Beaumont Hospital and National Ambulance Service: *Pathfinder Service*

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Do we need to change how we work?

Beaumont 2018

- 9861 patients aged over 75 presented to ED: Approx. 50% were admitted (ALOS 17.26 days)

↑ 22% presentations

- A recent review highlighted a 22% increase in presentations (n=3035) of ≥65 years to Beaumont Hospitals ED between 2015 and 2018. Common trend amongst many EDs nationally and will continue to increase.

Risk to Older Persons

- Older persons are at risk of adverse events when presenting to ED

North Dublin 2026

- By 2026 there will be a 44% increase in the >65 years population of North Dublin. We are already seeing this trend in our ED.

Patients and ACP's

- Literature review highlights that 78% would consider Alternative Care Pathways (ACPs)
- Examples of ACPs in UK that are very successful
- **New care pathways for older people are needed.**

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Everything Begins as an Idea

UK conferences, Social media, MSc Research
2016-2017

→

Approach to the Acute Hospital Division (Colm Henry)
April 2017

→

Referred to Martin Dunne (NAS Director)
April 2017

↓

"Ride Along"
October 2017

←

Cathal O'Donnell
(Medical Director NAS)
May 2018

←

Beaumont and NAS meetings summer 2018

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NAS and Beaumont agree to test using existing resources
October 2018

→

Stakeholder engagement starts
October 2018 onwards

→

SOP, Risk and Legal, structure of working, referral pathways agreed
Feb-April 2019

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Agree start date for Phase 1 Pilot
Reconfigure in-patient resources
March 2019

→

Test 1 commences
Alternative Care Pathways
May 2019

→

Sláintecare integration fund application
May 2019

↓

Learning from test 1 and agree to test again in October
June-July 2019

←

Phase 2 agreed
Reconfigure in-patient resources
August 2019

←

Sláintecare application approved
September 2019

↓

Test 2
Completed October 2019

→

Pathfinder service commencing March 2020

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Current practice for 999 calls

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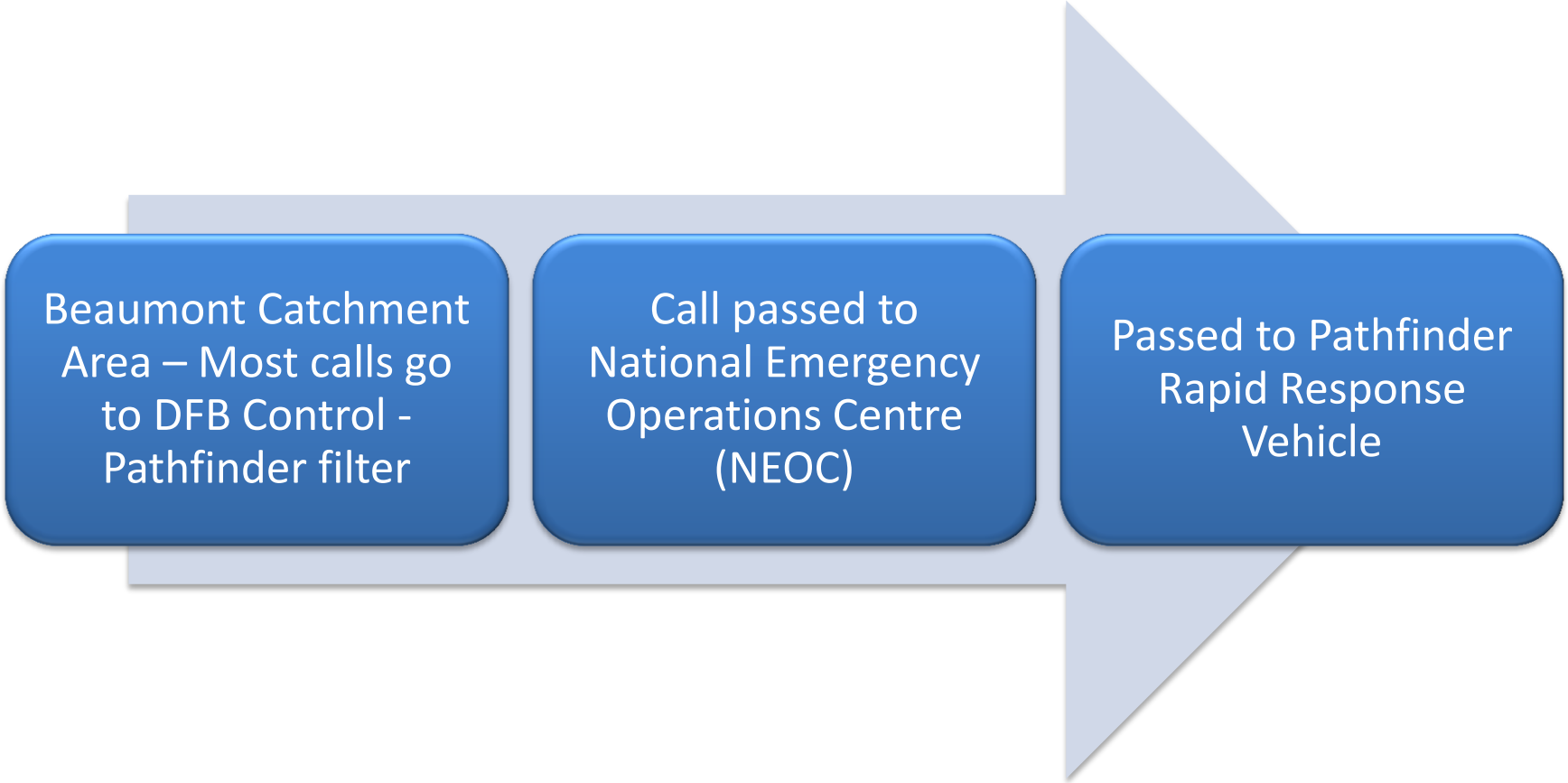
Call Codes – Focused for Tests

EMS Response

Clinical Status	Code	Description	Essential Response	Response to scene	Vehicle type	Additional Response
1 Life threatening	Echo	Life threatening – Cardiac or respiratory arrest	Ambulance with minimum Paramedic	Lights and siren	Ambulance	a) Advanced Paramedic. b) Responders (CFR if no hazards, trauma or DNAR) c) Minimum 3 to 4 practitioners or responders on scene
	Delta	Life threatening other than cardiac or respiratory arrest	Ambulance with minimum Paramedic	Lights and siren	Ambulance	a) Advanced Paramedic for specified DCR codes. b) Responders (minimum EFR) if able to get to scene prior to ambulance.
2 Serious not life threatening	Charlie	Serious not life threatening – immediate	Ambulance with minimum Paramedic	Lights and siren	Ambulance	Advanced Paramedic for specified DCR codes
	Bravo	Serious not life threatening – urgent	Ambulance with minimum Paramedic	Lights and siren	Ambulance	
3 Non serious or life threatening	Alpha	Non serious or non life threatening	Ambulance with minimum EMT	Lights and/or siren discretion	Ambulance or Intermediate Care Vehicle	
	Omega	Minor illness or injury	Ambulance with minimum EMT	Lights and/or siren discretion	Ambulance or Intermediate Care Vehicle	

Referral Process



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Multilayer Service Integration

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Assessment

Advanced Paramedic

- Primary Survey
- Medical History (AMPLE)
- Vital signs incl. blood glucose reading
- 12 lead ECG if required
- Head to toe assessment in cases of a fall
- Medication changes
- Documentation

Beaumont OT/PT

- Baseline functioning report
- Upper and lower limb power and range of motion assessment
- Transfers and functional mobility assessment
- Home environment assessment
- Frailty screening
- Cognitive & delirium screening
- Activities of daily living assessment
- Falls risk assessment
- Screening need for referral to HSCP colleagues/ services

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Emergency Call to Pathfinder Service

5 Alpha

17 Alpha

26 Alpha

30 Alpha

Treat and Discharge

1. Compensatory strategies
2. Education
3. Equipment provision
4. Adaptation of home

Treat and Refer

1. Primary Care Teams – OT, PT, GP, PHN
2. Community Integration Team (CIT)
3. Integrated Care Team (ICT)
4. Day Hospital MDT – SLT, MSW, Dietician, Pharmacy, Nursing, Geriatricians
6. Voluntary Sector – ALONE, NCBI, Siel Bleu, Alzheimers society, etc.

Convey to ED

1. Transfer of patient to Beaumont Hospitals Emergency Department (ED)
2. Handover to the FIT Team
3. May be appropriate for same day discharge from ED

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Case Studies- 1

Background

- Special assist call post fall. 3 emergency calls in previous 2 weeks. Crisis point- imminent A&E presentation likely. Referred to Pathfinder from DFB crew : 17A04
- Previous medical history: RA, previous Stroke
- Baseline function: independent with transfers and mobility with stick. No HCP.

Assessment

- Paramedic: Pre-Hospital Early Warning Score= 0. Likely RA flare-up. Poor compliance with analgesia.
- PT/OT: transfers, functional mobility, home environment, social issues.

Outcome: Treat and refer

1. 3 visits by Pathfinder team
2. Education re medication compliance.
3. Equipment provided: hospital bed and mattress, raised toilet seat, pressure cushion, bed leaver.
4. Liaison with Beaumont Rheumatologist- appointment brought forward.
5. Liaison with ALONE re housing issue.

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Case Studies- 2

Background

- 87 year old lady and son called 999 feeling flat for 3 days and generally unwell: 26A05
- Previous medical history: IDDM, polymyalgia, high blood pressure
- Baseline function: ass of 1 for PADL, mobile short distance with w/s and independent with transfers

Assessment

- Paramedic: Pre-Hospital Early Warning Score= 3 (respiration rate 20, blood sugar 19.5), medication list and recent changes, 12 lead ECG.
- OT: transfers, functional mobility, home environment, cognitive screen

Outcome: Treat and refer

1. Referred to Diabetic Day Clinic: appointment scheduled with the clinic for the next day (NAS arranged transport)
2. Liaison with psychiatry of old age (low mood and clarity regarding antipsychotic prescription)
3. Liaison with GP
4. Provided a raised toilet seat and rails

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Sláintecare Integration Fund Award

- Pathfinder Service commencing March 2020
- Standard Operation Procedures
- Crew referral and Pathfinder algorithm development
- Electronic Patient Care Record Integration
- Vehicle purchase and fit-out
- Training for Pathfinder team

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June 2017

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February 2020

Pathfinder Service

Specialist team with Rapid Response Vehicle funded by Sláintecare

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