

Emergency Demand Coordination Group

Emergency Dept Critical Pathways

What are Critical Pathways?

- Multidisciplinary documentation tool
- Focus on a population of patients
- An outline of the patients expected course: the management /care on a day to day, minute to minute or hour to hour basis moving through towards discharge

What are Critical Pathways?

- Outcomes focused - expected outcomes are pre-established
- The pathway documents (& sequences) the critical elements of treatment that may assist in achieving these outcomes
- The personnel involved in the care & the timing of their interventions are also sequenced

What are critical pathways?

- Diagnosis or Procedure specific
- Data based
- Taken from industry
- Have been written for various timelines or scopes of care:
 - e.g. inpatient, home, rehabilitation, acute, maternity, mental health, ED

How are they developed?

- Multidisciplinary team
- Research:
 - Medical record review & data collection
 - Analysis of data
 - Literature review
- Define the care/management & expected outcomes for the patient population group
- Consensus and construction of sequence

What are the benefits?

- Can streamline care/ Coordinate care
- Multidisciplinary team and patient understand what is expected throughout the episode
- Allow for clear communication of usual treatments/interventions
- Improvement in communication because the pathway indicates what needs to be done in a 24 hour period

What are the benefits?

- Allow for variance analysis:
identification of trends and continuous
quality improvement
- Can ensure no critical aspects of care are
overlooked by any member of the team and that
interventions are performed in a timely manner

What are the benefits?

- Serves as an education tool for patient and family
- Reduction in patient anxiety due to team approach and awareness
- Easy to use
 - documentation by exception
 - avoid double documentation
- Assist with implementation of evidence based practice

Benefits

- Optimise / Improve quality care
- Reduction in length of stay (without compromising care or outcomes)
- Reduction in costs

(Dowsey, Kilgour et al. MJA 1999; 170: 59-62)

(Gregor, Pope et al. Journal of Quality Improvement 1996; 22: 617-627)

(Goldberg, Chan et al. Annals of Emergency Medicine 1998; 31:5: 562 –567)

Where do you start?

- High volume procedures or diagnosis
- High cost procedures or diagnosis
- Comparison length of stay or costs to State, other hospitals
- High variation in LOS or cost per case

Example

- What they look like
- How to use the pathway
- Documenting variances

How do you measure outcomes?

- Variance: an unexpected event or deviation from the pathway
- Variances are documented on a variance record form, along with the action and outcome
- Coded for analysis
- Reported back to all ED staff

Examples of how pathways may benefit in ED

■ Asthma

- Baseline data identifies average time to first nebuliser 45 minutes
- Pathway expected outcome states that first nebuliser is given in first 15 minutes
- Variance analysis will then determine any improvement

■ DVT

- Pts arriving with ultrasound have significant LOS in ED
- Patients expected outcome is to be referred and assessed by HITH earlier

Examples of how pathways may benefit the ED

■ Asthma

- Baseline data shows CXR done some of the time. All NAD
- Following consensus with medical staff, pathway standardises investigations performed
- Baseline data identifies difference b/n junior and senior nurses in initiating nebulisers
- Pathway provides guidance to initiate nebuliser

■ Cellulitis

- Baseline data finds variation in Rx and admission to hospital

Critical Pathways

- Need ongoing review
- Change in culture from tasks oriented to outcomes focused
- Needs involvement & understanding of all disciplines
- Education + + +
- Assist us in the provision and evaluation of care in a timely manner