INTRODUCTION
Palliative and Therapeutic Harmonization (PATH) is an innovative model for care planning in frailty that addresses the challenges head-on. At its core, PATH is a philosophy—a new way of thinking about frailty. The implementation of the PATH model relies on finding new efficiencies in multidisciplinary team assessment and care planning and shines a new light on the limitations of existing guidelines when applied to frailty.

The mandate of PATH is to implement a frailty-specific model for healthcare delivery in frailty that can be used across the health care continuum, where:

- Teams are able to collaboratively assemble the "big picture" of each person's health story
- Frailty is at the forefront of evidence-informed decision making
- Patients and families feel empowered by information
- We are able to provide better care with fewer (re-organized) resources
- Navigation across all health care services is optimized

PATH CLINICAL PROGRAMS
PATH clinical programs provide a structured approach to care planning and medical decision making that places frailty at the forefront using a standardized three-step process that includes (1) understanding health; (2) communicating prognosis; and (3) empowering decision-makers to make relevant decisions using framing questions. This approach changes the way patients and their families make medical decisions, which culminates in improved appropriateness of care.

STANDARDIZED TEAM EDUCATION PROGRAM (STEP)
The PATH Standardized Team Education Program (STEP) is an ambitious hands-on program of skill building and team re-organization to: (1) eliminate repetitive assessments; (2) improve the relevance of the patient assessment; (3) optimize team communication; (4) make better use of the assessment for care planning; and (5) improve system navigation. The approach is founded on the premise that a shared skill-set for understanding frailty provides the ideal foundation for optimal care.

PATH TREATMENT GUIDELINES
In collaboration with other groups, such as the Drug Evaluation Alliance of Nova Scotia (DEANS) and the Diabetes Care Program of Nova Scotia, PATH develops and disseminates frailty-relevant, evidence-informed treatment recommendations for common conditions that occur in frailty, such as diabetes and hypertension. Based on evidence review, the guidelines recommend liberal treatment targets.
Our work has resulted in an integrated program to manage frailty across the health care continuum.

**Our Programs**

**Clinical care**
- PATH clinic and consultation
- Pre-surgical PATH
- Renal PATH
- PATH for Long-Term Care
- PATH home care assessment and care planning

**Improving the efficiency of team-based care**
- Training programs for teams and individuals
- PATH training manual
- Assessment tools
- Evidence-informed treatment guidelines and widgets developed in conjunction with the Diabetes Care Program of Nova Scotia and the Academic Detailing Service at Dalhousie University

**Helping Patients and Families Navigate Decision-Making**
- Guide to decision making with frailty
- Narrative description about dementia and frailty
- Guide to death at home and hospital
- Framing Questions to improve decision making

**Improving public awareness about frailty**
- Documentary: “Fighting for a Good Death”
- www.pathclinic.ca website

**References**