Health and fitness are contributing factors to physical resilience, or the ability to resist or recover from functional decline following health stressors. Accelerometer based activity monitors have been used in both the in-patient and outpatient setting to monitor mobility. While using sensors to track mobility is increasing, most clinical settings rely on patient reported outcomes. These measures often under or overestimate movement. The lack of a clinically meaningful way to measure mobility in the in-patient setting is a barrier to improving the mobility of hospitalized individuals. This is especially important when considering that over one-third of hospitalized older adults are discharged with a major new functional disability in performing activities of daily living. Our goal was to automatically determine if the subject is laying, reclining, sitting, standing, and walking to better reflect actual activity. Other platforms and studies indicate the ability to determine a difference in activity vs. inactivity or laying and reclining vs. standing and walking, but not all five phases of movement defined here. The aim of this study was to use accelerometer data to train a machine learning algorithm to automatically classify the postural changes (i.e. laying, reclining, sitting, standing, and walking). Preliminary results demonstrate that our trained algorithm is overall 95% accurate in determining each position from unlabeled data from the subject population. Additionally, this algorithm will be applied to in-patient hospitalized older adults for tracking of positions throughout the day.

#GERIATRICS: AN ANALYSIS OF THE IMPACT OF THE GERIATRICS TWITTER NETWORK

Varun Ayyaswami,[1] Arpan Prabhu,[2] and Steven Gambert[1], *1. University of Maryland School of Medicine, Baltimore, Maryland, United States, 2. University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, United States*

Twitter connects an international community of healthcare stakeholders, potentially augmenting access to information related to geriatric medicine. The purpose of this study is to analyze the geriatric medicine Twitter network, and we hypothesize this community has substantially grown in the last six years. We analyzed all publicly available tweets including the hashtag #geriatrics from January 1, 2013-January 1, 2019 using Symplur Signals, a health care social media analytics platform. We evaluated #geriatrics metrics over time related to activity, content analysis, user characteristics, engagement, and network analysis. A total of 159,008 tweets (containing 42.8% re-tweets) with the hashtag #geriatrics were written by 29,443 users, resulting in 393.6 million impressions. The number of tweets increased from 9,705 in 2013 to 39,151 in 2018 (32.2% compound annual growth); users increased from 3,366 in 2013 to 29,443 in 2018 (55.3% compound annual growth). Users were primarily found in the United States, United Kingdom, and Canada. The most commonly trending topic from 2013-2015 and from 2016-2018 was 'older adults'. The top hashtags included in tweets with #geriatrics were #job, #aging, and #hpm (hospice and palliative medicine). Network analysis showed central hubs to be medical journals, provider organizations, individual physicians, and individual advocates. The top 150 influencers consisted primarily of physicians (49.1%), advocate/support organizations (13.8%), and media organizations (6.3%). The use of Twitter to promote geriatric medicine using #geriatrics has

matured into an international digital community of interest. Future studies should examine hashtags related to age prevalent illnesses and hashtags likely to be used by patients.

ALEXA, ASSESS MY MEMORY: THE FEASIBILITY OF EXTENDED HEALTH MONITORING IN AN OLDER-ADULT-LIVING COMMUNITY

Jensen Davis,[1] Shannon Howard,[1] Gregory King,[1] Phanidar Boddu,[1] Kiran Jyothi,[1] and Joan McDowd[1], *1. University of Missouri-Kansas City, Kansas City, Missouri, United States*

The goal of most older adults is to live independently in their own homes, for as long as possible. There are many advantages to aging in place for the individual, but also challenges as changes in cognitive and physical health can occur over time. Especially for older adults living alone, tracking these changes is critical for early intervention and prevention. The relatively easy availability of consumer technology may provide one mechanism for monitoring older adults in their homes. We designed a pilot study to test the feasibility and acceptability of using wearable sensors (Fitbit sensors), in conjunction with automated interactive voice recognition technology (Amazon Echo), to monitor older adults' physical and cognitive health during daily activities. Participants (7 females, 2 males; 65-80 years of age) were recruited from a housing complex for older adults with low income. They were interviewed about health monitoring technology before and after a 2-week measurement period during which they were expected to wear the Fitbit daily and interact with the Amazon Echo for 8 consecutive days. Feasibility challenges included limited skill in Echo interactions, remembering to do the assessments, and charging/uploading Fitbit data. Qualitative analysis of interviews revealed generally positive attitudes about technology, but low comfort operating the devices. These preliminary findings suggest that with additional training for older adults, sensors and voice recognition technologies could have significant roles in maintaining older adult quality of life by contributing to early detection of decline and timely intervention.

NURSING HOME TELEED INTERVENTION: ADVANCING NEW CARE MODELS

Charlene C. Quinn,[1] Anthony Roggio,[2] Barr Erik,[3] and Ann Gruber-Baldini[4], *1. University of Maryland School of Medicine, Baltimore, Maryland, United States, 2. University of Maryland Medical Center, Baltimore, Maryland, United States, 3. University of Maryland School of Medicine, Baltimore, Maryland, United States, 4. University of Maryland Baltimore School of Medicine, Baltimore, Maryland, United States*

New reimbursement and managed care models demonstrate the need to reduce avoidable Emergency Department (ED) use and limit preventable inpatient admissions for older adults in Skilled Nursing Facilities (SNF). The objective was to develop an ED telemedicine consultation intervention for SNF residents with acute medical problems. Secondary objectives including evaluation of health care utilization, provider satisfaction. Demonstration evaluation in three urban SNFs, telemedicine linked to university medical center ED. Mobile telemedicine cart equipment assessed SNF residents for any change in condition. ED physicians used