to restrictions in staff and visitor policies. Thus, we suspected the delirium rate may increase during the pandemic. This study aimed to investigate the trends in delirium rate over past 2-years and compare this trend prior-to-and-during the COVID-19 pandemic in hospitalized older adults. Data was retrospectively obtained from the Acute-Care-for-Elders Tracker snapshot, an electronic health record tool to identify the presence of delirium within 48hrs of hospitalization for patients \geq 65 years. Periods of interests were 3/2019-6/2019 (pre-COVID) and 3/2020-6/2020 (during-COVID). A weighted rate was calculated for each month by combining data from all hospitals for the total number of inpatients \geq 65 years. The overall trend in the delirium rate was assessed with simple linear regression models and an ANCOVA. A χ^2 and a Wilcoxon-Signed-Rank-Test were utilized to test for differences in the overall delirium rate between two time periods. Overall median delirium rate was 6.8% in 70,562 encounters of 42,878 patients (mean age= 78 years; mean length-of-stay= 6.5 days). The median delirium rate increased by

2.1% (6.6%to8.6%), for pre-COVID vs. during-COVID, respectively (Z=-3.044,p<0.001). There were no significant differences between actual and projected weighted delirium rates (p=0.18). However, the weighted delirium rate—for both the actual and projected trend lines—demonstrated significant changes over time (p<0.001). The trend in delirium rate increased over the study time period regardless of the pandemic. Further analyses with longer time-frame are crucial to understand the consequences of the pandemic on delirium rate.

VARIABLES IMPACTING NURSING HOME GOALS OF CARE DISCUSSIONS AND ORDER IMPLEMENTATION DURING COVID-19

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Nursing home (NH) residents are especially vulnerable to COVID-19, disproportionately suffering from severe illness and death. As such, resident Goals of Care (GOC) often had to be quickly established to ensure treatment preferences were known and respected. This study examined variables related to the occurrence of GOC discussions and added orders (Do Not Resuscitate, Do Not Intubate, and Do Not Hospitalize), including demographic, physical functioning, cognitive impairment, depression, number of diagnoses, and Optum participation (Optum provided added specialized care by nurse practitioners who routinely address GOC preferences). Subjects were 286 COVID positive residents from a large NYC NH. All data were obtained from the NH's electronic medical records. Patient median age was 81 n (interquartile range 71-88), 59% were female, 61% were long stay (stay >100 days) and 39% were short stay. Using bivariate correlations we found that older short stay residents were more likely to have GOC conversations. Additionally, older, cognitively impaired, Optum participants were more likely to have orders added. When all independent variables were entered into binary logistic regressions, only older age and being a primary English speaker were significantly related to the occurrence of GOC conversations ($\chi^2=21.76^{**}$; N=278; Nagelkerke R² = .10), while older age and being an Optum participant were related to added orders ($\chi^2=32.18^{**}$; N=164; Nagelkerke R² = .24). Results have implications for (1) ensuring the GOC wishes of diverse populations are known and abided by and (2) improving the quality of clinician – resident GOC discussions.

VIDEO CHAT USE AND MEALTIME BEHAVIORS IN OLDER ADULTS BEFORE AND DURING THE COVID-19 PANDEMIC

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Video chat allows people to connect when not physically together. Using video chat while sharing a meal (VideoDining) may decrease loneliness and improve older adults' nutritional intake. We conducted a cross-sectional online survey study using Amazon Mechanical Turk in June 2020. The