who died from January to September in each year was also examined. We utilized the Minimum Data and multiple administrative claims data. We compared hospice utilization rate between 2019 and 2020 nationally and by state. Outcomes: This study examined: 1) any hospice utilization among long-stay residents from January to September in 2019 and 2020 respectively, and 2) hospice utilization in the last 30 days of life among the decedent subgroup, which we also tracked as a factor of percent change in mortality rate at the state level.

Results: The hospice utilization rate among long-stay residents was 19.4% in 2019 and 19.7% in 2020. The rate was 27.5% in 2019 and 24.2% in 2020 among the decedent subgroup (χ²=553.1, p< 0.001), although the absolute number of decedents using hospice in the last 30 days of life was higher in 2020 than 2019. Substantial state variation in hospice utilization was observed, mostly following patterns in community-level infections.

Conclusions: Hospice managed to continue service delivery despite many challenges. The pandemic highlights the importance of integrating hospice and palliative care into emergency preparedness planning.

NORTH CAROLINA NURSING HOME AND PUBLIC HEALTH RESILIENCE DURING 2021 OF THE COVID-19 PANDEMIC
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Since the onset of the COVID-19 pandemic many healthcare organizations have operated in a climate of uncertainty. Building resilience is one method used to survive and thrive during periods of uncertainty. Measuring an organization’s resilience (ability to prepare for, respond and adapt during time of change) allows the organization to identify its vulnerabilities and set priorities to avert negative outcomes during an untoward event. Through collaboration with four long-term care professional associations, the Benchmark Resilience Tool (BRT-13) resilience survey was disseminated to North Carolina long-term care leaders in April 2021. The BRT-13 survey was also sent to North Carolina public health officials via email during the same timeframe. The BRT-13 contains 13 resilience (RES) items divided into two factors of adaptive capacity (AC) and planning (PL) on a five-point Likert scale of strongly disagree (1) to strongly agree (5). Organizational factors surveyed included type of facility, rural-urban classification area designation, ownership type, level of debt, level of profitability, and employee satisfaction. A total of 142 completed surveys were received, 101 (71%) from long-term care leaders and 41 (28.9%) from Public Health officials. Overall average resilience scores ranged from 3.96 for public health respondents to 4.46 for continuing care retirement communities (CCRC) respondents. Analysis of Variance (ANOVA) was employed to compare the three factors (AC, PL, and RES) to the organizational factors. Resilience was significantly associated with one factor, employee satisfaction. Our findings indicate that organizations can build resilience through processes that contribute to staff satisfaction.

REFRAME, REFORM, AND TRANSFORM: POLICY APPROACHES TO IMPROVE NURSING HOME QUALITY IN THE UNITED STATES
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Nursing homes (NHs) are one of the most heavily regulated industries in the United States. However, concerns about quality of care remain, especially for more vulnerable residents, including those with dementia. Concerns only increased during recent natural disasters and the COVID-19 pandemic. Community and industry advocates have suggested diverse reforms that prompted new federal policies. This study poses the following research questions: (1) How do federal policies compare with proposals by community (staff and patient advocates) and industry (NH) advocates to improve quality of care in NHs before and during the pandemic; and (2) How do federal policies address micro, mezzo, and macro level issues? To address these questions, this study employs a multi-level comparison case study design. Primary data includes systematically collected and analyzed federal bills, CMS regulations, and community and industry reports, press releases, and website data from 2018 through 2022. Findings revealed that policy proposals fell into three categories: reframe, reform, and transform. Reframe approaches included minimal transformation at the micro-level. Reform approaches involved more mezzo and macro-level changes. Transform approaches proposed significant structural changes at the macro-level. Community advocates presented far more transformative changes than industry advocates and federal policymakers. Federal policies focused on reframe and reform solutions at the micro level and rarely proposed transforming macro-level structures (e.g., workforce structural inequities). This study has important implications for research, policy, and practice by exposing limitations and strengths of proposed solutions for addressing resident care and concludes with suggestions for better aligning with community advocates.