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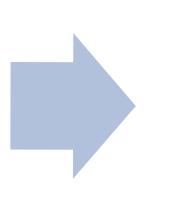
What works and why for interprofessional collaboration in older people's care integration: realist evidence synthesis

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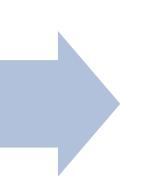
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Background and Aim

Interdisciplinary community specialist teams for older people (CSTs) are a novel innovation in Irish health service delivery.



CSTs require a shift in cultures of care to allow for the development of interprofessional collaboration.



There is limited international guidance on how to foster, enhance and sustain meaningful interprofessional collaboration in the context of interdisciplinary teambased care integration for older people.



This realist review presents initial programme theories of what works and why in fostering competencies for interprofessional collaboration in CSTs for older persons.

Method: Realist Synthesis

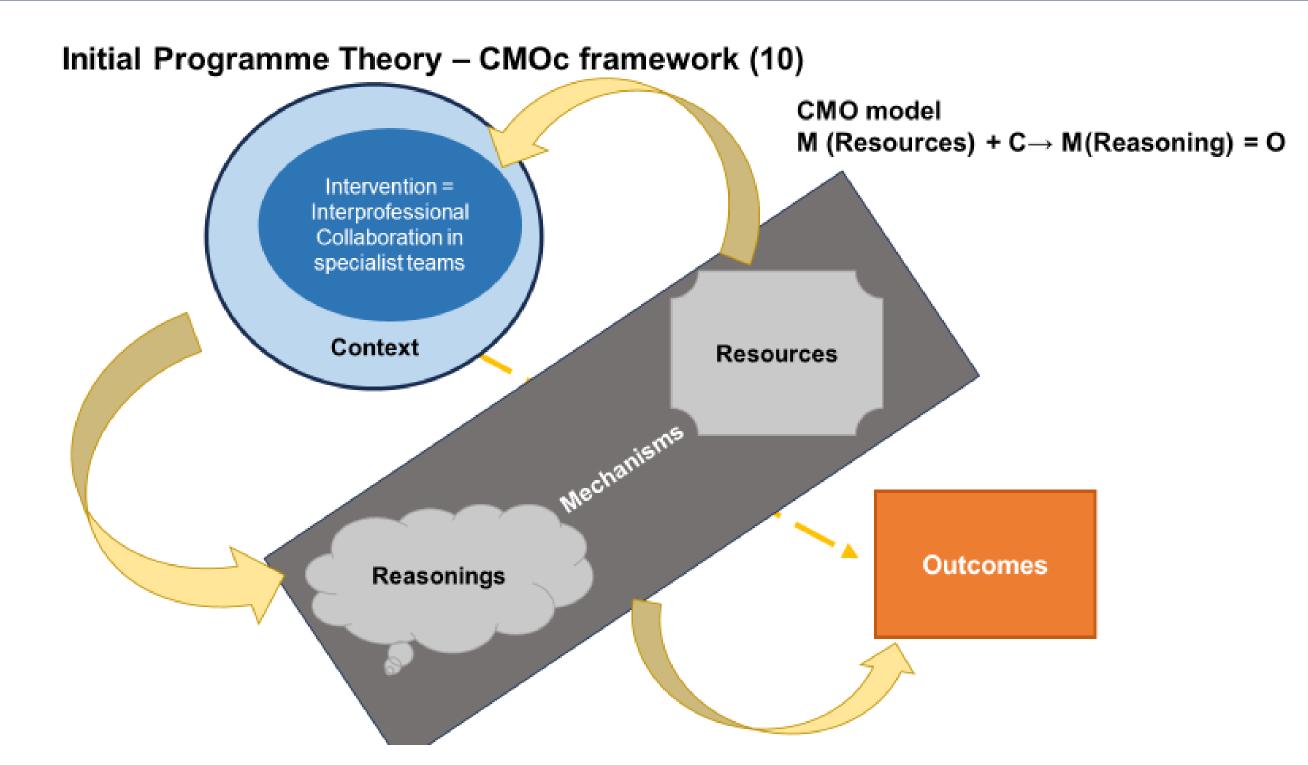
An interpretive theory driven approach to evidence synthesis

Uses multiple sources of evidence: published peer-reviewed studies, policy documents & grey literature.

Programme Theory developed

Provides casual links Contexts, Mechanism & Outcomes (CMOs)

Research evidence is combined with stakeholder theories and explanations of how interventions might work.

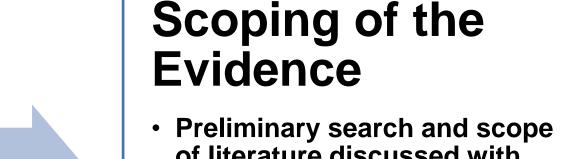


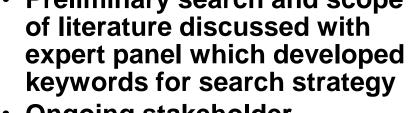
Study Design: Five step Process

1. Initial Programme Theory Formulation

Stakeholder consultation

- Clinical design leaders & Operational managers of CSTs
- Operational managers of CS1s
 CST members (HCPs)
- CST members (HCPs)Public and patient
- representatives for older people







2. Exploratory



3. Systematic Search and Appraisal

- Systematic search of four databases
- 2,348 papers identified for screening resulting in 60
- papers included in synthesisRetrieval of grey literature

bank

4. Extract and synthesise data into CMOs

- 60 Primary studies 2000-2023 selection based on inclusion/exclusion
- Grey literature bank reviewed
- 2 Independent researchers extracted empirical evidence to support development of 14 IPT domains

5. Develop Initial Programme Theory

Refine and confirm with stakeholders

Prioritise IPT domain for testing and validation through empirical data collection with four case study sites

Results: 14 Emerging IPT Domains

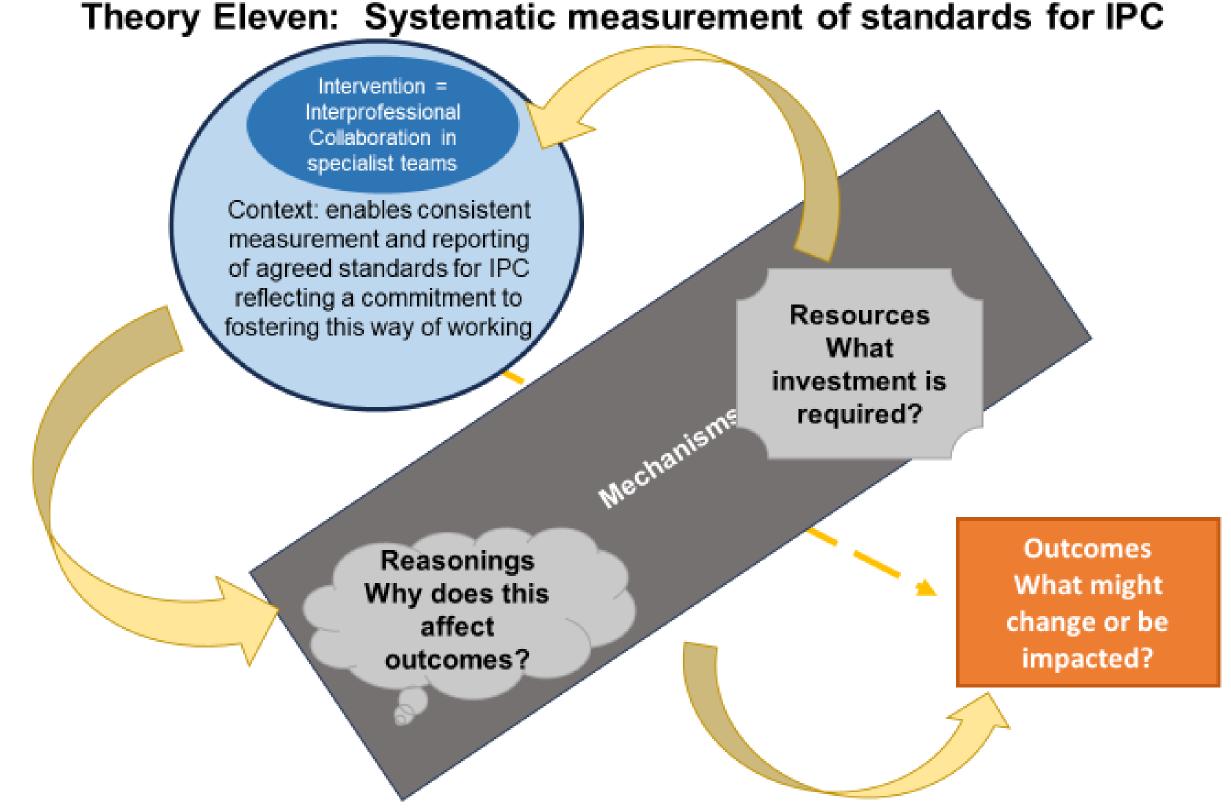
CST-OP team members	PPR representatives	NCPOP Stakeholders
IPT 1- Strong professional identity with clear understanding of team member	IPT 8- Meaningful inclusion of older person and family carer in care planning	IPT 11- Systematic measurement of standards for IPC
roles	person and farmy carer in care planning	
IPT 2- Experience based network	IPT 9- Implement a key or case manager	IPT 12- Creation and embedding of a
knowledge of local pathways of older person care	role	feedback loop for system development
IPT 3- Coherent governance and management that is aligned with the service model of care	IPT 10- Carer needs are routinely assessed and where possible addressed	IPT 13- Enhanced workforce training and development for IPC
IPT 4- Education, training and support for interprofessional collaboration		IPT 14- Workforce planning to create the conditions necessary for IPC
IPT 5- A well standardized and well understood referral pathway to access the team		
IPT 6- Working across disciplinary boundaries in joint case management while maintaining discipline-specific		
IPT 7- Preparation, training and support for the role of the operational team lead		



This work is ongoing as part of a multiphase realist evaluation. Prioritised IPTS will be tested and further refined through literature synthesis and empirical exploration using case study analysis with CSTs implemented recently in Ireland (3) to support scale-up efforts across the Irish health system.



The emerging findings contribute for others adopting similar work some contextually relevant evidence that will inform a roadmap for implementation planning to support workforce planning, capacity building ad competency development to improve older people health services.



References

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