

nursing home residents (NHRs). During the COVID-19 pandemic, NHRs have been affected by the virus mortality, staffing shortages, insufficient resources, and the decrease in available clinicians. The purpose of this study is to examine current data on pain management among NHRs nationwide before and after the COVID-19 epidemic.

Design/Methodology: A systematic review of English-language papers published between 2010 and 2021 was conducted using PubMed and Google Scholar. Our focus was to explore pharmacologic pain management among NHRs at a national level with exclusion criteria of those subjects with a known chronic condition that required pain medications like arthritis. Keywords used in the search included “Pain management,” “Older People,” “Nursing Homes,” and “Pain management post-COVID-19,” putting into account older adults with cognitive impairment. Six independent reviewers reviewed the studies, and the rest of the team validated the results to avoid bias.

Results: Twenty-four studies have investigated pharmacological interventions. Of these, 12 met our inclusion criteria. Three studies prior to the COVID-19 pandemic and one after the pandemic found that the most popular and evidenced pharmacological pain management is acetaminophen (paracetamol in Canada and United Kingdom), followed by opioids. Acetaminophen is evidenced to benefit NHRs and increase their activities of daily living (ADL) according to the Average Treatment Effect (ATE) score. Two studies prior to the pandemic and 1 after the pandemic found that NHRs with cognitive impairment are less likely to receive pain management and less likely to report different grades of pain (mild, moderate, severe). Two studies prior to the pandemic and 1 after the pandemic emphasize the importance of recognition of pain by the medical staff, particularly in patients with cognitive impairment, as it is frequently under-reported. One study before the pandemic and 1 after the pandemic found that pain management is associated with decreased incidence of pain behaviours (non-verbal, facial, protective behaviour) and neuropsychiatric behavior associated with pain. Approximately the same proportion of NHRs were found to report moderate-to-severe pain according to 2 studies; 1 prior to the pandemic (44%) and 1 after the pandemic (45%).

Conclusion/Discussion: There was no significant difference reported in pain medication prescription or frequency before and after COVID-19. Acetaminophen is the most commonly used, most effective and safe pain management medication for NHRs, followed by opioids. Pain is under-reported by both NHRs and medical staff, since pain perception diminishes as cognitive function deteriorates, which may lead to a reduction in opioid analgesics prescription. More studies are needed to assess efficacy of pain management in NHRs.

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Patient Perspectives on Substance Use Disorders (SUD) and Opioid Use Disorders (OUD) in the Nursing Home



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Introduction/Objective: Substance use disorders (SUD) and opioid use disorders (OUD) in older adults represent one of the fastest-growing public health concerns in the United States.¹ A 2020 CDC report showed that drug overdose deaths among adults aged 65 and older increased more than six-fold from 1999–2019.² As the older adult population ages and enters nursing homes (NH) in increasing numbers, it is crucial to consider the experience and perspectives of this patient population in order to improve care.

Design/Methodology: Nursing home residents were recruited via flyers posted in facilities within 1 nursing home network located in urban communities of South Chicago. The flyer advertised that researchers were interested in learning about persons with a history of SUD/OUD and their experience in the nursing home. Participants provided oral consent and were not compensated for the study. Six interviews were conducted in person by a study investigator in May 2021, and recorded using a secure

HIPAA compliant audio teleconference platform. The interview guide included questions regarding 1) stigma in the nursing home, 2) drug use in the nursing home, 3) views on Medications for Opioid Use Disorder (MOUD) and treatment options for OUD, 4) access to counseling on recovery services, 5) recommendations for improvement and 6) experiences during COVID-19. Interviews were transcribed and aggregated for bulk coding analysis.

Results: Our qualitative analysis identified 4 general themes from interviews with nursing home patients with SUD/OUD: 1) turning to substances as a coping mechanism for life stressors, 2) acknowledgment that illicit drug use occurs in the nursing home, 3) referencing the nursing home as a positive influence on addiction and, 4) actively desiring more counseling or resources for mental health and/or addiction.

Conclusion/Discussion: It is interesting that patients with SUD/OUD admitted into nursing homes generally view their stay as a positive influence on their use disorder. NHs represent a powerful opportunity for healthcare professionals to connect a unique population with substance use resources in the community. To date, patients' positive experiences may stem from 1) stable housing, 2) being in an environment removed from daily stressors and 3) being in an environment where substances are less accessible. Areas identified for further improvement include increased access to more counseling services for substance use disorder management.

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Physicians' Telehealth Experience in PALTIC During the COVID-19 Pandemic in 2020



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Introduction/Objective: Prior to the SARS-CoV-2 pandemic, telemedicine was limited and infrequently used in PALTIC. As the pandemic spread and negatively impacted direct physician care, telemedicine offered a way to ensure continuity of care. Telehealth was a crucial link between physicians and staff to provide medical care and support when in person access was restricted. There is limited literature with regards to physician experience and satisfaction with telemedicine in PALTIC. Physicians were surveyed for their experiences with telehealth. Billing data using telehealth codes was reviewed for the year 2020. A subset of the physicians who had billed telemedicine codes were surveyed with a short questionnaire.

Design/Methodology: PALTIC attending physicians in RI, CT, PA, and NJ were emailed a Google-form style survey made up of multiple choice, multi-answer and open answer style questions. The responses were quantified automatically by the form. Respondents were not offered compensation.

Results: Of the 34 physicians surveyed, 56% responded. Their participation in telehealth peaked at months of the year that were consistent with COVID-19 peaks in the U.S., specifically in March–May 2020. Follow up visits were the most commonly performed type of visit (80%) followed by H&P examination (40%) which is consistent with PALTIC physician work. 47% of respondents performed greater than 20 telehealth visits but almost 13% reported performing more than 100 visits. Overwhelmingly, physicians reported conducting telehealth visits because they attended in more than one building and one of their centers was experiencing an outbreak. Facetime was the most commonly (80%) used platform followed by Zoom (33%). When asked how they felt about using telemedicine, physicians reported feeling both comfortable and successful. Access to a smartphone

was the most important component and the biggest barrier was WIFI or connectivity issues. Most importantly, 64% of respondents felt that telehealth could contribute positively to their practice moving forward.

Conclusion/Discussion: Telehealth was a critical component of the delivery of medical care by physicians working in PALTC settings during the COVID-19 pandemic. This survey showed that despite center challenges with WIFI access and staffing shortages, there was early and swift adoption of telemedicine among a subset of physicians. The data demonstrates that physicians quickly adapted to using telehealth in the PALTC setting to perform acute visits, history and physicals and regulatory visits in addition to communicating with center staff. Physicians found telehealth instrumental in their ability to communicate directly with patients and their families, to discuss advance care planning, and support nursing staff in addition to complementing their medical practice. Additional research would be necessary to further our understanding of the value of telemedicine in the PALTC setting.

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The Challenge of Severe Obesity in Nursing Homes from the Perspective of Administrators



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Introduction/Objective: This study provides input from nursing home administrators on their challenges (financial, quality, staffing) in caring for severely obese residents. In addition, we report on how changes due to the COVID-19 pandemic have affected care for people with obesity in nursing homes (NHs). Caring for those with severe obesity is a major challenge in NHs and creates several dilemmas related to appropriate nursing care, equipment choice, and potential excess resident care costs. Little is known about how facilities respond to these dilemmas while maintaining the quality of care.

Design/Methodology: We fielded a mailed survey to a random sample of US NH administrators from May to October 2021 and received 81 responses. The survey covered admissions, staffing, quality issues, policies/procedures, and finances for a theoretical severely obese resident, weighing ≥ 300 lbs. and needing assistance with ambulation and transfers. A \$19 gift card was provided with each survey.

Results: Before the COVID-19 pandemic, 76% said it was somewhat likely or likely that they would accept this resident, whereas afterwards, only 60% said they would accept them. Most respondents reported they address the equipment needs (69%) and supply needs (70%) of residents with obesity well or extremely well; whereas, only 48% felt their facility addresses the CNA/aide staffing needs well or extremely well, and similarly for facility space needs (45%). For staffing, less than half (45%) agreed it was easy to have enough staff available for obese residents on day shifts, with even lower staff adequacy on evening (24%) and night shifts (18%). 86% and 90% of respondents believed severe obesity was associated with higher costs for short-stay and long-stay residents, respectively. Only 22% and 21% of respondents believed that severe obesity led to higher patient-driven payment model reimbursement for short-stay and long-stay residents, respectively. Finally, 68%, 58%, and 44% of respondents felt that severe obesity affects the quality outcomes related to discharge to community, hospital readmissions, and inspection deficiencies, respectively.

Conclusion/Discussion: NH administrators reported that the COVID-19 pandemic made them less likely to admit obese residents with mobility limitations. For admitted residents, there are serious concerns related to staffing adequacy, especially non-day shifts, and the potential to affect key overall NH quality metrics.

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The Non-Universal Understanding of the New Jersey Universal Transfer Form: Evaluating Resident Physicians' Knowledge Gaps



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Introduction/Objective: Miscommunications and handoff errors are 2 leading causes of preventable medical errors in the US. In an effort to decrease these types of errors when transferring patients from one facility to another, the New Jersey (NJ) Universal Transfer Form (UTF) was jointly developed by providers, hospital administrators, and the New Jersey Department of Health in 2011 to standardize the communication of pertinent clinical information during care transitions. The UTF serves as an important tool for relaying information especially in the Post-Acute and Long-Term Care (PALTC) Arena when PALTC residents are transitioned to and from hospitals. The tool has been in use since 2011 but major gaps still exist in physicians' understanding of the availability of this tool and hence its utilization.

Design/Methodology: A survey consisting of 6 multiple choice questions was administered to resident physicians in Internal Medicine (IM) and Family Medicine (FM) programs at our institution. The purpose of the survey was to evaluate their knowledge and understanding of this important care transition tool. Residents from all 3 years of training in IM and FM were eligible to participate. The survey was designed to assess proper use and completion of the UTF and was based on training objectives outlined by the NJ Department of Health and the NJ Hospital Association.

Results: A total of 38 IM and FM residents in completed the survey. The results suggested that all the residents irrespective of their level of training had never heard of the NJ UTF. Despite no prior knowledge of the existence of this document 76% responded correctly when asked about the main purpose of this transfer form and when the transfer form should be used. Only 44% of the survey takers were aware of what information is not addressed on the transfer form and 97% of the survey takers were aware that this transfer form does not take the place of a DNR order. 32% of survey takers chose correctly that unavailability of this form should not delay the treatment and transportation needs for a patient.

Conclusion/Discussion: Medical professionals are educated extensively in the domains of clinical practice and basic sciences, but the knowledge base required for navigating the health care system is not obtained until well into years of clinical practice. All of our survey participants had never heard about this form prior to this survey raising the possibility that they had never utilized this important tool for gathering information pertaining to their patient. Since both IM and FM trained physicians are likely to practice in the PALTC arena it is important to incorporate training pertaining to tools such as the NJ UTF into the 'transitions of care curriculum' for these residency programs.

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Transitions of Care at the Closure of a Skilled Nursing Facility



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Introduction/Objective: Geriatric healthcare occurs at a variety of levels of care, some of which include skilled nursing facilities (SNF), assisted living facilities (ALF), personal care homes (PCH), and home and community based services (HBC). The COVID-19 pandemic highlighted many problems in long term care facilities. We sought to examine the impact of the COVID-19 pandemic on levels of long term geriatric care by examining the disposition of patients at the time of closure of a SNF in Pittsburgh,