



Clinical Pathway Evaluation Framework

CLINICAL PATHWAY CRITERIA - INSTRUCTIONS FOR USE

This document has been designed to assist in the assessment and planning of clinical pathway processes. It contains 10 Clinical Pathway Best Practice principles (page 3), 17 criteria for assessing departmental performance against these criteria (pages 5-6), space to identify issues and objectives (page 7), space for listing key achievements over the last 12 months (page 8) and space to outline planned activities over the next 12 months (page 9). In order to use this framework process please proceed as follows:

1. Randomly select a representative sample eg 5 clinical pathways for different conditions developed within your department including pathways that target both medical and surgical diagnoses and list these pathways below.

1
2
3
4
5

2. Determine and circle a yes or no response to evaluation criteria numbers 1, 8 and 11.
3. Assign a point score of 1 for each of the items that your department complies with under evaluation criteria 2. Total your departments point score for this criterion and insert this number in the 'Actual' column.
4. Using the clinical pathways identified above, assess each pathway with respect to criteria 3-7, 9-10 and 12-15. Assign a point score of 1 for each pathway that complies with the criteria in the 'Tally' column and sum the total number of compliant pathways for each criterion. Insert this total in the 'Actual' column for each criterion.
5. Calculate the percentage of compliant pathways for each of the criteria 3-7, 9-10 and 12-15 and insert in the 'Current Year' column.
6. Consider all pathways developed within your department and determine how many diagnoses/procedures have more than 1 clinical pathway (tailored to different doctors). Insert this number in the 'Actual' column for criteria 16.
7. From a departmental perspective establish how many clinical pathways are: (a) planned for development in the next 12 months, (b) currently under development (excluding those planned) and (c) implemented and insert these figures in the 'Actual' column for criteria 17.
8. Summarise key achievements in clinical pathway development, implementation and evaluation over the past 12 months on page 7.
9. Summarise planned achievements for clinical pathway development over the next 12 months on page 8.

Clinical Pathway Best Practice Principles

1. The department has a framework for clinical pathway development including:
 - a medical sponsor for clinical pathways
 - a designated staff member with responsibility for clinical pathways
 - a 'master' template for formatting clinical pathways
 - a departmental approach to prioritising clinical pathway development
 - a methodology for addressing development, implementation and evaluation of clinical pathways.
2. Clinical pathway content reflects that they are developed by inter-disciplinary teams involving:
 - medical staff,
 - nursing staff,
 - allied health staff and
 - patient feedback.
3. Resources used to determine current best practice for the DRG/procedure are identifiable eg literature, state average length of stay data etc.
4. Clinical pathways specify outcomes to be achieved associated with relevant time-lines.
5. Clinical pathways incorporate discharge planning principles.
6. Clinical pathways are incorporated into the medical record.
7. There is provision for tailoring clinical pathways to individual patient needs.
8. Variance data is:
 - recorded on the clinical pathway
 - coded using standard variance code lists that are adopted across the department
 - collated
 - reported back to key stakeholders in a timely manner
 - used to drive quality improvement initiatives
 - managed through a variance database
9. Clinical pathways are diagnosis/procedure specific and not doctor specific.
10. The department has a clinical pathway development plan.

(Insert department name)

Clinical Pathway Report

(Insert time frame eg: 2001/2002)

Report compiled by:

Date:

Clinical Pathway Progress Report

No.	Principle	Evaluation Criteria	Count	Tally	Actual	Current Year
1	1	The department has documented a methodology for clinical pathway development			Yes/No	
2	1	The department has a framework for clinical pathway development <i>To total Actual Score assign 1 point for compliance with each dot point listed</i> <ul style="list-style-type: none"> • A medical sponsor for clinical pathways • a designated staff member with responsibility for clinical pathways • a 'master' template for formatting clinical pathways • a departmental approach to prioritising clinical pathway development • a methodology addressing development, implementation and evaluation of clinical pathways. 				%
3	2	Clinical pathways have input from: <i>(Count = no of pathways reviewed, Actual = no of pathways with relevant input)</i>				
		<ul style="list-style-type: none"> • Medical staff (Target 100%) 				%
		<ul style="list-style-type: none"> • Nursing staff (Target 100%) 				%
		<ul style="list-style-type: none"> • Allied Health staff (Target 100% of pathways with Allied Health involvement) 				%
		<ul style="list-style-type: none"> • Patient feedback (Target 100%) 				%
4	3	The resources and references used to establish 'best practice' for each pathway are identifiable (literature review, ALOS data, published guidelines etc) <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
5	4	Clinical pathways contain statements of key outcomes to be achieved <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
6	4	Outcomes are associated with a designated time-line <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
7	5	Clinical pathways incorporate discharge planning principles <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
8	6	Clinical pathways are incorporated into the medical record			Yes/No	
9	7	There is provision to tailor the clinical pathway to individual patient needs eg care for co-morbidities such as Diabetes <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%

No.	Principle	Evaluation Criteria	Count	Tally	Actual	Current Year
10	8	There is provision in the clinical pathway to record variance information <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
11	8	The department has a standard variance code list used for all pathways			Yes/No	
12	8	There is written evidence that variances have been analysed in the past 12 months <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
13	8	There is written evidence that variances have been used in formulating quality improvement activities <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply which requires Dept and/or QI meeting minutes etc)</i>				%
14	8	Variance data is managed through a variance database <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
15	9	Clinical pathways are diagnosis/procedure specific <i>(Count = no of pathways reviewed, Actual = Number of pathways that comply)</i>				%
16	10	How many clinical pathways are:				
		- Planned for development over the next 12 months				
		- Currently under development (excluding those planned)				
		- Implemented within the department				

2 Clinical pathway issues from the assessment

2.1 Criteria in which performance was below target

2.2 Objectives for improvement
