

IN PRACTICE

A9 **SIMULATION BASED EDUCATION TO SUPPORT
INTEGRATION OF CARE FOR OLDER ADULTS
ACROSS HEALTH SYSTEMS**

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Introduction: The Integrated Care Programme for Older Persons in Ireland (ICPOP) aims to change the way health and social care for older persons is planned and delivered, with the goal of improving patient experience, quality and outcomes.

Implementing integrated care for older adults is a complex task requiring a collaborative approach among several healthcare disciplines and working environments. Interprofessional simulation-based education (SBE) provides an ideal learning environment for probing the current system of care, providing opportunity to identify key issues that are compromising the patient journey so they can be actioned in a meaningful way. Here we outline our experience of using simulation to enhance the care journey for the older adult.

Methods: Two interprofessional simulation scenarios were designed and facilitated by an expert panel in the simulation laboratory. Multi-disciplinary team members from the Frailty at the Front Door (FFD), specialist geriatric ward (SGW) and Integrated Care Programme for Older Persons (ICPOP) participated. The scenarios worked through the health care journey of patients within the ED and acute hospital setting, incorporating multidisciplinary discussions, onward referrals and communication processes between the different teams. There was a facilitated debriefing session afterwards among participants, stakeholders from hospital, community and national programmes. Feedback was obtained following both scenarios in an anonymous online questionnaire.

Results: Twenty-three participants provided feedback following both scenarios. Overall, participants enjoyed participating in the simulation and reported that they would be eager to engage in future SBE. The simulation highlighted areas for quality improvement pertaining to existing communication structures. All participants stated

they found the simulation relevant to their area of practice and expressed that their practice would change as a result of the simulation, with improved communication noted as a key learning outcome by many. Participants noted that relationships developed through SBE could lead to the delivery of more efficient patient care and better patient outcomes.

Discussion: Through SBE we identified key areas for quality improvement for older adults moving between multidisciplinary services. Future SBE sessions are planned to explore the continuum of older adult care bringing together teams from primary care, rehabilitation and specialist inpatients services.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.