acuity that would accompany these changes, rates of hospital admissions are decreasing overall.

UNDERSTANDING HOW RESIDENT-TO-RESIDENT AGGRESSION IN LONG-TERM CARE DEMENTIA UNITS UNFOLDS
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Resident-to-resident aggression (RRA) is the most common form of institutionally-based interpersonal violence that occurs in long-term care (LTC) facilities. RRA is associated with physical injury, poor psychosocial status, and an unpleasant or threatening day-to-day LTC living environment among residents. There is a knowledge gap regarding how RRA manifests in specific units within LTC facilities, most notably, dementia-specific units. Given that cognitive impairment level is associated with different forms of aggression, dementia-specific LTC units likely manifest a distinct representation of RRA. Informed by a social-ecological framework, this study sought to develop conceptual models to explain how RRA occurs in dementia-specific LTC units. We conducted in-depth, in-person individual interviews and focus groups with LTC staff (n = 37) representing several occupational groups (nurses, social workers, personal support workers, food service) who are directly exposed to everyday inter-resident relational dynamics in dementia-specific units of two large, urban LTC settings. A grounded theory approach was used to develop process models that explain how RRA unfolds between residents with dementia. Using an iterative, constant-comparison analytical approach, transcripts were analyzed by two independent raters. Findings support two distinct models characterized by multi-step, interactional resident processes and mediated by limitations in cognitive processing. Models provide insight into specific points of prevention/intervention along the RRA pathways. This study helps advance the RRA literature from research that categorizes the problem towards a process-oriented understanding of how it occurs.

UNMET ADL/IADL NEEDS AND SECONDARY CONSEQUENCES AMONG OLDER ADULTS IN RURAL AND NON-RURAL SETTINGS
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Marked disparities in key health-related outcomes are widely reported between rural and non-rural older adults. Many older individuals in rural regions experience greater incidence of chronic disease and functional impairment compared to non-rural counterparts. Compounding these disparities, access to services that address negative health outcomes is more likely to be limited in rural settings. The purpose of this study was to examine secondary consequences that result from unmet needs in activities of daily living (ADL) and instrumental activities of daily living (IADL). We compared the prevalence of ADL/IADL unmet needs in relation to rural/non-rural status of older adults. We looked at the association between unmet ADL/IADL needs and the following secondary consequences hypothesized to be associated with unmet ADL/IADL need: comorbidity, mortality, and relocation to a nursing home. Data came from two waves of the National Health and Aging Trends Survey (NHATS). Demographic covariates and independent variables related to ADL/IADL capacity and need came from the baseline (2011) wave; whereas dependent variables representing secondary consequences associated with unmet need came from the fifth wave (2015) of NHATS. Analyses included descriptive statistics of key independent and dependent variables, as well as logistic regression to estimate the association between ADL/IADL unmet need and each secondary consequence. We found that rural older adults not only experienced greater unmet ADL/IADL need compared to non-rural participants, but were also at greater risk for chronic disease, death, and nursing home placement associated with their unmet needs.

URINARY INCONTINENCE AND THE EMERGENCE OF QUALITY IN TEXAS NURSING FACILITIES
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Objective: The interaction between task based urinary incontinence (UI) care and resident caregiver relational interactions is examined to understand how they contribute to the overall emergence of quality in nursing facilities. Design and Methods: Data came from 1560 residents living in 815 Texas nursing facilities. We performed chart reviews using the instrument designed for the Texas Nursing Facility Quality review study. Both residents and facility management were also interviewed. We used multilevel statistical modeling and maximum likelihood estimation to examine the data. Results: Overall, 49% of residents experienced UI and 54% of the residents with UI had an incontinence care plan in place. Of those, 15% had prompted voiding, 20% had scheduled voiding, 3% had bladder retraining and 35% had a plan based on the resident’s voiding pattern and needs. In examining the interaction between skill performance and the UI resident–provider interaction and quality of care, we found the presence of a UI care plan was associated with the resident’s health perception. For the subgroup of residents with UI we studied the same relationships between skill performance and the UI resident-provider interaction and quality of care and found the resident’s rating of the frequency of assistance in using the bathroom was related to the resident satisfaction rating. Implications: Using complexity science, these results show how task based care delivered in the context of a relationship is an important aspect of the resident’s perception of quality in nursing facilities.

VALUE PROPOSITIONS FOR INFORMATION TECHNOLOGY TO IMPROVE HOSPITAL READMISSIONS IN NURSING HOMES

This report details a qualitative study using an iterative group process bringing together 49 interdisciplinary healthcare stakeholders who are part of the Missouri Quality Improvement Initiative (MOQI). Stakeholders were part of a healthcare network (post-acute/acute), using health information technology (HIT) to reduce avoidable...