(FG) and consensus methods. These FGs will be held amongst nursing staff who are involved in daily care tasks for people with dementia. Subsequently, consensus methods are used to align behavioral descriptors/labels.

Results: early findings will be presented at the symposium

Discussion: Within this project we expect to find precursors of challenging behavior in a personalized fashion based on nurse's expert knowledge and sensor data. In order to develop a monitoring system that can be embedded within NH's, real-time alarming, in-situ behavior recognition and trustworthiness are part of our technological requirements. Just-in-time interventions may then be deployed to prevent behavior escalation or the persistence of undesirable situations.

Learning from trials: LIVE@Home.Path, a stepped-wedge cluster randomized controlled trial of care coordination and implementation for home-dwelling people with dementia.

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Background: Dementia is not an unavoidable consequence of aging, but for most home-dwelling people with dementia (PwD) a result of complex chronic health conditions. About 95% of PwD have multimorbidity, which requires a multicomponent approach and interdisciplinary collaboration to support patients and relatives, and to implement welfare technology and smart solutions.

Method: The LIVE@Home.Path study is a 2-year, mixed-method, stepped-wedged, cluster randomized controlled trial, including home-dwelling PwD and their informal caregivers (N=320 dyads) in Norway (May 2019 – December 2021), to investigate the efficacy of the multicomponent LIVE intervention (LIVE is the acronym for Learning, Innovation, Volunteerism, and Empowerment) on resource utilization and use of welfare technology. The intervention was implemented by a skilled coordinator from the municipality with high focus on use, usefulness, and experiences in welfare technology, both at baseline and during the implementation period.

Results: At baseline, we found that most participants had traditional equipment such as stove guards (43.3%), social alarms (39.5%) or everyday technology (45.3%) (e.g., calendar, door locks). A social alarm was more often available for alone-living elderly women, while tracking devices (14.9%) were associated with lower age. Everyday technology was more often available for women at increased age, higher comorbidity, and poor instrumental activities of daily living (IADL). In people with severe dementia, welfare technology was associated with poor IADL function, children as the main caregiver (61.3%), and having caregivers who contributed 81–100% to their care (49.5%).

Discussion: We describe unmet potential for communication, tracking, and sensing technology and especially, for devices not offered by the municipalities. In our symposium, we will present early findings on the implementation effect of welfare technology and participants experiences related to usage and awareness.

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