

CNS DEMENTIA ICTOP

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27th Feb 2018

What is Dementia?



- **Dementia-umbrella term**
- **Affects how we think, remember, communicate and carry out every day tasks.**
- **It is a progressive and irreversible condition that can affect mood and personality. Dementia is a syndrome due to the disease of the brain, progressive in nature where there is a disturbance of memory, thinking, comprehension, language, learning capacity and judgement.**
- **It is commonly accompanied by a deterioration in emotional control, social behaviour and motivation. (NICE 2007)**

Statistics

- 55,000 people with Dementia in Ireland
- > 30,000 female
- < 18,000 male
- 4,006 cases under 65 yrs years
- 4,000 new cases each year
- Frailty raises risk of developing dementia by 3.5 times



The Prevalence of Dementia	
Age Group	International Prevalence Rate
60 – 64	1.3 %
65 – 69	2.2 %
70 – 74	3.8 %
75 – 79	6.5 %
80 – 84	11.6 %
85 – 89	20.1%
90 +	41.5%



(Alzheimer's Society 2015)

WHAT IS ICPOP? Integrated Care Pathway for Older Person





ICPOP

The aim of the integrated care programme for older persons is to develop and implement integrated services & pathways for older people with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community based, planned and co-ordinated care.

Context of ICPOP



- **65 yrs or > 12.5% of Population**
- **85 yrs or > 1.4% Pop and utilise 13.5% inpatient beds**
- **107,600 people (17.3% increase) aged 65> by 2021**
- **15,200 people aged 85 yrs > by 2021**
- **4.1% pop provide unpaid care aged 75yrs >**
- **Patients aged 75 yrs > spend 3 times longer than those aged 65yrs >**
- **50% Acute hospital DD's require NHSS or Home care packages**
- **Those aged 85yrs > make up 85% of acute hospital admission**

What is ICPOP?

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- **ICPOP-Integrated Care Programme for Older People**
- **Locally ICTOP (Integrated Care team Older people)**
- **ICPOP is building on the work started by the NCPOP (National Clinical Programme for Older People) 2010**
- **ICPOP working with National Divisions, Acute Hospitals and CHO's at local & National level to drive a co-ordinated, person focused approach to care**
- **10 step ICPPOP framework**

Building on Work that went before

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- **NCPOP 2012 set out key recommendations for establishment of specialist Geriatric service to achieve measurable outcomes for frail older people.**
- **END-END Pathway-Patient journey from their**
home → primary care → acute care → discharge home
- **Set out design of Comprehensive Geriatric Assessment (CGA)**
- **Sub-speciality services & interdisciplinary education in area including frailty**

Integrated Care Team Objectives

- **Timely, efficient, rapid response service**
- **Anticipate potential crisis situations and support planning**
- **Minimise avoidable acute hospital admissions**
- **Facilitate appropriate, timely discharge**
- **Prevent premature long-term care placement**
- **Where LTC is required – aim to expedite from community**

HUB Sligo/Leitrim



- **Currently The Hub is located in St Johns Community Hospital (Dec 2017)**
- **Ciara Connellan - Coordinator**
- **Catriona Cox - Occupational Therapist**
- **Sine Colreavy - Physiotherapist**
- **Mary Casey - cANP**
- **Sophie Allookran - cANP**
- **Aoife Kelly - cANP**
- **Majella O Donnell - CNS Dementia**
- **Joe Mc Gowan - Social Worker**

CNS Dementia ICPOP



- Patient seen at the right place at the right time at the right point on their journey of dementia
- Role in development of a care pathway so the above is met and that resources are used more efficiently
- Dept. Geriatric Medicine & Psychiatry of Old Age SUH
- Referrals come through these 2 departments

Post Diagnostic Information

Early diagnosis allows early planning for the future.

- Information re: Diagnosis
- Assistance navigating services
- Living well day-to-day
- Importance of building routines
- Importance of social interaction
- Legal & financial advice
- Support groups
- Assistive Technology



Information Provided

- All types of dementia
- Progression of Dementia & Clinical Presentations
- Medication information & management
- **DELIRIUM**
- Education around care provision
- Strategies for coping with changes
- Local supports and services through all stages
- Palliative Care





Thank you