male have only 3.5 and 2.5 years. The difference narrows with less disability status. Recovery rate varies from 10–16% and has an average of 13.6%. Turnover rate in LTC institution is about 30%. This provide another way of estimating life expectancy, other than age. It also provides an prox. estimation for institutional care cost. The significant difference between female and male RLE in severe and total dependent status imply further research topics. The level of disability status and its associated RLE provide cost estimation and eligibility options for middle and low-income countries where resources are limited to provide any public funded LTC.

DEVELOPMENT AND VALIDATION OF AN INSTRUMENT TO MEASURE NURSING HOME WORK ENVIRONMENT FOR NURSES

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A work environment that supports professional nursing practice is important for quality of care, resident safety, and job satisfaction of RNs, who need greater participation in decision-making to deliver quality of care in nursing homes. Most of the previous studies used the Practice Environment Scale of the Nursing Work Index, originally developed to measure work environment in a hospital setting. This study aimed to develop and test the validity and reliability of an instrument measuring nursing home work environment. The process of instrument development was conducted in the following three phases: Development of the initial questionnaire, Content validation and pilot testing, and Validity and reliability testing. Exploratory and confirmatory factor analyses were conducted using STATA 13.1. Survey data were collected from 184 nurses in 62 nursing homes in South Korea. The final model derived from factor analysis yielded a 27-item of five factors; “Nurse participation in nursing home affairs,” “Well-defined professional roles and responsibilities,” “Nurse manager ability, leadership, and support of nurses,” “Staffing and resource adequacy,” and “Communication and coordination.” For all five factors, values of RMSEA varied from 0.00 to 0.077, CFI from 0.96–1.00, and TLI from 0.93–1.01. The Cronbach’s alpha estimate was .93 for the whole 27-item nursing home work environment scale and that of subscales ranged from 0.77 to 0.88. Therefore, the selected items were considered to be suitable for measuring the nursing work environment of nursing homes in South Korea through organizational characteristics of nursing homes and characteristics of patients and nursing activities.

EXAMINING THE EFFECTS OF PROFESSIONAL NON-NURSING STAFFING ON QUALITY OF CARE IN NURSING HOMES

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Minimum staffing regulations exist for nursing staff but staffing mandates for Physical Therapists (PT) and

Occupational Therapists (OT) have yet to be established. Services from PT/OT staffing are covered by Medicare for short-stay residents requiring skilled care, but are not covered by Medicaid for long-stay, chronic care residents. This study examines the relationship between PT/OT staffing and quality to strengthen minimum staffing policies and to determine the appropriateness of these services for long-stay residents. Data from over 12,000 nursing homes were linked across the NHC, OSCAR/CASPER, LTCFocus, and AHRF datasets. The sample consists of over 43,000 nursing home observations from 2013 to 2016. Random effects and first-difference methods were used to investigate the PT/OT staffing effects on the long-stay ADLs and falls measures and the 5-star measure. The framework from the Resource Based View of the Firm theory guided the analyses. Overall, a positive relationship between PT/OT staffing and quality was found as increases to PT/OT staffing were significantly linked to improved performance in each of the three quality domains. The increases in staffing were not directly related to quality improvements. After stratifying the sample based on staffing levels, threshold effects were detected, demonstrating a non-linear association. The evidence suggest PT/OT staffing may be an important component in improving long-stay resident outcomes and overall quality. The findings lend support for minimum staffing requirements for PT/OT staffing and expanding coverage of these services under Medicaid. Interdisciplinary approaches are recommended to examine the relationship from a reimbursement or cost structure perspective.

HAZARD VULNERABILITY ASSESSMENT OF NURSING HOMES LOCATED IN THE SOUTHEASTERN UNITED STATES

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Hurricane Katrina brought to light and Hurricane Marie re-emphasized the deficiencies in nursing homes’ ability to prepare for and respond to catastrophic events. Nursing home residents are especially vulnerable to the impacts of disasters due to their frailty, comorbid conditions, and need for assistance with activities of daily living. Evacuation or shelter-in-place decisions are complex and fraught with risks, yet must be made with the information and resources available at that specific point in time. A socio-ecological approach to vulnerability theory, with the integration of natural hazards analysis, GIScience, and facility-level aggregate resident acuity scores were used to determine the most vulnerable hazards for geo-specific nursing home locations in the southeastern United States. Socio-economic variables from the United State Census and natural disaster variables from other national data sets (e.g., FEMA, NOAA SLOSH, etc.) are integrated into a principal components analysis (PCA). The PCA results are joined to each census tract and then added together to obtain a census tract-level composite vulnerability index. Center for Medicare and Medicaid Services, Nursing Home Compare Data was used to create a nursing home-level acuity index, which was used to create maps depicting levels of nursing home vulnerability for each census tract. Understanding the risks attributable to location and resident acuity can guide planning and preparation efforts including collaboration with emergency services, hospitals, and resources suppliers, as well as evacuation or shelter-in-place decisions.