patient engagement in the work of ambulation has not been explored. The purpose of this study was to explore how older adult patients perceive ambulation and identify critical barriers that impacts the work of ambulation during a hospital stay. This qualitative study utilized inductive content analysis. Eleven older adults who had experienced a hospital stay in the past year were recruited to participate in a stakeholder focus group. Five 90-minute focus group sessions were held. Focus groups were audio recorded and transcribed verbatim. Data was analyzed using open coding, categorization, and abstraction. Older adults indicated that ambulation was critical for improving their health outcomes and identified a high degree of complexity in the work of ambulation. Three significant barriers that impact their engagement in ambulation during hospitalization included 1) high task uncertainty, 2) dealing with unfamiliar environments, and 3) reciprocal caring of nursing staff. Older adults face multiple barriers that impact whether or not they will initiate ambulation during hospitalization. Results of this study will inform the design of future ambulation interventions to improve outcomes for hospitalized older adults.

IDENTIFYING PREFERENCES FOR EVERYDAY LIVING IN HOME HEALTH CARE: RECOMMENDATIONS FROM AN EXPERT PANEL

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Research is needed to further understand care preferences in home healthcare where older adults with multiple chronic conditions receive services. The present quality improvement (QI) study convened an expert panel with 16 key stakeholders including home healthcare consumers, direct care providers, and administrators from rural and urban home healthcare settings. The purpose was to determine which items from the Preferences for Everyday Living Inventory (PELI) for nursing home residents were most salient to home healthcare. The PELI is a well-established tool used to assess an individual's preferences in daily personal structure, social and leisure activities, and milieu. Methods included a modified Delphi card sort to 1) rank the PELI categories from most to least important, and 2) select one PELI item from each category most relevant to the setting. Mean scores for ranking of the individual items were calculated. Twelve PELI Items and five PELI categories were identified as having the most salience to home healthcare. Categories selected as most important were Healthcare Decision Making and Who Delivers Care. Healthcare Decision Making continued to be ranked highest (Mean=2.47) across individual stakeholders. Activities of Daily Living (Mean=2.88) and Staff Interactions (Mean=3.13) had the next highest mean scores. Differences in rankings were seen across items and categories based on groups, which may be due to stakeholder roles or regional, cultural, or ethnic differences not apparent in the small convenience sample. Results highlight the potential for incorporating the PELI into home healthcare practice, and the need for additional research.

IDENTIFYING SERIOUSLY ILL DEMENTIA PATIENTS FOR EARLY PALLIATIVE CARE INTERVENTIONS

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Early palliative care interventions drive high-value care, improving patient and family experiences while ensuring more efficient use of healthcare resources. However, palliative care is currently an underutilized resource in dementia care. One reason for this is challenging identification of dementia patients for early palliative care. The objective of this work is to develop a mortality prediction model as a proxy for identifying patients with advanced, progressive Alzheimer's Disease and Related Dementias (ADRD) for care interventions. A retrospective cohort of 8,569 patients with ADRD were identified from our local (Partners Healthcare) longitudinal electronic health records (EHR) using a collection of ICD billing codes with at least 10 days of notes between 2011–2017. We obtained death information from Massachusetts death certificate files and the EHR and used it to label the dataset. We used latent Dirichlet allocation topic modeling and a natural language processing tool, called MTERMS, to generate topics from clinical notes. We subsequently took the topics and demographics information as features, developed a 12-month mortality prediction model using a recurrent neural network. The best model reached an area under the receiver operating characteristics (AUROC) curve of 0.915. There is no significant difference in AUROC values by changing the number of topics generated from the clinical notes. Among hundreds of topics, top ranked predictive factors associated with one-year mortality are among healthcare utilization (e.g., hospitalization, healthcare encounters, intensive care management program activity, emergency department visits), clinical problems (e.g., cancer, pain, anxiety, respiratory infections), surgical procedures, and medication delivery.

IMPACT OF FRAILTY ON OUTCOMES IN SURGICAL PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: The concept of frailty was introduced to explain the discrepancies that exist between patients' chronological and physiological age. The efficacy of the modified frailty index (mFI) to predict surgical risk is not clear. We sought to synthesize the current literature to quantify the impact of frailty as a prognostic indicator across all surgical specialties.