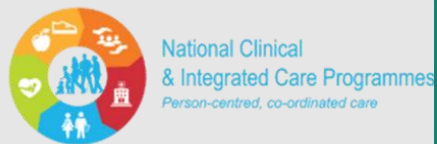




# Integrating Care for Older People: What helps and what hinders?

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Tallaght Integrated Care Team for Older People



Tallaght  
University  
Hospital

An Academic Partner of Trinity College Dublin

Ospidéal  
Ollscoile  
Thamhlachta





# Tallaght / South West Dublin context



## GPs

- Doctors
- Practice Nurses



## HSE Primary Care Teams

- PHN
- HSCPs



## Integrated Care Team for Older Persons (ICTOP)

- Consultant Geriatrician
- Case Managers
- Nurses
- HSCP



## Tallaght University Hospital

- Consultant Geriatricians
- Clinical Nurse Specialists
- Advanced Nurse Practitioners
- HSCPs
- Specialist clinics





# Research – MSc Leadership in Healthcare



**Literature Review**  
May 2021

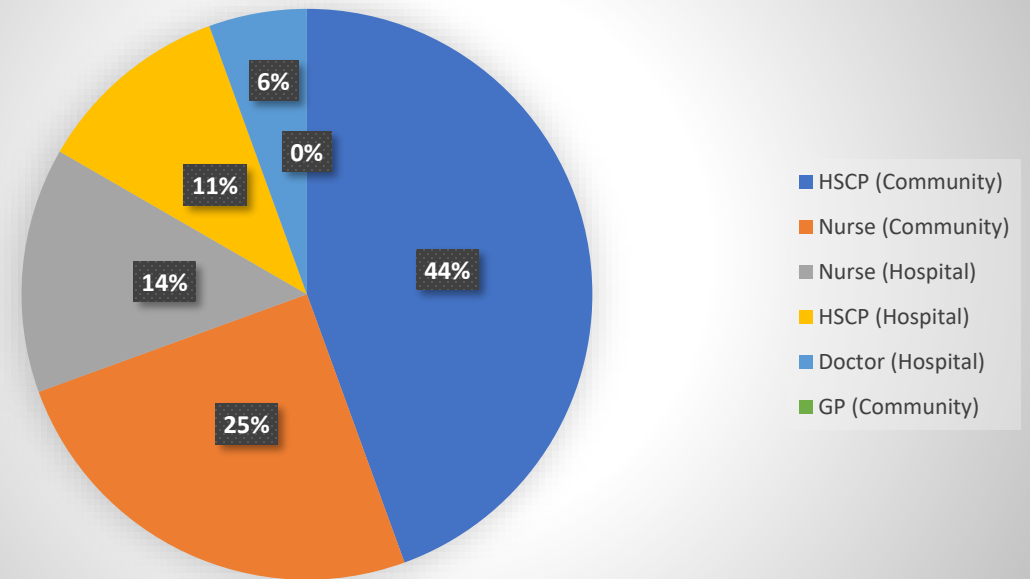


**Survey**  
July – August 2021  
Quantitative & Qualitative questions



**Response Rate**  
36/115 (31%)  
Staff working across OP services

Survey Respondents



# HSE Enablers



## Expert designated OP teams

- More time
- Local 'champions'



## Existing services in Tallaght area

- HSE and TUH
- Community & voluntary



## Clinical leadership

- Interested and enthusiastic



## Colocation of MDT teams

- Hospital > Community



## Availability of CPD

- Local and national CPD
- Professional body special interest groups

Communication between [community and hospital] has improved since the initial establishment of the integrated care service

Local 'champions' in dedicated older persons services offering advice, education and supervision for staff in non specialist areas.

Leaders here enjoy working with older people, and the staff who work directly with them.

We have PCT meetings and working in same location as team helps. Often do joint visits with [other disciplines] for some more complex cases"

ICPOP service an excellent option for more **complex cases** that can't be managed by community HSCPs.

There has been strong leadership within the hospital to fully engage and support the integrated care program roll out

THE Alzheimer SOCIETY OF IRELAND

from 1982 - 2022 40 Years of Caring

Irish Heart Foundation

Family Carers Ireland  
No one should have to care alone

ALONE  
YOU'RE NOT ALONE

South Dublin County Partnership  
Páirtíocht Chontae Átha Cliath Theas

Comhairle Contae Átha Cliath Theas  
South Dublin County Council

SIEL IRELAND

trustus  
WE CARE

exwell MEDICAL

Community Health Fair

# HE Barriers



## ICT

- No eHR
- No PMS in community



## Staff resources/workforce

- Unfilled posts
- Non-specialist posts
- Siloed discipline leadership
- Differences in engagement/willingness to change



## Covid-19

- Closure of services
- Staff absence



## Interagency communication

- Postal delays
- Difficult communication routes

*"We are unable to use in the clients home or when completing assessments."*

*"Lack of qualified staff equals lack of care, burnout among staff and staff leaving to work in easier areas."*

*"Unfortunately communication between organisations remains poor, with little understanding and unrealistic expectations of the service we are able to provide in the community"*

*"The lack of a sufficient ICT platform to allow communication flow across hospital, primary care, and community settings is the number one impediment to development of a truly harmonized integrated care pathway."*

*Community HSCP staff tend to be 'jack of all trades' and some have no interest in care of older people, despite it being a large part of caseload*

*"Obviously Covid has obliterated them all [services], and there seems to be no plan at all in place to give our elderly people light at the end of the tunnel of when their social activities and services will resume"*

*"... the fact that it is so difficult to make contact with a lot of staff in acute services makes life difficult... spend hours just trying to contact medical teams ... no bleeps or messages answered. No direct contact numbers or email addresses attached to referrals."*

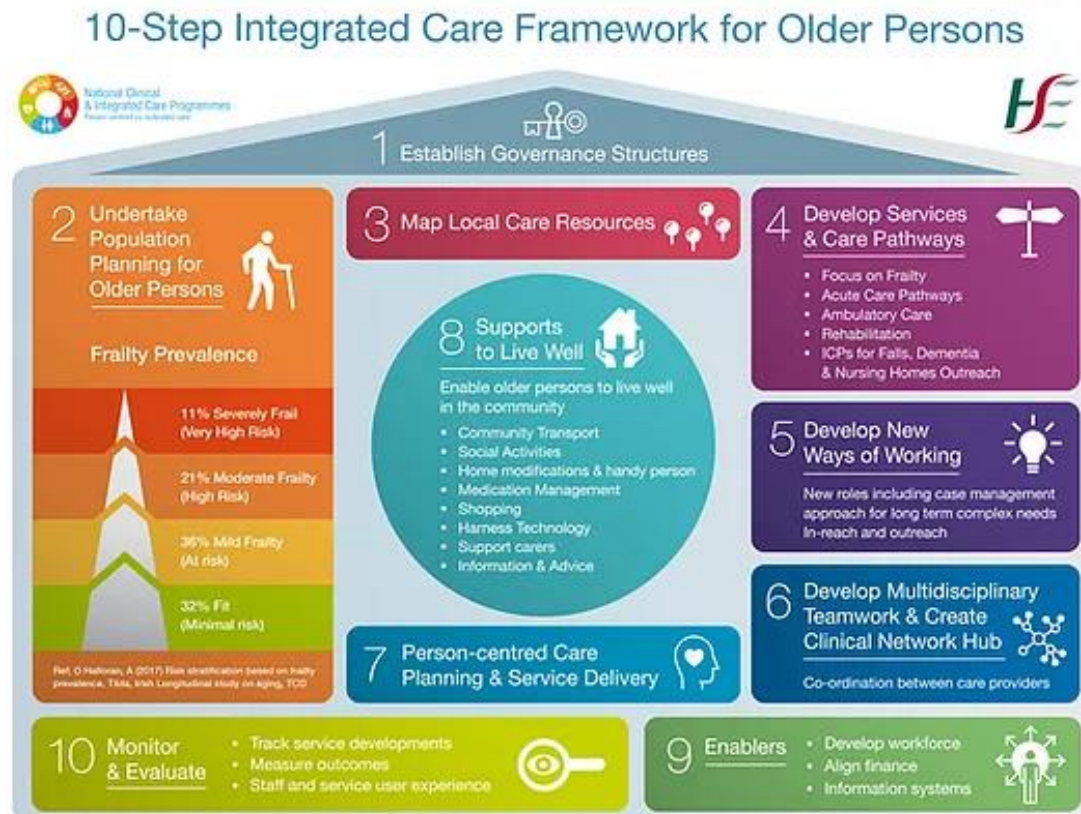
# HE Relevance and recommendations

Continue service mapping, building links with local services

Use stakeholder and steering group meetings to enable equitable and well distributed resources

ICPOP and CHN operational lead posts – develop and further imbed integration

Leaders to drive engagement and promote change initiatives



ICT needs to be on everyone's agenda

Optimise staff resources - numbers and skill mix

Prioritise staff CPD through interdisciplinary and interorganisational means

Assess local older people's views and experience of integrated care



Thank You!



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# Older Persons/Chronic Disease Service Model

