Integrated Healthcare Conference:

Meeting the Needs of Older Adults

Liffey Hall A, Convention Centre Dublin
4 September, 2025. 11:45 – 13:00

Rialtas na hÉireann
Government of Ireland

Welcome & Introduction

Patricia Whelehan
HSE Assistant National Director - Services for Older People
Access & Integration

Introduction

- Welcome to our *Meeting the Needs of Older Adults* breakout session

- Logistics
  - Mobile phones on silent
  - Access to Slido – QR Code
  - Time keeping

- Our plan for this morning.

Agenda

Agenda		
Duration:	**Topic**	**Speakers**
3 mins	Welcome and Introduction	Patricia Whelehan, AND Service for Older People, HSE A&I
8 mins	Age Friendly Ireland	Amro Hamid, Vice Chair National Network of Older People's Councils
8 mins	An overview of Services for Older Adult Services	Kathleen Jordan, Head of Service, HSE Home Support Services
8 mins	Meeting the Needs of Older People through an Age Friendly Health System • 4Ms Framework: What Matters, Medication, Mind, and Mobility	Dr. Emer Ahern, NCAGL Older Persons
8 mins	Overview of Developments in Dementia	Dr. Sean O'Dowd Cinical Lead Dementia
20 mins	Case Studies & Practice Innovation Presentations from the Regional Health Areas: 1. What Matters 2. Mind 3. Medication & Mobility 4. Joining the Dots (i) 5. Joining the Dots (ii)	1. Mary Doolan, ICPOP Op Lead, Laois / Offaly 2. Elaine McDonagh, CNS Mental Health, Sligo / Leitrim 3. Lisa Byrne, cANP in Older Adult Care, Royal Hospital Donnybrook 4. Liz Nolan, Community Connector for Older Persons, Carlow / Kilkenny 5. Robert Kelly, Older Persons Services Manager, Home Support Services, HSE Dublin and Midlands
15 mins	Questions and answers via Slido	Patricia Whelehan
5 mins	Closing Remarks	Patricia Whelehan
Total:	75 mins	

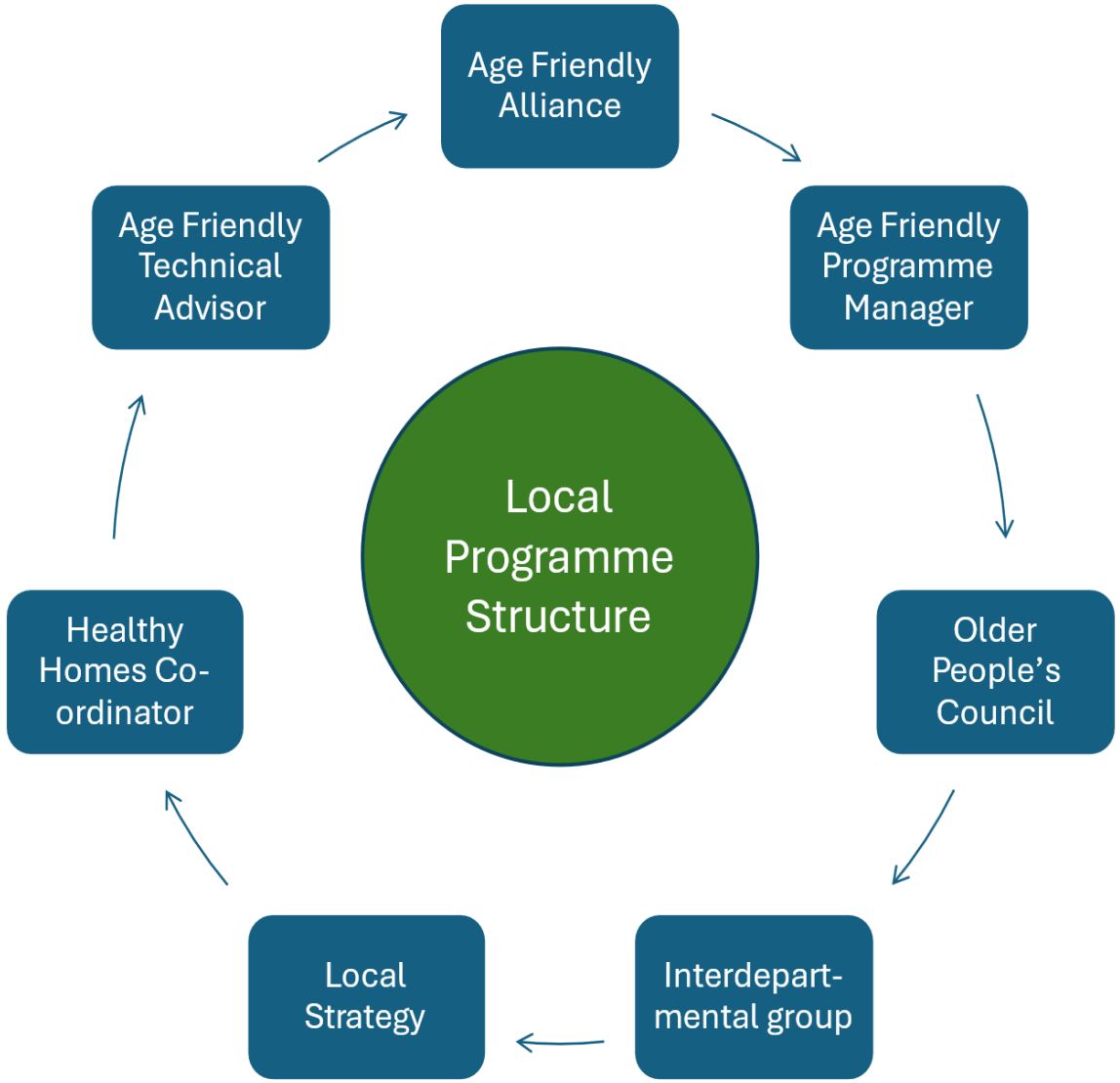
Age Friendly Ireland

Amro Hamid
Vice Chairperson National Network of Older People's Councils

Local Age Friendly Programme Structure

The Older People's Council is one component of the local Age Friendly Programme Structure.

The programme structure includes staff members in the local authority and interagency groups represented on the Age Friendly Alliance

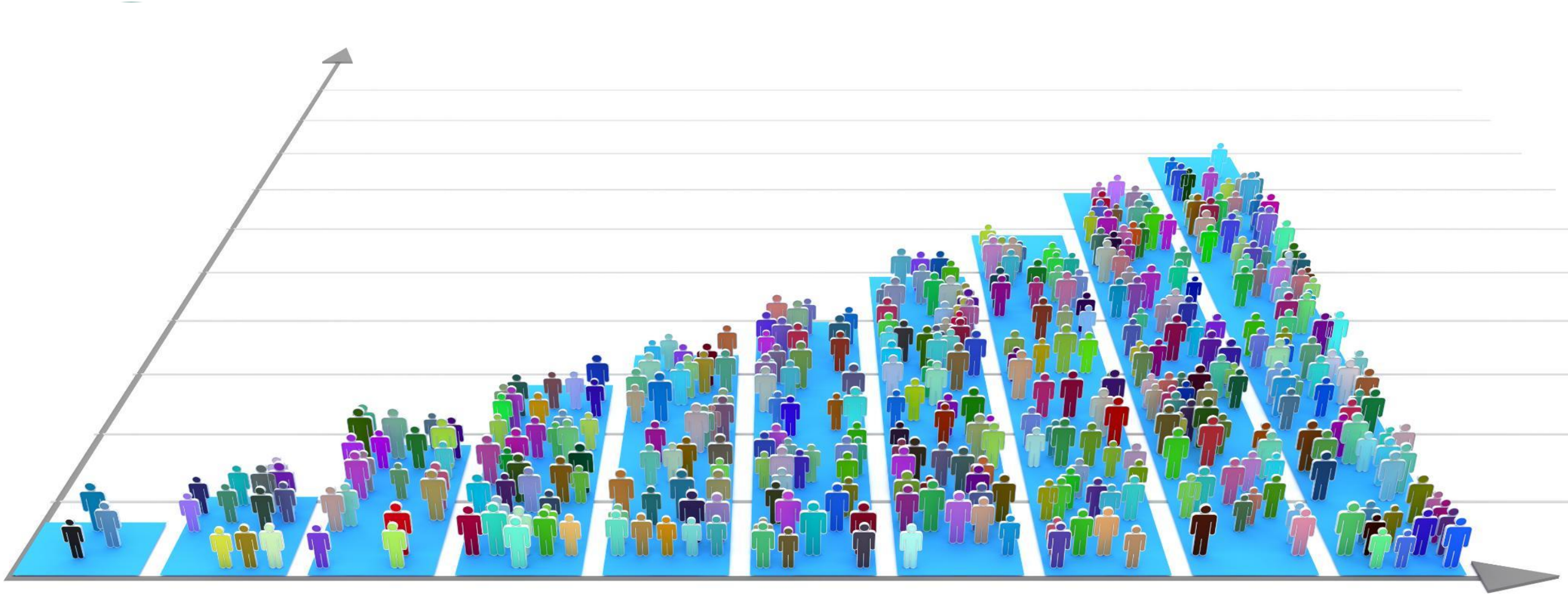


Empowering Age-FRIENDLY COMMUNITIES

Through Transformative Care Approaches

Meeting Programme

- Understanding Age-Friendly Principles
- Challenges Faced by Older Adults in Traditional Care Systems
- Transformative Models of Care for Older Adults
- Measuring Success and Sustaining Change



*2020. Population for 65+ was ***701,000***

*2025. Population for 65+ is ***861,000***

*2030. Expected for 65+ will be ***1,000,000*** (nearly 18% of total population)

Understanding Age Friendly Principles

- Respect and Dignity
- Inclusiveness
- Accessibility
- Choice and Control
- Holistic Approach
- Community Engagement
- Support for Caregivers
- Lifelong Learning

Challenges Faced - Older Adults in Traditional Care System

- **Limited Personalization**
- **Accessibility Issues**
- **Lack of Communication**
- **Social Isolation**
- **Inadequate Training for Staff**
- **Financial Barriers**
- **Fragmented Care**
- **Stigma and Ageism**
- **Health Literacy**
- **Transition Challenges**

Transformative Models of care for older adults

Patient Center -Care

Interdisciplinary Teams*

Care Coordination

Community-Based Services

Telehealth Integration:

Chronic Disease Management

Social Determinants of Health

Health Literacy Programs

Family Involvement

Outcome Measurement and Feedback

Measuring Success and sustaining Changes

- Establish Clear Metrics
- Regular Feedback Mechanism
- Data-Driven Decision Making
- Interdisciplinary Collaboration
- Training and Development
- Sustainability Planning.
- Community Engagement
- Celebrate Successes and Share Best Practice

Overview of Older Adults Services

Kathleen Jordan
HSE Head of Service – National Home Support Office
Services for Older People, Access & Integration

Older Person Services

- Older Persons' Services at national and regional level contribute to the continued enhancement of integrated healthcare services for older people who require increased access to care and supports, at home and in the community to enable older people to remain living at home, as independently as possible, for as long as possible.

- A wide range of services including home support, residential care, day care, meals on wheels, transitional and short stay care, including respite and rehabilitation services, are enabling increased access to care and supports in the community and egress from acute hospitals.

- Older Person Services prioritise support services towards older people most at risk of admission to hospital and enable them wherever possible to receive appropriate care and support in the community.

- In addition, there is a range of other community supports available through voluntary and community services such as community connector, subject of one of today's presentations.

Older Person Services – A Snapshot

- **Home Support - 23.76m** Home Support Hours delivered to **59,671** people in 2024; 14.5m July YTD Continued growth in delivery of Home Support – a **6.63m/+38.7%** increase in delivery since 2018

- **Day Care Services-** Nationally, over **300+** HSE funded organisations providing day care services

- **Meals on Wheels - 708,655** meals provided to **54,048** people per quarter

- **Supporting Hospital egress -** provision of additional short stay therapy bed capacity

- **Long Term and Short Stay Residential Care – 127** HSE Community Nursing Units nationally providing both long stay and short stay care

- **Nursing Home Support Scheme - 24,150** long term public and private residential places in July 2025

Context for Change

Demographics

- ESRI Report (June 2025) – impacts on home support services and long-term residential care

Quality & Safety

- Assurance of equitable and timely access, standardised service user experience, realisation of best practices and efficiencies

Digital Advances

- Improved access to information, better integration and greater work efficiencies

Staffing

- Recruitment and retention challenges

Structural Reform

- Changing healthcare delivery environment

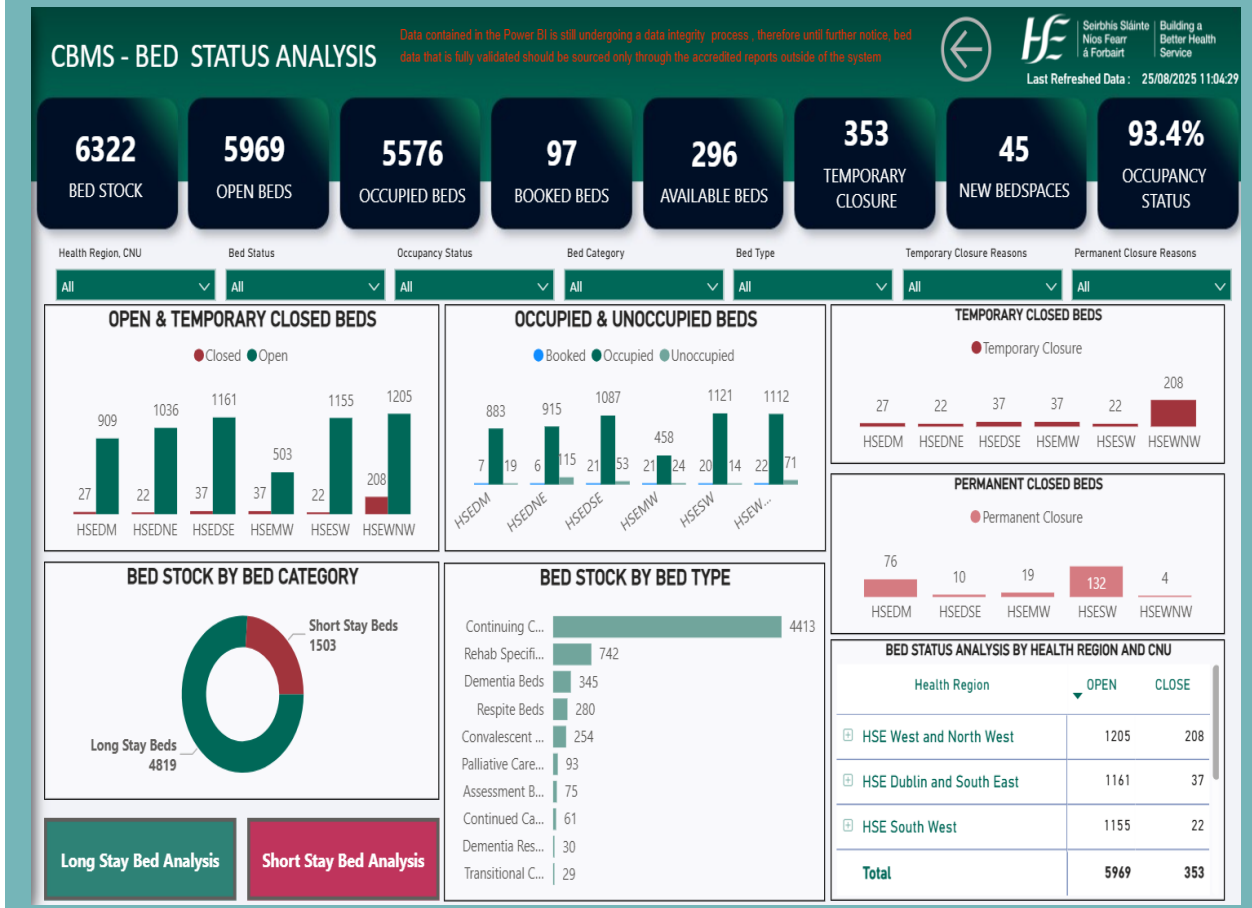
Developments in Older Person Services

- Community Bed Management System.
- Community Nursing Unit Capital Programme.
- Introduction of Regulations for Providers of Home Support Services.
- Introduction of HIQA National Standards for Home Support Services.
- Health (Amendment) (Licencing of Professional Home Support Providers) Bill.
- Development of a future Home Support Services operating model to include all adults over 18-years.
- Implementation of interRAI for Home Support.
- ICT enablement of Older Person Services – Digital for Care Strategy.

Bed Management System – BMS

- The Community Bed Management System (CBMS) is part of the national BMS that has been developed to track bed space capacity for all Acute Hospitals and CNU's.
- CBMS is the first digital solution for bed management that has been implemented nationally across all 127 CNU's / S38's.
- In addition to a Data Collection Tool the CBMS includes a Power BI Reporting Dashboard providing real time bed data.
- The CBMS supports planning and decision making both nationally and regionally in terms of capacity and patient flow.

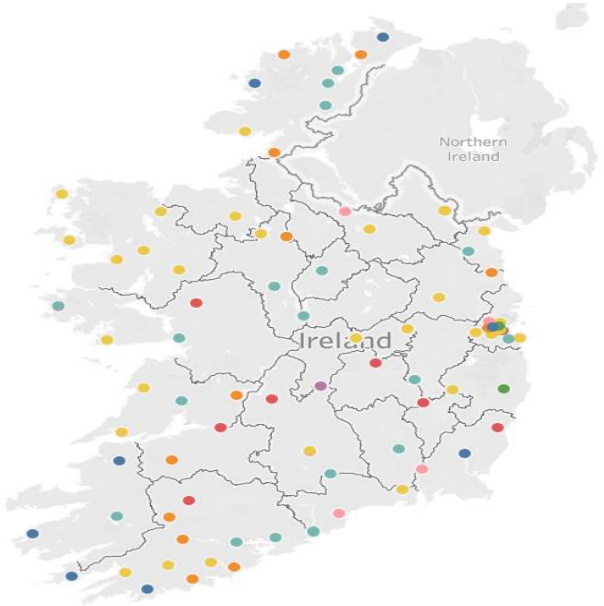
CBMS Dashboard View



Community Nursing Units Capital Programme

A capital programme of investment is in progress in public residential care, recognising the requirement for regulatory compliance with HIQA Standards.

- NSP 2024 and 2025 provides for 1,600 new and replacement beds in our CNUs.



- Work is currently being undertaken by HSE Department of Health Working Group to increase public Long-Term Residential Care Capacity.
- This groups objectives are to;
  - Increase public nursing home capacity
  - Include dementia specific provision across all new CNU's

Regulations for Providers of Home Support Services

The December 2023 draft regulations document is currently laid out in four main sections

Service Provision:
1. Statement of Purpose,
2. Principles of Service Delivery,
3. Agreement between Provider and Service User,
4. Needs Assessment,
5. Personal Support Plan,
6. Service Delivery,
7. Safeguarding and Protection,
8. Medication Support

Staffing:
9. Staffing Requirements
10. Education, Training and Supervision

Corporate Governance:
11. Service Management,
12. Records and Reporting,
13. Financial Procedures

Corporate Oversight:
14. Policies and Procedures,
15. Complaints Management,
16. Infection, Prevention and Control,
17. Risk Management,
18. Quality Assurance

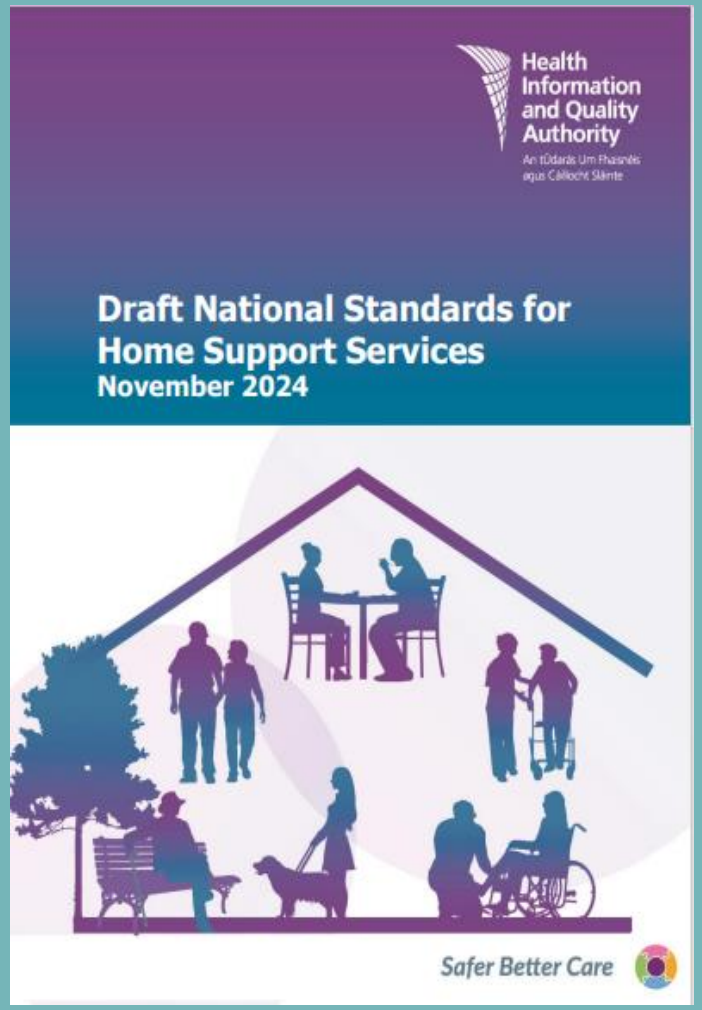
Draft National Standards for Home Support Services

(Nov. 2024)

HIQA National Standards for Home Support Services under development to support the regulations

The Standards include the following Principles:

- Human Rights-based Approach
- Safety and Wellbeing
- Responsiveness
- Accountability



HSE Home Support Service Operating Model

A highly participative and collaborative approach with stakeholders forms part of our preparation and implementation of a reformed home support service delivery model, compliant with future regulations and national standards, using the HSE Change Guide *Peoples Needs Defining Change* framework.

interRAI Home Care (HC) Assessment

interRAI HC has been **selected by DoH and HSE** as the **needs assessment** to **underpin** the **Statutory Home Support Scheme.**

All **adults over 18 years**, being assessed for home support services, will have an **IT-based comprehensive assessment** to fully **identify their needs**, ranging from **clinical to social supports**. The interRAI HC generates **27 Outcome Scales** researched and validated against conventional "gold standard" measures.

Focus 2025: Implementation of interRAI for Home Support to ensure **readiness for the pending regulations** and reformed model.

"Speaking one Language for High Quality Care Worldwide"

www.interRAI.org

interRAI™

ICT Enablement of Older Person Services under Digital for Care

HSE Digital Health Strategic Implementation Roadmap

- Support the procurement, deployment and management of a number of ICT systems that will support the delivery of connected care for Older Persons.
- Provide for appropriate connectivity, allowing for improved efficiencies and collaborative working between national and regional teams.

ICT Home Support System/Nursing Home Support Scheme

- To ensure compliance with existing and future home support provider legislation, the service will need to be digitally enabled.

InterRAI Ireland National System – International Resident Assessment Instrument

- The focus is to initially embed into Home Support (Incorporating Older People, Primary Care, Disability and Mental Health) but expanding into Long Term Care and Potential Palliative and Acute Care.

Community Bed Management System (CBMS)

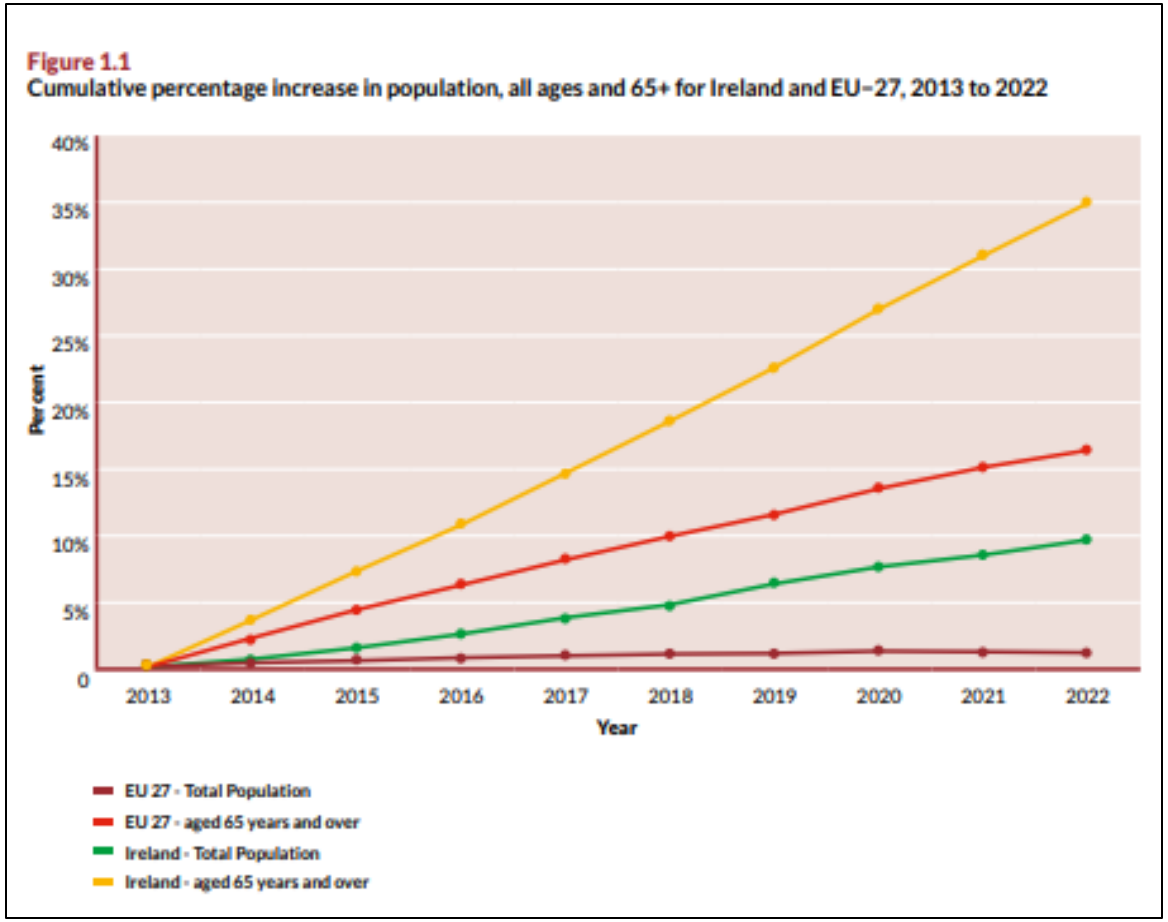
- This system provides for live collection of bed data using a Microsoft platform and Power Bi Reporting
- CBMS data supports the CNU Capital Programme and agreed National Service Plans

Meeting the Needs of Older People Through an Age Friendly Health System

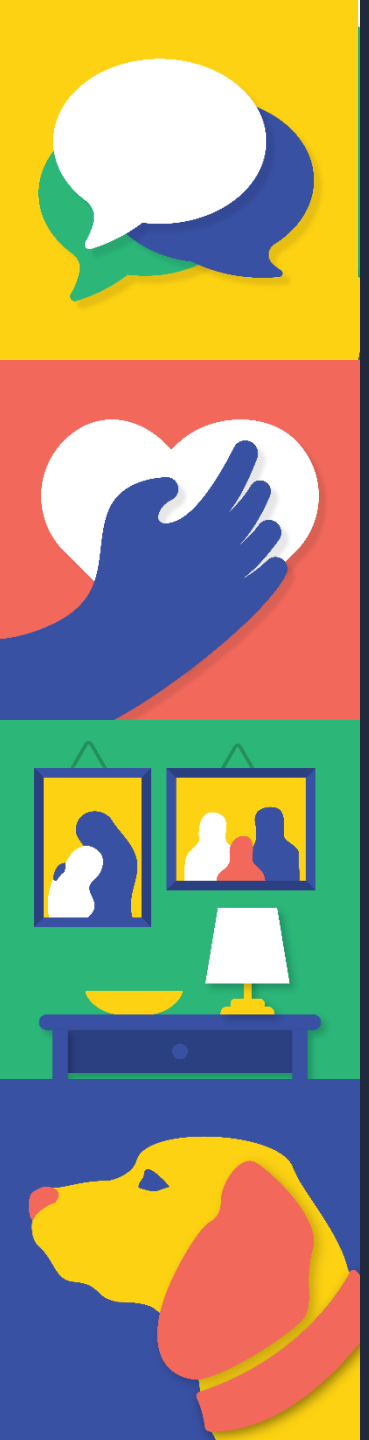
Dr Emer Ahern
HSE National Clinical Advisor & Group Lead Older Persons
Clinical Design and Innovation

What Matters - Medication - Mind - Mobility

The Challenge

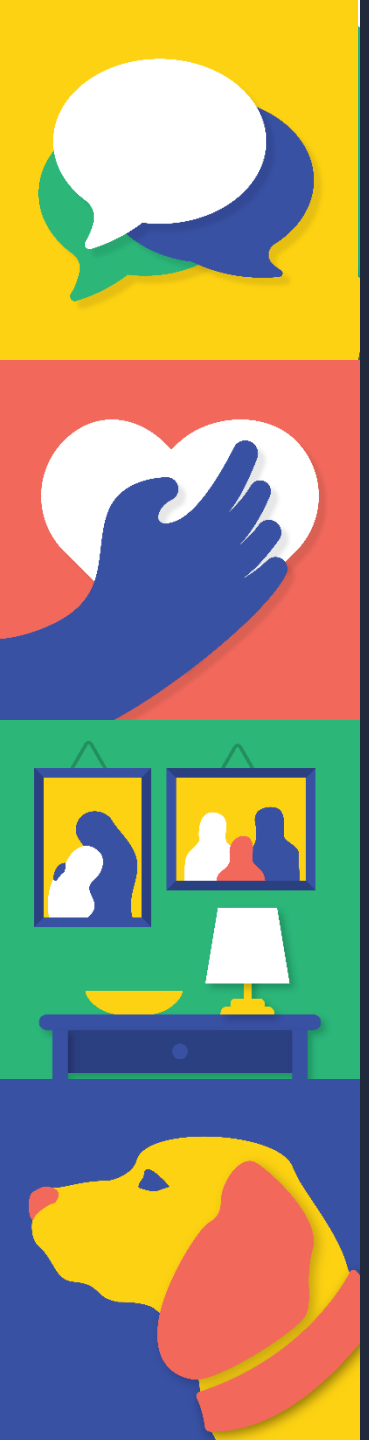


- Ageing population growing rapidly.
- Older adults are the highest per capita users of healthcare.
- Any increase in the number of older adults leads to large increases in the demand for care.
- Are most affected by harm arising from fragmented and episodic care.



Why It Matters

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



Our health system is not designed for older adults

Older adults are not simply people who have celebrated more birthdays; they are a cohort with different & age-specific needs

- They present differently when sick
- Their bodies, minds and personalities react differently when sick
- They need bespoke assessments & treatments to get better
- They can be harmed by medications & treatments given to make them better
- They needs staff who are skilled to recognise these differences
- They need age-friendly environments to ensure dignity & reduce harm
- They need their families and friends
- They need time & access to rehabilitation to recover

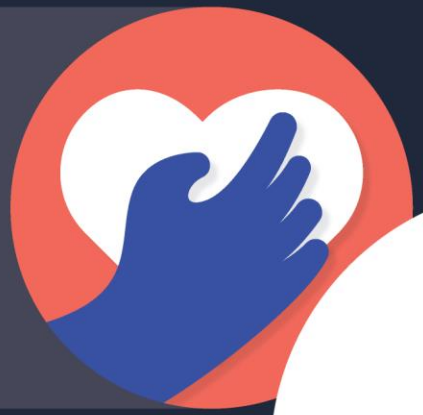
Vision

By 2030, Ireland will become the first country in the world with an Age-Friendly Health System - where every older adults can live well and thrive.

- ✓Every older adult, in every care setting will receive safe, effective, and person-centred care.
- ✓This vision is built on the **4Ms Framework**

What Matters

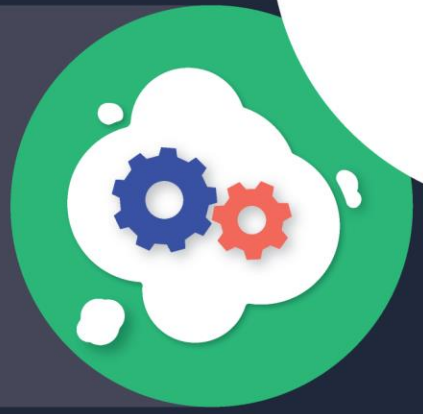
Understand what matters most to each older adult, ensuring care aligns with their will and preference.



Medication

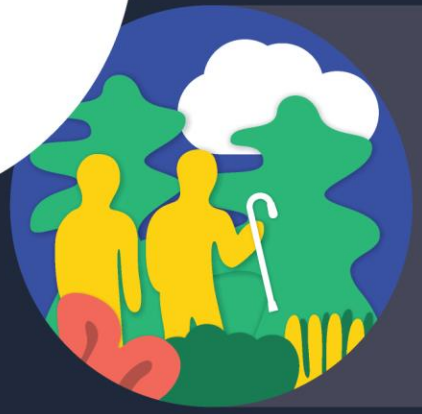
Prescribe medication thoughtfully and safely. Choose medications that benefit ‘What Matters’, Mind and Mobility.

4Ms



Mind

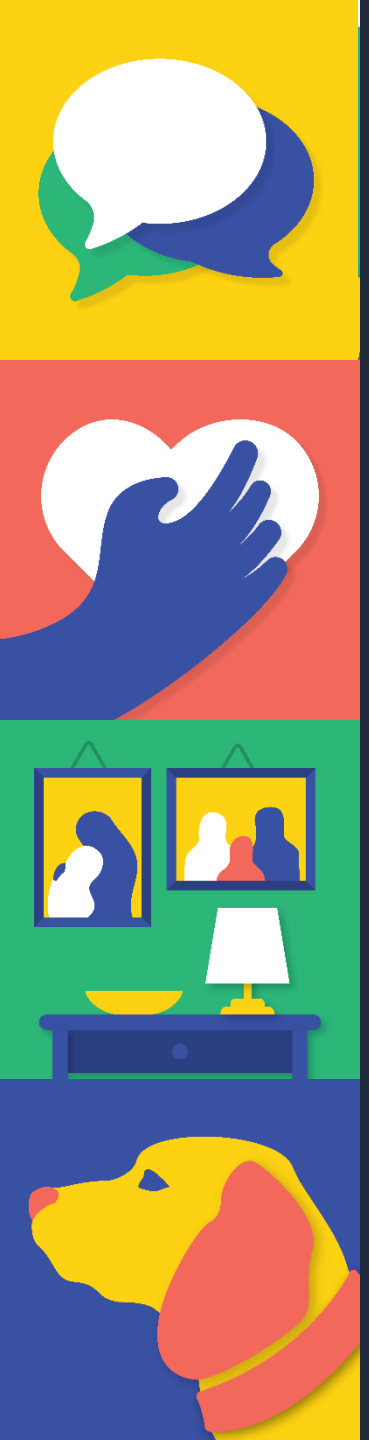
Support a healthy mind & emotional wellbeing by the prevention, early recognition & treatment of delirium, dementia & depression.



Mobility

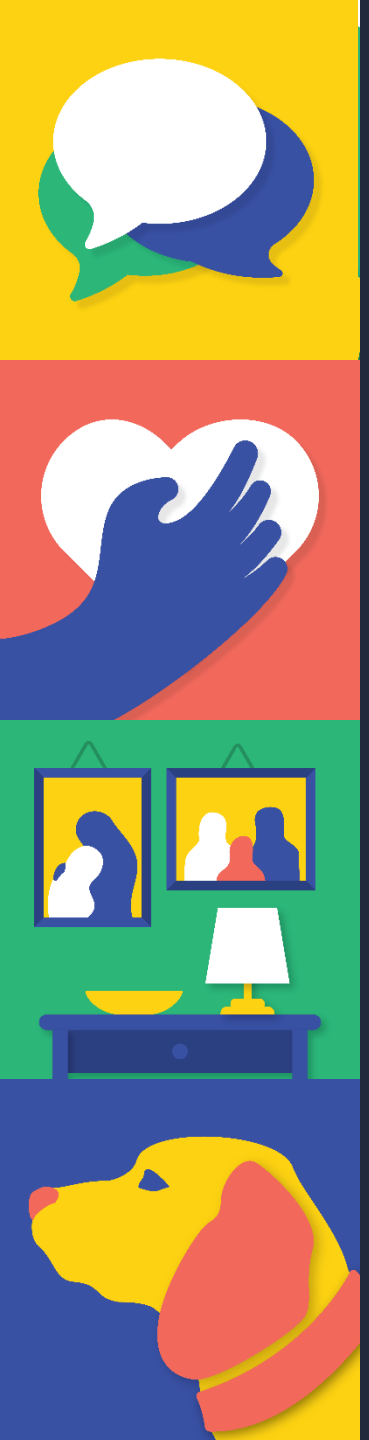
Support older adults to live, thrive & do ‘What Matters’ most to them.

What Matters - Medication - Mind - Mobility



What is an Age-Friendly Health System?

- The 4Ms can be used regardless of illness or injury.
- The 4Ms framework is simple and robust enough to maintain a common identity across all care settings, and agile and elegant enough to adapt to local needs.
- The AFHS 4Ms framework represents a broad shift by healthcare systems to be led by the needs, will and preferences of older adults.



How do we get there

The establishment of six Health Regions (RHAs) and Integrated Health Areas (IHAs) is the opportunity to design health systems that truly meet the needs of older adults.

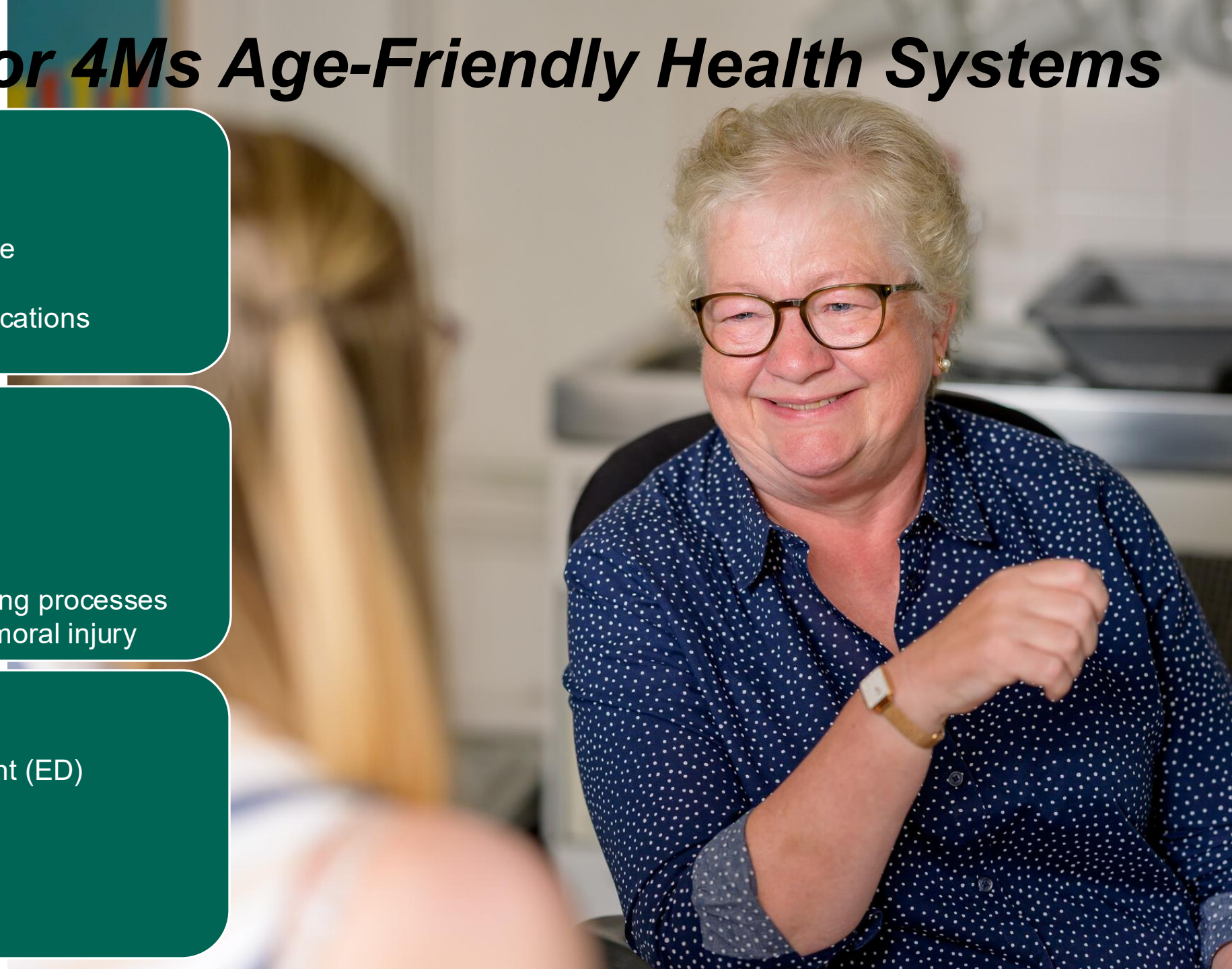
The 4Ms Framework

- Provides a unifying standard of care across all services.
- Acts as the cultural and clinical foundation for age-friendly healthcare.

Delivery Mechanisms

- **Clinical Networks of Care** - formal structures to ensure governance, oversight and consistent application of the 4Ms.
- **The 10-Step Framework** - structured approach to guide local and regional implementation.
- **HR/IHA Service Planning** – aligning regional strategies and service plans with 4Ms.
- **Data and KPIs** – measuring outcomes, experiences, and productivity consistently aligned with the national policy and HSE priorities.

The Impact for 4Ms Age-Friendly Health Systems



Impact on Older Adults

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

Impact on Staff

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

Impact on System

- Reduced Emergency Department (ED) attendance
- Reduced length of stay (LoS)
- Reduced re-admissions
- Reduced institutionalisation
- More cost-effective


What Matters
Medication
4Ms
Mind
Mobility
What Matters - Medication - Mind - Mobility

National Dementia Services

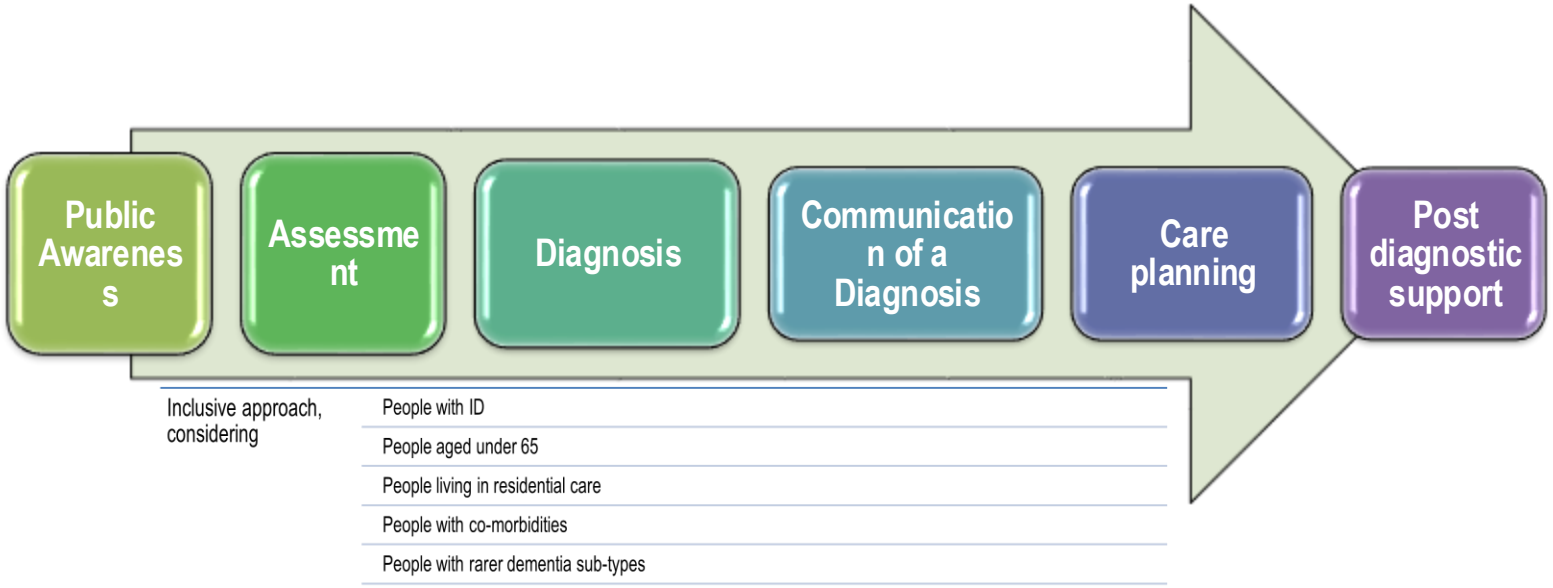
Dr Seán O Dowd
Clinical Lead - HSE National Dementia Services
Tallaght University Hospital

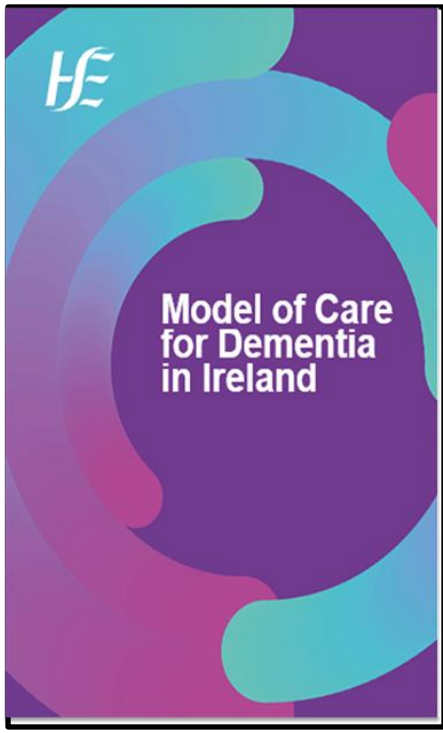
dementia understand together

Context

- People in Ireland are living longer than ever before - 82.6 yrs.
- Testament to medical and public health advancements
- Est. 77,000 people living with dementia in Ireland. Prevalence in Ireland expected to increase to 164,000 people by 2046
- Pre-dementia states (“Mild cognitive impairment - MCI”): 2-3x this number
- Less than 40% of cases diagnosed; even fewer with a subtype:
  - Missed opportunities for symptomatic treatments and cognitive therapies
  - Missed opportunity for advanced care planning, family support and education → inappropriate hospital admissions, premature conversion to LTC etc.
  - Early assessment is critical to alter the illness trajectory

Model of Care (2023): 37 Targets and Practice Recommendations





Diagnostic Model: Three Levels of Assessment

Level 1 – GP Delivered Assessment

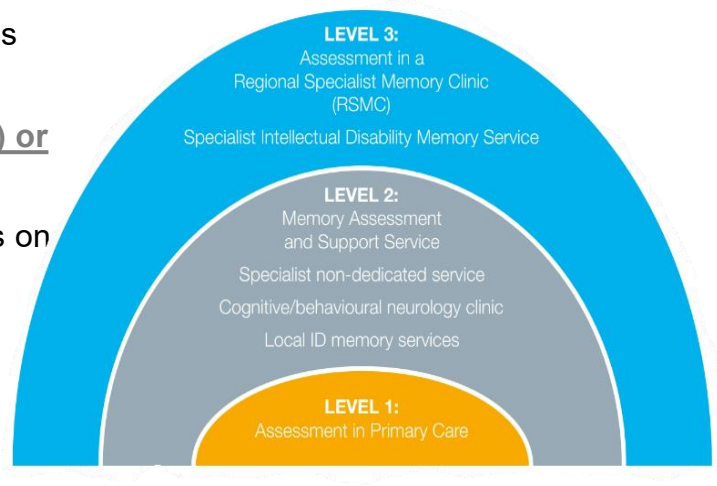
- Decision on **appropriateness of referral** to Level 2 / 3 is at the discretion of the primary care physician

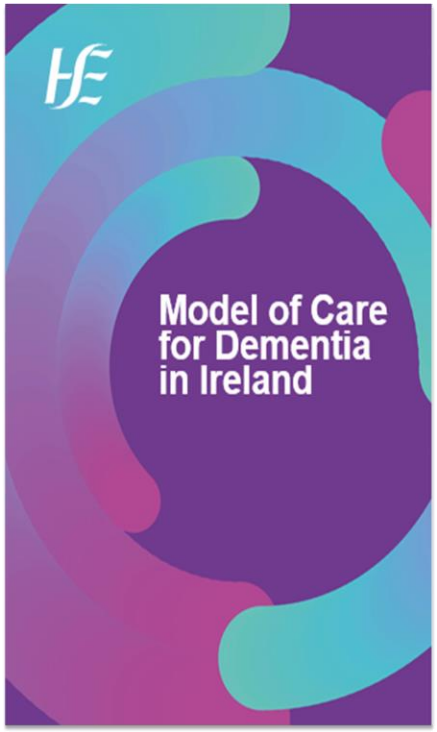
Level 2 – Memory Assessment & Support Service (MASS) or Other Specialist Service

- **Diagnostic assessment** in a MASS will generally focus on older persons with a typical and clear presentation

Level 3 – Regional Specialist Memory Clinic (RSMC)

- Based in **tertiary care, diagnostic assessment** in an RSMC
  is generally for younger, atypical or unclear presentations that requiring a more detailed assessment





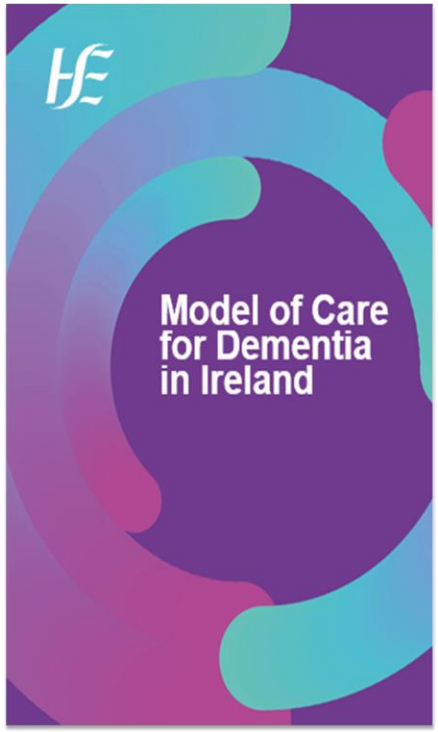
Model of Care: Key Targets for Access & Diagnosis

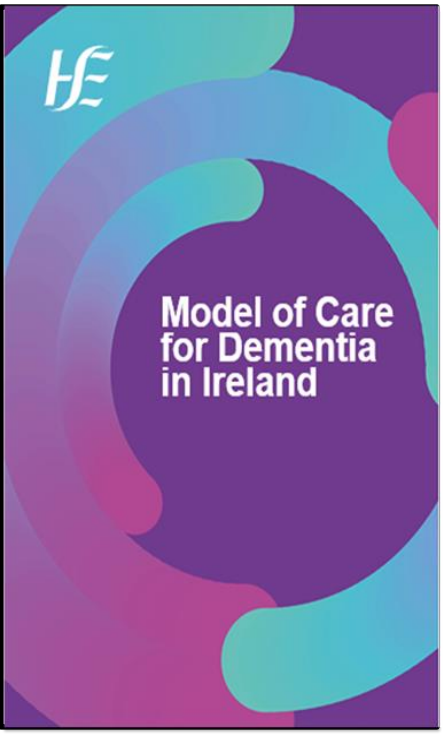
Target 1:
There should be a minimum of one Memory Assessment and Support Service (MASS) per local population of 150,000 people

Target 2:
There should be a minimum of five Regional Specialist Memory Clinics (RSMCs) nationally.

Target 14:
For diagnostic assessment at Level 2 and Level 3, the person should be seen within six weeks of referral.

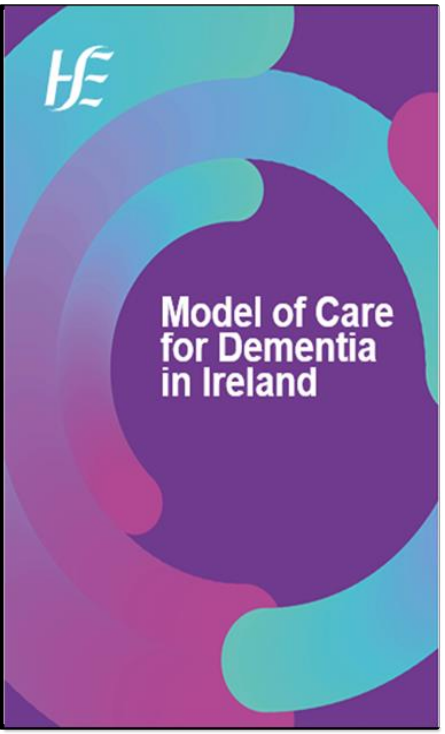
Target 15:
80% of people who have undergone an assessment should receive their results within three months.



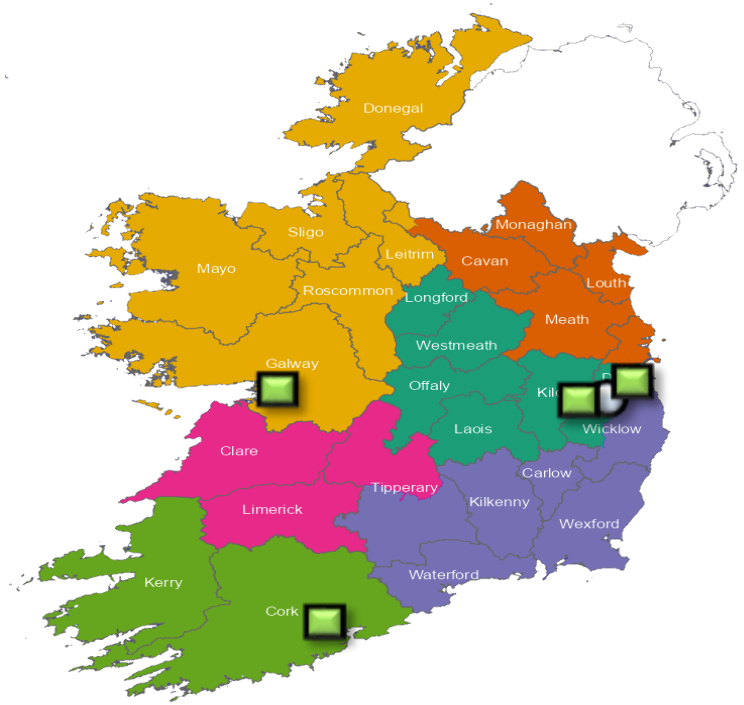


National Intellectual Disability Memory Service

Operational National Intellectual Disability Memory Services (NIDMS)

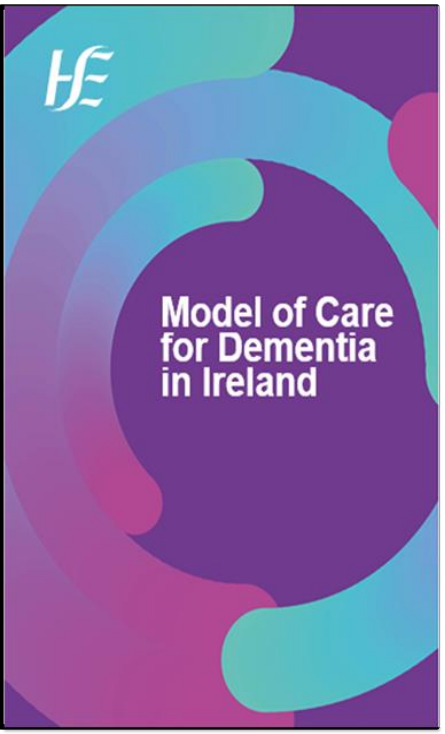


Operational Regional Specialist Memory Clinics (RSMC)

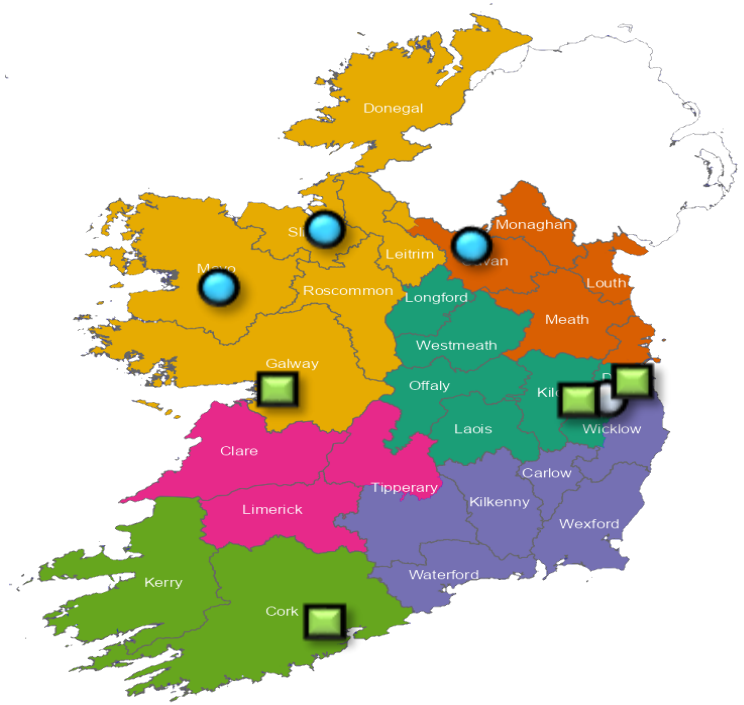


Operational National Intellectual Disability Memory Services (NIDMS)

Operational Regional Specialist Memory Clinics (RSMC)



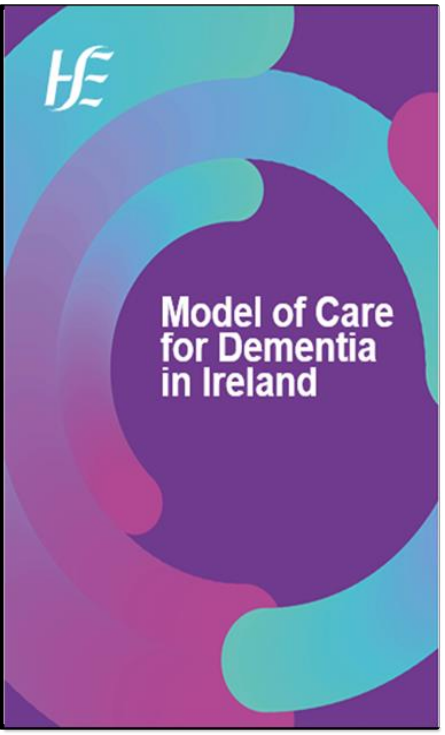
Operational Memory Assessment & Support Services (MASS)



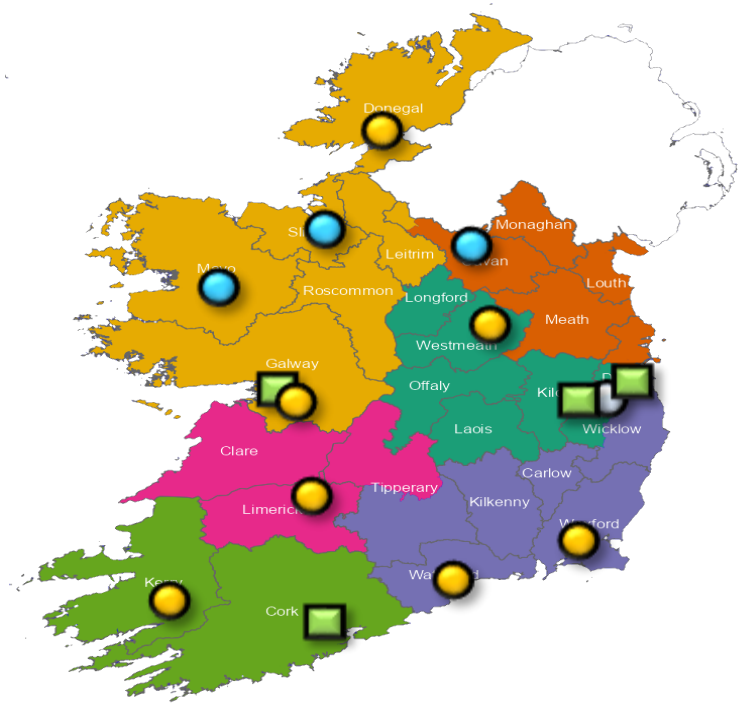
Operational National Intellectual Disability Memory Services (NIDMS)

Operational Regional Specialist Memory Clinics (RSMC)

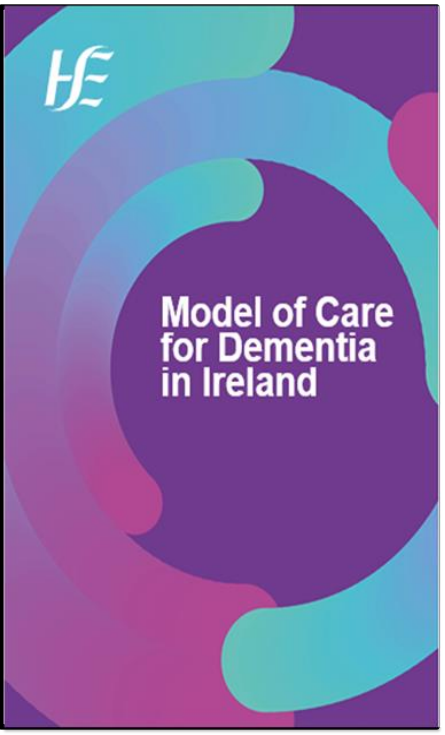
Operational Memory Assessment & Support Services (MASS)



Evolving Memory Assessment & Support Services (MASS)



- Operational National Intellectual Disability Memory Services (NIDMS)
- Operational Regional Specialist Memory Clinics (RSMC)
- Operational Memory Assessment & Support Services (MASS)
- Evolving Memory Assessment & Support Services (MASS)

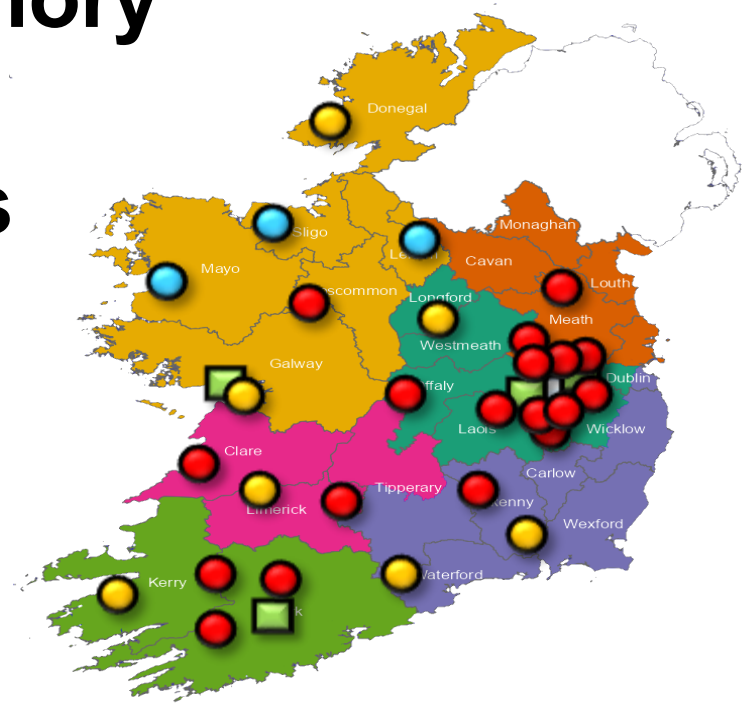


Future Plan: Memory Assessment & Support Services (MASS)

Target 1:
There should be a minimum of one Memory Assessment and Support Service (MASS) per local population of 150,000 people

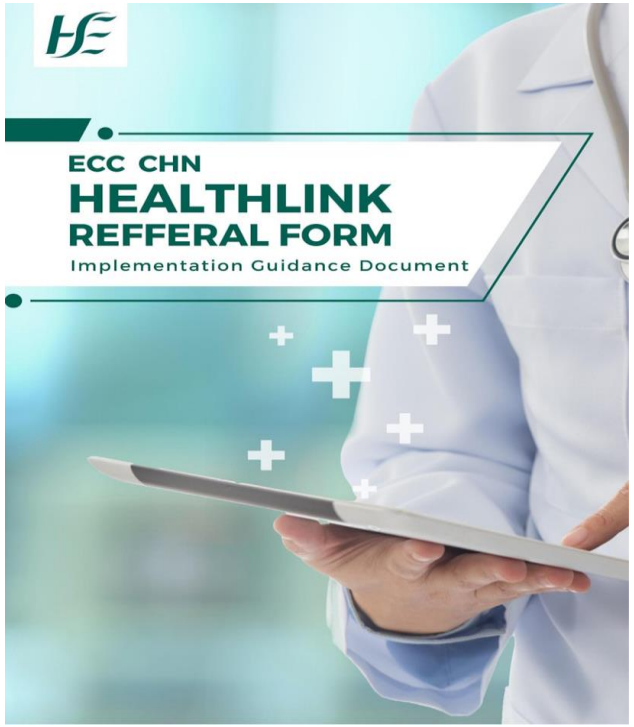
Target 14:
For diagnostic assessment at Level 2 and Level 3, the person should be seen within six weeks of referral.

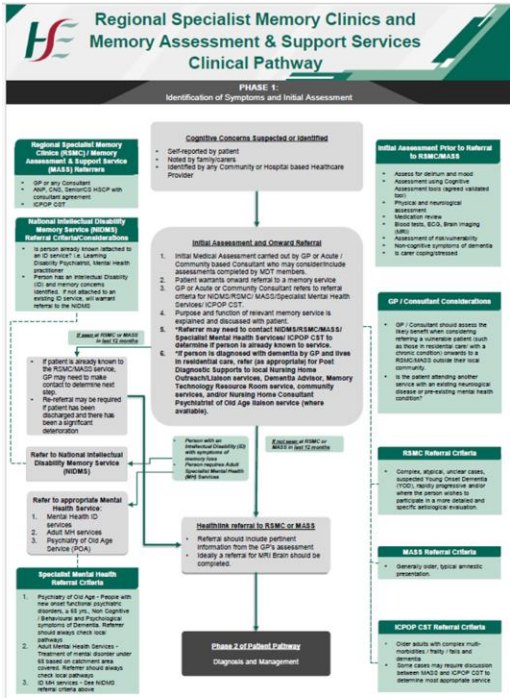
Target 15:
80% of people who have undergone an assessment should receive their results within three months.



- Operational National Intellectual Disability Memory Services (NIDMS)
- Operational Regional Specialist Memory Clinics (RSMC)
- Operational Memory Assessment & Support Services (MASS)
- Evolving Memory Assessment & Support Services (MASS)
- Future Memory Assessment & Support Services (MASS)

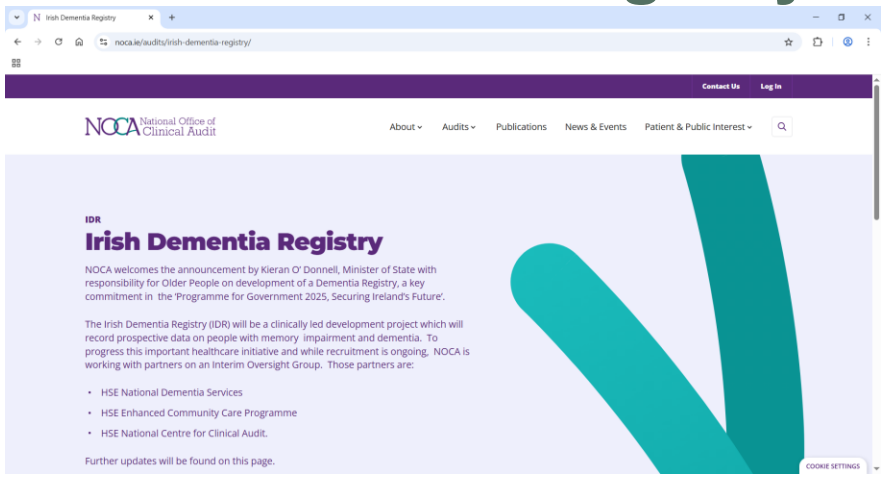
dementia
understand together





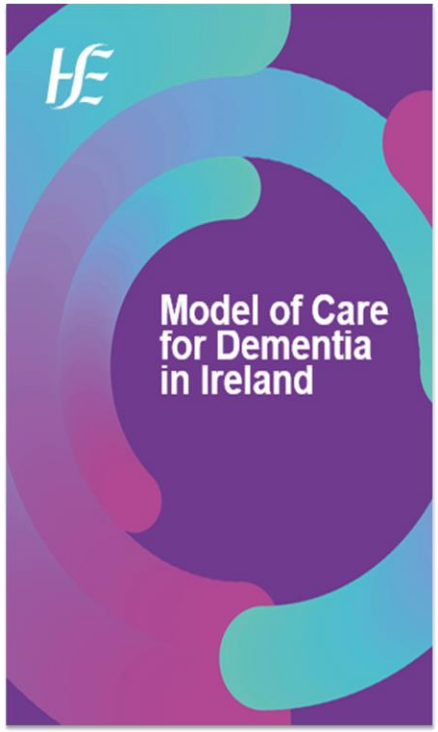
Model of Care for Dementia in Ireland

Irish Dementia Registry



The Irish Dementia Registry will provide an effective framework for the collection of reliable and accurate incidence and prevalence data which will

- **guide service planning and delivery**
- **support research**
- **inform policy**

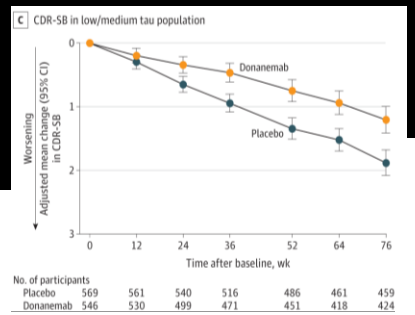


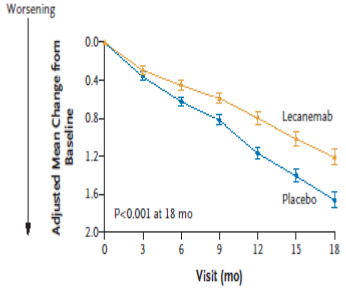
Disease-Modifying Therapies (DMTs) for Alzheimer's Disease

Original Article

Lecanemab in Early Alzheimer's Disease

Christopher H. van Dyck, M.D., Chad J. Swanson, Ph.D., Paul Aisen, M.D., Randall J. Bateman, M.D., Christopher Chen, B.M., B.Ch., Michelle Gee, Ph.D., Michio Kanekiyo, M.S., David Li, Ph.D., Larisa Reyderman, Ph.D., Sharon Cohen, M.D., Lutz Froelich, M.D., Ph.D., Sadao Katayama, M.D., Marwan Sabbagh, M.D., Bruno Vellas, M.D., David Watson, Psy.D., Shobha Dhadda, Ph.D., Michael Irizarry, M.D., Lynn D. Kramer, M.D., and Takeshi Iwatsubo, M.D.





Research

JAMA | Original Investigation

Donanemab in Early Symptomatic Alzheimer Disease
The TRAILBLAZER-ALZ 2 Randomized Clinical Trial

John R. Sims, MD; Jennifer A. Zimmer, MD; Cynthia D. Evans, PhD; Ming Lu, MD, MS, MPH; Paul Ardayfio, PhD; JonDavid Sparks, PhD; Alette M. Wessels, PhD; Sergey Shcherbinin, PhD; Hong Wang, PhD; Emel Serap Monkul Nery, MD; Emily C. Collins, PhD; Paul Solomon, PhD; Stephen Salloway, MD; Liana G. Apostolova, MD; Oskar Hansson, MD, PhD; Craig Ritchie, MD, PhD; Dawn A. Brooks, PhD; Mark Mintun, MD; Daniel M. Skovronsky, MD, PhD; for the TRAILBLAZER-ALZ 2 Investigators

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Home > News > Leqembi recommended for treatment of early Alzheimer's disease

Leqembi recommended for treatment of early Alzheimer's disease

14 November 2024

Re-examination concludes that benefits outweigh risks in a restricted patient population

News | Human | Medicines

International Journal of Geriatric Psychiatry

WILEY

International Journal of Geriatric Psychiatry

RESEARCH ARTICLE OPEN ACCESS

Projected Annual Lecanemab Treatment Eligibility in an Irish Regional Specialist Memory Clinic

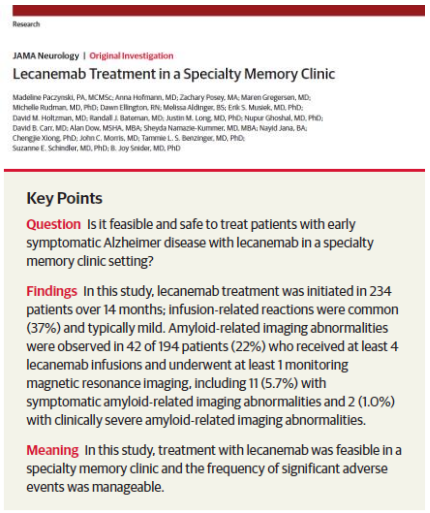
Eimear Connolly[1,2] | Antoinette O'Connor[1,3] | Helena Dolphin[1,2] | Adam H. Dyer[1,2] | Aoife Fallon[1,2] | Sean O'Dowd[3,4] | Sean P. Kennelly[1,2]

[1]Institute of Memory and Cognition, Tallaght University Hospital, Dublin, Ireland | [2]Department of Medical Gerontology, School of Medicine, Trinity College, Dublin, Ireland | [3]Regional Specialist Memory Clinic, Department of Neurology, Tallaght University Hospital, Dublin, Ireland | [4]Academic Unit of Neurology, Trinity College, Dublin, Ireland

Correspondence: Eimear Connolly (eiconnol@tcd.ie)

Received: 23 April 2024 | **Revised:** 3 September 2024 | **Accepted:** 19 September 2024

“Real World” Experience



Research

JAMA Neurology | Original Investigation

Lecanemab Treatment in a Specialty Memory Clinic

Madeline Paczynski, PA, MCMSc; Anna Hofmann, MD; Zachary Posey, MA; Maren Gregersen, MD; Michelle Rudman, MD, PhD; Dawn Ellington, RN; Melissa Aldinger, BS; Erik S. Musiek, MD, PhD; David M. Holtzman, MD; Randall J. Bateman, MD; Justin M. Long, MD, PhD; Nupur Ghoshal, MD, PhD; David B. Carr, MD; Alan Dow, MSHA, MBA; Sheyda Namazie-Kummer, MD, MBA; Nayid Jana, BA; Chengjie Xiong, PhD; John C. Morris, MD; Tammie L. S. Benzinger, MD, PhD; Suzanne E. Schindler, MD, PhD; B. Joy Snider, MD, PhD

Key Points

Question Is it feasible and safe to treat patients with early symptomatic Alzheimer disease with lecanemab in a specialty memory clinic setting?

Findings In this study, lecanemab treatment was initiated in 234 patients over 14 months; infusion-related reactions were common (37%) and typically mild. Amyloid-related imaging abnormalities were observed in 42 of 194 patients (22%) who received at least 4 lecanemab infusions and underwent at least 1 monitoring magnetic resonance imaging, including 11 (5.7%) with symptomatic amyloid-related imaging abnormalities and 2 (1.0%) with clinically severe amyloid-related imaging abnormalities.

Meaning In this study, treatment with lecanemab was feasible in a specialty memory clinic and the frequency of significant adverse events was manageable.

AD DMTs: who might benefit?

- Mild Cognitive Impairment or mild dementia (MMSE: ≥22 Lec; ≥ 20 Dona) due to AD
- Must be **AD Biomarker positive**

- **Exclusion**
  - Genetic: Two copies of ApoE4 gene (increased ARIA risk)
  - Radiological: ≥ 4 microhaemorrhages, superficial siderosis, macrohaemorrhage
  - Clinical: Stroke/TIA in past year; seizures; anti-coagulation, bleeding disorder

Letters to the Editor: Editors’ Choice

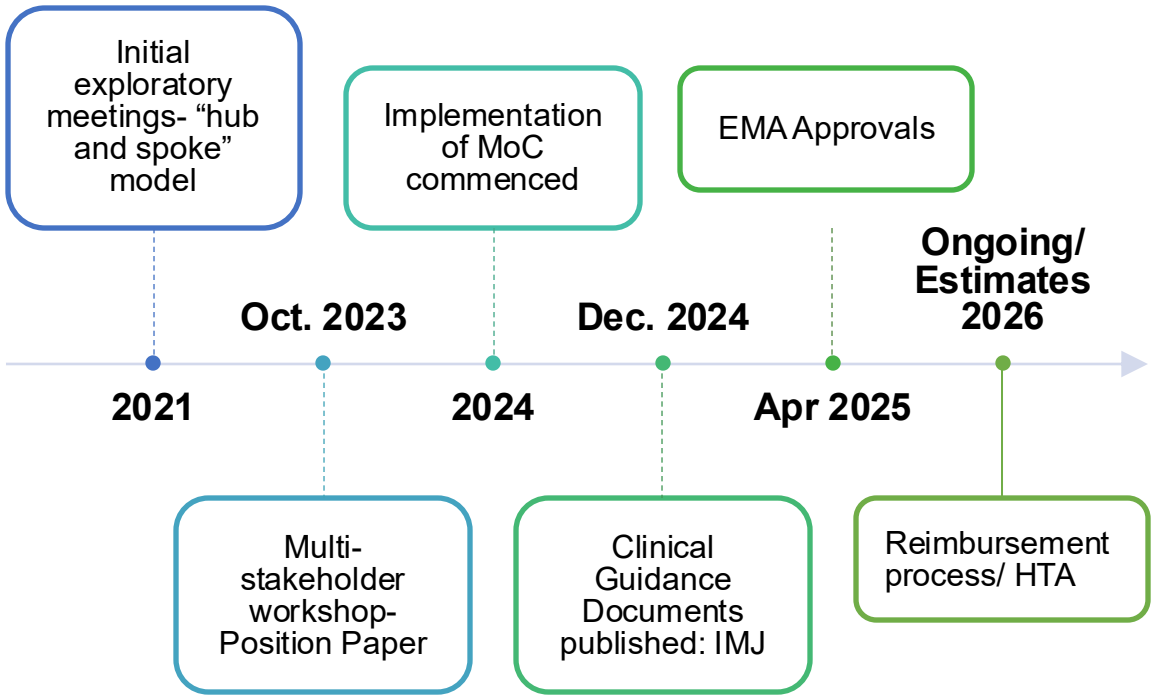
Reader Response: Eligibility for Anti-Amyloid Treatment in a Population-Based Study of Cognitive Aging

Eimear Connolly (Dublin, Ireland), Antoinette O’Connor (Dublin, Ireland), Aoife Fallon (Dublin, Ireland), Seán O’Dowd (Dublin, Ireland), and Seán P. Kennelly (Dublin, Ireland)

Neurology® 2024;103:e209343. doi:10.1212/WNL.0000000000209343

31%** of patients **ineligible** at first appointment due to **severity** of **cognitive impairment

DMT Preparedness



Case Study & Practice Innovations

Health Regions

What Matters - Medication - Mind - Mobility

Case Study & Practice Innovations

Mary Doolan
ICPOP Operational Lead – Laois / Offaly

What Matters - Medication - Mind - Mobility

Why this matters?

What Matters - Medication - Mind - Mobility

My Health Matters Folder

"an easy step by step folder to track and manage your health and medical appointments"

Background

- Living well at Home Groups Laois/Offaly and Longford Westmeath: > 50 members with representation from Age Friendly Council.

Consultation with older people in the Midlands identified:

- a lack of health and social information to support them to age well which lead to the co-development of the Directories of Supports and Services.
- that *they wanted information on particular topics for example entitlements / grants/ physical activity / memory /their tablets/*
- They wanted local signposting *to 'local services' and 'something to help them keep on top of their medical appointments'.*

How we Designed and Delivered the Change

What Matters - Medication - Mind - Mobility

- Consultation with older people in HSE Day Care services and Midlands Active Retirement Groups & Men's shed (n=62) informed the contents and design of the **My Health Matters Folder**.
- Schedule of appointments
- My Appointments sections were added to prompt older people to consider key areas such as diet, mobility, medication, wellbeing, memory and what matters to them, prior to medical appointments and to write down their questions.
- Goals/progress tracker
- Local signposting on back cover
- Inside pockets to store medical reports
- Designed in compliance with Plain English Guidelines

Aligns with all 4 Ms What Matters, Medication, Mind, Mobility

What Changed & Why it's Age-Friendly

What Matters - Medication - Mind - Mobility

Development of Educational Flyers

- This *Health Matters Folder* is unique as there is no similar co-designed tool available for older people currently. This tool, and associated educational flyers, Memory, Mobility, Medication (based on the 4Ms Model1) Meals and Wellbeing, with local signposting, were co-developed by older people for older people over a number of consultations, focusing on What Matters to them.
- This project empowers older people to take charge of their own health and medical appointments, while providing the necessary health information and local signposting to enable them to live well at home.

Outcomes/Impacts

- Proof of concept currently- 250 copies printed and distributed to healthcare professionals and patients for trial
- Evaluation at end of September
- Feedback to date very positive in general from patients and healthcare staff-key changes have been identified

Next Steps

My Health Matters Education Programme for Older People led by LOETB, co-designed with patients/service users.

Case Study & Practice Innovations

Elaine McDonagh
CNS Mental Health
Integrated Care for Older Adults – Sligo / Leitrim

What Matters - Medication - Mind - Mobility

Why this matters?

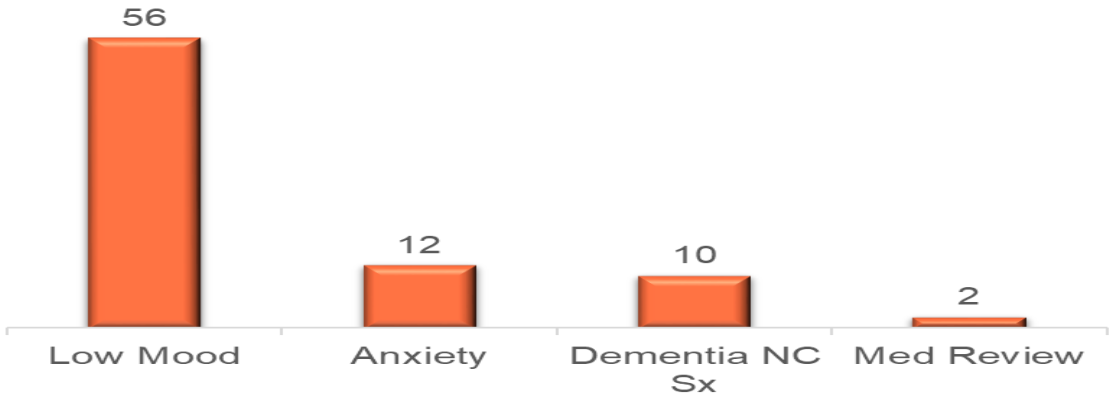
Transforming care - Psychiatry of Old Age Community Mental Health Team (POA) integration with the Integrated Care Team for Older People (ICTOP) Sligo Leitrim: a patient profile

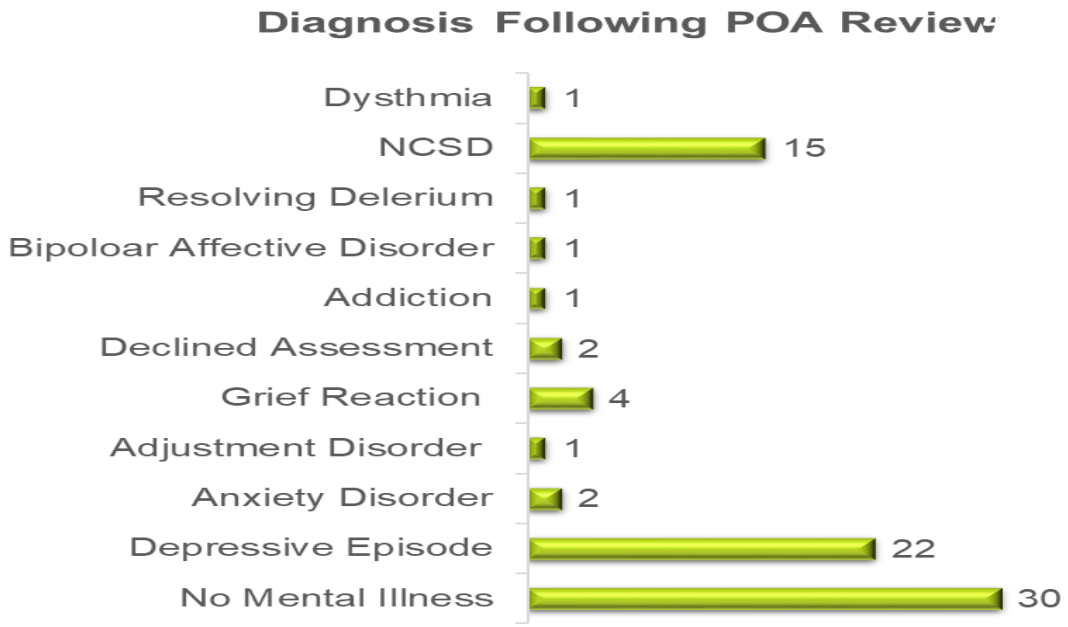
Sligo was one of two demonstration sites nationally, along with Tallaght for novel development of Psychiatry of Old Age (POA) CNS post to provide an integrated link between local ICTOP team and Psychiatry of Old Age Service since 2019. Given the often complex physical and mental health needs of patients presenting to specialist services for older people, integration and shared communication is vital for high quality patient care.

The aim of this study was to guide integrated clinical pathway development and improve patient care through capturing a demographic and clinical profile of our service users.

How we Designed and Delivered the Change

What Matters - Medication - Mind - Mobility





35% live in Sligo town
60% live in rural Sligo
5% Leitrim

36% of clients were living alone

Referred were
69 % female
31% male

59% had a diagnosis of dementia including MCI

What Changed & Why it's Age-Friendly

What Matters - Medication - Mind - Mobility

Outcomes :

- Avoiding unnecessary interventions with a potential side effect burden.
- 'Watchful waiting' very beneficial before treating a suspected mental health disorder given the likelihood of acute psychological distress associated with recent physical illness, pain and other common geriatric syndromes.
- Healthcare professionals providing integrated physical and mental healthcare to older adults to ensure best patient outcomes and high-quality, safe care.
- Plan to do further study in collaboration with Leitrim ICTOP which was established in 2022.

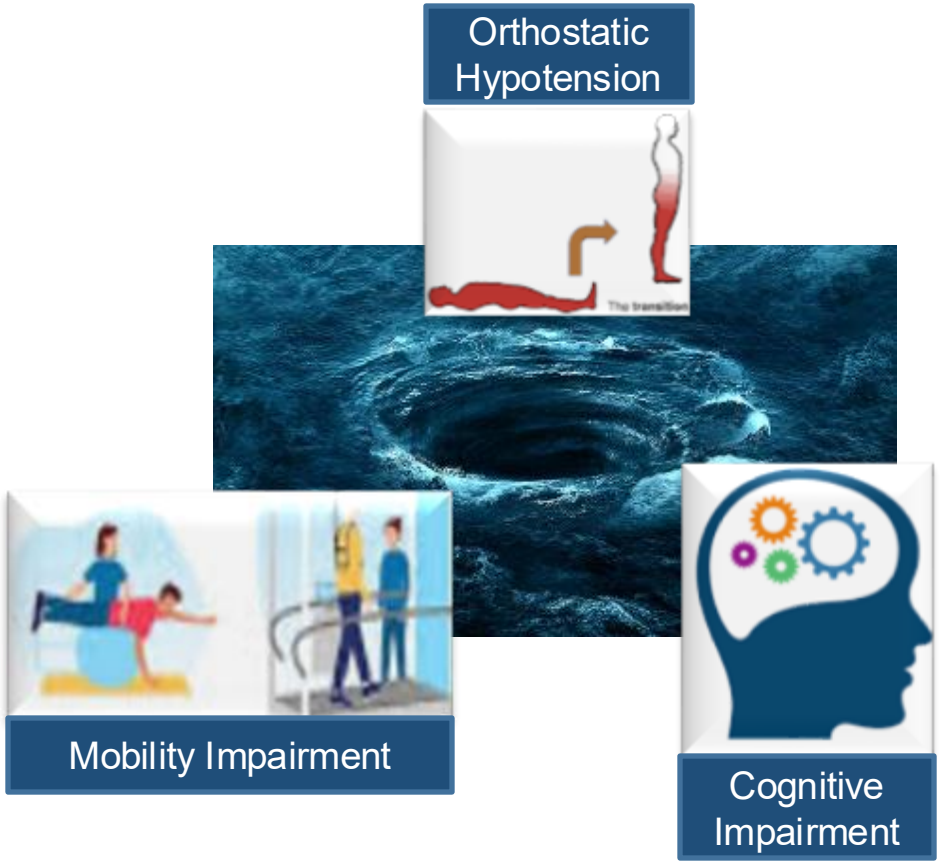
Case Study & Practice Innovations

Lisa Byrne
Candidate ANP in Older Adult Care
The Royal Hospital Donnybrook

What Matters - Medication - Mind - Mobility

Orthostatic hypotension - The Rehabilitation Gap

What Matters - Medication - Mind - Mobility



The Bermuda Triangle of Geriatric Syndromes

Gus is 87, he fell on the stairs
=> hip fracture
denied LH/LOC

Post-op delirium

PHx
AF
PPM
CAD

Epilepsy, HTN
Cognitive Impairment (MOCA 20/30)
Prior fall 1/12 with ICH

Prior marathon runner
Pre-admission 4k walks

Carer for wife
Keen to get moving

Slow Initial Rehab Course

Low BP 100-120 sys

	BP	HR
Lying	106/57	54
Standing	85/50	54
No symptoms	99/55	55
	95/56	53

FRIDs
Bisoprolol 2.5mg

O'Donnell, et al., (2023).). doi:https://doi.org/10.1093/ageing/afad005

Frith, J., Bashir, A.S. and Newton, J.L. (2015) doi:https://doi.org/10.1093/qjmed/hcv126.

Orthostatic hypotension - The Rehabilitation Gap

What Matters - Medication - Mind - Mobility

Newton, J.L. and Frith, J. (2018). The efficacy of nonpharmacologic intervention for orthostatic hypotension associated with aging. *Neurology*, [online] 91(7). doi:https://doi.org/10.1212/wnl.0000000000005994.

Candidate ANP Falls Review

Early Evaluation of ANP-led Falls Assessment in Older People in Rehabilitation

What Matters - Medication - Mind - Mobility

Initial data of a falls review post hip fracture during inpatient rehabilitation

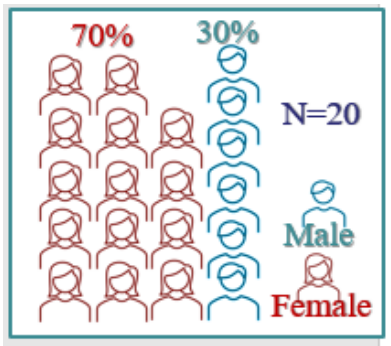
30 patients were reviewed in the first month of the service

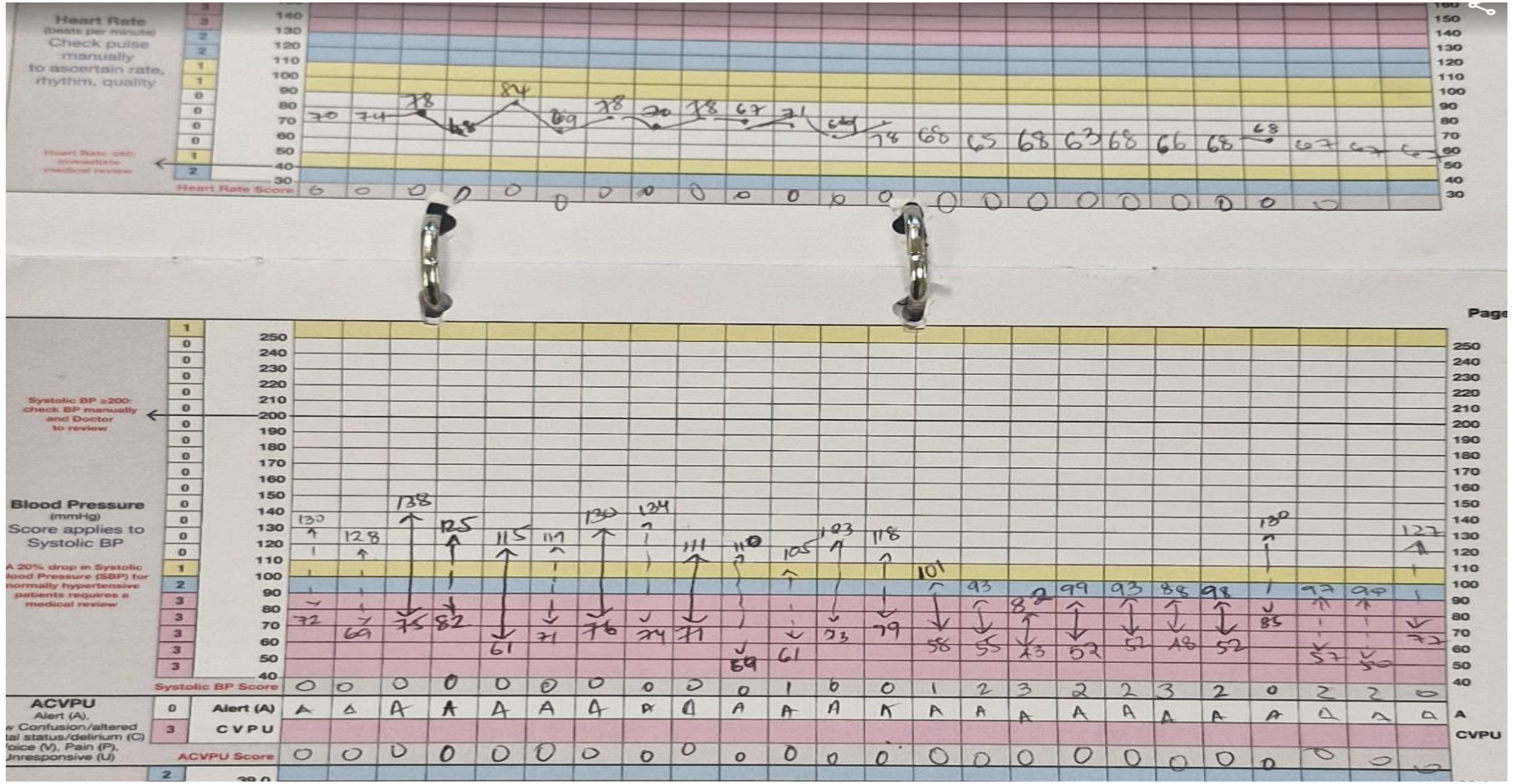
20 had low BP phenotype &/or orthostatic hypotension

Intervention group

Age range 74-96

Median age 84yrs





The Setting Matters
Acute vs Community

What Matters - Medication - Mind - Mobility

Results

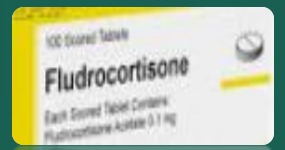
15%
Conservative Advice
Bolus Hydration
2 pints before 2pm
Conservative advice given to all patients

60%
De-prescribing
Fall Risk Increasing drugs
(FRIDs)

10%
Abdominal
Compression

+

Or



15%
De-prescribing
FRIDs
+
Supportive
Medication

- ✓ Patients reported symptom improvement
- ✓ Staff reported rehabilitation achievements & improved blood pressure profiles

Future areas of focus

- ✓ 1/3 patients discharged home directly
- ✓ First fragility # cohort

What Matters - Medication - Mind - Mobility

Not to fall

Be able to walk with confidence to the……

Fewer FRiDs = Safer Rehab

Better BP = sharper focus

BP Boost = moving better

Case Study & Practice Innovations

Liz Nolan
Community Connector for Older Persons
Carlow/Kilkenny ICPOP Team

What Matters - Medication - Mind - Mobility

Why this matters?

What Matters - Medication - Mind - Mobility

Public Health Context: Growing ageing population: Age Well at Home & in Community – Government policy.

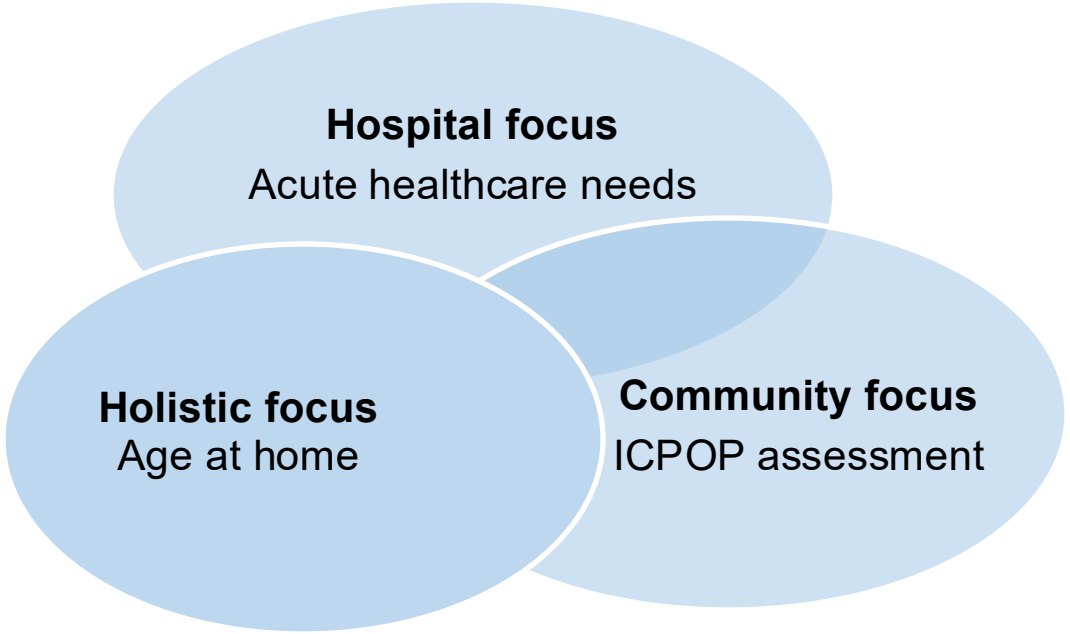
Hospital admissions: 70% over 65 years**; Problem:** Capacity of HSE to deliver care.

Gap: Empowering Older Persons to age well in their home and communities.

How we Designed and Delivered the Change

What Matters - Medication - Mind - Mobility

- **Strategic approach:** partnership agreement:
- **Introduction of new post:** **Community Connector** Oct 2022
- **Aims:** Optimise community supports empower older person Social connectivity/wellbeing



What Changed & Why it's Age-Friendly

What Matters - Medication - Mind - Mobility

- **Outcomes/impact**
  - Referrals for Community Connection: 103
  - Referrals supported: 82
  - New database of Community supports: 92

You've opened doors for me

This helped me feel brave again to try new things!

- **Benefits**
  - Supporting ICPOP team identify Older Person's needs and plan for ***What Matters to You***
  - Actively empowering Older Person to develop social connections and support wellbeing
  - Proactively supporting delivery and development of the Enhanced Community Care ethos

- **Alignment**
  - Community Connection input aligns with the ***What Matters, Mind and Mobility*** pillars of Health & Wellbeing
  - **Next steps:** Review of post to optimise and leverage knowledge of community supports for our ageing population

Case Study & Practice Innovations

Rob Kelly
Older Persons Services Manager
Home Support Services

What Matters - Medication - Mind - Mobility

Case Study

What Matters - Medication - Mind - Mobility

- AA, an older adult was assessed for support with the goal of remaining at home in line with their will & preference.
- Following an initial assessment, temporary Home Support service was activated to support hospital discharge.
- The first assessment (CSAR) did not fully capture AA's evolving needs. A follow-up interRAI Home Care assessment provided a more holistic view, highlighting cognitive decline, changing care needs, other supports and personal preferences.

Why this matters?

What Matters - Medication - Mind - Mobility

Identified Gaps in Care:

- Initial assessment did not reflect evolving care needs, most notably cognitive needs.
- Dementia-specific activities were not prescribed.
- Traditionally, the “triangle of support” helping people stay at home focused on Home Support, day care and Meals on Wheels. Today, this has evolved into further with inclusion of scheduled respite, Technology, ICPOP, MASS, HSTT amongst others.
- Support model needed to shift from the traditional triangle, basic care tasks only to more holistic dementia-focused support.

Why It Mattered:

The HSE National Service Plan 2025 provides for the allocation of a minimum of 20% of new Home Support hours to people with dementia or a cognitive impairment.

1. For AA: maintaining independence, dignity, and meaningful routines.

2. For staff: providing clear, dementia-specific interventions that enable rather than replace.

3. For the community/system: reducing unnecessary hospital use and delaying Long Term Care.

4. Impact on Life:
a. Improved daily engagement and wellbeing.
b. Reduced carer stress through respite.
c. Enhanced continuity of care aligned with personal wishes.

How we Delivered the Change

What Matters - Medication - Mind - Mobility

***Integrated Strategic Approach* - Thinking Differently – 'Shift Left' in Home Support services and Dementia Care**

- Guided by ICPOP (Integrated Care Programme for Older People) and Sláintecare: moving care earlier, closer to home, and more integrated.

- Strategic review explored all available resources, linking Home Support Services with;
  - MASS
  - Community Specialist Team (CST)
  - Nursing
  - Home Support Therapy Team (HSTT)

<u>Integrated Prescriptive Plan:</u>

- Person-centred, based on what mattered most to AA.
- Focused on abilities, independence, and meaningful daily tasks.
- Cognitive interventions supported re-engagement with activities of daily living.

Care Philosophy:

- Staff approach = "do with" rather than "do for" → enabling independence, dignity, and cognitive stimulation.

What Changed & Why it's Age-Friendly

What Matters - Medication - Mind - Mobility

Positive Outcomes for AA and Future Pathways.

Benefits:

- Patient: improved mood, slowed cognitive decline, sustained independence.
- Carer: reduced stress, respite access.
- Staff: clarity on dementia-specific tasks, job satisfaction in enabling independence.
- System: supports national strategies (Sláintecare, National Dementia Strategy, HSE Plan), reduces acute admissions and avoids premature residential care.

Dementia-Specific Care Tasks Delivered Under 5 Domains:

1. Cognitive & Memory Support
2. Creative Expression
3. Physical & Sensory Activities
4. Domestic & Life Skills
5. Social & Recreational

Lessons Learned:

- Include an acute dementia advisor at discharge planning stage → ensures continuity, reduces crises, supports holistic home-based dementia care.
- Timely intervention with enhanced personal support planning that is person centred focusing on **what mattered most**, bringing the person back to meaningful activities of daily living.

Questions & Answers

Closing Remarks

Patricia Whelehan
HSE Assistant National Director - Services for Older People
Access & Integration