

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  $\geq 300$  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,

Pennsylvania at the end of 2020.

**Design/Methodology:** Charles Morris Nursing and Rehab (CMNRC) was a non-profit 93-bed NH affiliated with the Jewish Association on Aging. Like many SNFs, the long term financial problems with Medicaid payment were exacerbated by the pandemic. The decision to close was made in November 2020. At this time there were 56 long term residents, and Social Work assisted with disposition of these patients. The transition between levels of care was tracked.

**Results:** 71% of patients were female, and the average age was 87 years old. 63% were Medicaid, 23% were private pay, and 14% were Medicaid/Community Life. 43/56 (77%) were transitioned to the same level of care at other local SNFs. 5/56 (9%) were transitioned to ALFs. 4/56 (7%) were transitioned to PCHs. 4/56 (7%) were transitioned to HBCs.

**Conclusion/Discussion:** At the close of CMNRC, not all patients were transitioned to the same level of long term care. Many of these transitions were impacted by restrictions and limitations due to the COVID-19 pandemic. 23% of patients were transitioned to a lower level of care. This may suggest that ALF, PCH, and home based services may serve as potential substitutes for patients who have greater financial resources and strong family support. The COVID-19 pandemic has provided an opportunity to re-evaluate the role of long term care for older adults.

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### Utilization of Life Enrichment Activities During the COVID-19 Pandemic and Their Effects on Nursing Homes Residents



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**Introduction/Objective:** Life enrichment (LE) activities are highly preferable among nursing home residents (NHRs). Unfortunately, they were widely restricted during the COVID-19 pandemic due to safety measures, health precautions, and social isolation. This pandemic had its toll on the mental health of NHRs. Little is known about the changes or adjustments of the recreational programs during this pandemic. This study aims to assess the utilization of recreational activities in nursing homes and their effects on the residents in 3 states during the COVID-19 pandemic.

**Design/Methodology:** A cross-sectional study design used phone-reported questionnaires to enquire about the utilization of the recreational activities in the nursing homes during the COVID-19 pandemic and their effects on the residents in the following states: Texas, Florida, and California. The sample selection was purposive since the 3 most COVID-19-affected states were selected. A total of 41 responses were collected from nursing home life enrichment staff from August to October 2021.

**Results:** We found that the most common hallway activities were Bingo and Trivia by 85.4% and 53.7% respectively, while the most used devices for other activities included residents' smartphones (63.4%), iPads (58.5%), and tablets (53.7%). To communicate with their family members virtually, NHRs mostly used Facetime (90.2%) and Zoom (51.2%). The residents' morale and engagement with activities were decreased in 51.2% of the responding facilities. About 63.4% of the activity staff members revealed difficulty in offering activities to the residents largely due to limited time that allowed them to be in the residents' rooms and the limitation of the group activities. Interestingly, a decline in the residents' cognition due to loneliness and boredom was reported in 41.5% during the pandemic.

**Conclusion/Discussion:** Recreational activities for nursing home residents are important, especially during the COVID-19 crisis. Staff who offered these activities faced many challenges such as decreased morale and engagement among the residents in addition to the limitations in the group activities due to COVID-19 restrictions. There was a good use of technology in keeping the residents' communication with their families, but still the immense impact of COVID-19 was largely undefeatable.

Further studies are needed to shed more light on the activities offered to nursing home residents.

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### Variability of Anti-Seizure Medication Concentrations in Older Adult Nursing Home Residents



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**Introduction/Objective:** Approximately 10% of nursing home (NH) residents are taking an anti-seizure medication (ASM), and 7.8% have an epilepsy/seizure indication. In one recent study, levetiracetam (LEV) and phenytoin (PHT) were the most commonly prescribed ASMs in US NH residents. There are major differences in pharmacokinetics (PK) among ASMs. PHT has complicated PK and its absorption is pH-dependent, and LEV is very water-soluble with few drug interactions. The side effect profiles also differ, with PHT being associated with ataxia and LEV with behavioral problems. This study was done to evaluate the intra-individual variability of (LEV) and phenytoin (PHT) plasma levels in nursing home (NH) residents, and characterize the association between blood concentrations and its variability, with the presence of falls and seizures.

**Design/Methodology:** This was a prospective study that involved collection of 3 ASM concentrations 4 or more weeks apart, a neurological examination, and review of medical records for seizures, falls and other medical issues. Because of HIPAA rules, medication records were reviewed by staff, residents receiving PHT or LEV identified, and approached to obtain consent to allow the research team to discuss the study with the resident. Drug concentrations were measured while on stable steady-state doses. The relationship of ASM blood concentration and variability with the presence of falls or seizures were analyzed.

**Results:** Only 42 individuals (69.1% women) were included: 21 receiving LEV and 21 PHT were recruited because in some NH, none were entered, and only a fraction of eligible subjects consented. Median (range) daily doses were 1000 (500 – 3000) mg/day for LEV and 380 (100 – 600) mg/day for PHT. Concentrations between the 3 visits varied widely, ranging from 3.5% to 61.4% for LEV, and from 5.7% to 33% for PHT (coefficient of variation). Percentage of individuals with concentrations lower and higher than the laboratory published ranges was 18.1% and 16.9% for LEV, and 36.9% and 13.1% for PHT. PHT was the ASM associated with the highest percentage of individuals experiencing falls but n was too small for statistical analysis.

The study represented 14.6 patient years; 5 seizures occurred (0.34 seizures per year), 1 seizure each in 4 individuals on PHT and 1 individual on LEV.

**Conclusion/Discussion:** This study raises several observations and questions.

- 1) With considerable variability in concentrations of LEV and PHT in older adult NH residents what is the role of obtaining ASM levels?
- 2) Falls appeared to be more common with PHT, but are the side-effects of behavioral issues with LEV less of a problem?
- 3) Seizures were quite infrequent, even with low ASM levels. Given the rare occurrence of seizures and potential for side-effects from ASMs, studies are needed to determine if ASMs are used appropriately and if initiation of an ASM after a single seizure is warranted in all cases.
- 4) The low number of subjects illustrates the difficulties performing studies in NH environment.

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