Abstract 18 Figure 5 Statistical process control chart (XMr) of the adoption of mobility

implementation strategies occurred. The project evolved from a local QI project to the study of implementation strategies to understand the mechanism of change strategies. Exploratory analyses using a t-test to examine significant differences in each of the 4Ms in baseline vs. intervention, significant improvements were noted for all 4Ms What Matters (figure 2), Medications (figure 3), Mentation (figure 4), and Mobility (figure 5), $p<0.05$ when comparing the intervention to baseline time periods. Continued efforts to implement booster strategies are underway to ensure that Age-Friendly care is delivered reliably to older adults.

Conclusions Implementation and improvement methods are needed to not only improve the adoption but also to understand implementation strategies to improve uptake and sustainment of the evidence-based Age-Friendly 4Ms Framework.

Featured Poster (FP) abstracts

19 IMPROVING UTILIZATION OF PERITONEAL DIALYSIS AMONGST UNDOCUMENTED IMMIGRANTS AT PARKLAND HOSPITAL

Maria Ilyas, Kylan Larsen, Joseph Berger. *University of Texas Southwestern Medical Center*

Background Patients with ESRD comprise less than 1% of the Medicare population, however they are responsible for 7% of all Medicare spending. Hemodialysis (HD) and peritoneal dialysis (PD) have equivalent clinical outcomes; however, PD is more cost-effective. Undocumented immigrants, when
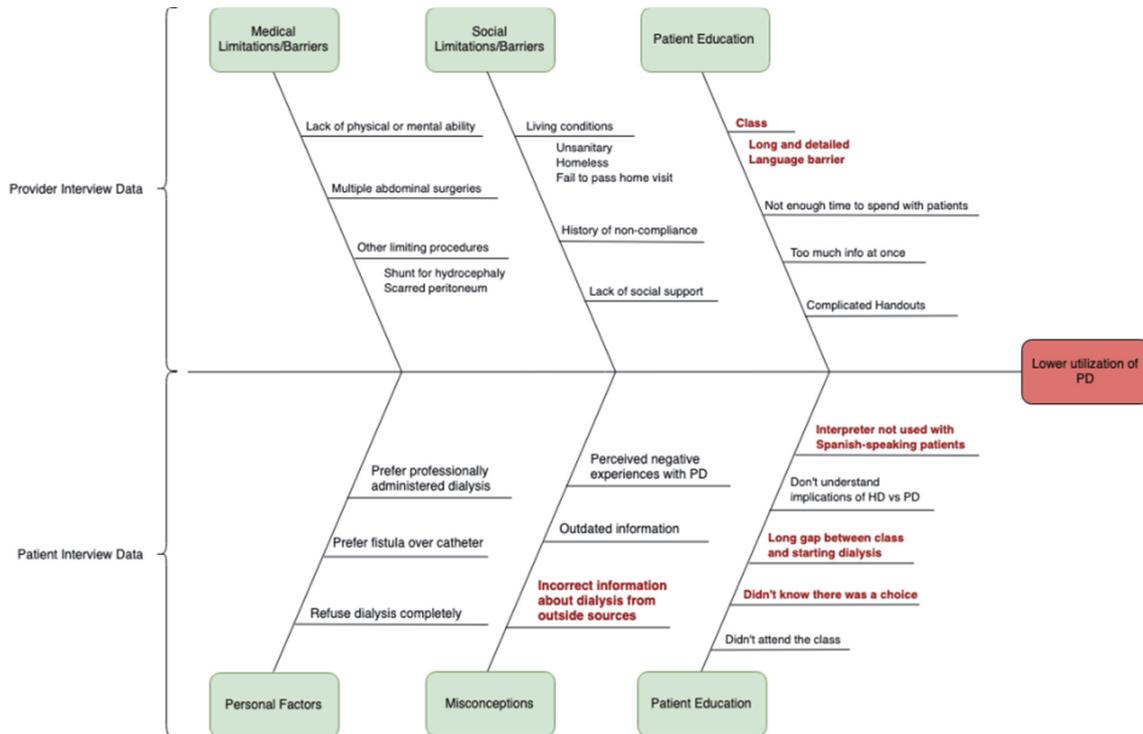
Abstract 19 Figure 1 Fishbone diagram summarizing results from 17 patient interviews and 9 provider interviews (2 nephrologists, 3 NPs, 2 social workers, 2 nurse navigators). Interviews were conducted to understand patient perceptions of PD as a modality and characterize barriers to PD. The top failure modes are highlighted in red. These were utilized for a failure modes and effects analysis (FMEA) which was used to identify top failure causes
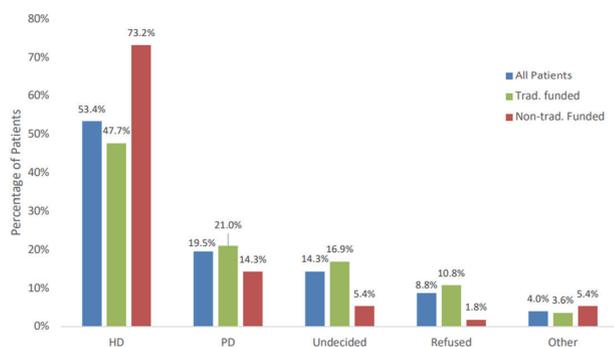
given access to dialysis, are suspected to have lower PD utilization.

Objectives Establish baseline PD utilization rates amongst patients stratified by funding status, design an intervention to improve PD utilization, and assess impacts of interventions on utilization rates.

Methods The intervention was designed by using interview data to identify patient and provider barriers to selection of PD and stratifying the top failure causes through failure modes and effects analysis (figure 1). PD utilization rates before and after the intervention were determined through a retrospective chart review. The impact of the intervention on patient understanding was assessed with patient surveys.

Results The chosen intervention was to revise educational materials to address common misconceptions. Prior to the class update, the utilization rate for PD was 14.3% in the non-traditionally funded group, primarily containing undocumented immigrants, compared to a 21.0% utilization rate in the traditionally funded group. After the updated class was implemented, PD utilization in increased to 26.1% and 22.9% in the non-traditionally and traditionally funded groups, respectively (figure 2–4). Preliminary data from post-class patient surveys suggests that patients with a better understanding of class material are more likely to make an earlier selection of a dialysis modality.
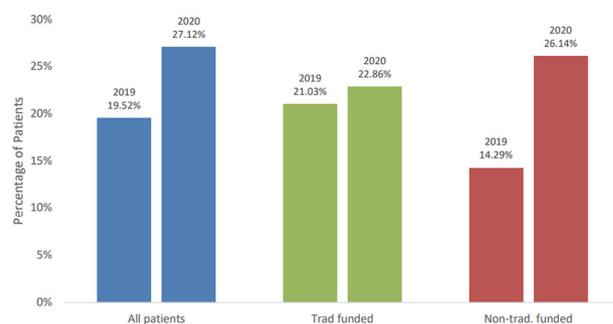
Conclusions Addressing patient misconceptions about peritoneal dialysis by updating educational materials is an
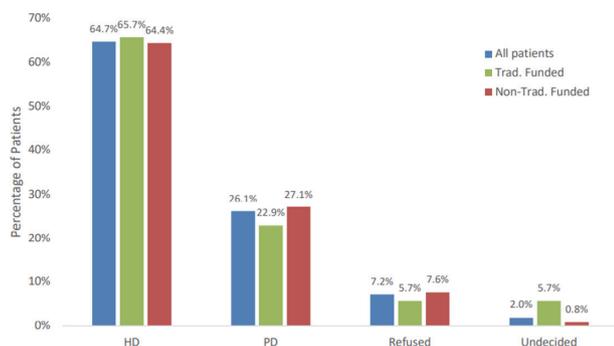
Abstract 19 Figure 4 Peritoneal dialysis (PD) utilization rates at the ASCKD clinic at Parkland hospital from 2019–2020, stratified by funding status

intervention that can increase the utilization rates of PD in patients with non-traditional funding. External factors could have played a role in increased PD utilization and additional data is needed to establish a more robust correlation.

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20 DIFFERENTIAL PERFORMANCE OF PEDIATRIC KEY PERFORMANCE INDICATORS BY HEALTH EQUITY FACTORS

Lane Donnelly, Matthew Wood, Jean Chantra, Ling Loh, Brendan Burkart, Kristie Tan. *Stanford University and Stanford Children's Health*

Background Growing literature shows that a number of social factors can be predictors of health outcomes – with influence on health issues such as infant mortality, surgical outcome, and wait times for kidney transplantation.

Objectives We evaluated the influence of multiple social factors on performance on multiple key performance indicators (KPIs) tracked at our pediatric healthcare system.

Methods We compared performance for rates on the following KPIs for a 2-year period (2019, 2020) – Serious Safety Events (SSE), Central Line Associated Blood Stream Infection (CLABSI), Hospital-Acquired Pressure Injury (HAPI), Codes Outside ICU, and Influenza Non-vaccination. We evaluated differential performance on those rates by the following factors that might affect health equity - patient gender, language preference, health insurance payer category, race and ethnicity, and estimated median household income based on zip code analysis - by creating simultaneous 95% confidence intervals using the Wilson method with continuity correction and a Bonferroni adjustment for the number of categories compared.

Results Children who resided in an area with a lower median household income had a statistically significant greater chance to develop HAPI (figure 1). A similar but not statistically significant trend was also seen with CLABSI. The SSE rate was 2.3 times higher in Spanish-speaking as compared to English-speaking children and 2.2 times higher for Medicaid as compared to commercially ensured patients (not statistically significant). Statistically significant differences in influenza non-vaccination rate were present for the following indicators: Spanish and Chinese Dialects > than English speaking; Hispanic > many other race and ethnicities; Commercial < Public or Self-pay; and lower < higher median household income.

Conclusions Factors influencing health equity correlated with decreased performance on a number of our health system KPIs. This quality and safety issue will benefit from

Abstract 19 Figure 2 Dialysis modality preferences for all patients at the Advanced Stage CKD clinic compared to patients who may qualify for outside funding and those who utilize traditional funding, prior to interventions, from 03/14/19–07/14/19. n=251 for all patients, n=195 for traditionally funded. n=56 for non-traditionally funded

Abstract 19 Figure 3 Dialysis modality preference for patients at the ASCKD clinic from 07/2020–10/2020, after the intervention. n=153 for all patients, n=118 for traditional funding, n=35 for non-traditional funding