

Although individual sleep characteristics are related to frailty, these characteristics do not occur separately. A multidimensional measure of sleep might provide a better estimation of frailty compared to isolated sleep characteristics. This study investigated the association of a multidimensional measure of sleep health with frailty and examined whether such relationship differed by sex. Data were from the Taiwan Longitudinal Study on Aging (2011), a survey with a nationally representative sample of Taiwanese older adults (N=2,015). Frailty was defined using the Fried-criteria. Self-reported sleep during the past month was used to conceptualize the five sleep health dimensions in the SATED model (satisfaction-alertness-timing-efficiency-duration; higher scores representing better sleep health). Their relationship was estimated using logistic regression analysis adjusting for sociodemographic (age, sex, education), health (chronic conditions, cognitive function, pain, depressive symptoms [excluding items overlapping with frailty and sleep]), and lifestyle (drinking, smoking, exercise) characteristics. The results showed that having a better sleep health composite score was significantly related to lower odds of being frail in both sexes adjusting for sociodemographic information. Such effect remained significant among females but not males after adding health and lifestyle characteristics to the models. Sleep satisfaction and daytime alertness in both sexes and sleep duration among females were significantly associated with frailty adjusting for sociodemographic information. Only alertness among males was significantly related to frailty in model with all covariates. Our findings show that having a better sleep health across multiple dimensions is related to a lower risk of being frail, and the association differs by sex.

NUTRITION PROGRAM IMPROVES HEALTH-RELATED OUTCOMES OF NON-DIABETIC ELDERLY AT NUTRITIONAL RISK

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Malnutrition or its risk affects up to 1 in 3 older adults receiving outpatient care post a hospitalization or for chronic disease management. Although malnutrition poses a negative burden on someone's recovery and health preservation, it can be effectively addressed through cost-effective nutrition interventions delivered as comprehensive quality improvement programs (QIPs) aiding to advance healthcare professional's nutrition education/training and improve quality of care for at-risk/malnourished individuals. Although evidence from US and Europe demonstrates nutrition-focused QIPs are effective in delivering high-quality nutrition care and improve health outcomes of outpatients at-risk/malnourished, to date, no evidence has been reported from Latin American countries. We assessed effectiveness of a comprehensive, nutrition-focused QIP in a Colombian outpatient clinic. Between 09/2019-03/2020, 504 (of total 618) QIP participants were classified at-risk/malnourished and non-diabetics.

Participants were followed for 90-days either in-person or via telehealth mechanisms (during COVID-19-imposed lockdown period). QIP interventions included healthcare professional nutrition education; QIP participant continuous nutrition and exercise counselling and 60-day supply of oral nutrition supplement (Ensure®, Abbott). QIP participants were 69% female, with >2 comorbidities, and mean age of 73. Improvement or maintenance of good mental health/well-being, frailty status, cognition and quality of life was reported for 90.7% (456/503), 87.3% (407/466), 86.7% (405/467) and 47% (237/504) participants, respectively (p-values<0.05). Results support QIP effectiveness in driving improved health-related outcomes for non-diabetic, at-nutritional-risk participants. These findings highlight the importance of nutrition-focused QIPs with ONS for older adults during their recovery phase post a recent hospitalization and/or for chronic disease management.

OLDER ADULTS AND FAMILY PERSPECTIVE ON INTERACTION WITH NURSES IN HOSPITAL: THE ROLE OF MUTUAL UNDERSTANDING

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Optimal nurse-patient-family interaction is required to provide effective family-centered care for hospitalized older adults and their families. This qualitative descriptive study explored nurses' interactions with older adult patients and their family members during acute hospitalization. We used semi-structured interviews to collect data from a convenience sample of nine dyads of older adults (aged 62-85) and family members (7 children and 2 spouses) who accompanied them during an acute hospitalization in medical or surgical units. Interviews were performed via Zoom beginning in December 2020 until August 2021, 1-12 months after the hospitalization. Thematic analysis was used to inductively capture key patterns in data. Both patients and family members revealed three factors contributing to the way nurses interact with patients and families: (1) nurses' recognition and understanding of patients' needs for family members' presence and participation in care; (2) nurses recognition that family members expect dedication of attention, beyond nurses' focus on patient's care (3) patient and family members' recognition of the extreme workload of nursing staff. Participants described a range of informal approaches used by both nurses and families to address each other's needs. Both patients and families emphasize the benefits and costs of nurses engaging in "exceptional" interactions with patients and families considering structural characteristics such as establishing a personal relationship or accepting family visits beyond the rules. The findings provide direction for further exploration of hospitalization structures and processes needed to support optimal nurses' interactions with families accompanying older adults and family-centered approach training in acute care context.