Abstract 9 Figure 2 Imaging – medication overrides

Abstract 9 Figure 3 Primary children's hospital - failure mode and effect

interprofessional team of nurses, physicians, pharmacists, respiratory therapists, imaging techs and quality professionals. The team came together to conduct a Failure Mode and Effects Analysis (FMEA) and identify units with overrides rates above 2% to build a task force (figure 3). A nurse manager was identified as the task force leader and every unit was represented by a leader and a worker at the point of care. The task force prioritized addressing knowledge, attitudes and behaviors towards BCMA and applied change concepts to engage the workforce in using the technology. This priority was backed up by availability of weekly data that allowed drilling down to individual measurement of medications administered and BCMA use. Continuous improvement was tracked through run charts that displayed organizational and unit-level results starting with pre-interventions baseline data.

Results A sustained BCMA overrides rate below 2% was achieved, with a mean of 1.26 (figures 1 and 2).

Conclusions When introducing an interprofessional team to proactive risk assessment and continuous improvement, the IHI's QI Essentials Toolkit proved effective in providing the team with tools to prioritize efforts, test change, achieve results and sustain improvement over time, all while supporting organizational learning.

10 CIVIC ENGAGEMENT AS A MEANS TO IMPROVE HEALTH EQUITY

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Background Patients' socio-economic, political, and environmental contexts are shaped by public policy. Inequitable public policy creates contexts that lead to poor health. Evidence indicates that those who bear the brunt of health inequities are also most likely to be excluded from the democratic process. Healthcare providers' proximity to marginalized patients and

status as trusted messengers creates favorable conditions for them to participate in non-partisan civic engagement.

Objectives To provide the background, tools, and support necessary for healthcare providers to address the social drivers of poor health by asking patients about their voter registration status.

Methods
- Vot-ER developed the Healthy Democracy Kit (HDK) in 2020 to adapt to the COVID pandemic's added barriers to traditional voter registration
- Health care workers and medical students were recruited via institutional and professional listservs
- Participants were prompted to watch an instructional video emphasizing that all conversations about voter registration must be nonpartisan, voluntary, and sensitive to voter eligibility requirements

Results
- Over 500 hospitals and clinics plus 25,000 healthcare providers use Vot-ER's tools
- 240+ organizations celebrate August as Civic Health Month
- Surveyed providers report increased knowledge of links between civic participation and health, improved well-being, and greater civic engagement

Conclusions Vot-ER's work over the past 18 months serves as a "proof of concept" that hospitals/clinics are ready to take on the role they're authorized to have under the 1993 National Voter Registration Act.

| 11 | **GETTING IT RIGHT, RIGHT NOW, WHILE BUILDING SERVICES READY FOR FUTURE HEALTH NEEDS OF POPULATIONS** |

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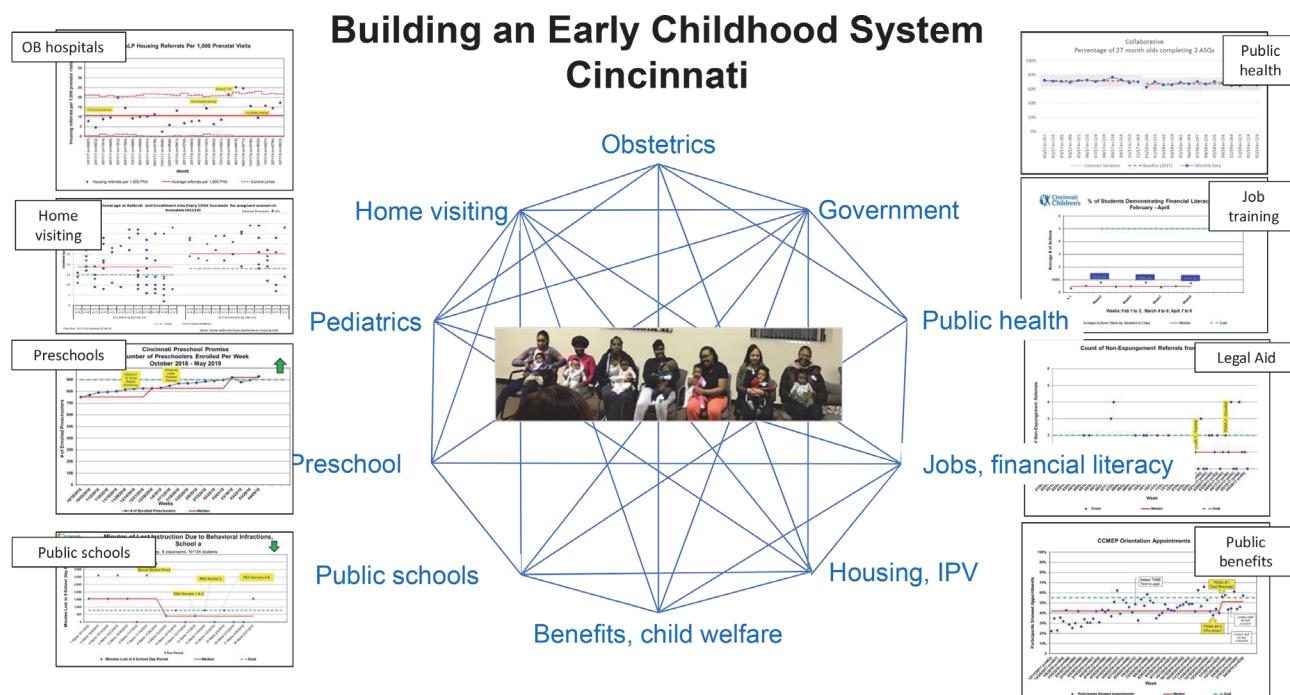
Background Improving wellbeing outcomes of children has been a joint focus of work for three of IHI's strategic partners in recent years. They are benefitting from collaborating to support the acceleration of work that they have in common and working to close the equity related gap for children and young people in each of their localities. Although each locality is unique, these partners have found the collaboration of learning powerful for each context, and that they have more in common than sets them apart.

Objectives These large scale efforts are ambitious and focused; identifying the children who require support; identifying interventions that will deliver improved outcomes; working collaboratively across sectors and professional groups to provide services that work for the community; and applying a rigorous improvement method to support implementation of change.

Methods Service redesign approaches; co-production with children and community members; multi - disciplinary working across boundaries; the science of improvement to test, measure and implement changes.

Results Achieving high impact results at scale is the ambition of these partners, however, with the knowledge that population health outcomes are generational and can take many years to realise their full potential; these 3 partners describe impactful work on localities with smaller groups, iteratively learning for scalable work. In early years development, in schools and community centers, qualitative and quantitative data describes the journey that these partners are travelling (figures 1–5). It is a story of improvement science in practice and service redesign modelling with children and young people at the center of all they do.

Conclusions These ambitious Strategic Partners have benefitted from a collaborative and virtual learning environment where the exploration and sharing of methods, theories, evidence and practice has supported this global enquiry into child wellbeing, equity and equality issues for disadvantaged communities, and the application of improvement science methods to accelerate change today and for the future.

Abstract 11 Figure 1