Integrated Care at an Intermediate Care Facility

A Unique Rehab Adventure

Fiona Steed: Group Lead Allied Health
Introduction & Overview Of Presentation

- Fiona Steed, Group Lead Allied Health, UL Hospitals.
- Background to Intermediate Care Facility.
- Rehabilitation Context in Mid-West and Map of Mid-West.
- Principals of Integrated Care (Key Learnings From Valentia 2019).
- Clinical Leadership Team.
- Overall Design & Inclusion of Rehab Space for Allied Health Professionals.
- Process Flow For ICF Admission.
- Inclusion & Exclusion Criteria.
- Allied Health Staffing Compliment.
- ICF Allied Health Initiatives.
  - MDT Meetings- Lead of The Week- Inter-professional Education
  - Database- Shared Folder-Social, Communication & Activity Group, Ward Based Daily Exercise Classes.
- Patient Satisfaction Questionnaire.
- Reflections, Attitudes & Perceptions.
- Was Integrated Care a success in the ICF?
- Acknowledgements
On **17th March** Initial Meeting (CEO, CAO, A.N.D. Estates, Head of Strategy and Key People from University of Limerick).

- Purpose to scope out the possibility of using the UL Sports Arena as a ‘field hospital’ for COVID-19.

- The Mid-West Region has access to 64 rehabilitation beds locally. These facilities largely cater to the needs of older adults.

- Additional rehabilitation services will be required for the surge of both younger and older adults that will likely present in the coming weeks.

- The UL Hospitals Group Intermediate Care Facility (ICF) located in the UL Sport Arena was opened on the **8th of June 2020** by UL President Dr Des Fitzgerald and Colette Cowan, CEO of UL Hospitals Group.
Rehabilitation Context - What exists in the Mid-West

- Population served by UL Hospitals and CHO3 385,000 (Census 2016).
- 22 Beds in St. Camilluses Hospital Limerick (incl. 6 Stroke beds)
- 18 Beds in St. Ita’s, NewcastleWest, Limerick.
- 12 Beds in St. Joseph’s, Ennis, Clare.
- 12 Beds in Community Hospital Assumption, Thurles, Tipperary.
- All beds for older adults.
Map of Mid-West

12 beds
St. Joseph’s
Ennis

22 beds
St. Camillus’
(inc. 6 stroke beds)
Limerick

18 Beds
St. Ita’s
Newcastle West

12 beds
Community Hospital
Assumption
Thurles

All beds for older adults
Integrated care is not a goal in itself but a useful tool to address complex care needs.

Integrated care is multidimensional and highly complex.

The transition to integrated care is a complex process across all aspects.

Integrated care models can be used.

Integrated care is both a design principle and a means to achieving person-centred, efficient and safe care.

Measuring integration is different from measuring performance of integrated care.

There is no “Right” approach that is applicable to every system.

Indicators and trends need to be interpreted carefully.

Information is critical to enable care to be integrated.

Governance is fundamental to success.
Integrated care compared to traditional care:

- It is collaborative rather than competitive.
- Works across organizational and professional boundaries rather than traditional silos.
- It is concerned with broad health and care outcomes and experiences rather than specific processes, procedures and services.
- It is flexible and evolutionary in nature, it is responsive.
- It has a bottom up approach rather than formal nationally imposed structures.
- It is person centered and rooted in primary and community care.

Q: How did we apply these principals in the Intermediate Care facility and was it successful?
Clinical Leadership Team

- Clinical Lead, Professor Mike Watts (Clinical Lead of Unscheduled Care)
- Consultants on site, Dr Eithne Mulloy, Dr Con Cronin
- Nursing Lead, Yvonne Young (Group Assistant Director Of Nursing)
- Director of Nursing, Ms. Mairead Cowan (Mr. Declan McNamara June 8th to 13th of July)
- Allied Health Professionals Lead, Fiona Steed (Group Lead, Allied Health)
Original Plans

University of Limerick

Ospidéil OL
UL Hospitals

UL ARENA GROUND FLOOR
164 BEDS

TOILET/SHOWER BLOCK
SINGLE MONITORED CARE 4th BEDS
MONITORED CARE 39th BEDS
NURSE'S STATIONS
Overall Design & Rehab Space
Process Flow For Admission To ICF

1. Patient meets inclusion criteria for ICF
2. Patient Identified to patient flow + Red2Green
3. Accepted by ICF Consultant - Dr Cronin/Dr Molloy Ring Reg/SHO 061-588814
4. Nurse 2 Nurse patient Handover ISBAR Ring ICF CNM 061-588813 or 0870526494

Model 2 Discharge prescription emailed (fax will not be accepted) to UHL pharmacy
uhlpharmacyorders@hse.ie

Model 4: Discharge prescription to pharmacy.
uhlpharmacyorders@hse.ie

Next of Kin informed of Transfer

Should you require clarity on patient suitability Ring ICF CNM 0870526494

Patient Medical & Nursing notes transfer with patient
Inclusion & Exclusion Criteria

Inclusion Criteria:
- Discharged from acute hospitals or whose acute episode of care is completed who are not yet fit for home, and for whom a defined ceiling of care has been established. This will include the full range from full resuscitation to not for resuscitation.
- Non or post COVID, medically discharged and requiring rehabilitation or enhanced social support.
- Patients requiring IV antibiotics

Exclusion Criteria:
- The Intermediate Care Facility will NOT provide for the following cohort of patients:
  - No complex stroke listed patients.
  - No wandering dementia patients.
  - No challenging/aggressive behaviour.
  - No suicidal/acute psychiatric/DSP patients.
  - No patients requiring a “special”- 1 to 1 nursing care
Residential Status of Patients in ICF

Residential Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Alone</td>
<td>78</td>
</tr>
<tr>
<td>Lives with Family</td>
<td>79</td>
</tr>
<tr>
<td>NH resident</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>
Discharge Destination (As at 31st July supplied by Yvonne Young ADON)
The Allied Health Professional (AHP) Team in the ICF consists of physiotherapy, occupational therapy, speech & language therapy, clinical nutrition & dietetics & medical social work.

Staffing Ratio’s employed 1:10 OT/Physio, 1:20 SLT, Dietetics MSW.
Allied Health Initiatives

- Lead of The Week.
- MDT Meetings - common Screening Forms.
- Inter-professional Education (Staff & Students).
- Database - Shared Folder - Outcome Measures.
- Social, Communication & Activity Group.
- Ward Based Daily Exercise Classes.
Weekly MDT Meeting & a recording sheet was developed to ensure each patient was discussed, patient centered goals identified and any barriers to discharge outlined.

A unique allied Health Screening Questionnaire was also developed.

Due to the fact that there was no on-site discipline specific managers a system where by a Senior from each discipline took on the “Lead of the Week” on a rotational basis.

The lead of The Week performed the screening each morning with the on duty CNM & returns the referral screening to the department, where these are picked up by the relevant professions.

The Lead of the Week also chaired the weekly MDT meeting, liaised with the group lead of allied health on any issues and participated in any media/ communication requests.
### Allied Health Screening Form

**Screening Questions for Allied Health Professionals in the Intermediate Care Facility**

**Affix Patient Sticker:**
**Date of Screening:**
**Zone:**

**Presenting Complaint:**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Screening Questions</th>
<th>Referral indicated?</th>
<th>Signature of AHP</th>
</tr>
</thead>
</table>
| Physiotherapy       | - Does the patient have a decrease in their functional mobility? Yes [ ] No [ ]
|                     | - Have they had a fall within the last year? Yes [ ] No [ ]                                                                                                                                                                                                                                                                                                                                                   | No                  |                  |
| Occupational Therapy| - Has there been a change in ADL ability? Yes [ ] No [ ]
|                     | - Discharge Family Home [ ] To [ ]
|                     | - Existing or new care programs? Yes [ ] No [ ]
|                     | - Does the patient have a cognitive impairment? Yes [ ] No [ ]                                                                                                                                                                                                                                                                                       | No                  |                  |
| Speech & Language Therapy| - Does the patient have a progressive neurological diagnosis? Yes [ ] No [ ]
|                     | - Does the patient have a respiratory disease? Yes [ ] No [ ]
|                     | - Difficulty with communication and/or eating, drinking or swallowing? Yes [ ] No [ ]                                                                                                                                                                                                                                                               | No                  |                  |
| Clinical Nutrition & Dietetics | - Is the patient on a therapeutic diet? Yes [ ] No [ ]
|                     | - Is the patient on oral feeding? Yes [ ] No [ ]
|                     | - Is the patient on oral nutritional supplements? [ ]
|                     | - MUST score of 1 or greater? Yes [ ] No [ ]
|                     | - What is the patient’s BMI?                                                                                                                                                                                                                                                                                                                            | No                  |                  |
| Medical Social Work | - Are there any psycho-social needs including safeguarding children/adults? Yes [ ] No [ ]
|                     | - Informational Supports in place? Yes [ ] No [ ]
|                     | - Is discharge planning required? Yes [ ] No [ ]                                                                                                                                                                                                                                                                                                   | No                  |                  |

**ICF database demographic recording sheet**

<table>
<thead>
<tr>
<th>MRN</th>
<th>Admission date to ICF</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Transferred from</td>
<td></td>
</tr>
<tr>
<td>Handover received</td>
<td></td>
</tr>
<tr>
<td>Residential status</td>
<td></td>
</tr>
<tr>
<td>OT</td>
<td></td>
</tr>
<tr>
<td>Physio</td>
<td></td>
</tr>
<tr>
<td>SLT</td>
<td></td>
</tr>
<tr>
<td>Dietetics</td>
<td></td>
</tr>
<tr>
<td>MSW</td>
<td></td>
</tr>
<tr>
<td>Presenting complaint</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Co-morbidities</td>
<td></td>
</tr>
<tr>
<td>Pre FIM</td>
<td></td>
</tr>
<tr>
<td>Pre EQ-5D-5L</td>
<td></td>
</tr>
<tr>
<td>Post FIM</td>
<td></td>
</tr>
<tr>
<td>Post EQ-5D-5L</td>
<td></td>
</tr>
<tr>
<td>Onward Referral</td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Completing AHP:**

**Signature of member of Medical Team:**
The chairperson will manage time spent discussing each patient.

The chairperson will guide discussion towards current medical, functional, mobility and/or social challenges to a patient’s discharge.

The chairperson will document the discussion by completing the MDT recording sheet.

The chairperson will file the MDT recording sheets in the MDT folder following completion of the meeting.

The role of chairperson will be rotated every week between Senior Therapists from Allied Health services. The rota is saved on the shared folder under Allied Health and a hard copy is also posted beside the telephone in the AHP office.

The Chairperson will ensure any new AHP referrals are signed off on by a member of the medical team during the MDT meeting.
Outcome Measures: The team wanted outcome measures that could work across allied health & initially tried using the FIM but this was deemed unworkable so went with Quality of Life questionnaire and Grip Strength for all. Each individual profession additionally used their own specific OM’s.
- Number of students on placement across all Allied Health Disciplines = 33
- Practice Tutors from UHL & UL added to the staffing compliment while providing oversight of student education.
- Initially Physio, SLT, and Dietetics students engaging in joint tutorials facilitating IPE and between disciplines, informally through the referral screening process, and in case discussions.
- Formal IPE then established which included all staff (nursing, medical, psychology, pharmacy, HCA’s) and students and facilitated by UL’s Inter-professional Practice Tutor.
- The facilitation of students at the ICF was one of the biggest bonuses providing a unique learning experience for students and staff alike.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic &amp; Presenter</th>
</tr>
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<tbody>
<tr>
<td>11/06/2020</td>
<td>None scheduled</td>
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<tr>
<td>18/06/2020</td>
<td>None scheduled</td>
</tr>
<tr>
<td>25/06/2020</td>
<td>Medical Social Work: Role of Medical Social Worker in ICF vs. UHL</td>
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<tr>
<td>02/07/2020</td>
<td>OT: Role of OT in ICF &amp; Medical Setting</td>
</tr>
<tr>
<td>09/07/2020</td>
<td>SLT: Role of SLT in ICF &amp; Medical Setting</td>
</tr>
<tr>
<td>16/07/2020</td>
<td>Students from SLT and Physio: IPE Case Management Presentation</td>
</tr>
<tr>
<td>23/07/2020</td>
<td>Psychology: Role of Psychology during COVID-19</td>
</tr>
<tr>
<td>30/07/2020</td>
<td>None scheduled</td>
</tr>
<tr>
<td>06/08/2020</td>
<td>Dietetics: Role in ICF and in Medical Setting</td>
</tr>
<tr>
<td>13/08/2020</td>
<td>Physiotherapy: Role of Physiotherapy in ICF &amp; Medical Setting</td>
</tr>
<tr>
<td>20/08/2020</td>
<td>PALS: Role &amp; Development of PALS</td>
</tr>
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<td>27/08/2020</td>
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<td>03/09/2020</td>
<td>Pharmacy: Role of Pharmacy in ICF vs UHL</td>
</tr>
<tr>
<td>10/09/2020</td>
<td>Medical Social Work: Role of Medical Social Worker in ICF vs UHL</td>
</tr>
<tr>
<td>17/09/2020</td>
<td>SLT &amp; OT Students: Capacity for Consent &amp; ADM</td>
</tr>
<tr>
<td>24/09/2020</td>
<td>Students from Dietetics, OT, Physio &amp; SLT: IPE Case Management Presentation</td>
</tr>
<tr>
<td>01/10/2020</td>
<td>Dietetics: Malnutrition</td>
</tr>
<tr>
<td>08/10/2020</td>
<td>Patient Satisfaction Survey (Physio students)</td>
</tr>
<tr>
<td>15/10/2020</td>
<td></td>
</tr>
<tr>
<td>22/10/2020</td>
<td>A Person Centred Approach in Trauma Informed Care (MSW Students)</td>
</tr>
<tr>
<td>29/10/2020</td>
<td></td>
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</tbody>
</table>
Role of the Therapy Assistant

Assisting with double OT and physio assessment and intervention sessions.
Assisting OT and Physio with maintenance and decontamination of equipment, recording on databases etc.
Assisting MSW with administration of their discipline specific database
Assisting Dietetics with stock orders.
Completion of the AHP database for patients on admission.
Completion of quality of life questionnaire on admission and discharge.
Measurement of group strength on admission and discharge for each patient.
Preparation of MDT recording sheets for the weekly MDT.
Patient Satisfaction

Survey for patients residing in Intermediate Care Facility, UL Sports Arena, Co. Limerick.

Response rate of 100%.

Mix of demographic information (Age, Gender).

N=28.6% of the total ICF's patients were surveyed.

Consent received prior to administration.

One and two part questioning, open + closed questions.
## Components of the Survey

(Thanks to Physio Students as slides taken from their power point)

### Facilities
- Initial impression
- Any changes
- Recommendation of Improvements
- Cleanliness Rating
- Meal Satisfaction
- Satisfaction rating of the facility

### Staffing
- Courteous
- Friendly & Helpful
- Confidentiality
- Modesty/Privacy
- Knowledgeable
- Care explained
- Listened to
- Questions answered
- Professions engaged with
- Range of services
- Staff Member & Name Comment

### Overall Experience
- Rating of overall experience
- Return
- Recommend Facility
- Additional comments
Patient Comments & Recommendations

Great support.

Medical staff very good.

Generally up to standard.

Fabolous place and people.

Would love to see this model of care being implemented around the country. Great to see students being able to learn in a nice working environment.

Keep the women and men separate.

Nothing - fine the way it is. Can get breezy but breeze doesn't bother me.

Most pleased with visit. Staff would go above and beyond for patients.

Everything was fantastic. Facilities like this should exist for older people.
Next Steps- Research & Replication

Research:

- **Research** collaboration between UL, HSA, Allied Health, Nursing and Medicine has begun.
- **Title of Research**: A qualitative exploration of the experiences and perceptions of patients, healthcare professionals, students, educators and managers of a novel inter-professional rehabilitation and post-acute care facility established as a response to the Covid-19 pandemic.

Replication:

- As the Group Lead of Allied Health in UL Hospitals it is my desire to use the successes, experiences & learnings gained to move us towards a space where this is the norm.
- A space where inter-disciplinary working(across all staff not just Allied Health) and inter-professional student education exist side by side providing optimum patient care & rehabilitation by a well informed, supremely educated and motivated workforce who have the patient always at the centre.
Was Integrated Care Achieved In The ICF?

Success Factors (more Key Learnings from Valentia):

- A sound and objective understanding of health needs of a population and why integrated care will add value to people’s health and wellbeing. ✓
- A shared vision with a common set of objectives. ✓
- New ways of working with joint accountability for outcomes and mutual gain. ✓
- Relationship building and service innovation comes before structural reform. ✓
- An open and transparent learning system. ✓
Acknowledgements:

- To the CEO, CAO, CDONM & Head of Strategy at UL Hospitals for bringing Allied Health to the table from the outset & “running with” the concept that together we could provide a “unique and fantastic rehab experience” to the patients of the mid-west.

- To the President of UL, Executive Dean of EHS, Head of School of Allied Health, Discipline leads and practice tutors and students of UL.

- To the fabulous team of nurses, doctors, HCAs (many of whom were student nurses), porters, security & catering at the ICF.

- To Yvonne Young, ADON, and her leadership team of CNMs who embraced the concept of literally “living with the allied health team” and continuously worked with us on our rehab journey to provide the best possible care to the patients.

- Finally to the allied health staff & their managers, who possibly thought I was a bit mad in the beginning, but went with it and re-deployed to the ICF from the acute hospital. Their drive for individual and collective excellence and adaptability to change has made this a truly Unique and wonderful Rehab Adventure.
Thank you