

## **Pathfinder: Alternative Care Pathways for Older Adults who Dial 999/112**

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Dear Editor,

Traditionally, in the Republic of Ireland (RoI), all patients who dial 999/112 are brought to the Emergency Department (ED), unless they decline to travel. Older people are particularly vulnerable to adverse events in the ED such as delirium<sup>1</sup>, falls<sup>2</sup>, infections<sup>2</sup>, medication errors<sup>2</sup> and functional decline<sup>3</sup>. Alternative care pathway models can reduce ED crowding and improve patient outcomes, especially for those with non-urgent needs that could be treated elsewhere.

Pathfinder is a collaboration between the National Ambulance Service (NAS) and the Occupational Therapy (OT) and Physiotherapy Departments in Beaumont Hospital, and received funding from the Slaintecare Integration Fund for a 12 month pilot in 2020 (Grant Agreement No. 392). The service aims to minimise unnecessary ED attendances for people  $\geq 65$  years by utilising alternative care pathways following a 999/112 call.

Pathfinder is dispatched by the National Emergency Operations Centre and responds to low acuity 999/112 calls for people aged  $\geq 65$  years within the Beaumont Hospital catchment. The team accepts calls within an agreed low-acuity code set (falls, non-traumatic back pain, generally unwell, blocked/dislodged urinary catheter) or “on scene” referrals from any NAS or Dublin Fire Brigade crew, irrespective of initial dispatch code. Pathfinder does not respond to calls where a GP has reviewed and recommended ED presentation or where a specialist medical team have requested a patient be transported. The team operates a ‘Rapid Response Team’ (Advanced Paramedic and Physiotherapist or OT) (8:00-20:00, Monday-Friday) and a ‘Follow-Up Team’ (Physiotherapy and OT) (8:00-16:00, Monday-Friday).

Once activated, the ‘Rapid Response Team’ conduct a comprehensive assessment in the person’s home and establish whether a suitable alternative to the ED is available. Where deemed safe and appropriate, the person remains at home, most commonly through the activation of one or more alternative care pathways (e.g. GP, Integrated Care Team, Primary Care Team, Geriatric Day hospital, OPD clinics).

Input from the Pathfinder ‘Follow-Up Team’ may also be instigated. This team can respond immediately to provide a short period of intensive intervention at home. This can include rehabilitation, case management and, if required, referring onwards to established community and voluntary agencies for longer-term intervention.

The Pathfinder ‘Rapid Response Team’ reviewed 485 patients in the first year of operation. Three hundred and thirty patients (68%) remained at home after initial review, with 89% of those requiring Pathfinder ‘Follow-Up Team’ input. Four hundred and eighty-two (99%) of non-transported patients remained at home after 24 hours and 91% at 7 days. The average age of patients reviewed was 80 years with an average Rockwood Clinical Frailty Scale score of 6 (moderately frail).

Pathfinder is the first model of this kind to be implemented in the ROI. It has demonstrated that it is a safe alternative to ED conveyance for older people following low-acuity 999/112 calls. A network of alternative care pathways and immediate access to follow-up are two key enablers<sup>4</sup>. The overwhelmingly positive feedback confirms that this is a service model that older people and their carers want. It is a model which could be spread, with local adaptation, nationally.

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**References:**

1. Émond, M, Boucher, V, Carmichael, P. H, Voyer P, Pelletier M, Gouin É et al. Incidence of delirium in the Canadian emergency department and its consequences on hospital length of stay: a prospective observational multicentre cohort study. *BMJ Open*, 2018. 8(3): p. e018190.
2. Ackroyd-Stolarz, S, Read Guernsey, J, Mackinnon, N. J. The association between a prolonged stay in the emergency department and adverse events in older patients admitted to hospital: a retrospective cohort study. *BMJ Qual Saf*, 2011. 20(7): p. 564-9.
3. Nolan, M.R. Older patients in the emergency department: what are the risks? *J Gerontol Nurs*, 2009. 35(12): p. 14-8.
4. Bernard, P, Corcoran G, Kenna L, O’Brien C, Ward P, Howard W. et al. Is Pathfinder a Safe Alternative to the emergency department for older patients? An observational analysis. *Age and Ageing*, 2021; June, afab095. <https://doi.org/10.1093/ageing/afab095>.