



# UNDERSTANDING SERVICE DELIVERY WITHIN A NEW MODEL OF CARE: GALWAY PATHFINDER ALTERNATIVE MODEL OF CARE

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## INTRODUCTION

The Galway University Hospital Pathfinder team launched on 29/05/2023. The team is uniquely integrated within Saolta hospital group's IT and Electronic Patient Record (EPR) systems.

Prior to launch, the team worked collaboratively and proactively with IT colleagues in order to ensure access to hospital EPR systems, to create 'Pathfinder' documentation proformas and to develop the Pathfinder documentation standard operation procedure.

All members of the Pathfinder team have access to relevant and appropriate EPRs, including scheduled and unscheduled care information and IT platforms. EPR access has allowed more accurate and up to date clinical information gathering as part of the Galway Pathfinder assessment, treatment and patient management.

All Pathfinder staff can view patient EPRs that captures information regarding acute admissions, emergency department (ED) attendance, hospital based out patient department (OPD) appointments and a proportion of integrated community team's clinical documentation.

All Pathfinder staff can complete a pathfinder clinical letter on the hospital EPR system which is automatically shared with the patients registered General Practitioner (GP).

Additionally, access to integrated health records allows for the collection and analysis of comprehensive data to enable the team to record, understand, report and improve service delivery.

Data reflecting Pathfinder metrics, including patient outcomes, are shared with the Galway University Hospital Unscheduled Care team, Galway Pathfinder steering group and is benchmarked against other pathfinder teams nationally. This supports the teams priorities of transparency, safe working and provision of a patient centred service.

## METHODS

Collaborative preparatory work was completed with IT colleagues in April 2023 and May 2023. Access to the appropriate hospital EPR platforms was agreed for the Pathfinder team members. Set up occurred in line with existing staff IT access procedures.

A PDSA approach was taken with the creation of the 'Pathfinder communication' and 'Pathfinder discharge' letters on the hospital EPR platform. Improvements to the clinical documentation proformas were made at months 0,3 and 12 since service commencement.

During Pathfinder assessment, team members had the ability to access patients EPR's reflecting acute admissions, ED attendance and hospital or integrated care OPD appointments. This timely information informed part of the assessment and management plan while assessment was being carried out in the patients home.

Post Pathfinder assessment, a clinical letter was uploaded on the hospital EPR platform reflecting assessment and outcomes i.e. 'managed at home' versus 'conveyed to the ED'. This letter was automatically sent to the patients registered GP and could be viewed by other hospital healthcare colleagues immediately after submission. This letter could additionally be shared by the Pathfinder team with involved teams who did not have access to the hospital EPR platform, for example primary care teams. See image one for clinical process map.

The EPR hospital platforms were utilised to support the teams quantitative data capture. Patient outcomes were consistently reviewed by the Pathfinder team at 24 hours, 7 days and 30 days. ED re-attendance was a key component of the Pathfinder service reporting. Hospital EPR platforms were used to inform key informatics via a daily data pull by Pathfinder clinicians.

Additionally key trends and learning from patients who attended the ED within 30 days of Pathfinder assessment were gathered.

Patient outcome data was collated monthly for the Pathfinder steering group and for the Galway University Hospital Unscheduled Care report. Additionally the first annual report for the Galway Pathfinder Team collated in June 2024, reflected 12 month cumulative and trend informatics.

Qualitative feedback was gained from the Galway Pathfinder service user cohort. Clinicians deemed qualitative feedback would add depth to the quantitative reports and would better inform a quality improvement (QI) approach within the team.

Early and consistent communication with multiple stakeholders aided greater depth of understanding of the complexities of the local health systems. The importance of timely access to EPR for Pathfinder clinicians was highlighted from the set up phase of the service for both clinical and reporting functionality. QI approach to data analysis and reporting were embedded early with team working.

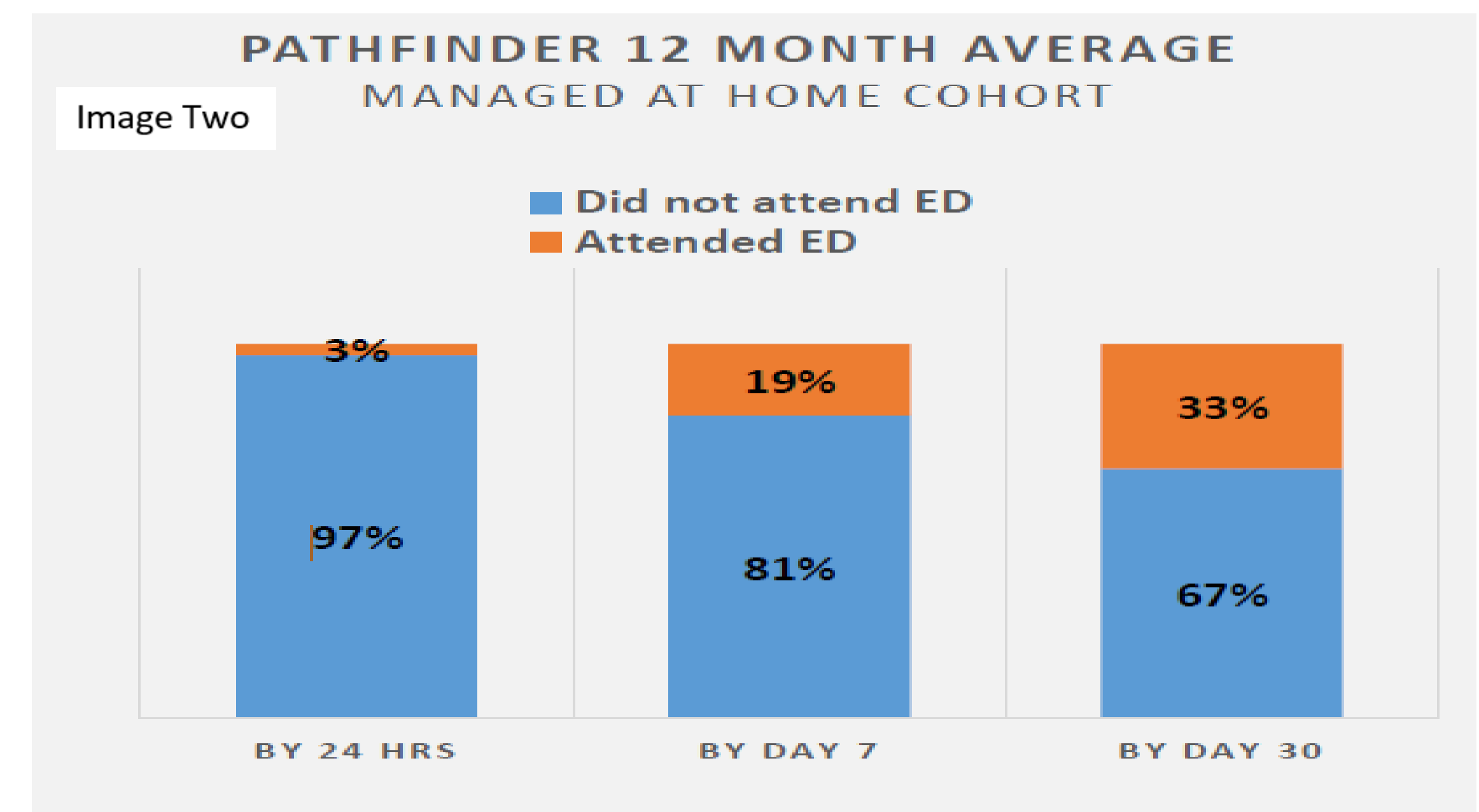
## RESULTS / KEY FINDINGS

The team regularly provided HSE & NAS management with comprehensive reports that detailed activity levels, referral types, patient outcomes and key trends. Hospital EPR platforms formed an integral part of the data collection process.

The team members reported they felt more empowered to make safer, effective and timely decisions regarding patient management, as they were able to access patients EPR health records in a timely manner.

GP and associated health colleagues advised that the Pathfinder clinical documentation they received was accessible and clinically beneficial to patient management. Hospital based and integrated healthcare colleagues had the ability to view Pathfinder assessment and discharge clinical letters, evidence of the Pathfinder teams focus on the provision of a transparent, safe and patient centred service.

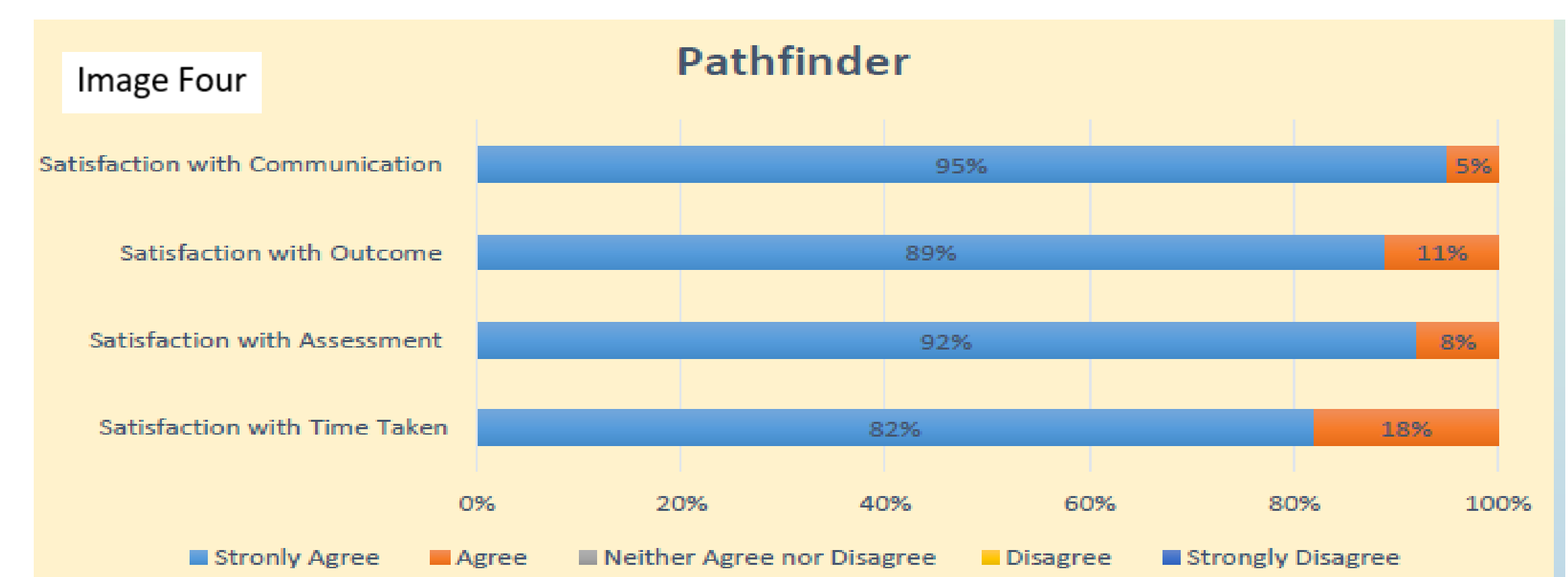
Year one data, supported by EPR platforms, is shown in: Image two reflects the Galway Pathfinder patient management informatics for year one. ED attendances for the 'managed at home' patient cohort at 24hours, 7 days and 30 days post Pathfinder Initial Assessment are exhibited. Image three reflects ED re-attendance informatics. Image four reflects service user feedback informatics.



ED Attenders within 30 Days of Pathfinder Review			
Based on 56 Attendances by 54 total Patients	Range	Mean	Median
How many days later did patients attend ED	0 - 29	7.3	4
Number of ED Attendances patients had within 1 year	1 - 37	5.5	2

Reason For Those 30 Attendances	New Symptoms	Declined Conveyance	Deterioration	Un-resolving Symptoms
Number of Occurrences	32	8	2	12



## CONCLUSION

Access to patient EPRs for the Galway Pathfinder team improved information gathering, clinical assessment, safe patient decision making and service efficiency. EPR platform access was in place prior to team launch. The team perceived this consolidated efficient working processes and safer practice early in team launch.

Timely and accessible Pathfinder clinical documentation, available on the hospital EPR platform, was in line with the teams priorities of transparency, safe working and provision of a patient centred service.

Access to EPR platforms was a key component in service reporting, trend analysis and service assurance. Commitment and access to high quality data analysis informed effective service provision and a quality improvement approach.

Pathfinder access to and visibility on the hospital EPR platform was a key component to successfully embed the new service, both as a visible prehospital healthcare model and also as part of the wider integrated health systems.

