



# The Pathfields Tool: How to Make the Frailty ID Software work in Systmone:

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## Introduction: what is the Pathfields Tool?

It's pretty simple. SystmOne and EMIS have been programmed to fire a popup message whenever a GP is consulting a patient who is at high risk of having undiagnosed frailty (had a home visit in the last year- good marker of being housebound; EFI 'severe frailty'; living in a care home; age >90 years; diagnosis of dementia; reduced mobility).

The popup fires when the patient record is saved and it invites the clinician to diagnose frailty by severity. With the push of one button you add the diagnosis and it goes on the problem list.

Once frailty is diagnosed, the clinician also codes whether the patient is housebound, lives in supported living or lives in a care home. This occurs with one button push. It is a simple as that.

## What are the advantages to my practice?

The Electronic Frailty Index (eFI) involves a clinician individually going through the records and deciding if a patient is frail, pretty laborious process.

The Pathfields Tool is time neutral, requiring two pushes of a mouse button prior to saving the patient records. Furthermore it can increase the number of older people living with frailty in a practice. At Pathfields it trebled the number of patients that would have been diagnosed with frailty, compared to eFI. At another pilot site, the number of patients recorded as living in a care homes also doubled. These figures have important ramification for QOF markers and the new Enhanced Health in Care Home Specifications.

Once you push the buttons, the IT lies dormant for 18 months. It then reactivates so that if there has been a change in frailty status (eg moderate frailty —> severe frailty) it can be re-coded. One thing that you will need to do in each practice is adjust your system preferences so that moderate frailty and mild frailty will automatically retire as problems on the problem list at two years (don't worry, the read code will remain so it should not screw up your QOF).

Pathfields Medical Group have agreed to share these templates with practices in Devon, should they wish to use it.



Another advantage to using the Pathfields Tool is that the CCG is considering a **Frailty Population Health Management Locally Enhanced Service** (Frailty PHM LES) that involves offering patients with mild-moderate frailty a referral to social prescribers and falls classes. It is currently very challenging to use eFI to diagnose patients with mild frailty. The Pathfields Tool makes this process very easy. **Please note that the CCG is not recommending the use of any one frailty identification tool over another. The LES is solely based per patient referred and it is up to the practices to choose how they wish to identify frailty.**

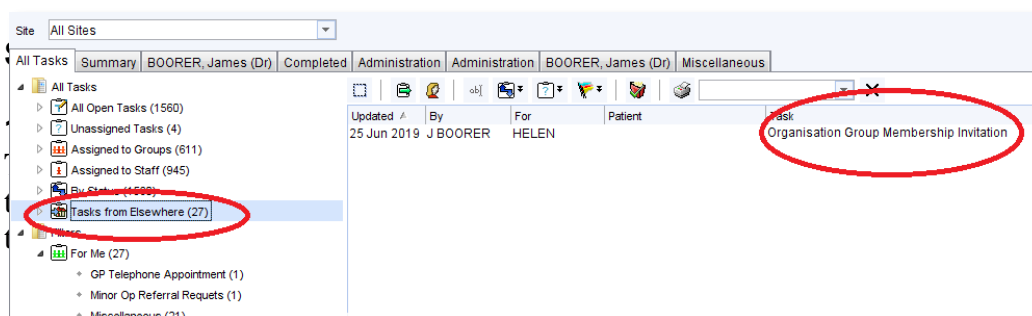
### What are the disadvantages of using the Pathfields Tool?

The IT has been piloted for a year and no safety issues have been encountered. However, it has not been formally safety checked and signed off by a Clinical Safety Officer.

Practices who use this tool, do so at their own risk and understand that they are fully liable for any mistakes that may or may not result in patient harm as a direct or indirect use of this software. I and/or Pathfields Medical Group accept no liability for other practices who choose to use this software.

Sorry for saying this but in this day and age it is important to have a disclaimer.

### How do I install the system on my practice?



summary, select  
right click this task

1. If you have batch added EFI read codes to diagnostic read codes you must remove all these codes first
2. If you have not already done it set up all care homes so that they are using the residential institute V0 read code (you may need help from the S1 champion to sort this).
3. Ensure all your care homes have the residential institute V0 code (0=number zero) against them. This is needed to run one of the protocols. You should do this anyway as it will positively influence your Carr Hill formula
4. Run a report on all the patients living in care homes and bulk add the read code "lives in a care home."
5. Run a report on all patients with eFI  $\geq 0.36$ . Bulk add the read code Electronic Frailty Index Score.
6. Ensure that your RBAC roles for HCA's phlebotomists and nursing staff are the roles that trigger the mild frailty protocol (if you can't find it run a search on mild frailty protocol)
7. Ensure that your RBAC roles for doctors, ANPs, Paramedics are the roles that trigger the frailty protocol (if you can't find it, run a search on frailty protocol)

Job done