

## **CONFERENCE ABSTRACT**

## Lessons learned of providing integrated care within an interprofessional learning and innovation network in the community.

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**Introduction:** Providing integrated care, i.e. attention for health and wellbeing, to older people living at home, is the ideal of policymakers and older people themselves. With setting up two Interprofessional Learning- and Innovation Networks (LINs) in the community, consisting of nursing and social care professionals, students and teachers, we are pursuing this ideal.

Implementing LINs: With support from managers, the interprofessional LINs were implemented by the professionals of two healthcare and one social care institution and the nursing and social work lecturer practitioners (LP-ers) of a higher vocational education institution. Intermediate and higher vocational social work and nursing students, health and social care professionals and LPers were involved by giving content to the program, existing of quality improvement projects, reflection meetings, and case discussions of complex patient situations.

Aim including research question: Our aim was to gain insight into the extent to which interprofessional learning and collaboration can make a positive contribution to integrated care of older people living at home.

## Research questions:

- 1. To what extent does an interprofessional LIN lead to collaboration and (team) learning between nursing and social care professionals, students and teachers and what where promoting and hindering factors?
- 2. How does an interprofessional LIN contribute to integrated care for older people living at home?

Methods: Qualitative methods, i.e. participative observations of ten interprofessional case discussions and two focus groups were conducted. Data were analyzed with MAXQDA according five interprofessional competences: 1 Collaborate and Support; 2 Work out Interprofessional Care Plans; 3 Deal with problems; 4 Make appropriate referrals; 5 Evaluate.

Results: In the case discussions, on average ten LIN-participants participated. The focus groups included five and four participants. Much attention was paid to competence 1 with themes: have responsibility, available time, understanding each other's language, and sharing information. Themes regarding competence 2 were: gaining insight into the patients' physical, social and Boersma: Lessons learned of providing integrated care within an interprofessional learning and innovation network in the community

psychological issues, meeting patients' needs, collaborative barriers. Discussed themes regarding competence 3 were: reflection on own attitude, lack of consultation with other professionals, and meet agreements. Themes related to competence 5 were: need for more consultation and coordinating tasks of other involved professionals. Competence 4 was rarely mentioned.

**Discussion:** In our interprofessional LINs, nursing was more represented then social care. In the case discussions, the methodical cycle was not always properly followed, with a strong focus on problem analysis, goal setting, and treatment proposals. In future, allowing older people themselves to participate in case discussions will be of great value. Probably, their participation encourages careful completion of the methodological cycle.

**Conclusions and Implications for practice:** The impact of this project is to continue the two established IP LINs. Though it takes time and barriers are still there, interprofessional case discussions and small quality projects, lead to better coordination and collaboration between nursing and social care-domains, which benefits the quality of life of older people. But there is still a lot to learn! The next step is to establish more equivalence between social work and nursing and involve patients or their representatives in case discussions.