

Clinical Pathways

A Paradigm Shift To Excellence

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Clinical Pathways

- β Background
- β Change in Practice-Paradigm Shift
- β Evolution of Pathways
- β Definition
- β Why–Purpose and Value
- β Components/Elements
- β Development Strategies
- β Evaluation, Variance Analysis, and Best Practice Measures

Background

Current Health care system has seen rising consumption, spiraling costs, a bursting public sector and a decline in private health care insurance

Background

To maintain access to quality medical services and cost effective health care delivery:

- β Re-evaluation of patient care models*
- β Co-ordination of patient care among health professionals*

***Quality to drive patient care delivery -
not cost control***

Case Management- The Beginning

In response: Case Management Models were introduced with emphasis on:

1. *Quality patient care* → *Multidisciplinary teams*
2. *Cost containment* → *Specialty Case Managers*
3. *Interdependent and collaborative care between patient and health care providers* → *Clinical Pathways*

Paradigm Shift

Paradigm shift from traditional task oriented practice and a reactive model of patient care to:

- β Emphasis on optimum outcomes*
- β Advanced plan of care*
- β Collaborative teamwork*
- β Increased patient participation*
- β Increased understanding of quality & the role of Health Fund Providers*



Clinical Pathways –What are They?

Pathways employ a concept long used in the Construction Industry:



- β Pathways were used to co-ordinate multiple contractors or people to accomplish a project within a given time line & with limited resources*
- β Pathways utilize an explicit design & documentation system*

Clinical Pathways-Definition

A Clinical Pathway is an abbreviated version of the multi-disciplinary process which needs to occur in a timely and sequential manner to achieve quality patient health outcomes.

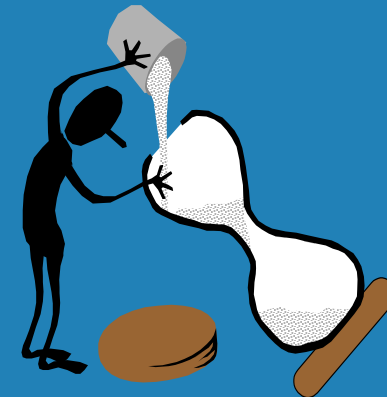


“A multidisciplinary road map of patient management through out an episode of care”

Villaire, M., 1995

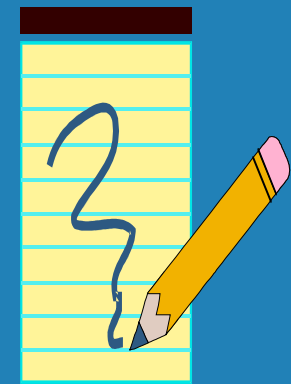
Clinical Pathways-Components

- β *Clinical confirmation or path of all outcomes (per time line):*
 - *Medical/Surgical/ Day Case*
 - *Peri-Operative*
 - *Daily, Hourly or Sectional*
 - *DRG, Procedure or Doctor Specific*
- β *Layman's Terms Pathway*
- β *Variance Analysis Record*



Clinical Pathway – Key Elements

- β *Outcome Based - Documentation by exception*
- β *Data Collection, Auditing, Critical Analysis and Benchmarking Tool*
- β *Facilitate upgrades and changes*
- β *Written to paid length of stay-DRG*
- β *Incorporate Best Practice*
- β *Early Discharge Planning*
- β *Comply with Australian Documentation Standards (AS 2828)*



Pathway Example

<i>Care Aspect</i>	<i>Outcome Goal</i>	<i>Variance</i>
Pain Management	Epidural insitu & secure with no visual sign of inflammation or exudate at site. Patient is comfortable with pain management (Refer MR:)	
Mobility/ Activity	Patient mobilizing 100 meters independently with safe use of mobility aide (stick or frame) TDS. Flexion is 90 degrees.	Yes-Refer variance chart

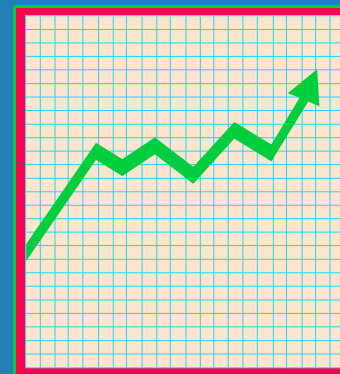
Variance Tracking



Variance Analysis allows us to measure whether or not outcomes are achievable and being met or to put measures in place to then achieve those outcomes.

Identifies areas:

- Process improvement*
- Clinical practice*
- Resource utilisation*
- System problems*



Variance Example

Date	Day	Code	Variance	Action	Outcome	Sign
2/11	2	A5	R) heel pressure sore	Gel pads insitu Air pillow Insitu	Skin intact no further break down noted	
5/11	5	D3	Patient clinically stable – Dr discharged patient one day early	Patient aware – organise community supports	Home Nursing, Dom Care, MOW organised	

Clinical Pathways-Value

- β *A clear understanding by staff of expected outcomes and goals the patient achieves*
- β *Increased communication and collaboration*
- β *Decreased fragmentation*
- β *Easy identification of problems/variances*
- β *Greater knowledge sharing with patient/carer/Doctor*
 - *empowers decision making*
- β *Education tool*

Clinical Pathways-Value

On an organisational level:

- β *Provides data - to improve patient health outcomes*
- β *Decreases length of stay*
- β *Potential for increased organisational revenue*
- β *Improves resource usage*
- β *Standardises quality of care to enable benchmarking*
- β *Facilitates analysis of cost differences*
- β *Reduces litigation risk-*
 - *Improved clinical Documentation*



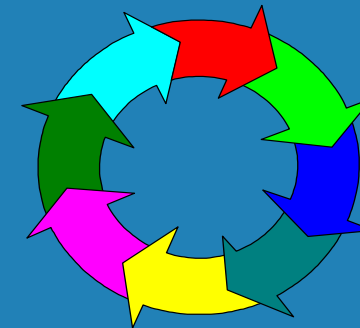
Clinical Pathways- Development Strategies

β *Select population group:*

High volume DRG

High Revenue DRG

High Risk DRG



β *Audit current practice to provide measure*

β *Development of audit tool*

Clinical Pathways- Development Strategies

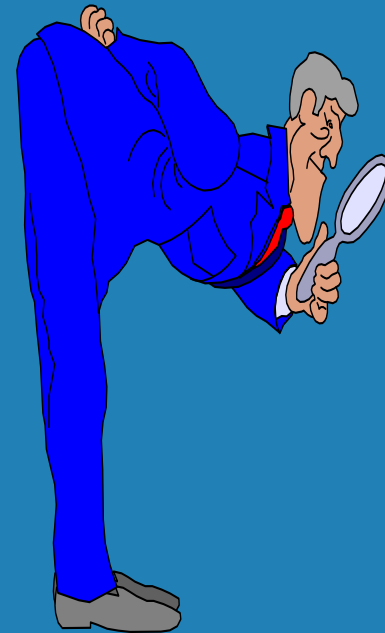
- β *Not be limited to the inpatient phase*
- β *Encompass the whole continuum of care*



- β *Education of team - define outcomes*
- β *MDT involvement*
- β *Constructed to paid length of stay*

Development-Reverse Engineering

- β *Begin with outcomes/timelines*
- β *Determine activities – timelines*
- β *Define patient care objectives*
- β *Question current practice*
- β *Implement and monitor/evaluate*



How do you prove Best Practice in Clinical Pathways?

- β *LOS*
- β *Readmission*
- β *Revenue*
- β *Appropriate resource use*
- β *Improved relationships with members of the MDT*
- β *Customer satisfaction –surveys focus groups*
- β *Evaluate*
 - *ACHS standards*
 - *CMSA standards*



General Principles of Best Practice

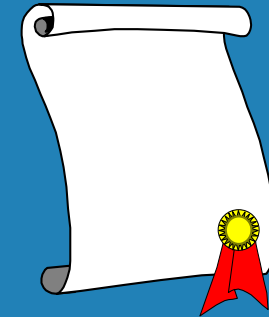
Commonwealth Department of Human Services and Health:

1. *Integrated and co-operative change strategy for continuous improvement in cost, quality and timeliness*
2. *Driven - Organisational change*
3. *Empowerment of workers*
4. *Pursuit of Innovative Processes*
5. *Performance Measurement Systems*
6. *Customer focused*
7. *Closer relationship with other stakeholders*



Clinical Pathways-Summary

- β *Living/working document*
- β *Owned /developed by the MD team*
- β *Outcome focused –*
 - *Not tick box or task orientated*
 - *Utilise documentation by exception*
 - *Reverse engineered*
- β *Challenges the mindset to look at outcomes within a bigger picture*
 - *Data analysis of variances for improving performance*
- β *Incorporates best practice measures*
- β *Evaluated through standards of best practice*



Questions



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HOSPITAL


RAMSAY
HEALTHCARE