
CONFERENCE ABSTRACT**Assessing National Practice and Preparedness for Integrated Care Delivery
Ireland**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Debbie Isobel Keeling¹, Michael Rigby², Áine Carroll³

1: Loughborough University, United Kingdom;

2: Keele University, United Kingdom;

3: Health Service Executive, Ireland

Introduction/Theory/Methods: We assess current attitudes, practice and preparedness for Integrated Care (IC) delivery within the publicly-funded health and care services in Ireland. We utilise the framework developed within Project Integrate in conjunction with the International Foundation for Integrated Care and the University of Italian Switzerland. The 7-dimension framework, now in the public domain, assists organisations in identifying facilitators and barriers to IC implementation, based on best practices of successfully implemented IC projects across Europe. This project differs as it uses the framework to assess a complete health and care system, and in sites with no special preparedness or commitment to structured IC. The objective was to conduct a SWOT analysis to assess the current situation within Ireland with respect to IC.

The Health Service Executive (HSE) runs all of the public health services in Ireland (population 4 million) with a patient-centred philosophy, and employs over 100,000 people. It delivers services through two service delivery units, 7 hospital groups and 9 community healthcare organisations. The 7-dimension framework is used as a baseline for the SWOT analysis. The research is conducted in early 2017. Ten moderated focus groups are conducted for unit representatives, with discussion guided by the framework, the degree to which these dimensions are in place, and identification of service planning barriers. A survey complements the focus groups with a broadcast view. Outcomes are related to agreed proxy measures of lack of IC (e.g., bedblocking, readmissions).

Results: From the focus groups a constructive structured diagnostic of the strengths, weaknesses, threats and opportunities for IC in Ireland is developed. From the survey, a descriptive analysis of the dimensions includes identifying main trends and the extent to which dimensions are consistently rated (or otherwise) across HSE units. A thematic analysis of qualitative comments is presented.

Discussion: We report on the current state of practice and preparedness for IC, and identify cases of best preparedness within the HSE. Guidelines are presented for an Action Plan on

changing service orientation / attitudes / system organisation / patient-focused communication and plans. Triangulation with other measures of IC is considered.

Conclusion: This study enables local services to assess their state of readiness regarding IC practice. A picture is developed of the factors requiring attention to facilitate achievement of IC across Ireland. Additionally, the terms and concepts are adjusted as necessary for the Irish setting, and the implications of these changes discussed, resulting in a validated tool for further local use.

Lessons learned: Learning points are identified on (i) the effort required to implement true IC across a whole system, and, (ii) using the framework outside sites with prior commitment to IC.

Limitations: The study's strength lies in its whole system basis, but this context must be considered carefully in applying the results to other systems.

Suggestions for future research: At a National Level, future research should explore best practice cases identified within this study. At a European Level, future research should consolidate the 7-dimension framework as a means of reaching a common understanding on IC implementation.

Keywords: integrated care; preparedness; best practice
