Substance misuse among older adults is a growing and complex problem with implications for society, aging adults, and their families. It is understudied in research and clinical practice. Limited and mixed evidence exists that suggests relationships between changes in older adults' social environment and their drug use over time. This study addressed this gap by examining potential associations between social environment and drug use among community-dwelling older adults. Data were drawn from 3-waves of the national longitudinal survey of Midlife Development in the United States (MIDUS) (N= 2,020; age range=55-94 years; Mean=63.10, SD=5.66 at Wave 1). We estimated multilevel logistic growth models to assess the relationships between social environment indicators (social connectedness, social contribution, social engagement) and drug use, controlling for age, marital status, race/ethnicity, education level, household income, employment status, and number of chronic conditions. Our findings showed significant odds of drug use over the 20-year period of study, which were increased among older adults with multiple chronic conditions with a 59.5% risk of drug-related problems. Social contribution (feelings of being valued by society) negatively predicted older adults' drug use whereas social connectedness and social engagement were not significant predictors over time. The models also indicated a moderating effect of social contribution on drug use, showing low changes in drug use over time with low social contribution. Our findings illuminate the differential roles of social environment indicators in drug use. Future research, policy, and practice may particularly focus on the role of social contribution in late-life drug use.

### DEMENTIA CAREGIVERS: THE IMPACT OF SOCIAL DISTANCING ON RELIGIOUS AND SPIRITUAL PRACTICE AND BEHAVIORAL SYMPTOMS

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Prevalent among older adults with Alzheimer's disease related dementia (ADRD), behavioral symptoms can cause adverse consequences for those with ADRD and their caregivers. Prompting earlier institutionalization and increased rapid cognitive decline, behavioral disturbances are difficult to manage. Social isolation prompted by the COVID-19 pandemic limited social and religious activities utilized by caregivers and older adults with ADRD for coping and may have affected behavioral symptoms and overall well-being. This qualitative study aimed to explore the impact of the pandemic on behavioral symptoms, religious and spiritual (R/S) utilization for coping, and well-being in caregivers and older adults with ADRD. A purposive sample of 7 home family caregivers and 7 nursing home caregivers (4 indirect family caregivers, 3 nurse practitioners) actively caring for an older adult with ADRD participated in semi-structured telephone interviews. Directed content analysis was used to analyze data. While behavioral symptoms increased overall for older adults with ADRD and social R/S practice abruptly declined, they still utilized individual R/S resources for coping such as prayers, reading religious texts, and holding a prayer book which provided a calming effect, decreased their anxiety, and prompted memories. Caregivers participated in R/S virtual groups which calmed them, connected them with others, helped them transition to sleep, and prompted mindfulness. Resources and interventions utilizing social and individual R/S for coping are warranted as they have the potential to promote cognitive stimulation, connection with others, decrease neuropsychiatric symptoms, and decrease stress.

## SESSION 6270 (POSTER)

### CARE INTERVENTIONS AND INNOVATIONS

### TOILETING AND MOBILITY ASSISTANCE PREFERENCES OF PATIENTS ON AN ACUTE CARE FOR ELDERS (ACE) UNIT

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While the Agency for Healthcare Research and Quality (AHRQ) fall prevention guidelines include recommendations for providing consistent toileting and mobility assistance during hospitalization, little is known about hospitalized older adults' preferences for receiving such assistance. The aim of this study was to identify older adults' perceived need and preferences for toileting and mobility assistance during their hospital stay. We interviewed 150 patients aged 50 or older and asked about their perceived need for toileting and mobility assistance and how frequently hospital staff provided it. A total of 75 patients (50%) reported a need for toileting assistance; and, of those who reported a need for assistance, 95% reported that staff provided assistance at a frequency that met their needs. A total of 72 patients (48%) reported a need for mobility assistance; however, an additional 41 patients (27%) had not yet attempted to ambulate at the time of the interview. Across all patients, 100 (67%) reported either no attempt or having ambulated only once during their hospital stay. Most patients who required toileting or mobility assistance stated it was "very" or "extremely important" to receive assistance (82% and 76%, respectively). In summary, approximately one-half of older patients on an ACE unit require toileting and/or mobility assistance. Efforts to provide consistent toileting and mobility assistance during hospitalization could require significant staff time based on the number of patients who need it. Further research is needed to determine how to comprehensively implement AHRQ fall prevention guidelines in the hospital setting for older patients.

### 4MS AGE-FRIENDLY HEALTHCARE INITIATIVE IMPLEMENTATION ON AN ACUTE CARE FOR ELDERS UNIT

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Although evidence supports 4Ms [Medication, Mentation, What Matters Most (WMM), Mobility] care for older adults, successful implementation at an academic hospital is not well described. The aim of this study was to describe the implementation methods and process measures for 4Ms delivery

on the Acute Care for Elders (ACE) unit at an academic hospital. We used the Institute for Healthcare Improvement's Model for Improvement to guide efforts. We set SMART goals for each M: best possible medication reconciliation, identification of potentially inappropriate medications, and recommendations to deprescribe (medication), delirium screen documented 2x/day and delirium nonpharmacologic protocol in place (mentation), documentation of WMM and care alignment (WMM), Johns Hopkins-Highest Level of Mobility screen assessed during the patient's hospitalization, mobilization of patient 3x/day offered and documented, and restraints avoided (mobility). We mapped current and ideal workflows. We sought community grant funding to expand the implementation team, supporting a nurse educator to train the unit and data analyst to extract real-time data from the electronic medical record to inform improvement processes. Multiple Plan-Do-Study-Act cycles were run iteratively and discussed at weekly team meetings. We included patients >65 years old, admitted for >48 hours, and excluded patients admitted on hospice. Of 519 eligible patients admitted from 04/2021-01/2022, goals were met by 454 (87%) for medication, 187 (36%) for mentation, 130 (25%) for WMM, and 6 (1%) for mobility. We found implementing 4M care processes at an academic hospital to be feasible. Further exploration of barriers to meeting the mobility target is warranted.

## ADDRESSING GAPS IN PRIMARY CARE DIAGNOSIS OF COGNITIVE IMPAIRMENT VIA A NURSE CONSULTATION

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Purpose: This study aimed to identify the concerns and unmet needs of patients and care partners after incident primary care diagnosis of cognitive impairment.

Methods: Primary care providers referred older adults who had newly diagnosed with cognitive impairment for a telephone encounter, the 'Brain Health Consultation' (BHC), with a dementia expert nurse. The nurse assessed for questions or concerns regarding immediate needs, cognitive, neuropsychiatric, functional, or other symptoms; cognitive assessment results and the diagnosis; care planning including safety, prognosis, treatments, advance care planning, and community services.

Results: Patients (N=37) and care partners (N=30) completed the BHC. The patients were racially/ethnically diverse; 51% Asian, 18% Non-Hispanic White, 10% Hispanic, 10% Black, 11% other). Most patients (70%) and caregivers (70%) endorsed cognitive concerns, and many patients endorsed mood (65%), sleep or fatigue (49%), and pain (10%) concerns. All patients and care partners had questions about the assessment results and diagnosis, and some patients (11%) and caregivers (13%) expressed concerns about disease progression. Few patients and caregivers expressed care planning needs.

Conclusion: Following incident cognitive impairment diagnosis in primary care, patients and families have unmet needs around understanding their assessment and diagnosis. Care planning may be reserved for a follow-up consultation after the patient and family have had time to understand and accept the diagnosis. While we used a dementia expert nurse to perform the BHC, given the types of concerns identified, a supervised, trained, unlicensed health professional (e.g., a care team navigator) may be appropriate to perform the BHC.

## A VIRTUAL STAFF TRAINING TO IMPROVE COMMUNICATION FOR OLDER ADULTS DURING MASK WEARING

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The need for masking protocols in care centers for older adults exacerbated communication challenges in an already difficult environment. The purpose of this study was to alleviate the burden of communicating while wearing masks by providing a virtual staff training that introduced a headset amplifier and communication tips. The training was delivered via Zoom to small groups of staff at three Programs for All-inclusive Care for the Elderly (PACE®) organizations. The training included education about the impact of age-related hearing loss, instructions for using a headset amplifier, and communication tips. Staff were encouraged to use the amplifier with as many participants as possible to ease communication while wearing masks—rather than targeting participants based on hearing status. A pre/post quasi-experimental approach was undertaken. Fifty-one staff members completed the training and immediate pre/post questionnaires to measure knowledge gain. Follow-up questionnaires (including open-ended responses) were collected at 2- (n = 29), 4- (n = 23), and 6-months (n = 23) post-training. In addition, we completed one focus group (n = 5) and one in-depth interview regarding the feasibility of participation in the research project and brainstorming to increase use of the amplifiers. By integrating quantitative and qualitative findings, we highlight communication improvements when using the amplifiers and tips for integrating amplifiers into group care programs. The findings from this study will contribute to the development of a large-scale intervention to address hearing loss and support communication for older adults in group care settings.

## SIGNIFICANCE OF SECOND YEAR MEDICAL STUDENTS PARTICIPATING IN THE 48-HOUR HOSPICE HOME IMMERSION PROJECT, 2017–2018

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Medical education on palliative medicine and end-of-life care is generally lacking in the medical curricula. The University of New England College of Osteopathic Medicine (UNECOM) Learning by Living: 48 Hour Hospice Home Immersion Project is an immersion-based learning model whereby UNECOM 2nd year students live in an18-bed acute care hospice house to care for dying patients, provide family support, and conduct post-mortem care. This project determined if and in what ways immersion experiences were valuable in augmenting student medical end-of-life care education during AY 2017-2018.Retrospective ethnographic/