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In 2015, one independent community pharmacy partnered with the local Area Agency on Aging to provide medication coaching to low-income, culturally diverse, older adults living in 6 affordable housing buildings in the Seattle area. A pilot was conducted during the 2015-2016 fiscal year to determine the need for and feasibility of the service. Process outcomes, including patient and service demographics, medication-related problems, and pharmacist interventions, were captured via the pharmacists' patient care documentation. Pharmacists had 34 total visits with 17 unique residents who were taking an average of 8.1 medications. Pharmacists identified 97 medication-related problems, averaging 5.7 problems per resident, and performed 88 interventions, averaging 5.2 interventions per resident. The findings of this pilot demonstrated the needs and feasibility of implementing pharmacists' services within a housing organization structure and has resulted in the continuation and growth of the program.

#### PREPARING PHARMACY STUDENTS FOR PRACTICE TO SUPPORT UNDERSERVED OLDER PERSONS

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Interprofessional collaboration is needed to ensure high quality care. Effective programs teaching necessary team-based care skills are under investigation. This study evaluated the Aging in Place program, an interprofessional practice experience (IPE), in preparing pharmacy students for practice with underserved older persons. The Assessment of Interprofessional Team Collaboration Scale (AITCS) and Team Decision Making Questionnaire (TCMQ) were administered to students before and after their experience. The number of disciplines represented, campuses involved, resident sessions, resident interactions, and health screenings performed were documented. Overall, AITCS and TDMQ scores improved after participation in the program. Since the program's inception, there have been 7 disciplines represented, 2 campuses involved, 125 student participants, 2 housing buildings, 90 resident sessions, and 370 health screenings performed. The Aging in Place program has grown and shown that an IPE program is feasible to better prepare pharmacy students for collaborative care with older residents of affordable housing buildings.

### SESSION 7085 (SYMPOSIUM)

#### FOCUS ON FUNCTION IN HOSPITALIZED PERSONS WITH DEMENTIA: THE IMPACT OF HOSPITAL-ACQUIRED COMPLICATIONS

Chair: Marie Boltz

Discussant: Lorraine Mion

Persons with dementia (PWD) are two-three times more likely to be hospitalized as persons without dementia and comprise one fourth of hospitalized older adults. Hospitalization often has a dramatic impact upon the health and disposition of the older PWD. They are at increased risk for hospital acquired complications (HAC) such as functional decline, behavioral symptoms of distress, and delirium, all of which contribute to increased disability, mortality, and long-term

nursing home stays. Despite the unprecedented number of PWD admitted to acute care, little attention has focused on their specialized needs and HAC, and how they impact functional recovery. The purpose of this symposium is to describe the incidence of common HACs, and factors that influence their occurrence and presentation in PWD. Utilizing baseline findings from the Family-centered Function-focused Care (Fam-FFC) trial, the presentations will address this objective and discuss the ramifications for functional and cognitive post-acute recovery in PWD. The first presentation will describe the incidence and pharmacologic management of pain in PWD, and its association with common HACs. The second presentation will describe physical activity in PWD on medical units and the validity of the Motionwatch8 actigraphy. The third session will describe differences in common HACs between white and black PWD. The final presentation will examine function-focused goals developed in collaboration with family caregivers and patients, and the functional outcomes associated with goal attainment. Our discussant, Dr. Lorraine Mion, will synthesize the research findings and lead a discussion of future directions for policy and practice in dementia-capable acute care.

#### ENGAGING FAMILIES IN FUNCTION-FOCUSED CARE: GOAL ATTAINMENT AND ASSOCIATED OUTCOMES

Marie Boltz,<sup>1</sup> Joanne Roman Jones,<sup>2</sup> and Robin Hermann,<sup>3</sup>

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Partnering with families to develop function-focused plans for hospitalized persons with dementia (PWD) improves both the hospital experience and patient outcomes. This secondary analysis included patients enrolled in the intervention arm of the on-going Family-centered Function-focused Care (Fam-FFC).study. This study examined the goals co-established by family caregivers, PWD, and nurses to prevent hospital-acquired complications and promote functional and cognitive recovery. The influence of goal attainment upon delirium and physical function at discharge was also examined. The majority of patients (N=162) were female (65%), black (53%) with a mean age of 82.7 (SD= 8.2). Goal attainment ranged from -2 to 2; mean = -0.24 (SD= 0.75). The goals (N=432) represent three main areas: mobility, self-care, and cognitive stimulation. Controlling for age and admission function, goal attainment was associated with less discharge delirium (F=3.2, p = .022) but not discharge function. Results support the contribution of function-focused care to improving delirium outcomes.

#### PAIN INCIDENCE, TREATMENT, AND ASSOCIATED SYMPTOMS IN HOSPITALIZED PERSONS WITH DEMENTIA

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A better understanding of the relationships between pain and other syndromes in hospitalized persons with dementia (PWD) will help establish pain as a critical symptom to