autobiographic data were analyzed from the eight randomly selected student hospice immersion journals (approx. 200 pages) who participated during academic year 2017-18. Pre-fieldwork, fieldwork, post-fieldwork journals were reviewed and analyzed using manual content analysis followed by NVivo 12+ analysis. Thematic coding resulted in representative quotes, key words, and native concepts. Inter-rater reliability was established with the use of a codebook and agreed upon thematic definitions. Four key themes included: Subversion of End of life (EOL) Expectations; Character Development/Introspection; Exposure to Diverse Cultural/Spiritual Perspectives; and Skills to Bring into Future Practice. Proximity to death/dying resulted in reflections on values and priorities, and a renewed sense for compassionate patient care. Students developed skills for future practice, including competency in EOL and post-mortem care, navigating difficult, emotionally laden family dynamics, and contributing to an interprofessional staff team even in uncomfortable situations. This immersion positively affected student perspectives about death and end-of-life care; creating life-altering experiences in patient-centered-care. Students stated significant impacts to employ as a physician.

AN INNOVATIVE APPROACH TO ENHANCING COPD CARE AND MANAGEMENT IN A RURAL NORTHERN COMMUNITY

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Background: COPD is the third leading cause of death worldwide. Rural communities often face challenges to provide high quality chronic disease care for aging populations. Despite these longstanding challenges, there was an intention to improve the care setting by developing and fostering a shared vision for quality care, as evidenced by enhancing COPD screening and care. To ensure consistent and longitudinal patient access to high quality of care as well and ongoing physician recruitment and retention a new rural program was developed. Objective-In this presentation we will describe a new rural community based COPD program from conceptualization and development through to current functioning highlighting areas of innovation. Methods-A process evaluation guided by Moore et al.'s framework to assess program implementation, mechanisms of impact, and context was conducted. Qualitative thematic analysis was undertaken of stakeholder interviews conducted in 2021 (n=11) and document review (n=60;~500 pages) of key clinic documents dated back to pre-program development.

Results: We describe five phases of program development: Survive; Reorganize and Stabilize; Assess and Respond; Build and Refine; and Sustain and Share. Outreach and localizing resources improved access to the program. Acquiring secured physician compensation, capturing quality data, and improving patient and provider self-efficacy built the capacity of the system and stakeholders within it. Finally, relationships were forged through building an integrated facility, collaborative networking, and patient engagement. The key elements of program implementation were the resources required to ensure its operation, categorized as hardware, software, organizational, and human.

EVALUATING IMPLEMENTATION FIDELITY TO A NURSE-LED CARE MODEL IN NURSING HOMES: A MIXED-METHODS STUDY

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Implementation fidelity assesses the degree to which an intervention is delivered as intended. Little is known about how it acts as a moderator between an intervention and its intended outcome(s) and which factors affect the fidelity trajectory over time. We exemplify implementation fidelity in INTERCARE, a nurse-led care model implemented in eleven Swiss nursing homes (NH) successfully decreasing unplanned hospital transfers. A mixed-methods design was used, guided by the Conceptual Framework for Implementation Fidelity. Fidelity to INTERCARE's core components was measured with 44 self-developed items at 4-time points (baseline, 6, 12 months after intervention start, 9 months post-intervention; fidelity scores were calculated for each component and overall. Structured notes from NH meetings were used to identify moderators affecting the fidelity trajectory over time. Generalized linear mixed models were computed to analyze the quantitative data. Deductive thematic analysis was used for the qualitative analysis. The quantitative and qualitative findings were integrated using triangulation. A higher overall fidelity score showed a decreasing rate of unplanned hospital transfers (OR: 0.65 (CI=0.43-0.99), p=0.047). Higher fidelity score to advance care planning was associated with lower unplanned transfers (OR= 0.24 (CI 0.13-0.44), p= < 0.001) and a lower fidelity score for communication tools (e.g., ISBAR) to higher rates in unplanned transfers (OR= 1.69 (CI 1.30-2.19), p= < 0.003). High implementation fidelity to INTERCARE was necessary to achieve a reduction in unplanned transfers. In-house physicians with a collaborative approach and staff's perceived need for nurses working in extended roles were important factors for high fidelity.

AN INTERPROFESSIONAL APPROACH TO DEPRESCRIBING: A CURRICULAR FRAMEWORK

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Deprescribing is an important approach for managing polypharmacy and reducing harm from potentially inappropriate medications. Healthcare professionals identify barriers to deprescribing, including lack of knowledge and skill. This is not surprising as pre-licensure education does not consistently incorporate components of deprescribing into curricula. As such, there is a clear need to consider how to promote deprescribing competencies, teach related