

## HOW ARE ICPOP OPERATIONAL LEADS (OLs) DEVELOPING EFFECTIVE INTEGRATED MDTs,

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### BACKGROUND

The development of integrated care pathways through the implementation of specialist ambulatory care hubs for coordination of older people's care is a key element of the Irish Government's health reform programme outlined in the Sláintecare Implementation Strategy and Action Plan 2021-2023 (Government of Ireland, 2021).

NICPOP has developed the Older Persons'/Chronic Disease Service Model which aims to deliver end to end pathways of care centred around the older persons needs by specialist multidisciplinary teams (NICOP, 2022). These teams are being funded under the Enhanced Community Care (ECC) Programme

Integrated care is regarded as a key part in reforming health care systems to cope with demographic aging, the rising prevalence of chronic diseases and the growing demand for long term care (Mitterlechner, 2020). Mowlan and Fulop (2005) outline the different types of integration that need to occur to ensure a successful patient centred co-ordinated care at macro, meso and micro level. Their model gives insight into the interconnecting challenges that can be experienced when attempting to integrate health and social care services.

Operational Leads have been introduced as part of the Specialist Community Teams for Integrated Care Programme for Older People (NICPOP, 2022). These leadership roles have evolved from an identified need that specialist Multidisciplinary teams require a leadership function to ensure work of team is coordinated and needs of patient are met (Byrne and Onyett 2010).

The Operational Leads will be leading a multidisciplinary team of 11.5 WTEs on each Community Specialist Team (CST). The Operational Lead will have key responsibility for integrating the work of the CST members, integrating relationships with the ICPOP Frailty at the Front Door team in the acute setting, and also integrating with the evolving ICP Chronic Disease Teams and the Community Healthcare Networks Teams.

### AIMS AND OBJECTIVES

To ensure effective delivery of patient-centred care, the Operational Leader will need to work towards ensuring there is an effective team environment and that team processes and team structures are in place (AOD, 2005)

The aim of this study is to explore how the ICPOP Operational Leads are laying the foundation for effective integrated team working. The key objectives of the study is to

- To explore how the ICPOP OLs are laying the foundation for effective integrated team working-
- identify how OLs are leading out on the development of their MDTs,
- explore if the concept of real teams was evident in the OLs approach,
- identify any leadership development needs to support real team development.

### METHODOLOGY

With approval from NICPOP/UCC/IMI a case study research design was undertaken with the ICPOP Operational Leads in post across the country in July 2022 invited to participate. A sample of Operational Leads were invited to participate and consent to participate was confirmed. Qualitative data was collected by conducting semi structured interviews with ICPOP Operational Leads in post. Interviews were recorded, transcribed and Interview data was analysed using a content analyses procedure.

### RESULTS

Following data analysis; five main themes emerged from the data;

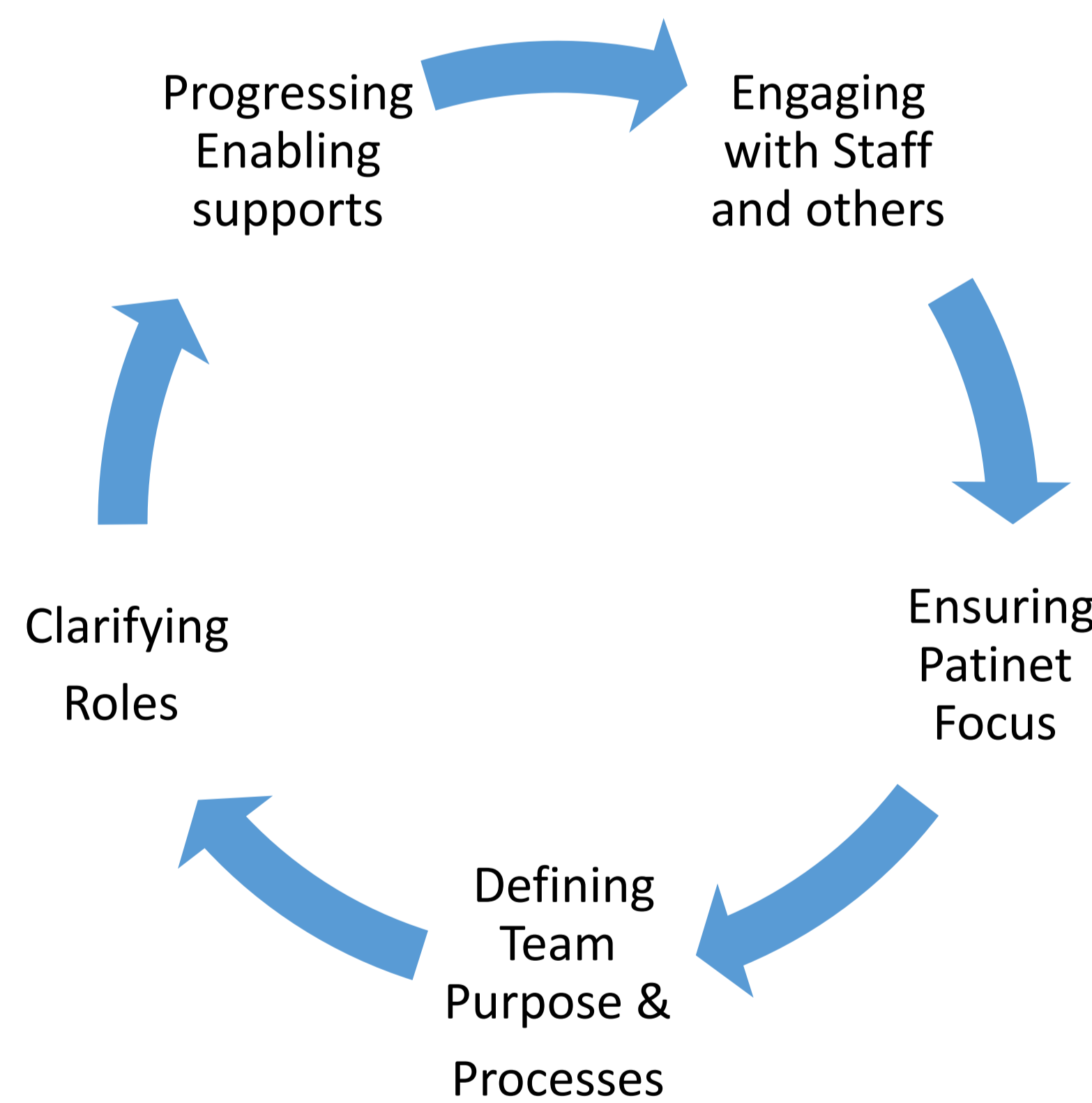
- engaging with staff and others,
- ensuring patients focus,
- defining team purpose and processes,
- clarifying roles and
- progressing enabling supports.

### Themes

*My leadership approach is a collaborative type. I believe as the operational lead, I need to continue to voice the concerns, the worries and the needs that the team require, whether it's accommodation, whether it is IT issues or whether it's discussing real estate."*

*"Professional specific roles with CGA - negotiating / clarifying + opportunity to talk through and challenge (had a good bit under our belt... Working together, all beginning to trust to each other and be able to say in a safe space." I'm not happy with that and this is my reason"*

Figure 3 – Leadership Activities by Operational Leads (Burke, P. 2022)



### Themes (continued)

*"Building relationships, this is what we all have to sit down and work out, we have to work it out ourselves locally".*

*-So one my roles is supporting them to come together as a team and building it (the team), and to give them the autonomy to go out there and find knowledge and bring it back to the team, so that we can be the best that we can be*

*"Key is the co-working, and working alongside, I love the whole care plan approach for the patient, sit down as a group, targeting what is needed for the patient, address how it is going to be done for them, look wider than yourselves"*

*"Trying to establish the purpose of the team, the purpose of the service and communicating that, involving the team members in developing the pathways from the very beginning"*

### CONCLUSION

The results describe the key leadership activities being undertaken by the Operational Leads in the development of the teams. The ECC Model of integrated co-ordinated care is centred on ensuring that the needs of patient are met. This study shows how the ICPOP Operational Leads have a key role in implementing the ECC Model that they are actively engaging with patients and staff, clarifying team purpose, roles and responsibilities, and ensuring the development of new ways of working focused on patient centred effective multidisciplinary care. The teams are still evolving and while not yet utilising formal team development tools they are aware of the components required for effective/real team working.

OLs are laying the foundation for effective MDT working and will require ongoing time and dedicated local and national support to further the development of effective MDT teams.

### RECOMMENDATIONS

The translation of any strategic intention in this case Sláintecare and ICPOP Model of Care into everyday practices, requires collaborative work and collective action (May et al, 2020).

These teams are in the very early days of implementation and need to be given time and support to implement, to embed and to become fully integrated. As per other authors, this research highlights that sustained effort will be required by multidisciplinary teams to deliver on this change initiative. The OLs have expressed a need for ongoing support and training and on a practical as well as an educational level, which ICPOP are delivering on this. Further research should focus on the team development needs and the impact on the OL role has as teams get fully imbedded and integrated and an exploration of how this is impacting on patient outcomes would be a useful next step.

### Bibliography

- Aston Team Workbook, The. (2010). Aston Organisation Development Ltd)  
 Byrne, M (2015) How to Conduct Research for Service Improvement: A Guidebook for Health and social care Professionals. Tullamore Health Service Executive 2<sup>nd</sup> edition  
 Dept of Health (2020) Joined up thinking around care of the older Person; Available at: <https://www.gov.ie/en/publication/ca8a1d-slaintecare-in-action/#joined-up-thinking-around-care-for-the-older-person> (Accessed: 30 Nov 2020).  
 Fulop, N., Mowlan, A. and Edwards, N. (2005) Building integrated care: lessons from the U.K. and elsewhere

Figure 1 – Typology of Healthcare integration (NHS Confederation pg.4 )

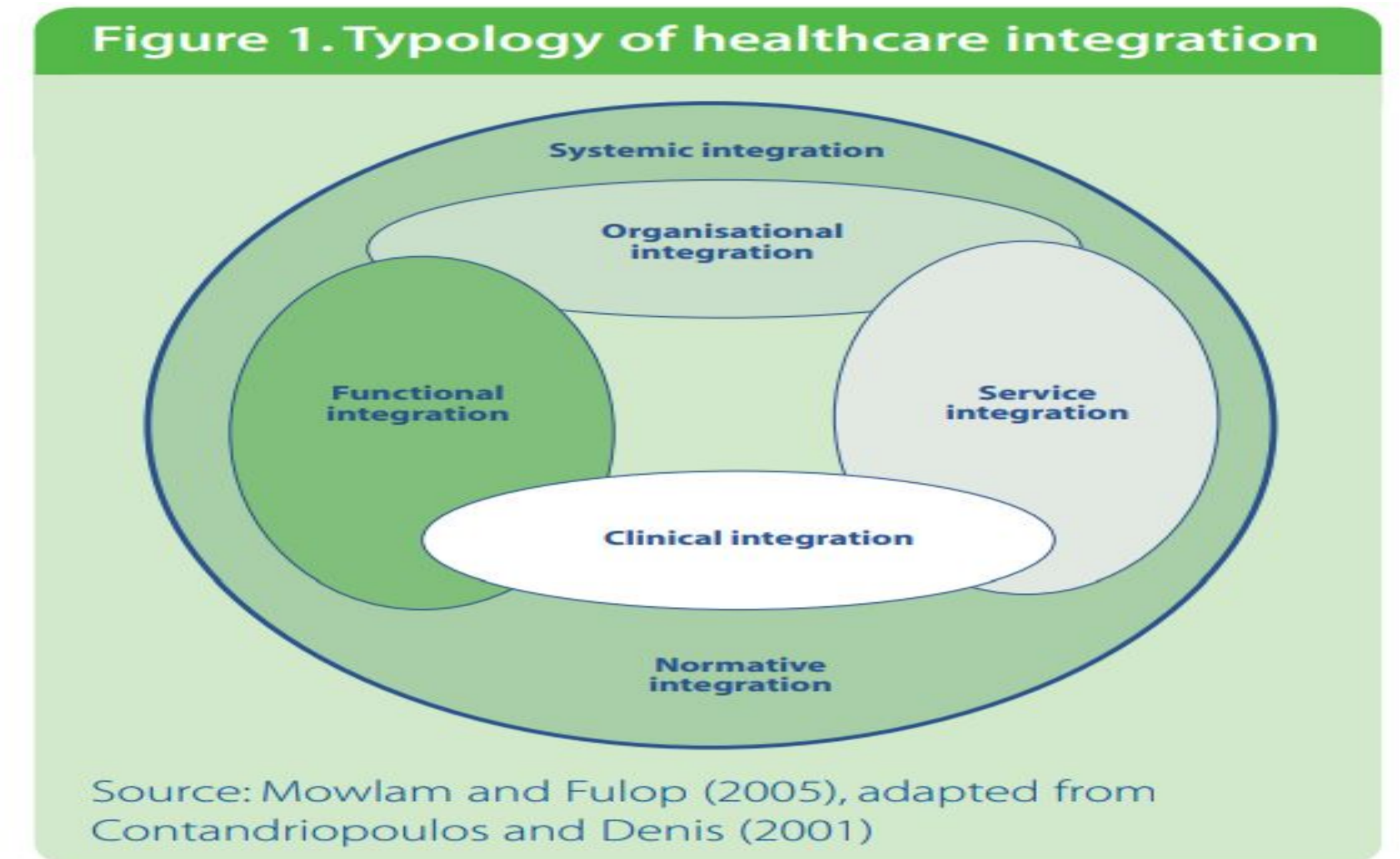


Figure 2 - Fully Effective Teams Aston Organizational Development Model (AOD 2005)







Enhanced  
Community Care