

# Clinical Design to Promote Integration & Good Transitions of Care

*Focus on older adults*

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# Integrated Care & Transitions of Care

**Integrated care** is about **continuity and coordination** of care to deliver outcomes that matter to people and communities

*N. Lennox-Chuggani (2023)*

## **Transitions of Care (AGS)**

A set of actions designed to ensure the **coordination and continuity** of health care as patients transfer between different locations or different levels of care within the same location.

# One version of the truth...

The population is ageing & increasing

❑ Activity is increasing (GP, NAS, ED, In-patient, Home supports, LTC)

❑ Acuity is increasing (90% of older adults who attend ED are sick)

❑ Complexity is increasing

➤ STEMI (63), Stroke (72)

➤ Cancer (68)

➤ Hip Fracture (81), Major Trauma (61) – 55% are aged over 65

➤ 55.5% having Emergency Surgery are aged over 65

# Harm is increasing

- Longest LoS in ED
- Longest LoS in hospital
- 30% get sicker in hospital
- Delayed Transfers of Care
- Higher institutionalisation rate
- Higher mortality rate
- Higher re-admission rate

# Multiple solutions have been implemented and failed – why?

A fundamental mismatch between the problems identified & the solutions implemented

1. Implementation and scaling up of solutions which are not evaluated for benefit to older adults or staff, impact on system or cost-effectiveness
2. Failure to de-implement ineffective, potentially harmful and inefficient solutions

# Our health system is not designed for older adults

***Because older adults are not simply people who have simply celebrated more birthdays: they are a cohort with different & age-specific needs.***

- The health system was originally designed to assess and treat people with an emergent illness or injury.
- As we age, our care needs can become more complex which is associated with increased risk of healthcare utilisation, harm and cost.
- Current health systems are not adequately prepared or ready for this complexity and older adults are at greatest risk for preventable harms and death as a consequence.

# Clinical design

## 1. Doing the right thing

- Led by the experience, needs and wants of older adults and staff
- Using high volume/ high risk patterns, data, evidence and best practice

## 2. Doing the thing right

- Is it effective – meet the needs & deliver a better experience and outcomes?
- Is it feasible?
- Is it of value?

## 3. Make things simpler



Our  
**National  
Service  
Plan 2024**



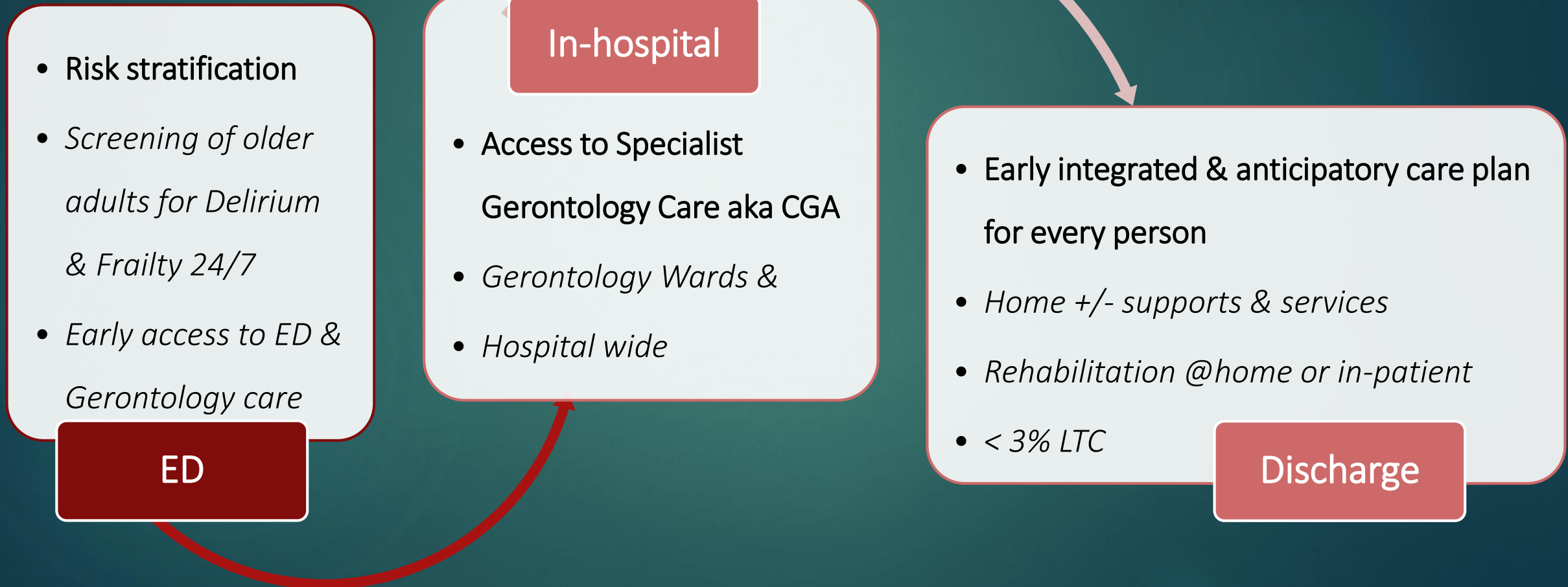
**HSE Urgent and Emergency  
Care Operational Plan 2024**

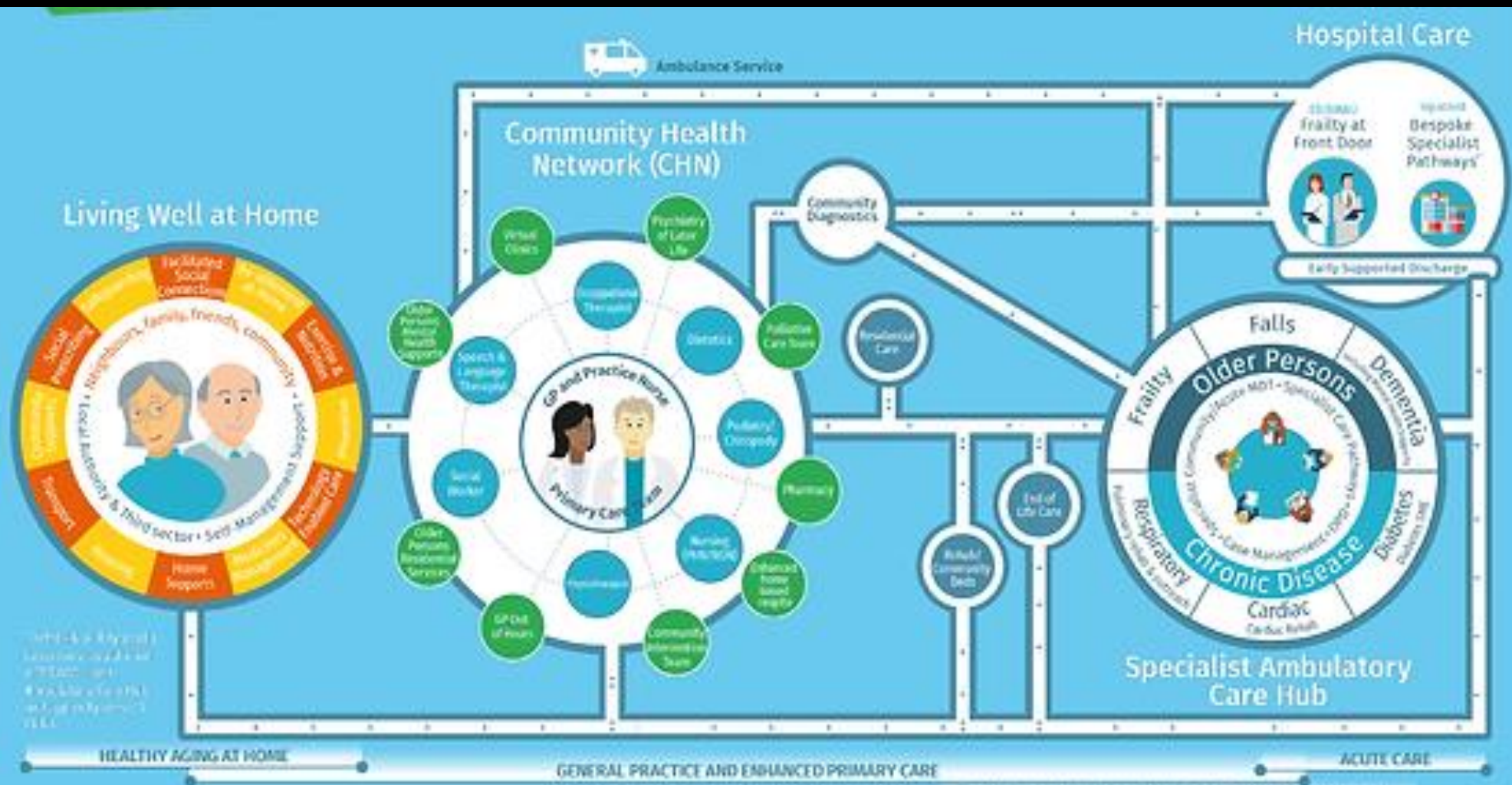
*Q2 2024 – Q1 2025*

*June 2024*



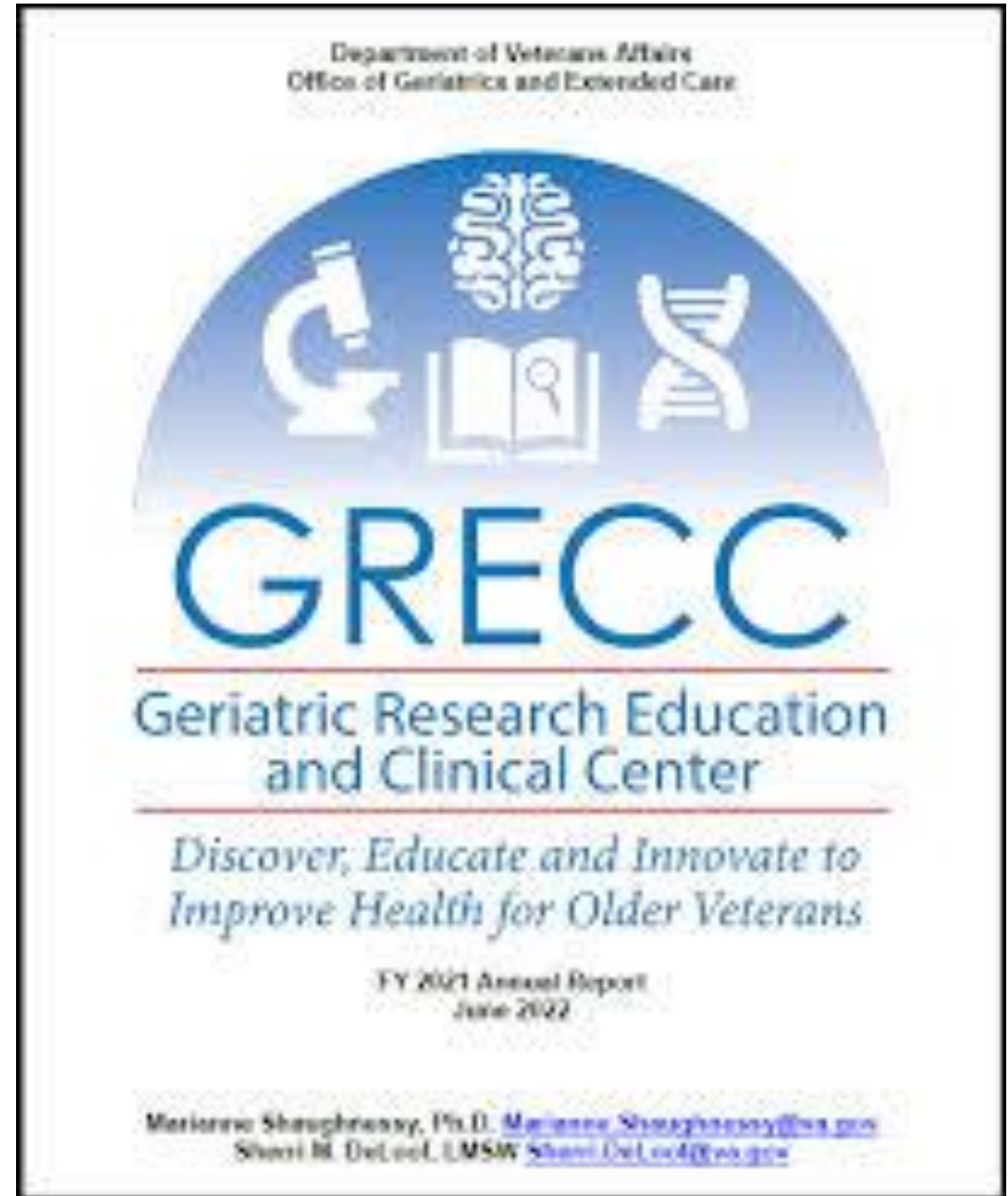
# UEC older adults – doing the right thing & doing it right...





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# What is an Age-Friendly Health System?

- Age-friendly Health Systems use the 4Ms evidence-based framework to effectively & efficiently organise complex care.
- The 4Ms can be used regardless of illness or injury across all care settings.
- The 4Ms framework ensures that every older adult *reliably* gets the best care possible, is not harmed by our health system and values the care they receive.



# Guide to Using the 4Ms in Care of Older Adults: Nursing Home

Assess: Know about the 4Ms for each older adult in your care	Act On: Incorporate the 4Ms into the plan of care
Ask What Matters	Align the care plan with What Matters
Review high-risk medication use	Deprescribe or do not prescribe high-risk medications
	Ensure sufficient oral hydration & nutrition
Screen for dementia	Consider further assessment & treatment of dementia or refer
Screen for depression	Treat depression
Screen for delirium at regular intervals	Action reversible causes
	Ensure older adults have their glasses & hearing aids
	Prevent sleep interruptions; use non-pharmacological interventions to support sleep
Screen for mobility	Ensure early, frequent, and safe mobility

# Impact of Implementing an AFHS

## Impact for Older Adults

- Improved clinical outcomes
- Improved healthcare experience
- Decreased harm
- Decrease in unnecessary medications
- Improved carer experience

## Impact for Staff

- Improved culture
- Improved staff satisfaction
- Enhanced staff competence
- Simplified, improved care planning processes
- Decrease in staff perception of moral injury

## Impact for System

- Reduced ED attendance
- Reduced LoS
- Reduced re-admissions
- Reduced institutionalization
- More cost-effective

# AFHS Proof of Concept

1. Partner with RHA	Co-design, test and evaluate the 4Ms Framework within agreed settings
2. Take a Strengths Based Approach	Undertake an as-is assessment to identify current strengths to build on and gaps to address
3. Build Knowledge across Teams	Support co-design approaches to adapt the 4Ms framework
4. Use Improvement Methods	Use QI methods and tools to support implementation with continual measurement to inform progress and learning
5. Facilitate Networking	Enable AFHS teams and services to share learning, celebrate achievements and support sustainability and spread
6. Build on Learning	Produce an AFHS toolkit and resources relevant to the Irish context to support spread across other settings and across regions



# Be more like Cork!



***“You have to be brave. You have to take on these things. There’s a chance you’re going to look like a fool, but we’ve looked like fools by doing the same thing and losing the last few years anyway... It’s a fine thing to try something different and try to win that way.”***

*Jamie Wall talking about Cork’s bravery on Saturday night 11<sup>th</sup> May 2024*



“Older patients are not a healthcare system’s problem, they are its purpose and services should be designed to meet their needs.”