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Background: Evidence supports periodic labs for patients on certain medications. Nonadherence to these rules may have health consequences that could harm patients, especially frail older adults that reside in an Assisted Living Facility (ALF). Most residents at ALFs see doctors in the communities and use different pharmacies which makes it very difficult to universally track their medical records. This was especially difficult in the time of the COVID-19 pandemic restrictions at the facilities with an inability to organize safe and on time blood draws, on site or in the community. This resulted in many gaps of care for the health of frail older adults.

Objective/Aim: All patients in an ALF who are receiving certain medications should have recommended labs monitored as per FDA medication labeling. This is done to detect and react to drug toxicity to avoid any unwanted medication side effects that may have life threatening outcomes if left unaddressed.

Quality Improvement Methods: Medication lists and laboratory results were reviewed from patients' medical records and administrative data at a 58-bed assisted living facility. For each patient receiving ACEI/ARBs, diuretics, SSRIs, warfarin therapy, digoxin therapy or thyroid supplementation labs were reviewed to see if drug monitoring recommendations were satisfied. If lacking, effort was done to check if patient's physician visit or labs were planned or upcoming for that patient. To all recognized providers, a general letter containing the recommendations for Labs Monitoring for Common Medications (Pharmacist's Letter, Document 260704) was sent. A plan to send more concrete pharmacy recommendations to delinquent providers was in place as an additional step.

Results: Initially, before implementing this Quality Improvement Project, almost 60% of reviewed records had gaps in monitoring of recommended labs for unwanted side effects of different medication's classes. This period did overlap the time of restrictions with the COVID-19 pandemic. Since starting this ongoing QIP and start of close collaboration of all providers, almost 90% of the residents had physician's office or on-site visits and blood work orders to satisfy these recommendations. On initial review, labs were lacking in 26% of charts receiving ACE/ARBs medications and SSRIs. TSH results were lacking in 15% of patients on thyroid supplementation, to reach 100% after intervention. PT/INR were always done with full compliance (100%) and monitored through the analyzed period.

Conclusions: To provide on time, quality care for older adults at the ALF, there is a clear need for all involved health care providers to collaborate closely despite the divergence and non-universal teams involving parties from many different systems (different physician providers, pharmacies and laboratories). Individual education on all levels of professional care including but is not limited to RNs, MDs, PharmDs, facilitated by the Administrators and Medical Directors is mandatory for success.

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Nursing Administrative Support Role Proves Reduction in Nursing Overtime and Staff Turnover



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Background: In the wake of the COVID-19 pandemic skilled nursing facilities (SNFs) and long-term care (LTC) facilities have been faced with a critical shortage of nursing staff while caring for an increasingly complex patient population. Due to these shortages the demand on staff has soared causing increased overtime and turnover. For years literature has cited the need for higher staffing ratios within the SNF and LTC setting. There is less literature, however, on how to best utilize our nursing staff to work at their highest level of training, while avoiding the stressors of overtime hours and potential burnout.

Objective/Aim: The aim was to assist registered nurses (RN) in utilizing their licensure to its highest capacity by providing staffing support through the implementation of unit clerks. The goal was to reduce nursing overtime per shift and cost within the first quarter of implementation.

Quality Improvement Methods: Columbine West Health and Rehab Facility is a for profit, 100-bed nursing home (NH) affiliated with Columbine

Health Systems. Member NH teams receive training through Telligen, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) delegated per CMS for the state of Colorado. Root cause analysis was utilized to evaluate overtime in the nursing department, revealing that administrative burden for facility admissions was playing a key role. Baseline data included staffing hours, admissions volume, acuity, arrival times, and nursing responsibilities within an admission. Staffing reports from Quarter 2, 2021 revealed an average of 8.3 hours of nursing overtime per day. The financial cost of these hours is estimated around \$39,000 per quarter. In July 2021, unit clerks were implemented, and the impact was monitored by tracking staffing reports, overtime hours, and admission data.

Results: Average overtime hours in Quarter 2, 2021 (April, May, June) was 8.3 hours per day compared to 5.6 hours in Quarter 3, 2021 (July, August, and September). The average cost of nursing overtime wages prior to the implementation of unit clerks averaged \$39,217.00 versus an average of \$29,106 in Quarter 3. The average wage for unit clerks is \$17.00/hour versus \$38.50 for a registered nurse. Additional benefits showed nursing turnover rate reduction from 29.9 persons Quarter 1, to 17.2 in Quarter 2.

Conclusions: The COVID-19 pandemic has accelerated the nursing shortages in the post-acute and long-term care setting. Our findings suggest providing administrative support on the floor to nursing staff resulted in a reduction of nursing overtime hours and costs, with reduced turnover.

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Red Napkin Program (RNP) : A Nutrition Intervention for High-Risk Residents in Skilled Nursing Facility



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Background: Unintentional weight loss, which can lead to increased morbidity and mortality, is a prevalent problem among residents of long-term care facilities. Since the start of the COVID-19 pandemic, unintentional weight loss has been a persistent problem in long term care increasing up to 10% statewide in Georgia.

Objective/Aim: The aim of the study is to reduce unintended weight loss among residents by utilizing red napkins to identify residents with significant ongoing weight loss and offering those residents with assistance in feeding and supplements.

Quality Improvement Methods: In a single 150 bed skilled nursing facility, the facility dietician identified residents with weight loss over a 30-day period and the multidisciplinary team including medical director, director of nursing, dietician, MDS coordinators and speech therapists conducted weekly meetings to discuss weight loss prevention management. In this cross-sectional study, subjects' weight was recorded for 6-month periods each for preintervention by following the usual standard of care and post intervention with RNP program. Weight was monitored for minimum of 30 days during the intervention period. In order to implement the RNP, dietitians identified the subjects in the study and these residents were identified with red napkins on their meal trays. The staff was instructed to offer more robust assistance with feeding and or offer nutritional supplements to these identified subjects. To examine whether RNP was a significant predictor for weight change or weight change percent, a multivariate linear regression model was used to model weight change and weight change percent with RNP while controlling for other covariates, respectively.

Results: The study cohort included 40 subjects in pre and 37 subjects in post intervention group. Mean age was 85.8. More than 70% of the subjects were diagnosed with moderate to severe dementia. There were 10.8% individuals on appetite stimulants in RNP as compared to 17.5% in pre-intervention group. Fatality rate in RNP was 13.5% as compared to 20% in pre-intervention group. There is a significant decrease in weight loss with the RNP intervention with p-value of 0.003 with 95% CI (1.77, 8.44).

Conclusions: The outcome of the study demonstrated that the RNP was effective in reducing weight loss among the residents. An interdisciplinary approach including physicians, dietician, director of nursing and therapists