Abstract 20 Figure 1 Left shows the rate of hospital acquired pressure injuries separated by median household income. Right shows median household income by county for counties from which a patient visited our health system

improvement initiatives that seek to better understand and decrease the influence of these factors.

21 IMPLEMENTING VIRTUAL CARE PLANNING WITH RESIDENT/FAMILY: A CANADIAN COVID LONG-TERM CARE EXPERIENCE

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Background COVID-19 imposed extreme constraints on Canadian long-term care (LTC) homes, leading to intense isolation for residents, restricted family visits, and staff shortages. Consequently, these challenges negatively impacted the mental and physical health of residents, family, and interdisciplinary workforce in LTC homes.

Objectives

1. To describe how two LTC homes addressed promising practices – Presence of family, People in the workforce, and Future COVID-19 and non-COVID-19 care with implementation science.
2. To understand the enablers, barriers and outcomes to the implementation of an innovative re-engineered intervention – P.I.E.C.E.S.[™] (PIECES), designed to include families virtually for team-based resident care planning, and empower Registered Practical Nurses (RPNs) to build resilience and wellbeing.

Methods An interdisciplinary team (residents and family, nurses, and academic researchers), guided by the Consolidated Framework for Implementation Research, employed a mixed-method design to investigate implementation processes, determinants, and outcomes. Interviews with residents/families and staff focus groups provided insight into enablers and

challenges. Pre- and post-intervention results of the Connor Davidson Resilience Scale, Resilience at Work, and Assessment of Interprofessional Team Collaboration Scale informed understandings of personal, professional and organizational resilience outcomes.

Results Findings highlighted how implementation of virtual PIECES helped sustain enhanced person-centered care through more comprehensive, collaborative, efficient and effective teams, leading to better outcomes for residents. Moreover, results suggested improved resilience, wellbeing, and communication between LTC home staff and family. New learnings improved preparedness for future outbreaks. Providing a plan for adapting, embedding, and sustaining the intervention based on implementation science will accelerate the spread of high-quality actionable research evidence.

Conclusions This is the first study to explore implementation processes of a virtually delivered PIECES intervention with meaningful engagement of multiple stakeholders (residents, family, RPNs). Findings provide evidence supporting important healthcare improvements, future spread of virtual interventions, and practice and policy changes for the LTC home sector.

22 WELL BEGUN IS HALF DONE

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Background While many patient safety initiatives have successfully reduced harm in individual facilities and organizations, implementation, sustainment, and spread of these initiatives lags across the healthcare system.

Objectives To address this implementation gap, we created the Patient Safety Adoption framework, identifying and providing guidance for achieving the key elements of implementation (figure 1).

Methods The Framework for Implementation describes the required strategy and structure to achieve effective

Abstract 22 Figure 1

implementation that stewards meaningful change. It is based on extensive literature reviews and an exhaustive series of six focus groups and 20 individual interviews with CRICO members. Ariadne Labs then conducted face validity testing, a review to test the extent to which the framework appears effective in terms of its stated aims.

Results The framework's domains are:

- **Leadership:** Essential functions for leaders to support implementation, including governance, prioritization, and accountability.
- **Culture and Context:** setting the norms and expectations that create an atmosphere in which everyone feels responsible for safety and pursues it daily.
- **Process:** the interrelated actions that are vital to transform ideas into a tangible solution on the ground.
- **Meaningful Measurement:** creating measures that are actionable, feasible, streamlined, and focused on improving the most crucial aspects of patient care.
- **Person-Centeredness:** creating mutually beneficial partnerships between patients, their families and those delivering health care services.

Conclusions The patient safety adoption framework will be used to help guide patient safety implementations across institutions, ensuring all key elements are addressed by:

- providing leadership, implementation teams, and others with a shared language and understanding of implementation for communicating and planning together; and
- assessing readiness for implementation and targeting areas needing improvement with the accompanying implementation readiness questions.

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COACHING INSIGHTS FROM SUPPORTING MULTIDISCIPLINARY TEAMS DURING A QI COLLABORATIVE

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Background To provide the best care for children with medical complexities (CMC) a multidisciplinary approach is required. As a part of a 4-year collaborative created to improve well-being for CMC, 10 states convened multidisciplinary teams (MDTs) with representatives from Title V, family and youth-led organizations, clinical sites, insurers, and state departments. Each team implemented a QI project focused on at least one of the collaborative's prioritized topic areas (see figure 1).

Objectives Share observed lessons learned, themes, and techniques for facilitating the creation and maintenance of high-functioning MDTs from a QI coach perspective.

Methods As a part of the collaborative, each team was assigned a QI coach from Population Health Improvement Partners. Coaches worked alongside teams to help guide and encourage the design, implementation, sustainability, and spread of QI projects (see table 1).

Through regular interactions and review of collaborative deliverables, coaches observed the structures, interactions, and effectiveness of each MDT.

Results Having a QI coach was a value-added resource for state teams while they were forming and maintaining their MDTs (see figure 2). In addition, coaches were able to glean insights from coaching the teams, including lessons learned and techniques around:

- Engaging family and youth partners;
- Creating meaningful partnerships with system-level stakeholders, like Title V and Medicaid;
- Ensuring equitable distribution of power within teams;
- Utilizing QI and project management tools to help facilitate team interactions;
- Using data and visuals to bring the teams' stories to life and encourage buy-in; and

Abstract 23 Figure 1 Collaborative's menu of topic areas