Project Description: The management of behavioral problems in LTC is a complex issue requiring clinical practice guidelines to guide assessment and treatment. However, the most commonly referenced guidelines address in detail protocols for psychotropic medication which have serious side effects and can lead to death in elderly patients. The guidelines also lack behavioral interventions other than two main categories: redirection and distraction (Kong, Evans and Guevara 2010, Seitz et. al. 2012). These categories do not take into consideration the resident's individual needs, ethnicity and cultural beliefs and the applicability to the environment. Seldom, if ever, is implementation issues such as staff education and buy-in mentioned in the guidelines. Providers must consider multiple factors when assessing and treating behavioral problems. The management of behavior is a complex issue that is influenced by the biology of the disease, the environment in which the resident resides, psychosocial factors, and the staff's knowledge and expertise in managing the behavior. The purpose of this project was to develop a guideline with an understanding of the triggers of common behaviors, evidence-based non-pharmacological interventions that are behavior specific and ethnically appropriate, educational materials and models for staff, and techniques for staff buy-in. The guideline selected was one already developed by the author as her DNP project and the culturally specific material was added as part of a post-doc project along with updates to the original guideline.

P3-228 AGGRESSION AND DEMENTIA IN THE INPATIENT HOSPITAL SETTING

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Background: Although management of dementia and prevention of aggressive behaviors in the inpatient hospital setting are important issues, data on their frequency are lacking. This study provides insight into demographics and begins an exploration of factors related to aggression in this population. **Methods:** Electronic medical records (EMR) of a large public hospital (45,000 discharges/year) were reviewed using the EMERSE search tool. Of the 14,080 adults aged 60+ who spent at least 24 hours at the hospital during the one year study time frame, we examined the EMR of the first 4,000 patients and every 10th person through 14,080 who met these criteria (N=5,008). **Results:** Ten percent (n=505) had a diagnosed or suspected dementia noted in the record; approximately 25% (n=105) of these had reports of aggressive incidents in their medical record. Sixty-one percent (n=64) of aggression incidents occurred during delirium states. There was no difference in the mean age of the dementia patients compared to the group with aggression (both 78 yo). Those who had incidents of aggression were 49% male (versus 46% of the total group with dementia), 79% white, and 13% black (reflecting the entire sample). Less than one-third of the known dementia patients (n=154) were given cognitive screens to assess their current status. When aggressive behaviors appeared, less than half had a screener attempted to assess current status; if formal assessment of delirium occurred, it was not documented in the EMR, despite the documentation of either rapid decline into classic symptoms or a clinical observation of delirium. **Conclusions:** It appears that delirium is the leading reason for aggressive behaviors in hospitalized patients with dementia. Our data suggest that demographic differences do not predict aggression, although adequate documentation of dementia diagnoses or cognitive testing conducted were inconsistent in the EMR. Studies suggest that low-cost, nonpharmacological interventions may be the most effective intervention for managing disruptive behaviors and preventing delirium. Hospitals could benefit from implementing such interventions, which would subsequently reduce the incidence of aggressive behaviors and improve hospital effectiveness and efficiency.

P3-229 AGITATION REDUCTION BY MUSIC THERAPISTS AND CNAS

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Background: According to the literature, music therapy has been shown to decrease neuropsychiatric symptoms of Alzheimer's disease. It is well known that music serves as a nonpharmacologic treatment when used as therapy and has the effect to lessen agitation in people who are diagnosed with Alzheimer's disease. Here, we investigated not only on an intervention provided to participants by music therapists, but a music-based program followed up by certified nursing assistants (CNAs) who were trained to do so. Problem: Often, the availability of music therapy services to nursing home residents diagnosed with dementia is scarce or for a short time. A solution to the readiness of therapeutic services involving music is to collaborate with nursing to assist with the provision of music-based activities. **Methods:** Twenty-four participants (age = 86.90 ± 6.68 years) with mid-stage dementia were recruited from three long-term facilities in Brooklyn, New York for this study. Using the Cohen-Mansfield Agitation Inventory, we measured agitation levels at baseline, immediately post-intervention, and following the music-based programming facilitated by the CNAs. Participants received 2 weeks of small-group music therapy, 3 times per week followed by music-based programming once per week with their assigned CNA. **Results:** A repeated measures pretest-posttest analysis indicated a gradual decline and significant decrease in symptoms of agitation from baseline, following a 2 week music therapy intervention and after music-based programming facilitated by CNAs, $p < .05$. In this presentation, we will discuss the effective