IRB Administrators and Directors will be reported on as well. **Results:** Data are in the process of collection, and will be reported on at the March 2011 HMORN Conference in Boston. **Conclusions:** In order to maintain and improve efficiency and effectiveness, as well as meet the turn-around times of funding agencies, it is imperative that multi-site research review strives to continuously improve quality without sacrificing the imperative to conduct rigorous ethical and regulatory reviews of proposed research. The processes established in the HMORN work toward this goal, and require the cooperation of the Network-wide research enterprise.

Keywords: Multi-site research, Institutional Review Board, Clinical trial
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PS1-43:

Pilot Study of the Preparing for the Best Transitional Care Preparatory Intervention

Hania Wehbe-Janek, PhD[1,2]; Erica McMahon, BS[1]; Angela Hochhalter, PhD[1,2]; Lisa Sklar, DO[2,3]; Colleen Colbert, PhD[2]

[1]Scott & White Healthcare; [2]Texas A&M Health Science Center, College of Medicine; [3]Scott & White Memorial Hospital

Background/Aim: Inadequate patient engagement and other factors put many older adults at high risk for adverse events during hospital-to-home transitions. Nearly half of all hospitalized consumers experience one or more medical errors following hospital discharge and almost 25% experience an adverse event related to these errors. However, through interventions that address these transitions from hospital to home and their potential risks, many of these errors can be prevented. Currently, most patient-directed care transition interventions are initiated during hospital stays. By actively involving older adults in a patient engagement intervention prior to hospitalization, skills can be learned that could reduce their risk of an adverse event occurring during the hospital-to-home transition. **Method:** This is a pilot study of the feasibility and efficacy of a new intervention for older adult patients. Standardized clinicians (SCs) will participate in scenarios designed to teach and assess older adults' skills for actively participating in hospital-to-home transitions. Patients 65 and older will be recruited from the Scott & White Healthcare system. Participants will take part in a simulated transition from hospital to home with the SCs, followed by a debriefing session. Participants will then attend a workshop that will introduce intervention tools and role play activities to facilitate active engagement in hospital-to-home transitions. The workshop will be followed by additional simulation scenarios. Three months later, participants will return to complete a follow-up scenario session where simulation scenarios will be experienced again. The retention of transition-related behaviors learned in the first session will be evaluated. Impact of the intervention will be evaluated using self-report measures, observed transition-related behaviors during simulated scenarios, and qualitative reports of SCs. The intervention group will be compared to a non-intervention control group. **Expected Results:** Participants are expected to demonstrate more transition-related health behaviors (e.g., asking relevant questions at discharge, reconciling medications, and documenting goals) after training compared to pre-training. Behaviors are expected to persist after three months. SCs are expected to report benefits of the SC experience in addition to suggestions for improving the value of the intervention experience both for participants and for SCs.

Keywords: Transition, Intervention
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PS1-02:

Differential Impact of Caregiving Satisfaction and Stress on Changes in Caregivers Self-Reported Health Status: Findings from REACH-II Intervention

Rashmita Basu, PhD[1]; Angela Hochhalter, PhD[1]; Alan Stevens, PhD[1]

[1]Scott & White HealthCare

Background/Aims: Caregiving for a person with dementia is stressful and challenging. Caregiving stress and burdens may have significant negative impact on caregivers (CG) self-reported health status. Despite caregiving stress and burdens, caring is also rewarding and important work for many CGs. The net impact of these positive and negative aspects of caregiving on CGs health is largely unknown. The objectives of this study are to (a) to examine the net impact of positive aspect of caregiving (PAC), depression, stress and burdens on changes in CGs self-reported health status, and (b) how this impact varies by race and ethnicity. **Methods:** Six-hundred and forty five caregivers (212 Hispanic, 219 White, and 214 Black or African-American) participated in the REACH-II study, a multisite psycho-educational caregiving intervention trial. CGs were randomly assigned into the REACH II intervention or a minimum contact control group. CGs in the intervention group received nine in-home (1.5 hours each), and 3 telephone (half hour each) sessions over a 6-month intervention period. This study examined the change in caregivers' health status from baseline to six-month follow-up for both the intervention and the control group. Health status was defined as a binary variable indicating whether a caregiver's health status improved, remained the same, or decreased. Two primary independent covariates were the Zarit burden score (self-reported physical and emotional stress), and the positive aspect of caregiving (PAC) score (based on self-reported reward and satisfaction derived from caregiving). We used logistic regression with Generalized Estimation Equation (GEE) method to account for correlation between responses of same caregiver at baseline and follow-up. PROC GENMOD was used to estimate the model in SAS. **Results:** Preliminary results indicate that higher caregiving burden was associated with a lower probability of improvement in CGs self-reported health status (2%) while, higher the PAC score among caregivers was associated, with higher likelihood (4%) of improvement in health status for the intervention group than the control group. We did not find any significant impact of race/ethnicity on changes in CGs self-reported health. **Conclusions:** The findings support the conclusion that both negative and positive aspects of caregiving are important and influence overall change in CGs self-reported health status.

Keywords: Dementia caregiving, Self-reported health, Intervention
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Mega-Epidemiology and Genetics

PS1-24:

Modeling the Relationship Between Self-Reported Urinary Incontinence Data and Diagnoses in an Electronic Health Record

Marc Lichtenfeld, PhD[1]; Haiyan Sun, MS[1]; Annemarie Hirsch, MPH[2]; Megan Pfleegor, MPH[1]; Judith Reardon, BA[1]; Ryan Kissinger, AAC[1]; Walter Stewart, PhD, MPH[1]; Vatché Minassian, MD, MPH[1]

[1]Geisinger Health System; [2]The University of Ohio State

Background/Aims: Self-reported data from large longitudinal mailed surveys provide data on disease symptoms in a population of interest. However, such studies do not give researchers an indication of whether patients have clinically significant symptoms. Access to electronic health record (EHR) data of a survey population provides diagnoses on subjects who have sought medical care. The General Longitudinal Overactive Bladder Evaluation (GLOBE) is a population-based study designed to collect longitudinal data on symptoms associated with urinary incontinence (UI). We used self-reported data from the GLOBE study to predict clinical UI based on ICD-9 diagnoses codes for all types of UI in the Problem List in the EHR. **Methods:** We mailed baseline surveys to a random sample of 8,077 (3,648 baseline responses) female primary care patients aged 40+ years from a population of more than 400,000 patients. The surveys were completed by patients between March and May of 2006 while the clinical data collected from the EHR dated between 9/2/2002 and 6/1/2007. Using data from these two sources we created a model to predict which patients had a UI diagnosis in the EHR (dependent variable). Independent variables included age, age2, and Charlson index (from the EHR), and UI severity (range of 0-9), urine loss behavioral adaptations, duration of urine loss symptoms, marital status, education, BMI, and parity (from the survey). **Results:** The mean age of participants was 59.04 (SD +/-13.13). The mean BMI and median parity were 28.51 (SD +/- 16.53) and 2.22 (SD +/- 1.41) respectively. Using a logistic