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THE RESPONSIVE NATURE OF AN INTEGRATED CARE COMMUNITY REHABILITATION TEAM THROUGHOUT THE COVID PANDEMIC

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Background: The Integrated Care Team (founded 2018) provides community rehabilitation in the home. The Covid 19 pandemic, a new Reablement Service (June 2020) and Community Falls Service (September 2020) led to changes in the service, providing access to comprehensive geriatric assessment in the community when hospital outpatient services were limited. The effect of these changes on patient cohorts are explored.

Methods: Anonymised patient data from the team database was extracted for each episode of care under the service from July 2019 to February (Pre-covid), March 2020 to December 2020 (initial lockdown period), and January 2021 to December 2021 and analysed for length of stay (LOS), discharge destination, and reason for referral. A further analysis of discharge summaries for patients with the longest LOS in each period was conducted to assess for factors influencing LOS with the team.

Results: 500 episodes of care were captured during the study period, 137 pre-covid, 179 March to December 2020 and 184 in 2021. From Pre-covid to 2021, the average LOS increased from 45.9 days to 57 days. The annual number of new referrals seen by the team was similar across this period (194 in 2019, 204 in 2020 and 190 in 2021). 40 patients with the longest LOS were analysed. No long-stay patients benefited from respite or day-centre care during the studied period (compared to 46% of all patients in 2018). 70% lived alone, 65% had cognitive decline or dementia and only 41% required mobility aids while indoor. Clinical frailty scores were unavailable.

Conclusion: A changing patient cohort may account for the increased length of stay, with less frail patients benefiting from reablement and falls services on hospital discharge, while high levels of cognitive impairment and low mobility aid usage may indicate limited rehabilitation potential. Ongoing access to social prescribing outlets such as respite and daycare are essential to sustain patients in their own homes.