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POSTER ABSTRACT

Opening up the discussion: Leadership and Staff Perspectives on the Implementation of a Learning Health System Within a Rehabilitation Context

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Background: A Learning Health System (LHS) is an organisational framework that supports continuous learning by integrating clinical care and research, emphasising the utilisation of routinely collected data to drive real-time learning and innovation. A Learning Health System differs from other approaches to quality improvement in that it supports multiple co-occurring learning cycles within an organisation. Leadership and staff perspectives on the adoption of this data-driven model are underrepresented in the literature. Therefore, this study aims to explore the perspectives of managers and staff at a national complex specialist rehabilitation hospital as to how the organisation can move towards becoming a Learning Health System.

Approach: Focus groups and interviews are being conducted with leaders and staff across the hospital to better understand their perspective on this framework as well as potential barriers and facilitators to its adoption. Audio recordings are being transcribed and analysed using an inductive thematic analysis approach.

Results: Three focus groups with staff and four interviews with leaders have been completed. Early analysis of focus group data indicates a sense of fragmentation among staff concerning data management and transparency. Despite the potential of a new electronic patient record which was recently rolled out, staff believe that a lack of ongoing training and standardised procedure results in gaps in data recording and differences in how data is recorded. Additionally, analysis indicates that lack of communication surrounding the utilisation of data among administrative staff is a potential barrier to the implementation of a Learning Health System.

Early analysis from leadership interviews indicates a sense of change fatigue among staff. Leaders explained that there are feelings of burnout among hospital staff. As in many healthcare settings, understaffing is an issue. The prospect of additional work on top of their already heavy workload have led to ambivalent attitudes towards the implementation of a new quality improvement initiative such as a LHS. Additionally, lack of communication among clinicians arose as a theme. There is a siloed approach towards carrying out research which has been observed

by managers who are eager to foster a culture of collaboration. Sharing findings, challenges and data could accelerate the translation of research to practise but this is not being done.

Implications: **Results**: from this study aid in producing a roadmap to guide the implementation of a Learning Health System and outline how data can be best used to drive service improvements. These findings also highlight both the opportunities and tensions in adopting a Learning Health System, offering transferable and sustainable lessons for integrated workforce development and leadership in integrated rehabilitation contexts worldwide.