FUTURE

Future cross-organizational partnerships as an effective way to improve the quality, safety and outcomes of care with evidence

- Leveraging of resources for rapid pandemic response
- Building LTC system capacity to rapidly improve care
- Strengthening a community with shared commitment to and expertise in LTC improvement
- Creating structure to achieve shared research, knowledge translation, implementation and sustainability objectives

PARTNERSHIP OUTCOMES

- **22** Implementation Science Teams funded
- **377** Implementation Science Team members
- **3.4 million+** In funding invested
- **91** Homes participating, caring for **14,000+** residents
- **12+** Workshops, webinars and events
- **100+** Strategy and operational meetings held
- **66** LTC-IST reports submitted

OUTPUTS

- Reporting, assessing and learning for continuous improvement
- Knowledge mobililization
- Support for LTC-ISTs
- Distribution of funding
- Strategic and operational planning

PARTNERSHIP ACTIVITIES

- Pan-Canadian LTC+ program reaching 1,500+ LTC and retirement homes
- Network of residents, families, caregivers and essential care partners
- Ability to rapidly implement innovations
- Knowledge mobilization
- Expertise in research funding administration and enabling health research
- Multiple CIHR Institute partners with varying expertise, resources and networks
- Relationships with government and research communities
- Human resources

Healthcare Excellence Canada

LTC AND RETIREMENT HOMES

SHRF Saskatchewan Health Research Foundation

Michael Smith Health Research BC

Centre for Aging + Brain Health Innovation Powered by Baycrest

New Brunswick Health Research Foundation

Fondation de la recherche en santé du Nouveau-Brunswick

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

WHY?

To keep residents, families, caregivers and staff safe from COVID-19 by maximizing resources across organizations and supporting the rapid implementation and evaluation of interventions.

PARTNERSHIP MODEL

IMPLEMENTATION SCIENCE TEAMS: STRENGTHENING PANDEMIC PREPAREDNESS IN LONG-TERM CARE

PARTNERSHIP MODEL
NARRATIVE

INTRODUCTION

The Partnership Model is a visual depiction of how the partnership between Healthcare Excellence Canada (HEC) and the Canadian Institutes of Health Research (CIHR) operated to bring about the *Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care* program, the outputs, future outcomes and impact we hope to achieve.

It has structural similarities to a logic model or theory of change, in that it depicts the inputs that each organization brought to enable the program, how those were used to collaboratively run the program, and how this would be expected to lead to our shared goals and collective impact.

WHY?

To keep residents, families, caregivers and staff safe from COVID-19 by maximizing resources across organizations and supporting the rapid implementation and evaluation of interventions.

KEY ENABLERS

Each organization brought subject matter expertise in its own domains, resources, ways of working and its existing networks. Strengths of HEC included its ability to rapidly implement quality improvement programs and innovations, experience in knowledge mobilization and educational content delivery, and, a network of patient partners and over 1,500 long-term care and retirement homes participating in the program. Strengths of CIHR included experience in funding and enabling health research, a wealth of expertise and resources within many partnering Institutes*, and relationships with government and the research community across Canada.

Partner organizations were key contributors to the LTC-IST project. These organizations were: Saskatchewan Health Research Foundation, New Brunswick Health Research Foundation, Michael Smith Health Research BC, the Centre for Aging + Brain Health Innovation and 91 long-term care and retirement homes that participated directly in the research. Collaboration with partner organizations made the LTC-IST program more robust through their contribution of funds, relationships with government and research communities, expertise and commitment to support knowledge mobilization.

Other inputs that enabled this project included: the Reimagining Care for Older Adults report, an application portal and other IT resources to enable program/competition administration, a peer review panel (including patient partners), to assess and rank research proposals.

CONSIDERATIONS

While the partnership came together remarkably seamlessly, a few considerations were identified that contributed to the success of the partnership or would be important for future partnership development, even if they were non-issues in this case.

Clear roles between the partnership members allowed everyone to share the workload effectively to move the project forward efficiently. The complementary strengths of HEC and CIHR and the skill sets of their staff helped divide these roles naturally and there was a strong mutual understanding and trust in each other; however, in other partnerships, it would be worth setting out formal decision-making processes and clear roles and expectations. This could be especially beneficial for partnerships with greater staff turnover by helping new members dive in quickly to an existing project.

PARTNERSHIP ACTIVITIES

HEC and CIHR brought their complementary strengths together to run the following program activities:

- **Planning**: holding operational and strategy meetings for coordination, issue management and strategic planning.
- **Distribution of Funding**: intaking and reviewing applications, developing partnership agreements, and distributing funding.
- **Support for Implementation Science Teams**: workshops, webinars, virtual events for knowledge sharing.
- **Knowledge Mobilization**: marketing projects, promoting research teams' work on websites, webinars and social media and disseminating knowledge through journal publications.
- **Reporting**: developing 2, 6, and 12-month reporting mechanisms, analysis and dissemination of report findings.
- **Continuous Improvement**: monitoring and learning via IST reporting and other mechanisms for ongoing program delivery improvement.

OUTPUTS

Partnership activities resulted in but are not limited to the following outputs:

- Over $3.4 million in funding invested
- 22 Implementation Science Teams funded
- 377 Implementation Science Team members including but not limited to researchers, residents, caregivers, LTC home administrators and policy makers
- 91 homes participating, caring for 14,000+ residents
- 12+ workshops, webinars and events
- 100+ strategy and operational meetings
- 66 LTC-IST reports submitted

PARTNERSHIP OUTCOMES

The partnership had many outcomes at the individual, team, sector and system levels. Four of the most substantial outcomes fall under these key areas:

1. Leveraging of HEC and CIHR's work and resources to rapidly respond to the long-term care sector's needs during the COVID-19 pandemic.
2. Building long-term care system capacity to rapidly improve care during and beyond the COVID-19 pandemic using quality improvement and implementation science approaches.
3. Creating structure to achieve shared research, knowledge translation, implementation and sustainability objectives.
4. Strengthening a community with shared commitment to and expertise in long-term care improvement.

FUTURE

The partnership also resulted in new opportunities that may not have occurred otherwise. It built relationships among researchers and long-term care homes, created learning and networking opportunities and allowed for the rapid mobilization of knowledge and resources to a sector where this was previously lacking. Even more broadly than this, the partnership successfully demonstrates the value of marrying quality improvement initiatives with implementation science expertise for greater system impact.

**Institutes of Aging (IA), Circulatory and Respiratory Health (ICRH), Gender and Health (IGH), Health Services and Policy Research (IHSPR), Infection and Immunity (III), Musculoskeletal Health and Arthritis (IMHA), and Population and Public Health (IPPH)*