
CONFERENCE ABSTRACT**Learning from the development of Integrated Care Projects in Dementia**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Anne-Marie Brady¹, Mairead Bracken¹, Louise Daly¹, Aurelia Ciblis¹, Mary McCarron¹,
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Introduction: Due to demographical shifts and potential high demand for care, increased attention and leadership around dementia care within acute hospital services is anticipated. This is of particular concern due to potential barriers to timely patient flow associated with this cohort of vulnerable service users. This paper aims to report on scope and nature of service delivery reform needed to achieve integration in dementia care within the acute hospital sector.

Methods: Three acute hospital sites are included in the analysis, with data collected pre-implementation of the ICP. An audit of hospital organisation/environment and case notes was conducted. Ethical approval was secured from the Faculty of Health Sciences Research Ethics Committees in Trinity College Dublin and relevant hospital Ethics Committees.

Results: There was a high level of commitment and enthusiasm amongst service providers for dementia care and the development of an ICP. Data revealed the high demand for dementia-sensitive care and a number of gaps in service provision including absence of formalised dementia care pathways, inconsistent inreach/outreach arrangements between hospital and community, lack of standardisation in documentation and assessment and absence of formal system to alert personnel of dementia diagnosis. Gaps at an environmental and ward level such as reduced staffing levels were noted. The physical limitation of hospital as a suitable care environment for PwD was also highlighted. Areas for improvement to be addressed included colour schemes to allow PwD to find their way around the ward and clear marking of key areas. Pressure on resources and the need for active management of patients were highlighted as potential barriers to dementia care. A number of obstacles to optimal and timely patient flow were detected. The need for a central record was one of the most important aspects of early learning. Difficulties within the journey of care were highlighted including, for example, difficulties in assessment, delays in resolving capacity issues, high level of movement of patients within the hospital, and insufficiency in suitable community care provision.

Discussion: Findings highlight the significant and wide reaching reforms needed in all aspects of service delivery so the hospital care environment may be optimised to meet the needs of PwD. Such reform necessitates a coherent dementia strategy within hospitals so the

environment, care processes and staff are appropriately responsive to the needs of PwD. Considerable investment of time and resources is needed to fully understand the systems and processes that underpin the quality of integration in dementia care. The implementation of the proposed ICP is a lengthy and onerous process and there is significant change yet to be implemented within the three sites. These findings will inform the respective development and implementation process.

Conclusion: The findings outlined here provide an important comparison for assessment post-implementation of the ICP across all sites. There is significant early learning from the data, both on a national and international level, in relation to the development and implementation of ICPs in an acute hospital setting, with critical barriers to same highlighted.

Keywords: integrated care acute hospitals
