Methods: A pilot BIT program was implemented in September 2019. Two psychiatric nurses were embedded on med-surg units as a part of medical and psychiatric interdisciplinary teams. After obtaining approval from the Prisma Health Institutional Review Board, a retrospective review was conducted to evaluate the correlation between BIT interventions and patient safety events. Two time periods were examined: six months with early-BIT efforts and six months with expanded-BIT efforts. Medical records and safety reports were reviewed, and statistical analysis was conducted in SAS Enterprise Guide 8.3. Statistical significance was based on associated p-values ($p < 0.05$).

Results: Of admitted patients during the study period (N = 1413), almost half were age 65+. Pre- existing psychiatric diagnoses were present in 58% of cases with mood, anxiety, and neurocognitive disorders being most common. A majority of patients were on psychotropic medications during both study periods; however, there was a significant decrease in the use of psychotropic medications with expanded-BIT efforts (71.2% vs 61.3%, $p < 0.001$). In comparing early-BIT efforts to expanded-BIT efforts, significant reductions in workplace aggression (6.7% vs 2.3%, $p < 0.001$), use of restraints (5.8% vs 3.4%, $p = 0.034$) and need for security (4.2% vs 0.8%, $p < 0.001$) were observed. Geriatric subgroup analysis demonstrated a significant decrease in the need for security only (4.6% vs 0.6%, $p < 0.001$).

Conclusions: Engaging BIT significantly reduced aggression, restraint use, and security interventions. As psychiatric comorbidities continue to impact overall treatment plans, care teams will need to prevent high-risk behaviors and events. Implementing an interdisciplinary BIT is feasible and effective in reducing negative outcomes.

FC52: Post-pandemic Characterization of Social Isolation and Perception of Loneliness in a Group of Chilean older people

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Introduction: This study explores the psychological effects of the COVID-19 pandemic on elderly Chileans, focusing on the role of social isolation (SI), loneliness, depressive symptoms, and pandemic-related concerns. With 150 participants, our cross-sectional descriptive study revealed significant relationships between SI, loneliness, depressive symptoms, and gender differences in their experiences. Despite no longer being in a restrictive phase of the pandemic, the findings highlight the interconnectedness of these factors and their ongoing impact on the mental health of the elderly population.

Methods: Utilizing a cross-sectional descriptive design, this research involved 150 elderly participants from Santiago, Chile. We assessed SI, loneliness, depressive symptoms, and pandemic-related concerns using the Steptoe Social Isolation Index, the Three-item UCLA Loneliness Scale, the Yesavage Geriatric Depression Scale (GDS-15), and a Likert scale for pandemic concern, respectively. Statistical analyses were conducted using JAMOVI 2.36, employing chi-square tests, U-Mann Whitney tests, and Spearman correlations.

Results: Our findings indicate a significant portion of participants experienced SI (42%) and loneliness (26%), with women showing higher frequencies of loneliness and depressive symptoms. Significant correlations were found between SI and loneliness, and both were closely linked to depressive symptoms. Interestingly, a significant negative correlation was observed between pandemic-related concerns and loneliness, suggesting an active coping mechanism among the elderly.