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#251 - Application of CFIR to the contemporary public health issue: the hospital flow of long stay patients

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Objectives/aims

The aim of this project was to enable a better 'long stay' patients flow in a metropolitan quaternary public hospital in South Australia through facilitating hospital staff's uptake of evidence-based implementation methodologies.

Methods

The project commenced with the co-designing of key principles for managing a 'long stay' patient, identified by the staff as a Patient with Extended Length Of Stay – PELOS. Barriers to these eight principles were outlined and subsequently analysed by two members of the team separately. The discrepancies were resolved through conversation and agreement. The barriers were matched with the Consolidated Framework for Implementation Research (CFIR) barrier themes. The CFIR barrier-ERIC implementation strategy matching tool revealed the number of suggested implementation strategies, enabling the alignment of strategies to the PELOS principles. Hospital staff further workshopped the strategies and formed action groups to further explore the actions needed to be taken. A number of CFIR advised strategies were embedded in the recommended 'Development of a formal implementation blueprint'; the hospital-staff-co-designed and agreed model of care for managing PELOS, which included other implementation strategies and actions as recommended by CFIR, was developed.

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Main findings / Results

The eight key principles were co-designed and agreed by key hospital staff, endorsed by patient group representative. Seventy-six barriers were found to the eight key principles, representing the following CFIR clusters: 45% in *Inner setting* cluster, 38% barriers were identified in *Process cluster*, 12% in *Characteristics of individuals*, 4% in *Intervention characteristics* cluster, and 1% in *Outer setting* cluster. Forty-nine percent of barriers were represented in the four CFIR barrier themes: 20% in *Planning*, 12% in *Available Resources*, 9% in *Networks and Communications*, and 9% in *Culture*. The most impactful overall implementation strategies to all barriers as per the CFIR barrier-ERIC implementation strategy matching tool were: *Access for readiness and identify barriers and facilitators*, *Identify and prepare champions*, and *Develop a formal implementation blueprint*.

Conclusion: Through employing contemporary evidence-based implementation framework, the new and evidence-informed, staff 'owned' model of care was developed to assist with managing patients with extended length of stay in quaternary South Australian hospital.

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