
POSTER ABSTRACT**Integrated Swallowing, Nutrition and Medication Management in Care Homes using Telehealth**23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Sheiladen Aquino¹, Thomas Sauter, Lucy Marland, Amber McCollum1: Cwm Taf Morgannwg University Health Board, Bridgend, United Kingdom

Pressures from the pandemic have increased waiting times and highlighted the disjointed community services, particularly for vulnerable care home residents significantly affected by Covid-19 (Nawaz and Tulunay-Ugur, 2018). Currently, nearly half a million people live in care homes in the UK. Up to 50% of these residents suffer from swallowing difficulties that can potentially exacerbate symptoms of malnutrition, dehydration, aspiration pneumonia, non-adherence to medication and unwarranted hospital admission (Chen et al., 2020; Munson, 2022). Digital technologies for swallowing difficulties are effective in improving clinical outcomes for residents in care homes as it has the potential to provide multidisciplinary integrated care to individuals with complex health needs (Pownall et al., 2019).

The project has three aims (1) to provide multidisciplinary training to care home staff to manage risks while health services are recovering after the pandemic, (2) co-design with an efficient integrated clinical pathway with multiple stakeholders, (3) to provide multidisciplinary integrated swallowing, nutrition and medication management to care home residents.

The training process includes an understanding of learners' needs and expectations, the development of immersive training modules, and the provision of hybrid training sessions. To improve the efficiency of care, this project also co-designed an integrated clinical pathway with the stakeholders. Process pathways were created with all the stakeholders to ensure these are both efficient and fit for purpose. The expected length of time was negotiated during the pathway development, as well as roles and accountability. This project used video conferencing to conduct integrated multidisciplinary care to care home residents. Care home staff are with the residents, while clinicians are based in the hospital clinics. Patient families are also invited to attend and participate in the holistic anticipatory care plans.

The project developed a single point of access with one referral to access the three professionals responsible for providing holistic care for residents with swallowing, nutrition and medication issues. Training assessment showed improved competency and confidence. Care home staff felt involved as they communicated the frustration of making multiple referrals, coordinating and attending separate waiting lists and appointments from each profession. The integrated video consultations by the multidisciplinary team were able to improve individual experiences, maximise clinical outcomes, reduce cost, and provide equity of care for marginalised community groups while ensuring staff wellbeing.

The project showed the potential of providing remote integrated swallowing, nutrition and medication management to care home residents to enrich community resources and build capacity to meet increasing demands.

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