









Interventions to promote effective interprofessional collaboration that improves care outcomes for older people: a realist synthesis of evidence.

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Background & Project objective

Interprofessional Collaboration (IPC) in healthcare integration is promoted in research evidence and health policy as being central to the design and delivery of quality healthcare for older people (1,2).

In Ireland, health system reform and national policy has identified interdisciplinary team-based approaches as critical for enabling care integration for older people.

National Integrated Care Programme for Older Persons (3) are currently implementing Community specialist teams for older people (CSTs) to support care integration through interprofessional collaborative practice (3,4).

IPC involves new ways of working that have been conceptualised by the ECLECTIC competency framework

(5) under three domains:

Knowledge of the Team Communication

Shared Decision-making



Research Gap

The new ways of working to support interprofessional collaboration in contexts of healthcare integration are challenging to implement (2,4) and evidence to guide implementation is underdeveloped (6).

There is a lack of evidence to explain how to support IPC within care integration for older people(6).

This emphasises the need to ask the research question: what works, for whom in what context and why?

Project Objective

Based on synthesis of research evidence, identify interventions and mechanisms that enable interprofessional collaboration for improving care for older people.

Method: Realist Synthesis & Study Design

Realist synthesis

A theory driven approach based on scientific realism (7-10).

Context Driven

Explores beyond when an intervention is effective

Systematically

Synthesise relevant implementation literature

Complexity

Recognises healthcare as a dynamic social system

Programme Theory

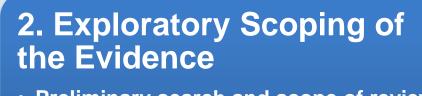
Explains casual links
Contexts,
Mechanism &
Outcomes (CMOs)

1. Initial Programme Theory Formulation

Stakeholder consultation
Clinical design leaders & Operational

managers of CSTsCST members (HCPs)Public and patient representatives for

older people



 Preliminary search and scope of review discussed with expert panel which developed keywords for search strategy





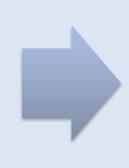
Appraisal

• Systematic search of four databases



4. Extract and synthesise data into CMOs

Primary studies 2000-2023 -selection based on inclusion/exclusion
2 Independent researchers



5. Develop Initial Programme Theory

Refine and confirm with stakeholders

Study design is guided by a five steps process (7,11). Exploratory scoping phase (steps 1-2), Systematic search, appraisal and synthesis phase (steps 3-5).

The synthesised evidence will be reviewed and developed into initial programme theories.

Findings: Initial Programme Theory

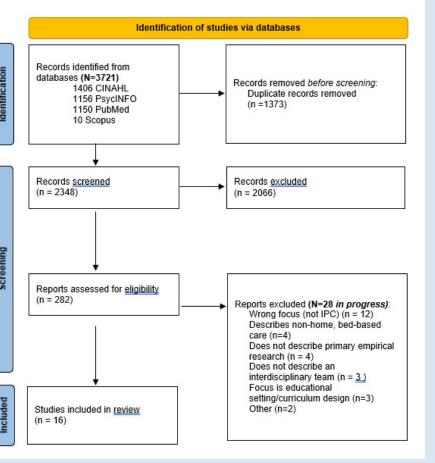


Figure 1: PRISMA
Through title and abstract screening 282
articles were identified for full text screening by
two independent reviewers. Screening is in
progress. To date 16 (from 111) articles have
been identified by two reviewers for data
extraction. Based on the current 15%
screening rate we anticipate there will be
approximately 40 articles for full text extraction.

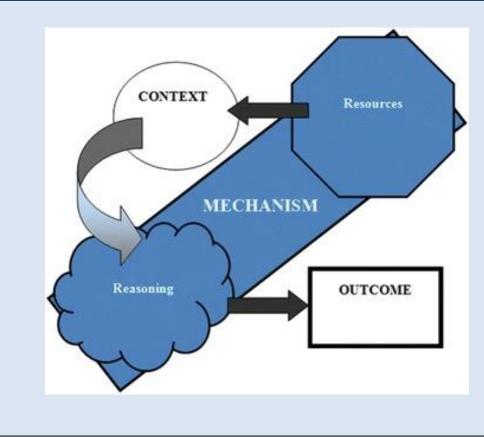


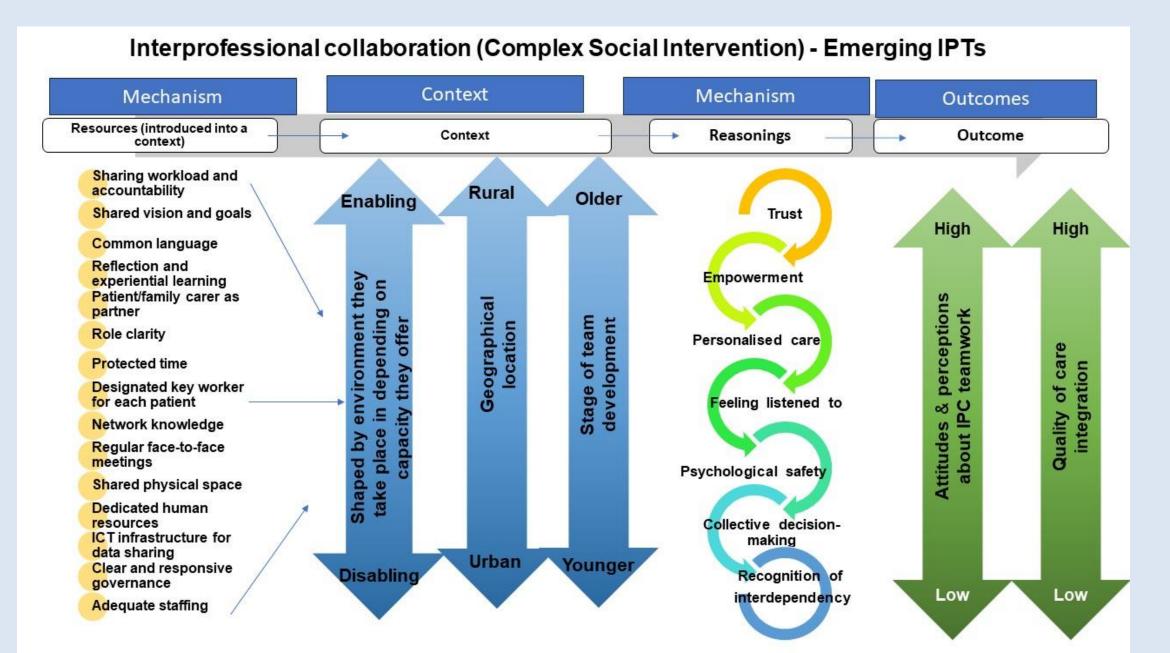
Figure 2: Initial programme theory – CMOc framework (10)
The relative importance in understanding mechanisms is often understated. We follow Sonia Dalkin and colleagues (10) operationalisation illustrated above. The formula adopted is:

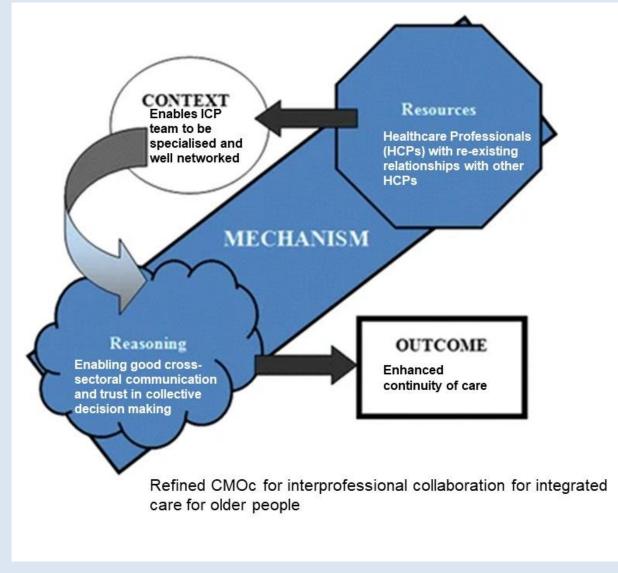
M (Resources)+ C→ M(Reasoning)= O

Mechanisms are a combination of resources offered by the intervention under study (ICP integrated care in older people) and stakeholders' reasoning in response.

Context are the conditions to activate mechanisms which in collaboration

induces an individual's reasoning, leading to an outcome.





Conclusion

This work is ongoing as part of a multiphase realist evaluation. The finalised IPTS will be tested and further refined through 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.

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