

More experienced knowledge about unmet medical care needs will be used to generate ideas on how to improve the provision of medical care in nursing homes.

### CARE BASED ON PREFERENCES: EXPERIENCES OF RESIDENTS

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To provide person-centered care, professional caregivers need to know about the individual preferences of the persons being cared for. Since there were no comparable instruments available, we translated the PELI (Preferences for Everyday Living Inventory) and tested the culturally translated version in German nursing homes. Besides testing for reliability and feasibility in German care settings, we are asking for satisfaction in fulfilling of the preferences and reasons for personal or institutional barriers that hinder adherence to the preferences. Furthermore, to determine the level of understanding and meaning of preferences, we interview a few residents and their close relatives in a cognitive interview. Preliminary results of the perspective of the care recipient will be presented.

## SESSION 795 (SYMPOSIUM)

### THE NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT: COORDINATING NETWORKS OF CARE

Chair: Kristin Lees-Haggerty, *Education Development Center, Boston, Massachusetts, United States*

Co-Chair: Tony Rosen, *Weill Cornell Medical College / NewYork-Presbyterian Hospital, New York, New York, United States*

Discussant: Terry Fulmer, *The John A. Hartford Foundation, New York, New York, United States*

Elder mistreatment is a devastating and pervasive issue affecting an estimated one in ten older adults in the US. To effectively address elder mistreatment, it is essential for researchers, health care providers and communities to coordinate efforts and leverage each other's strengths. The National Collaboratory to Address Elder Mistreatment (NCAEM), funded by The John A. Hartford Foundation and Gordon and Betty Moore Foundation, is a group of elder mistreatment experts from across the country taking a collective impact approach to alleviating the burden of elder mistreatment on survivors, families, communities, and systems. NCAEM's goals are to provide hospital emergency departments with training and tools to address elder mistreatment and to develop networks of experts, health care, and community-based providers in a coordinated response to this complex problem. This symposium will include four presentations describing the NCAEM's collective impact approach, intersection with related work, and applicability to other initiatives. We will present our strategy for creating a team, moving beyond typical collaborative efforts through the development of a central infrastructure and streamlined processes to support experts from across the country as we work together toward common goals and shared

measurement for addressing elder mistreatment. Following an overview of our approach, presentations will include specific examples of how the NCAEM worked with clinical partners to refine an elder mistreatment screening and response tool, case examples from NCAEM clinical test sites describing efforts to bridge hospital and community-based services, and learnings from NCAEM's strategic alignment with complimentary initiatives (the Geri-ED Accreditation and Collaborative).

### THE NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT: A COLLECTIVE IMPACT APPROACH

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The National Collaboratory to Address Elder Mistreatment is a team of experts who have come together to develop, test, and disseminate a care model for addressing elder mistreatment in emergency departments. In this presentation we will demonstrate how a collective impact approach, including a centralized infrastructure, dedicated staff, and structured process allowed the Collaboratory to develop and test the Elder Mistreatment Emergency Department Care Model. The model consists of four core elements: 1) The Elder Mistreatment Emergency Department Assessment Profile, 2) staff training modules, 3) brief screening and response tools adapted from a validated measure, and 4) a roadmap for leveraging community resources to support referral and follow up. We will explore the applicability of this approach for harnessing and integrating multidisciplinary expertise to develop, test, and disseminate innovative solutions to complex health care challenges.

### REFINING AN ELDER MISTREATMENT SCREENING AND RESPONSE TOOL TO IMPROVE ACCEPTABILITY IN AN EMERGENCY DEPARTMENT

Brian Tanksley,<sup>1</sup> Theresa Sivers-Teixeira,<sup>2</sup> Laura Mosqueda,<sup>3</sup> Bonnie Olsen,<sup>2</sup> Tim Platts-Mills,<sup>4</sup> and Kristin Lees-Haggerty<sup>5</sup>, 1. *USC Keck School of Medicine, Los Angeles, California, United States*, 2. *Keck School of Medicine USC, Alhambra, California, United States*, 3. *Keck School of Medicine USC, Los Angeles, California, United States*, 4. *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*, 5. *Education Development Center, Waltham, Massachusetts, United States*

Elder mistreatment (EM) is a public health problem that is rarely recognized or addressed in emergency departments (ED) where a lack of evidence-based protocols leave clinicians to rely on intuition and inconsistent action plans. In this presentation we will share findings from focus groups and online surveys with ED clinicians and administrators to evaluate the perceived value and likelihood of adopting the National