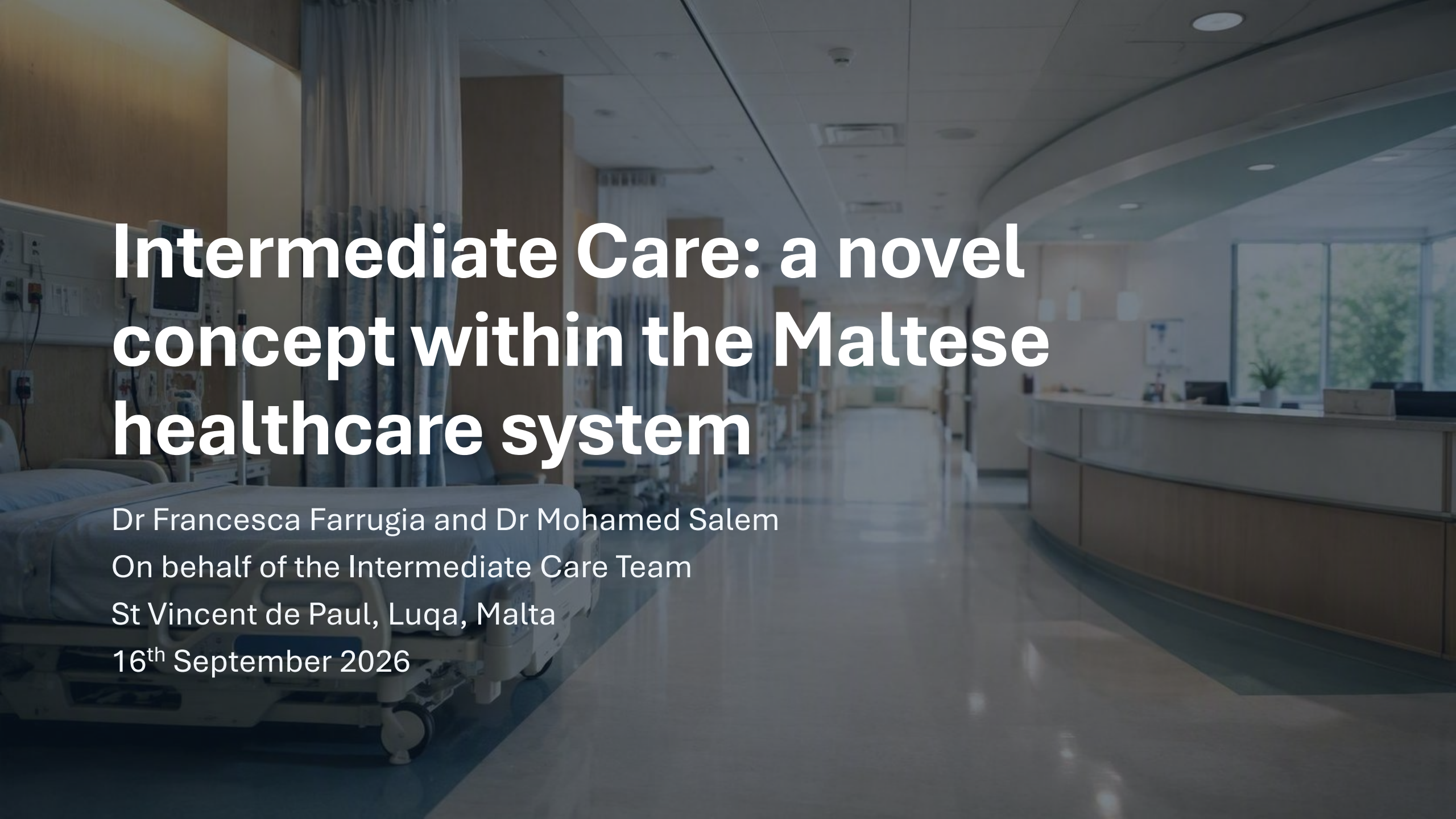
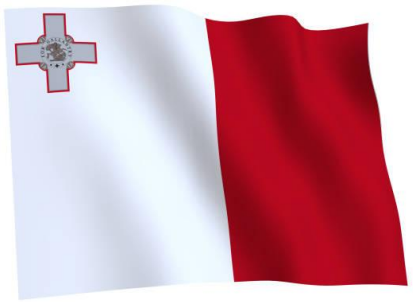


Intermediate Care: a novel concept within the Maltese healthcare system

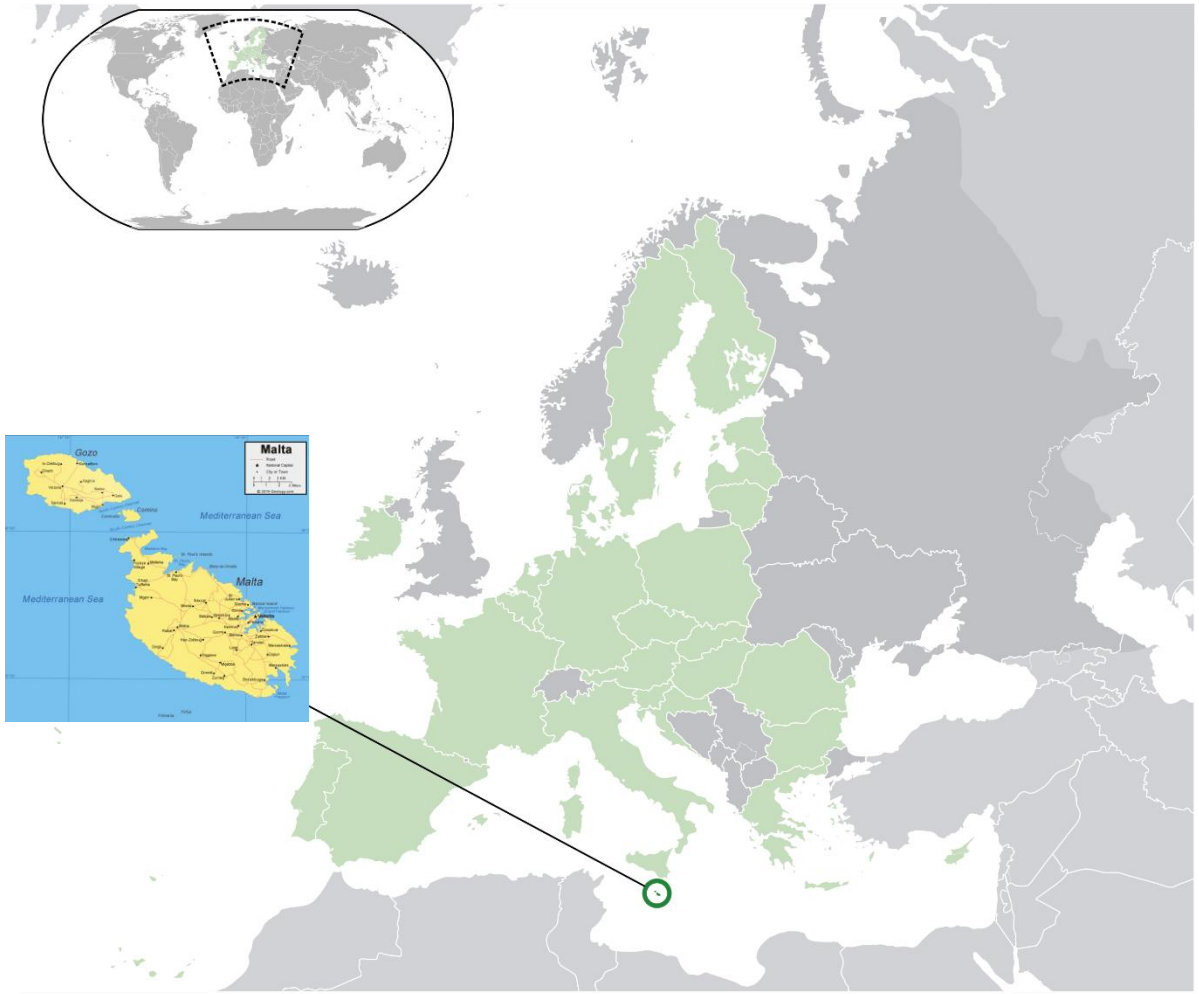
Dr Francesca Farrugia and Dr Mohamed Salem
On behalf of the Intermediate Care Team
St Vincent de Paul, Luqa, Malta
16th September 2026

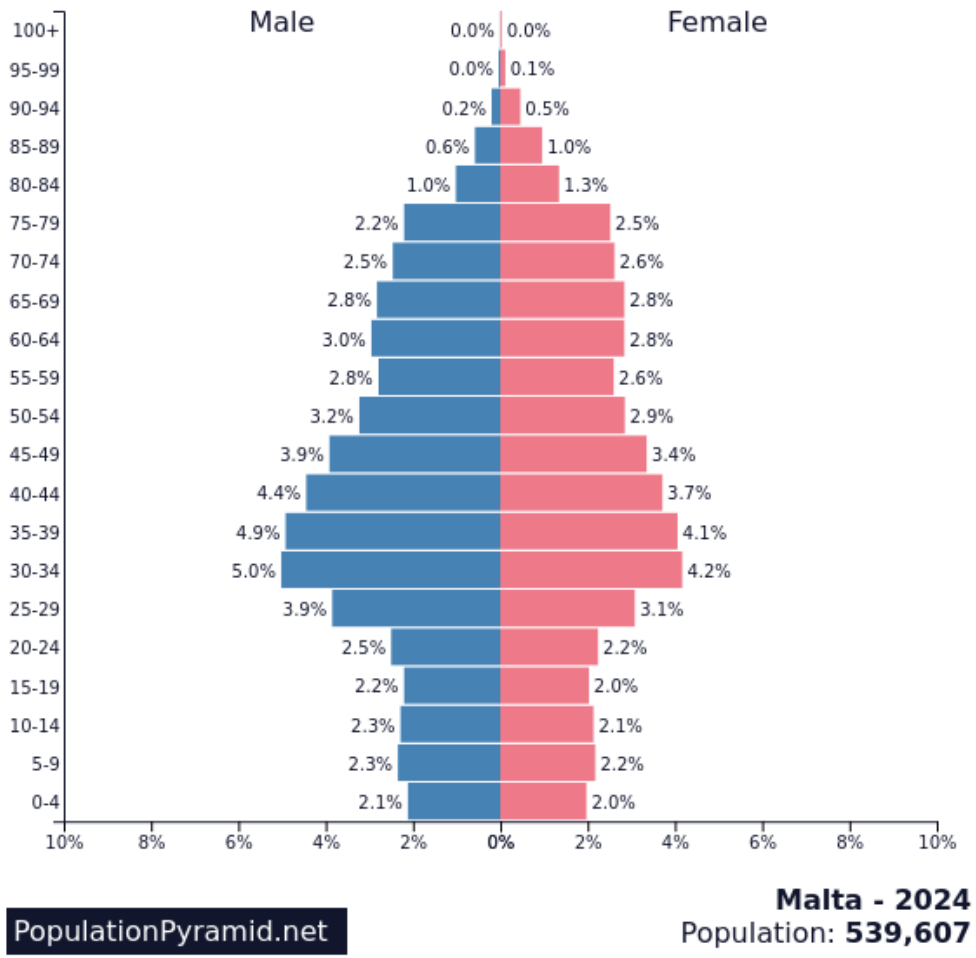
Need for Intermediate Care

MALTA



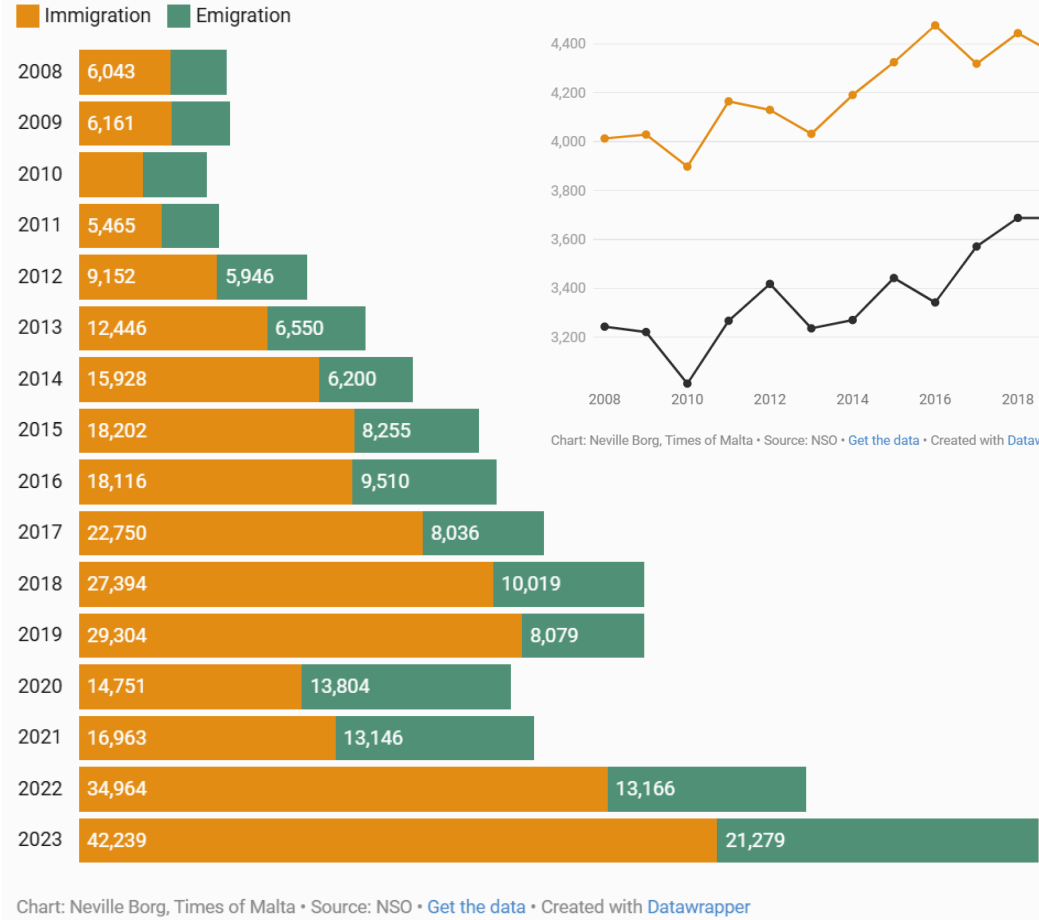
- Malta is a small island nation in the Mediterranean Sea,
- known for its rich history, cultural heritage, and beautiful land scapes.
- The two official languages are Maltese and English.
- The country's capital is Valletta
- Malta is the smallest country in the European Union (EU) by both area and population. With a population of about 542,000 spread over an area of 316 km2
- Malta is the world's tenth-smallest country by area and the ninth-most densely populated.

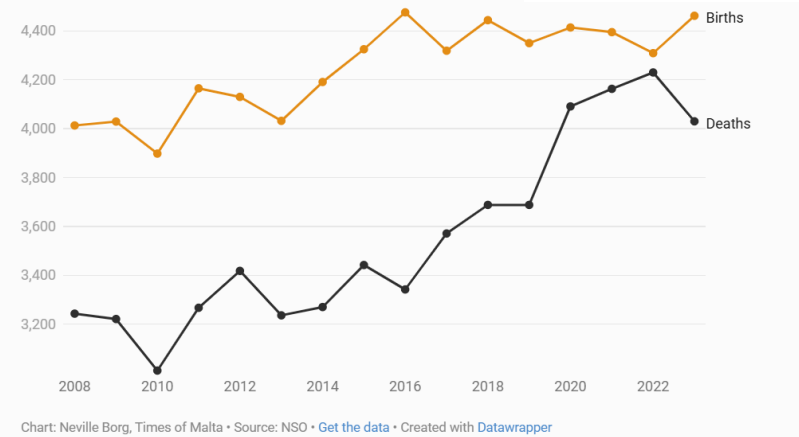




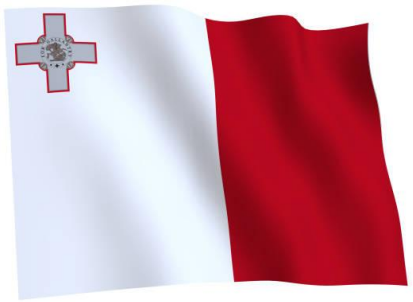
Migration patterns over the past 15 years

42,000 people moved to Malta in 2023, but over 21,000 left, more than ever before.



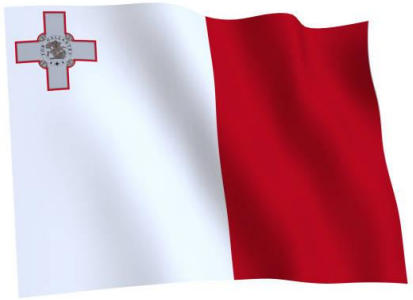


Geriatrics

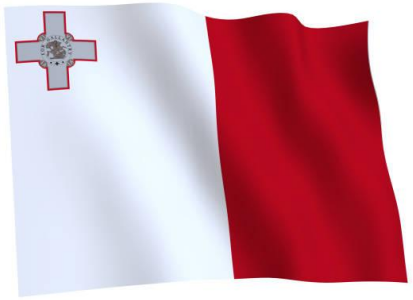


- **Rapid Ageing:** As of 2024, one in five people in Malta is aged 65 or older. By 2050, this is projected to rise to one in three, increasing from 108,000 older adults in 2024 to 163,000 by 2050 – a 50% increase
- **Life Expectancy:** Malta's life expectancy is among the highest in Europe, at around 83.4 years.

Care



- **Eligibility:** Citizens, legal residents, and employed expats are eligible for public healthcare.
- EU, UK, and Australian travelers have reciprocal arrangements for emergency care.
- **Insurance:** Private health insurance is required for non-EU residents.



ACUTE HOSPITALS
(Mater Dei 1200 B & Gozo General 270 B)

Psychiatric hospital MCH

Rehabilitation Hospital (KGH) 270 B

Primary Care

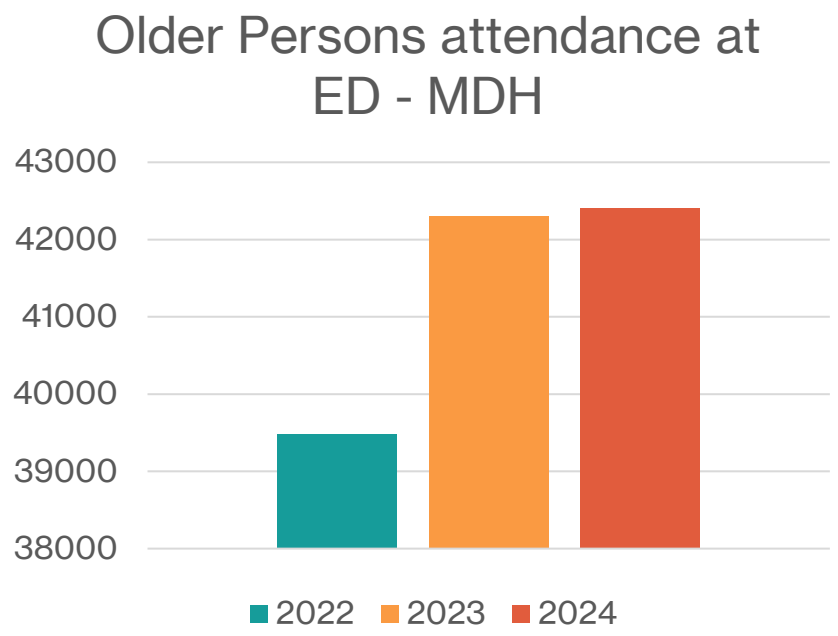
Long term care (SVP 1500 B, Community and residential homes 3500B)

Community Services Provided by AACC

- The 60+ population in Malta is estimated to be 135,565 (projection - Eurostat) in 2024.

- Frailty is affecting 10% of those who are over 60 years of age and 25-50% of those who are 85+ years.

- A rough calculation will indicate that the older person in need for frequent medical care will be at least 13,557 persons yearly.



2022	2023	2024
39475 cases	42311 cases	42400 cases

The need for a transitional ward

- Treatment of the acute event
- Concurrent rehabilitation
- Comprehensive geriatric assessment
- Reversal of pre-frail stages
- Reablement process

Responsibilities of the intermediate care team

- Comprehensive geriatric assessment.
- Full inter-disciplinary assessment including PT, OT and SLP.
- Treatment of the acute illness.
- Deprescribing and medication optimisation.
- Education of patients, family members and junior staff members.
- Coordinating care across disciplines and care settings.
- Planning for safe discharge.

Aims of the service

- Reduce pressure on the acute hospital.
- Support reablement and independence in our patients with a geriatric focused environment.
- Assist in the management of long-term conditions.
- Improve patient outcomes and satisfaction.
- Prevent a decline in the patient's frailty status due to acute illness.
- Prevent patient deconditioning within an acute setting.

Eligibility for the service

Patients aged 60 years and over.

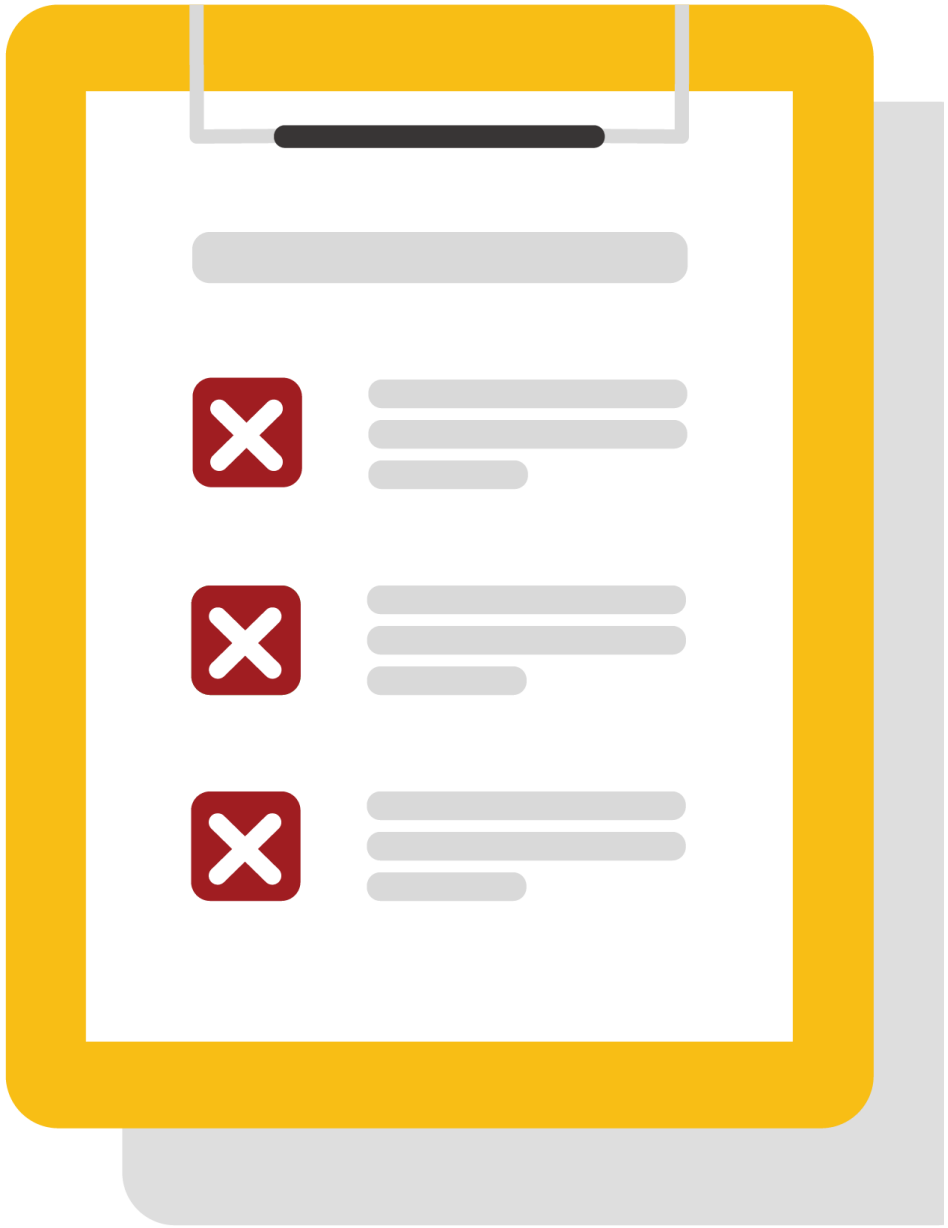
Patients admitted from their own home, a community care home, the geriatric outpatients and from acute care.

Patients with complex medical needs which cannot be catered for by the primary health care or the community care team.

Patients who would otherwise be admitted to acute care but do not require intensive medical or surgical care.

Patients expected to recover within a defined period of time.

Patients who following a period of treatment and rehabilitation are able to return to their previous accommodation.



Exclusion Criteria

- Patients who require high level diagnostic facilities which cannot be provided by the unit e.g. cardiac monitoring.
- Patients with an acute psychiatric deterioration who require admission and/or prolonged periods of psychiatric intervention.
- Social respite.
- Patients who require admission to long term care.

Team members

Multi-disciplinary team

- Medical team (consultant geriatricians, resident specialists/higher specialist trainees in geriatrics, core medical trainees, foundation doctors)
- Nursing team (charge nurses, ward nurses, specialist nurses including tissue viability and clinical nutrition)
- Occupational therapists
- Physiotherapists
- Pharmacist
- Dietician
- Psychologist
- Social Worker
- Psychiatrists
- Podologist
- Speech language pathologist

Ward History

- The Narċis Ward in St Vincent de Paul was opened in April of 2024 as a step-up care model as a 16-bed unit.
- The Narċis ward eventually evolved into the intermediate care ward 1.
- The intermediate care ward 2 opened on the 12th December 2025 for a total of 40 beds between the 2 wards as step-up and step-down intermediate care.

THE BEGINNING @ NARCIS

- All discharged patients had stable functional ability and zero incidence of new pressure injuries (Bed sores). 45 patients had either improved pressure injuries or completely healed ones.
- The unit had saved, back then, 1267.68 MDH hospital bed days.

LIFE AND WELL-BEING

‘I am filled with gratitude’

Octogenarian **Tereża Farrugia** was reminded of the beauty of the human spirit during a recent stay at St Vincent de Paul. Here she shares her experience

I write this from the comforts of my red armchair, the place I desperately longed for up until six weeks ago.

At 82 years old, life has given me countless moments to cherish, but it was during my stay in the Narċis wing of the St Vincent de Paul Hospital that I truly felt the profound touch of humanity, divine grace and an overwhelming sense of gratitude.

Nineteen years of Parkinson’s disease allowed me to strengthen my mental perseverance, while my aching body’s mobility became increasingly limited as time went by.

Being admitted to St Vincent de Paul was indeed not something I wanted. Not because the services were not excellent, nor because the location was very far from my home in Luqa.

But because for 82 years, I have known only that – my home in Luqa. It has been a haven for my husband Leli and I, our three children and grandchildren, our extended family members and friends.

It was difficult to be so close yet so far from home, just a few corners away, but still not being able to sit in my red armchair, sip on my *te’ bil-ħalib tal-bott* (tea with evaporated milk), and watch *Beautiful* on Canale 5 in the afternoon.

Today – I thank God I was there. I thank God that I was at the right place, at the right time. I thank God for everyone at Narċis. I thank God for the life I am still able to live. I thank God for my red armchair and my *te’ bil-ħalib tal-bott*.

Never did I imagine that a pulmonary embolism – a condition so life-threatening – was looming.

Amid this unplanned happening on October 21 at just a few minutes after 4pm, the hospital staff swiftly came to my aid, their professionalism and compassion shining through. With steady hands and a calm demeanour, they orchestrated the life-saving measures that brought me back from the brink.

Their expertise was evident, but it was their kindness and genuine concern that truly made the difference. In every word they spoke and every action they took, there was a sense of reassurance that I was in the best possible hands.

The days and weeks that followed were a testament to the dedication of the entire team in the Narċis wing. I heartedly thank the nurses, Amy, Mariella, Christine, Tom, Mario, Josmar and all the others whose name I have forgotten. They were always attentive and gentle, constantly making sure that I was comfortable and encouraging me to regain my strength – their care went beyond the call of duty.

> *They treated me not just as a patient, but as a person – an elder who had lived a full life and deserved respect and dignity*

The carers were exceptional and their smiles were a balm to my weary soul. Each day was a step towards recovery and each interaction reminded me of the beauty of the human spirit.

I want to particularly thank senior consultant geriatricians and doctors, who would take the time to explain my progress, answer my questions and offer words of encouragement. They treated me not just as a patient, but as a person – an elder who had lived a full life and deserved respect and dignity. It is rare to find such a blend of competence and compassion, and I consider myself blessed to have been and continue to be under their care.

Today, as I write this, I am filled with gratitude. Gratitude for life, for the second chance I’ve been given, and for the angels in disguise who made it possible. To all of you at Narċis, you are a beacon of hope and a reminder that there are still heroes among us. Your dedication is unmatched, and your kindness will forever be etched in my heart.

May this story serve as a humble tribute to the incredible work you all do and a reminder of the impact you have on lives like mine. Thank you, from the depths of my heart.

The St Vincent de Paul Long-term Care Facility. FILE PHOTO: CHRIS SANT FOURNIER. Inset: Tereża Farrugia

ARCHDIOCESE OF MALTA

CHURCH HOMES FOR THE ELDERLY

EXPRESSION OF INTEREST

PROVISION OF MEDICAL GENERAL PRACTITIONER SERVICES TO CASA LEONE XIII ELDERLY RESIDENTS

The Director for Church Homes for the Elderly will receive offers for the provision of Medical General Practitioner (GP) services to elderly residents residing at Casa Leone XIII, Sacred Heart Avenue, St Julians STJ 1432.

Interested parties may submit requests for the EOI document by sending an email to info.che@maltadiocese.org.

Submissions are to be made in person, from Monday to Friday between 8am and 5pm, in a sealed envelope clearly marked ‘Casa Leone XIII GP services’ and deposited in the tender box provided on the first floor of the Archbishop’s Curia, St Calcedonius Square, Floriana FRN 1535 by not later than 12:00 noon (CET) on Friday, 31st January 2025. Any submissions after this date and time and/or by email will be automatically rejected.

The bidders will be informed in writing whether their offer has been selected or not.

The right is reserved to refuse any offer, even the most advantageous one.

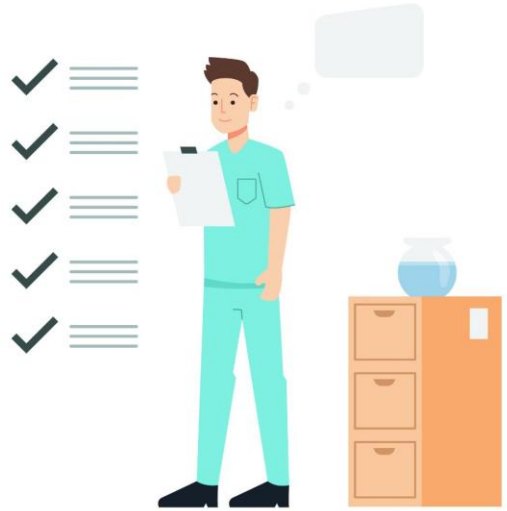
church.mt

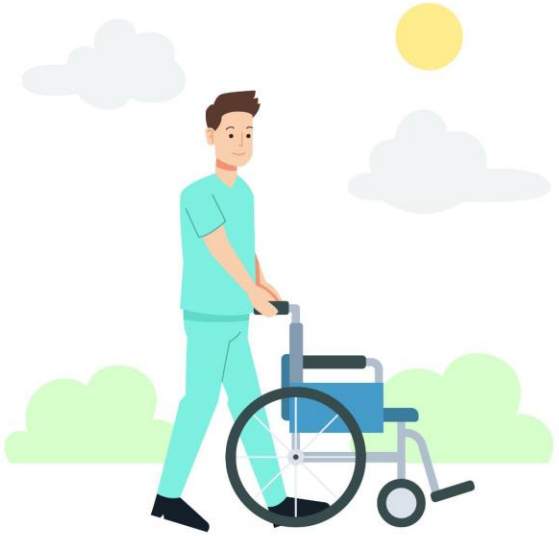
Cohort admissions from inception till 31st July 2026

- 891 total admissions
- Total bed days 14791
- Average length of stay 16.8 days

Discharges

- 669 patients **discharged** to their original home allocation.
- 35 patients were **relocated** to a different residential or nursing home.
- 33 patients were **newly admitted to long term care**.
- 36 patients were **transferred to the acute general hospital** for further specialised care.
- 4 patients were referred to the **palliative care unit**.





A total of 86% of all patients who were discharged went back to their original place of residence.

Mortality

- A total of 109 patients admitted mostly with advanced frailty status and terminal illness were given the proper palliative care and passed away comfortably at our unit.

Telephone Questionnaire

Patient experience	Relative/Caregiver perspective	Discharge and Home Readiness	Overall feedback
• Respect and dignity • Communication • Responsiveness • Environment	• Involvement • Information • Concerns	• Planning • Services • Medication • Follow-up	• Satisfaction

Patient Experience

Criteria	Percentage of respondents rating the service very good to superb
Respect and dignity	96%
Communication	93%
Responsiveness	96%
Environment	89%

Relative/Caregiver Perspective

Criteria	Percentage of respondents rating the service very good to superb
Involvement	90%
Information	95%
Concerns	95%

Discharge and Home Readiness

Criteria	Percentage of respondents rating the service very good to superb
Planning	84%
Services	88%
Medication	88%
Follow-up	81%

Overall Feedback

Criteria	Percentage of respondents rating the service good to superb
Satisfaction	93%

Going forward

- Planned construction of an intermediate care hospital- the first in the country.
- It will cater for 300 patient beds.

In conclusion

Intermediate care is an integral part of the Maltese healthcare system.

An essential service for the care of the older person in the Maltese Islands.

Ongoing investment in intermediate care in Malta.