SO, YOU WANT TO SET UP AN INTEGRATED CARE HUB? A 10 MONTH REVIEW OF OUR SERVICE

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Background: Our department has been providing an integrated care service in a centralised Hub since mid-2017. We looked at the data obtained over the last 10 months to see what trends appeared in patient contacts interacting with our service and what we may expect in the future.

Methods: Data for patient contacts between July 2017 and April 2018 were included for analysis. Data were exported from FileMaker-Pro to SPSS. The Kruskal-Wallis Test was used for comparison of non-parametric scalar variables between groups.

Results: 2,153 patient contacts were recorded over this period with 26.5% of patients attending once, 14.1% twice, 9.7% 3–5 times and 1.2% between 6–11 times. 62% of patients were reviewed by the Staff Nurse for general assessment/facilitated CGA, with CNS and physiotherapist involved 15% of the time, OT 4.2% and social worker 2.2%. 89.4% of this was direct Face-to-Face contact. Patients were most commonly reviewed in General or Memory clinics. Clinical Frailty Scale (CFS) scores were found to be a predictor of the number of attendances (p = 0.004). There was a significant trend seen with increasing CFS score and an increase in patient age (p < 0.001) and decreasing MOCA scores (p = 0.004), Barthel Score (p < 0.001) and Weight (p < 0.001). There was a non-significant trend towards greater PHN and Home Care Package input for patients with greater CFS scores.

Conclusion: The first nine months of activity in our Integrated Care Hub has demonstrated substantial demand for our services. All members of the MDT are involved in direct patient contact. The CFS score is predictive of the frequency of patient attendance and also correlates with a number of dependency variables as described above. We would propose therefore that the CFS be incorporated into the minimum data set for Integrated Care Hubs nationally.