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.

23

COACHING INSIGHTS FROM SUPPORTING MULTIDISCIPLINARY TEAMS DURING A QI COLLABORATIVE

Kerri Ann Deloso, Mary R Webster. *Population Health Improvement Partners*

10.1136/bmjopen-2021-IHI.23

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

Abstracts

- Adapting during challenges, like COVID19 (figure 3).

Conclusions The creation of high-functioning MDTs is critical for addressing the complex, system-wide health care problems & barriers experienced by CMC and their families. Coaching can act as a critical tool to not only facilitate the creation

and maintenance of effective MDTs, but also document and share lessons learned. We hope our observations from this collaborative will both add to the knowledge base for coaching improvement teams and inform the creation of MDTs in future improvement work.

- Having a coach who was "a part of the team" helped encourage innovation, as they were able to ask questions from an outside perspective.
- Coaches were connected to all elements of the work, including individual team dynamics. They were able to help teams overcome barriers and work through decisions.
- Coaches helped connect how QI activities directly translate into impact on a family's life.
- Coaches were encouraging and helped provide validation to teams.
- Coaches were great at listening, synthesizing, and making both big picture and situation specific recommendations.
- Coaches were able to bring teams working on similar tests of change together for collaborative learning.
- Coaching calls facilitated effective team functioning by providing a safe space to brainstorm and voice concerns.
- The coaching perspective was critical in keeping the conversation around measures improvement-oriented.
- Coaches provided tools to assist in building team consensus. Gemba walks, for example, helped center and focus teams by highlighting what's important to families.

Abstract 23 Figure 2 Themes from state teams re: the value of QI coaching

Abstract 23 Figure 3 Example coaching lessons learned

Abstract 23 Table 1 Sample coaching roles/interventions

	Year 1	Year 2	Year 3	Year 4
	Continuing activities: monthly coaching calls, monthly webinars, annual learning sessions, on-site consultation visits, ad-hoc affinity group calls, and ad-hoc individualized technical assistance			
QI Development and Instruction	Collaborative-wide introduction to QI methods and tools •Model for Improvement •AIM and charter •PDSA •Introduction to measures •Data collection & display (run charts) •System mapping •Root cause analysis (pareto, fishbone, force field analysis)	•PDSA & tracking •Measure refinement •Data collection tool development •Using data for improvement •Observational walks •Process mapping •Change management & addressing resistance •Incorporating sustainability into project planning	•Data workbook development for improved measure display •Run chart use & instruction •Spread strategies •Equity principles and QI •Responsive TA to meet additional state team requests	•Sustainability & dissemination focus •Using QI principles for final year planning •Using your data to tell your story •Responsive TA to meet additional state team requests
Team Development and Dynamics	•Stage awareness & activities •Change Management •Roles & responsibilities •Project lead guidance •Team meeting structure	•Onboarding family leaders onto clinical teams •Data collection tips & tools •Individualized coaching activities for yearly consult visits per team	•Adapting to COVID19 •Continued stakeholder engagement •Communication plans •Family team member engagement activities (FESAT and action plan guidance)	•Planning for adjourning •Celebrating learnings and successes •Developing final project deliverables, including learning session presentations, product pitches, impact statements, and final team chapters
Collaborative-Level Planning	•Planning & co-faculty for learning sessions and monthly webinars (all years) •Building collaborative relationships with project partners	•Bi-monthly contacts with collaborative leads: report out on team progress and needs •Data discussions on team and aggregate level	•Sustainability & spread planning •Bi-monthly contact with project collaborative partners •Co-planning individual state team consultation visits (years 3-4) •Co-led affinity groups by project role (years 3-4)	•Sustainability and spread activities •Data use and evaluation •Product dissemination plans •Capturing areas for publication •Final chapter guidance for teams

24 100,000 REASONS QI WORKS: A VACCINE STORY

Rachel Beitlich, Amber Larson, Emily Mishek. *Park Nicollet/HealtPartners*

10.1136/bmjog-2021-IHI.24

Background In late 2020, in the midst of a surge of COVID-19 in Minnesota, the Pfizer/BioNTech vaccine was granted emergency use authorization. HealthPartners CEO Andrea Walsh challenged our organization to provide a plan for

administering 10,000 COVID-19 vaccines a day, and Park Nicollet Methodist Hospital leveraged our history of quality improvement to rapidly plan, execute, and scale vaccine administration.

Objectives

- Timely vaccination of multiple populations (healthcare workers, high-risk patient populations, and general public)
- Operate efficiently under several constraints (space, staffing, and vaccine supply)

Methodist POD Covid-19 Vaccination | VSM Current State January 2021

Abstract 24 Figure 1 Initial value stream map of clinic operations. Scaled to predict staffing needs in order to achieve 10,000 vaccines a day using the same model