



## E-P-A newsletter edition 7, January 2010



European Pathway Association ivzw, [www.E-P-A.org](http://www.E-P-A.org),  
Kapucijnenvoer 35, 4<sup>th</sup> floor, B-3000 Leuven, Belgium

Dear colleagues,

The organization, development and success of the European Pathway Association are primarily due to the voluntary efforts of individual members of the society. Without these contributions, there would be no International Journal of Care Pathways (IJCP) to share our knowledge and experiences, no annual Care Pathways international conference in London, no international Summer School, no National Sections and meetings and conferences, no international research and networking, no smart-group on pathways and no newsletters. Without these voluntary efforts there could be a risk that our association would cease to exist. Therefore, I want to encourage every member to consider how they might be able to support the development and organization of the E-P-A in the near future.

As a first important step I would therefore like to invite you to submit a paper on your work for publication in IJCP. The aim is to produce a leading, international peer-reviewed journal which includes your research papers or updates of your earlier work, both quantitative and qualitative. Including information on project reports in your organization, systematic reviews, methodological issues & statistics, and information about the techniques and tools you use to improve the organization of your care

### News from the National Sections

As of January 1<sup>st</sup> 2010, there are seven National Sections in the E-P-A. We welcome Mongolia as our first non-European National Section! The European Sections are: Belgium, Ireland, England, Netherlands, Scotland, and Wales. Several other countries are in the process of becoming a formal National Section (e.g. France, Italy, Norway, Spain). Please check our website for the latest information on the National

processes. More information on the IJCP journal can be found at <http://ijcp.rsmjournals.com/>.

As you know, the national E-P-A sections, the E-P-A Council and the E-P-A bureau are the most structured elements of our organization. But as an international association, we need a number of important international groups of interest (e.g. on research, and lean management in relation to care pathways) to support the work of the E-P-A bureau and of the E-P-A Council. Hence, if you are interested in serving the E-P-A by participating or forming one of these groups, either now or in the future, please contact the E-P-A secretary, Ruben van Zelm. Most groups' activities can be easily conducted electronically via email, with possible use of conference calls, with each group meeting face-to-face at every E-P-A event. A brief summary of the purpose of each group and the participating E-P-A members will be listed on our website.

Supporting the E-P-A through involvement in the organization and development of the association is both personally and professionally rewarding. Again, I invite you to come forward and let us know that you are ready and willing to actively participate in association issues and share your experience on the IJCP.

Massimiliano Panella  
President European Pathway Association

Sections. If you have any questions relating to the National Sections, please contact the E-P-A secretary, Ruben van Zelm ([ruben.vzelm@qconsult.nl](mailto:ruben.vzelm@qconsult.nl)), or the National Section chairpersons (see below).

### England

England continues to face challenges regarding health economics and the need for strong



leadership and increased productivity has never been greater.

“One ambition for the future is to radically innovate within the health system, changing it so that it consistently increases healthcare quality, and eradicates inefficiencies whilst reducing costs. It is an ambition that requires innovative tools, techniques and methods to help it succeed” (NHS Institute for Innovation and Improvement <http://www.institute.nhs.uk/>).

Pathway development remains the methodology of choice for many organisations and in order to support clinicians many activities have occurred over the last twelve months and several activities are planned for 2010.

As well as the International Conference held in June 2009 in London, three conferences were held in the West Midlands attracting delegates from all professional backgrounds. The first held on the 10th June at West Bromwich Albion Football Ground attracted an audience of 100 delegates. The conference looked at both international and regional developments. The second conference held on the 10th October in Wolverhampton provided a ‘Showcase’ of care pathway initiatives in Wolverhampton City PCT. The third conference held on the 12th November in West Bromwich provided a workshop on ‘Pathways in Action’, all three conferences were very well attended and positively evaluated.

Conferences planned for 2010 are:

- ‘Care Pathways – Quality, Innovation, Productivity, Prevention’, Wednesday 20th January 2010 see <http://www.healthcare-events.co.uk>
- ‘Care Pathways in Mental Health’ on Wednesday 3rd March 2010 in London see <http://www.healthcare-events.co.uk>
- ‘ICP 2010’ Wednesday 23rd and 24th June 2010 in London.

Recently NHS Evidence announced that the Protocols and Care Pathways Collection website had now been switched off. The contract for the running of this service has expired and the collection had not been recently updated. As an alternative there is a widespread availability of tools such as the [Map of Medicine](http://healthguides.mapofmedicine.com/) <http://healthguides.mapofmedicine.com/>.

The content from the NHS Evidence and NeLH (National Electronic Library for Health) website



and all of the pathways have been secured and the Regional Midlands Network, PACE (Pathways Association of Central England) have reviewed the pathways from a Quality Assurance perspective and catalogued them. During 2010 it is hoped that funding for a website will be secured in order that the care pathways and educational material can be displayed, this would be freely available to all.

Best wishes for 2010!

Claire Whittle

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### **Scotland**

Things have been changing in the ICP world here in Scotland. The Scottish Pathways Association (SPA) has now been set up. This is an evolution of the Integrated Care Pathways Users Group of Scotland (ICPUS) which many of you will know about. We have decided to morph ICPUS into SPA to demonstrate that this is a branch of EPA and to also inject a new vigour into the organisation. We are aiming to increase the emphasis on supporting use, research and evaluation of all types of care pathways.

We are about to publish our first Newsletter and to launch our new website:

[www.scottishpathways.com](http://www.scottishpathways.com)

If you are interested to hear more about our organisation, please visit our website (when it launches) and sign up for our newsletter. You will also find out more information about the training and other events we run.

We are also holding our first conference on Tuesday 25th May 2010 near Edinburgh. The event will introduce the work of SPA and focus on clinical/care pathway development across Scotland. This conference is free to healthcare staff in Scotland but is also open to others to attend. More information on our website or feel free to contact one of us.

In the mental health arena, all areas in Scotland are currently developing mental health ICPs. Progress is good and all areas have succeeded in achieving foundation level accreditation from NHS Quality Improvement Scotland. This national accreditation confirms that all areas have the basic building blocks in place to develop and implement ICPs. Over the next few years, as ICPs start to be used in mental health,

they will be accredited for how they are improving the quality of care.

Prof Jeremy Wyatt ([j.wyatt@cpse.dundee.ac.uk](mailto:j.wyatt@cpse.dundee.ac.uk))  
Dr Ali El-Ghorr ([ali.elghorr@nhs.net](mailto:ali.elghorr@nhs.net))

### **Netherlands**

The First meeting of the members of the Dutch national section will take place on January 21st 2010. During this meeting the members will introduce themselves to each other and they will make a plan of action for the coming years.

Goals of the Dutch national section are:

- 1) increase the number of E-P-A members
- 2) inform each other about running and coming initiatives
- 3) develop and implement joint activities
- 4) organise a symposium (e.g.. about care pathways and patient safety)

In the Netherlands there are many initiatives on care pathways. We are not able yet to send you a full overview of all the initiatives in the Netherlands. We hope to get this overview in the coming month's.

If you have any further questions, don't hesitate to contact us.

With kind regards,  
Ingrid Janssen ([i.janssen@cbo.nl](mailto:i.janssen@cbo.nl))  
Marijke Vlasbom ([m.vlasblom@erasmusmc.nl](mailto:m.vlasblom@erasmusmc.nl))

### **Wales**

The All Wales network has been established and the terms of reference of the group have been agreed. One of the initial aims was to develop an internet based site to share experience and good practice around pathway development. The site will be hosted on the improvement on line website developed by NLIAH (National Innovations Leadership and Healthcare). It will provide a useful shared resource for ICP development - most of the site has already been populated and it will be live by the end of May 2010. One of the aims arising from the network activity is to develop a culture where the principles of pathway development are embedded. In order to facilitate this cultural evolution across Wales – we are developing an

accredited teaching programme supported by NLIAH. It will have several elements, such as baseline measurements, stakeholder analysis, legal context, organisational context (e.g. driver), use of resources (e.g. Map of medicine, pathway library, 18 week website), process mapping, change management skills, role redesign and workforce development often the key to service transformation, role of the MDT, identification of obstacles (e.g. information flow), review and measurement of compliance, and sustained development.

The training will be offered on an All Wales basis and in the UK there is not at present an accredited package for pathway development which incorporates all of these elements. This programme is about changing the culture within organisations to develop sustainable change and provides the methodology for service improvement /change with whatever tool is devised at the end e.g. ICP, Care Pathway, Care Bundle, Proforma etc.

One of the key benefits from ICP development is the process of bringing clinical teams together to agree the patient journey and often identify themselves the leanest, highest quality and safest route.

### *Map of Medicine*

This is an algorithmic, electronic resource which incorporates in excess of 300 pathways with the most recent evidence incorporated. It is an internationally used tool which is becoming more widely used across Wales to develop all Wales pathways and in the role of service redesign.

### *Conference*

In May 2010 a one day conference around chronic conditions management is planned. It is part of a series of one day events hosted by Cardiff UHB and supported by GSK(GlaxoSmithKline) which incorporates the role of pathways through both the condition specific ICP and the whole systems redesign approach. It will offer free places to 100 delegates across Wales.

Angela Hughes  
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## Care Pathways 2009

The 2009 Annual Care Pathways conference focused on new and innovative techniques that help make care pathways more effective including; lean thinking, measuring and monitoring clinical outcomes and using Patient Reported Outcome Measures (PROMs) within a care pathway to evaluate quality.

The conference brought together the latest research in the field, both internationally and

from across the UK – as well as over 40 practical case studies and interactive sessions, in which leading practitioners shared their experience of implementing successful care pathways in practice, and a series of poster displays outlining some of the latest research and developments in care pathways.

Here are some comments of delegates:

*“Given excellent insight into some areas of ICP. Lots of food for thought; ideas for implementation and design of ICP; very enjoyable conference.” - Rampton Hospital*

*“Very helpful to me in developing ICP in my setting; thank you.” - Notts HC Trust*

*“Great conference for sharing and networking, learning – loved it.” - Wolverhampton City PCT*

## Integrated Care Pathways –the touchstone of an Integrated Service Delivery Model for Ireland

Over the past decade, integrated care has become an integral part of health policy reform across Europe with significant debate worldwide on the need to achieve integrated health care delivery. Whilst there is evidence to suggest that integrating certain elements of the healthcare delivery system improves both patients' outcomes and satisfaction, there is no one delivery model available on which all delivery systems can draw upon to support the achievement of integrated healthcare.

The evidence to date highlights that even in the most advanced healthcare systems, there is a substantial gap between what is known to work and what is provided. For example, research by the RAND Corporation in the USA (2008) highlights that American adults received just 55% of recommended care for the leading causes of death and disability and that the health care delivery system itself is archaic in that it is organized to deliver care reactively more than proactively reflective of a delivery system developed in a time when the majority of health care problems were acute illnesses.

Recent reports from the US Institute of Medicine 'To Err is Human' (2000) and 'Crossing the Quality Chasm' (2001) have had repercussions throughout Western Medicine. Given the resources spent and the qualifications of its professionals, the reports argue, there is a chasm between what the overall quality delivered by the system should be and what it actually is. In Ireland the objective of, and

rationale for, achieving an integrated health and social care delivery system is clearly articulated within current health policy – Health Strategy-Quality and Fairness (2001), Primary Care Strategy (2001), HSE Transformation Programme 1 and the Integrated Services Programme (HSE 2008/2009).

The Irish Health Strategy published in 2001 focuses on the key aims of the integration of health and social care services to better meet the needs of the population of Ireland. Integration is defined as “service delivery across professional and institutional boundaries to deliver health care based on client needs and in the most cost effective location”. Ensuring that patients are able to move easily through the entire care system requires services that are well organised and informed by best available evidence and practice. In this context, there is an emphasis towards the provision of a model of integrated care that leads to “greater integration between primary and secondary care with the development of care pathways, referral protocol, guidelines and shared care arrangements” (Primary Care Strategy, 2001).

The creation of a unified Health Service Executive (HSE) structure in 2005 has facilitated a national programme of transformation which is focused on the delivery of integrated care through the reconfiguration of hospital and specialist services. This provides an environment for improving functional and provider integration at many levels. Service

integration is specifically recognised in the HSE Corporate Plan 2008-2011 as one of a series of prioritised actions: “The integration of services across the service spectrum from disease prevention through primary and community care to hospital care, to allow the service user to be managed at the most appropriate level for their care needs.”

In facilitating the delivery of integrated care at a practical level, the HSE has focused on the development of routine practices and procedures to facilitate integration across services and over time. Particular importance has been given to transition points across the health system and in this regard, the transition from hospital care to the community is perhaps the one which draws most focus and attention. Effective discharge planning that integrates care pathways into the community is imperative to reorienting practice from discrete and isolated interventions toward integrated and continuous care. The HSE Code of Practice for Integrated Discharge Planning launched in November 2008 now provides a nationally agreed framework for the consistent and coherent management of the patients’ pathway of care across the hospital and community services. It provides a reference point against which continual improvement and

consultation can take place and critically has the support of all staff representative bodies. A key goal is the achievement of enhanced clinical integration which requires excellent coordination of care at all levels to ensure “things don’t fall between cracks”.

There is significant evidence to suggest that Integrated Care Pathways (ICPs) can play a critical role in the development of integrated care across a health care delivery system. The use of research, education and learning will guide this approach to evidence based process improvement particularly for the development and use of complex care processes such as care pathways across the delivery system. In this regard, the HSE’s participation in the European Quality of Care Pathways (EQCP) project is in line the national action plan of the Irish Health Research Board 2009-2013 in supporting the reform agenda’s goals of a modern, integrated, quality-based and patient-centred health system an in particular, the drive to ensure care pathways are in line with existing and emerging international models of best practice.

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## Agenda

- February 25 and 26: Integrated Care – Wish or Reality?, Linz, Austria. More information: <http://www.fh-ooe.at/kongress-integrierte-versorgung>
- February 26: Pathway Conference, Bergen, Norway. More information on E-P-A website soon.
- March 3: Care Pathways in Mental Health, London, UK. More information: <http://www.healthcare-events.co.uk>
- May 2010: One day conference on chronic conditions – Wales, more information: Angela Hughes, chair Wales National Section ([Angela.Hughes@CardiffandVale.wales.nhs.uk](mailto:Angela.Hughes@CardiffandVale.wales.nhs.uk))
- June 23 and 24: ICP 2010, Cavendish Conference Centre London, UK. More information: <http://www.healthcare-events.co.uk>

## 3<sup>rd</sup> International Summer School on Care Pathways and Organisation of care processes

Lago d’Orta, Italy, September 6 – 10, 2010

An interactive week of training, lectures and workshops on care pathways and the organisation of care processes. In five days you will learn different aspects of care pathways, from the concept and methodology, to analyzing the effect of care pathways and an introduction on ‘lean management’. The group is small (max 25 persons) and very international, and you will have time to work on and discuss your own project with your colleagues and the teachers. More information: [www.e-p-a.org](http://www.e-p-a.org)



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