



E-P-A newsletter edition 1, September 2006

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We proudly present the first E-P-A Newsletter

This first E-P-A newsletter is hopefully the first in a long series of newsletters on the activities of the European Pathway Association. With this newsletter we hope to keep you up-to-date with the worldwide activities on the care pathway concept and methodology. It is our goal to publish this newsletter two to three times a year. The newsletter will not only give you news on projects in different countries but will also provide news on important publications, conferences, workshops, courses, interesting websites, etc. The E-P-A will also use this newsletter to publish its position papers and start up discussions within the pathway community. At this moment, E-P-A has over 220 members.

We would like to take the opportunity of the publication of the first newsletter to thank the board members and contact persons of the E-P-A for their involvement within the association. A special thank you goes to Ruben van Zelm and Clare Gallagher for the editorial work of this newsletter.

We hope you enjoy this E-P-A newsletter and please feel free to send us your suggestions for future editions to clare@healthcare-events.co.uk.

*Kris Vanhaecht & Massimiliano Panella
Co-Chair European Pathway Association*



ICP 2006 Conference Report

Overview

The sixth annual conference on the role of care pathways in improving the quality of care took place at Savoy Place, London, on June 28th and 29th. Via a number of presentations, case studies and master classes some 200 attendees reported on and discussed lessons learned from their involvement in various aspects of pathway development and implementation.

Day one opened with key note presentations by Don Hindle and Kris Vanhaecht that, (a) canvassed the rationales for pathway development and implementation, (b) surveyed the increasing centrality of pathways in service delivery in health care in a range of countries and (c) highlighted the need for more robust evaluation of the pathway project.

Day two opened with presentations on (a) the future of care pathways in the UK in light of the IT applications that will become available under the government's connecting for health initiatives and (b) results of a descriptive study of paediatric pathway development and implementation in Canada.

The remainder of the conference comprised three Streams and concluding session.

Stream A comprised a series of papers on the assessment of pathways, variance analysis and outcomes monitoring setting process and outcome indicators, involving patients in setting pathway goals and in their development and legal imperatives of pathway development and implementation. Additional to these methodological issues, other papers comprised case study accounts of issues pertaining to board commitment, team development, clinician engagement, education and training were being addressed in specific localities

Stream B took the form of a number of workshops and master classes. Included were a beginners workshop, a master class for managers that canvassed methodologies used in Australia, Germany and the UK, a master class on outcomes measurement that examined approaches used in Belgium and Italy, a master class on ICP team management. On day two, Stream B comprised papers that variously examined the potential and limits of electronic pathways.

Stream C focussed on pathway applications in respect of mental health, infection control, paediatrics, long term medical conditions, palliative care, life limiting diseases, surgical care and women's health and midwifery.

The concluding session comprised presentations that (a) provided a general practice perspective on how pathway methodologies can be used to break down the boundaries between clinicians, patients and carers and between social, primary and secondary care settings and (b) an account of Irish experience of how pathways are central to improving patient safety and risk management.

Comments

In overall terms the conference menu was long on papers that described presenter's personal experience of nominated aspects of pathway development and implementation and short on conceptualisation and critique. This no doubt reflects the relative immaturity of the pathway project and a desire to provide support to new entrants to the field and/or to give people involved in promoting pathways with an opportunity to talk to like minded others about their experiences, to give accounts of what they have achieved as well as the lessons they have learned.

However, notwithstanding the evident benefits that many attendees derived from the conference in its existing format, this commentator wonders about additional benefits that might derive from a broader agenda: one that locates pathway development and implementation in the

context of their organisational, ethical implications and (dare I say it) their potential implications for the organisation and management of clinical work.

Such an agenda would raise a range of conceptual, practical and ethical issues. Among others included here are questions such as:

What are the structural preconditions for pathway development and implementation? To what extent an and/or should pathway development and implementation be linked to other reform agendas such as service planning, role delineation of service provision, capital investment and renewal, workforce planning, the management of clinical

work, clinical unit management, overall performance management, clinical governance, service commissioning, casemix payment and patient choice?

What are the limits of pathway development and implementation? What criteria should we use to determine what is worth pathwaying and what is not? How do we determine what are high volume case types? What methods and approaches should be used to map and measure the impact of pathways in respect of clinical outcomes, patient outcomes, resource usage outcomes, organisational outcomes?

What clinical, ethical, cultural and interpersonal trade-offs are involved in pathway development and

implementation? Can these be justified? What are the ethical implications of using pathways to bring together bring together clinical, organisational and resource dimensions of care and how might these be resolved.

In summary such an agenda would provide the preconditions for a more evaluative research agenda as outlined by Kris Vanhaecht in his opening keynote address.

Prof. Pieter Degeling

Professor Pieter Degeling is Director of the Centre for Clinical Management Development, Wolfson Research Institute at the University of Durham, England. Pieter is an advisor to the board members of the European Pathway Association and was Chairman at day one of the ICP Conference 2006.

The E-P-A presented the E-P-A definition on care pathways at the ICP conference 2006

Care pathways are a methodology for the mutual decision making and organization of care for a well-defined group of patients during a well-defined period. Defining characteristics of care pathways includes: An explicit statement of the goals and key elements of care based on evidence, best practice, and patient expectations. The facilitation of the communication, coordination of roles, and sequencing the activities of the multidisciplinary care team, patients and their relatives; The documentation, monitoring, and evaluation of variances and outcomes; and the identification of the appropriate resources. The aim of a care pathway is to enhance the quality of care by improving patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources. (reference: European Pathway Association, www.E-P-A.org)



Integrated Care Pathways 2007

27 and 28 June 2007, Savoy Place, London

www.healthcare-events.co.uk

The call for papers for ICP 2007 will be released this week – if you are interested in presenting please email clare@healthcare-events.co.uk

What's coming down the path in ...

Austria

During the last years, the University of Applied Sciences in Upper Austria has been focusing on the development, implementation and evaluation of Clinical Pathways (CPs) in Austria. As our students concentrate in their study on process-management in health care this is an important topic in their curricula. In Austria CPs are still not very common. So, as a beginning the "Netzwerk Pfade" (www.netzwerkpfade.at) was founded by our university, an organization where most of the Austrian hospitals take part in. This is thought as an organization for the development of pathways and the exchange of know-how.

So, the University of Applied Sciences in Upper Austria is currently focusing on education concerning CPs and trying to get an overview about what is going on in this field throughout Austria. Our aim is to support our organizations represented in "Netzwerk Pfade" in the development, implementation, controlling and evaluation of CPS and to define and establish quality criteria for the pathways of our platform and to measure the utility of CPs.

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Belgium and The Netherlands

In 2000, the Centre for Health Services and Nursing Research, Catholic University Leuven, launched the Belgian-Dutch Clinical Pathway Network. It is a joint effort by both Belgian and Dutch healthcare organizations to implement clinical pathways in the organization of their practice. Respectively in 2002 and 2004 the Network has been strengthened through a collaboration with the Dutch Institute for Healthcare Improvement and the Université Catholique de Louvain (Brussels) for providing in a better support of the healthcare organizations in the Netherlands and French-speaking Belgian healthcare organizations. From 2000 tot 2006 the Network has grown from eight to more than one hundred healthcare organizations, extending as well from hospitals to home care organizations and rehabilitation centres. It is estimated that more than 500 different clinical pathway projects are running or in use.

The main activities of the Network can be grouped in continuing education, knowledge management services and research activities. The Network provides several kinds of education: three-day introductory courses, ten-day intensive trainings, introductory sessions for all kind of target groups such as interdisciplinary teams, medical doctors,

non-clinical services. Knowledge management services focus on the peer group consultations, working groups, peer-to-peer site visits, benchmarking. Research activities focus on developing measurement scales, evaluating effects of clinical pathways, modeling.

More information on the Network activities can be found on the website: www.nkp.be

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Canada

Clinical Pathways / Critical Pathways - A National Survey.

As a member of the Canadian Association of Paediatric Health Centres (CAPHC) from the Children's Hospital of Eastern Ontario, this survey was identified as a project to evaluate the experiences and issues surrounding pathway development, utilization and evaluation in Canada. In January 2006, this National survey on clinical pathways/critical pathways was distributed and facilitated through the CAPHC network. This survey was meant to serve all to gain a better understanding of the existence and utilisation of pathways across all pediatric hospital and

related organization across Canada. The results of this survey are posted on the CAPHC website <http://www.caphc.org/>

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Czech Republic

Na Homolce Hospital, Prague (www.homolka.cz), is a specialized, nationwide healthcare centre providing access to a comprehensive array of cardiovascular and neurosurgical care. It has 300 beds, and a wide range of outpatient services. The hospital received Joint Commission International (JCI) accreditation in 2005. As the first hospital in the Czech Republic, the management decided to develop the first CPs. The first four protocols should be developed at the Neurosurgery and Cardiosurgery departments as these are

the most important fields in the hospital. We have gradually planned to cover 70 – 80% of all hospital's diagnosis by CPs in the period 2006 – 2009. In the meantime we have developed a second group of four CPs. We developed the methodology and the basic flow chart regarding the development of CPs. This will enable us to develop further CPs for another clinical department much more rapidly. Our next goal is the correct use of CPs, analysis of variances and development of the CPs software. We believe that critical pathways offer great potential to improve outcomes (efficiency and quality of care).

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England

England hosted its annual 2 day conference on ICPs in London on the 28th and 29th of June. The

conference was attended by approximately 150 delegates from all over the world. The delegates were treated to many varied presentations which covered care pathway development from inception to evaluation, across all specialties and from many different countries.

Many organisations in England are developing or have developed care pathways with networking and dissemination occurring via the smartgroups network, the Journal of Integrated Care Pathways, the NLH Care Pathways website and database, and regional networks and special interest groups. The National Programme for IT is providing an impetus for the movement towards E Care Pathways and the development of an E Care Pathways National network.

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About E-P-A

The European Pathway Association has nowadays over 220 members worldwide and E-P-A contact persons in 24 different countries. If you want to find out whom these contact persons are, please visit our updated website. Membership to the European Pathway Association is free, to become member please visit the website. www.E-P-A.org

Estonia

Estonian Ministry of Social Affairs is developing four national e-health service projects: digital health record, digital prescription, digital registration and digital images. Having complete electronic data about patient health accessible 24 hours a day

– including the results of previous investigations and treatment procedures, will allow to reduce the number of repeated analyses, provide continuity of treatment between different levels of care (family medicine, outpatient specialist care, hospital care, rehabilitation

and social care), and this way to improve the medical quality.

We expect that opportunity to share information throughout all doctors and nurses, and from one hospital to another will be also helpful for improving multidisciplinary clinical pathways.

At the moment the ministry is calling on all the interest groups and public to discuss what changes will be necessary in Estonian legislation to allow essential access to patients themselves and clinicians and to guarantee adequate data protection. The E-health law has to be ready in the end of 2007 and digital health record is expected to go in use at the end of 2008. The project is supported by the EU structural funds.

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France

Since August 2004, French doctors have had to assess their professional practices. The "assessment of professional practices" (APP) as defined in the law consists in the analysis of medical activities with

reference to the professional recommendations and includes an improvement program with follow up. First, APP must be understood as a formative assessment (and not a normative or "certifying" one). Second, the aim of APP is clearly the improvement (and not only an evaluation) of professional practice. And third, French doctors can choose the field of practices they are going to assess and also the means - the "tool" – used (e.g. audit, indicators, morbidity and mortality conference or ICP). The aim of HAS is not to promote one evaluation method or another, but to incite professionals to organise their practices in a way which includes assessment. ICP have obviously the same purposes and thus could be used to satisfy

this legal obligation. More and more teams use it as an integrated assessment/improvement tool, most of the time within networks of different diseases or care processes. The format is either paper or electronic, but the goals are always to assist doctors in their medical decisions according to the updated scientific evidence adapted to the local particularities and, by this way, to decrease the variance of medical practices. French nurses usually give care according to written protocols, but without a specific support for each kind of disease to follow and fill in as English ICP - the tendency in France is to unify the patient file and not to produce different files.

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Summer school

The E-P-A is preparing a first Summer School on the Concept and Methodology of Care Pathways. This 5 day Summer School will take place in the beautiful north of Italy, look at the E-P-A website for news and updates on this event.

India

'ACE Vision Health Consultants P (L)' based in Rajasthan state, is the only organisation in India working on the development of care pathways, aiming to offer training and service to health care provider organisations at the national level.

Among the latest activities, the Director of 'ACE' gave a talk on 'Developing e-care pathways for the 21st century Health Information Systems' at the premier

institute of higher learning- 'Indian Institute of Technology (IIT), Kharagpur, during the 'National Conference on Medical Informatics and Telemedicine' in March, 2005. The aim was to create an awareness on this concept. Another project was planned in association with GTZ to be piloted in one of the district hospitals in Maharashtra, however due to several unavoidable delays, the project had to be shelved.

ACE Vision has also contacted some Insurance companies to accept care pathways as a 'costing tool'. However the concept has not hitherto been accepted. While some corporate hospitals around the country, may have individually started work in this area, knowledge sharing and networking is largely absent.

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Italy

Over the last ten years, there has been fast and widespread growth of care pathways in Italy. In Italy pathways are used by multidisciplinary teams to define the best process of care, the appropriate functions and the expected outcomes at a local level and to monitor the appropriateness of each step of the care critically. According to the actual organization of the National Healthcare Service the implementation of care pathways is supported both at national and regional level. At the National level over 30 research projects were activated and many Authors currently publish their work on pathways internationally. At the Regional level 7 Regions implemented care pathways within their regional network programs. In 2004 Ministry of Health, Istituto Superiore di Sanità and Regional Healthcare Agency of Marche implemented a national educational program on care pathways for professionals leading teams on quality improvement in the Italian Healthcare Service (http://www.ars.marche.it/qualita/corso_profili.asp?m=5&l=3). The Italian Society for Quality in Healthcare (SIQUAS) presented in 2005 a national position paper on the "status of the art" of care pathways in Italy and dedicated to care pathways one specific session of its upcoming national conference

(<http://www.siquas.it/indexMain.htm>).

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Mongolia

Mongolia is a landlocked Central Asian country sandwiched between the Russian Federation and the People's Republic of China. Before 1990, the centrally planned economy meant that basic services were available in a relatively equitable way, but there were few incentives or opportunities to innovate. Quality of care was often low, and citizens had little or no opportunity to complain. Since 1990, the Government of Mongolia and Ministry of Health have been undertaking a series of measures and health sector reform initiatives to improve access to and quality of health care. One of the key areas of critical importance is to increase quality of care and client satisfaction. Revision and update of clinical guidelines and standards have been carried out over the last decade. The first pilot project on integrated care pathways (ICPs) in Mongolia was initiated in June 2005 at Shastin Central Hospital, and already significant changes have occurred. The Shastin Hospital is one of sixteen tertiary hospitals in Mongolia that provide nation-wide tertiary level of care to the population. At present, at

least one ICP has been finalized and is under test in each of 11 specialties at Shastin Hospital. Development and use of ICPs will expand under the Second Health Sector Development Programme (since April 2006) in accordance with agreement between the Ministry of Health, Mongolia, and the Asian Development Bank. Development and use of ICPs is going to be used as one of the key performance indicators of pilot hospitals on service quality. More than 100 hospitals (primary and secondary care) will be using ICPs in a year period.

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Singapore

Changi General Hospital (CGH), Singapore, has been in the forefront of using clinical pathways since 1996. Patient care and treatment plan based on evidence-based practices help to streamline patient care processes, reduce variations in treatment and care and ensure appropriate utilisation of resources. There are 25 clinical pathways at Changi General Hospital based on specific diagnoses or procedures. Changi General Hospital received Joint Commission International (JCI) accreditation in 2005. The Hospital was highly commended by the surveyors for its excellent

data indicating the high compliance rate of clinical pathways by physicians. Changi General Hospital was invited to share its knowledge, experiences and good practices on its clinical pathway programme at the Joint Commission International Executive Briefings in September 2005 in Kuala Lumpur, Malaysia and JCIA International Executive Briefing in Germany, in October 2005.

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Health group challenges Irish Health Service Executive (HSE) to adequately fund radical health overhaul

The Irish Society of Quality and Safety in Healthcare (ISQSH) has challenged all those involved in healthcare, providers and patients alike to commit fully to the reform agenda as outlined by HSE CEO Professor Brendan Drumm at a healthcare conference on Integrated Care Pathways held at Clontarf Castle in Dublin on Thursday 11th May 2006.

ISQSH President Marie Kehoe, speaking at the conference entitled 'A

Considered Approach to Integrated Care' stated, "It is quite obvious that there is huge frustration felt by all those working in healthcare that the care given is not always the care that should be given. Poor organizational design and inadequate care processes set the workforce up to fail. Higher levels of quality cannot be achieved by further stressing current systems of care. Trying harder will not work. Changing systems of care will."

This structured programme, Prof Drumm said, could unleash an "explosion of human potential" and was quick to stress that an unfair and poorly designed system lets down both the patients and clinicians alike.

The radical systems overhaul involves developing consistent evidence based approaches to managing the diseases and procedures that are most common learning from successful complex industries. A key aspect is that this work is accomplished through teams with the active involvement of patients.

Kehoe continued, "It is time for action now but we all must play our part. It can't be them and us! We must standardise on excellence rather than on

individual clinician experience, we must allow patient differences and values drive variation rather than clinical autonomy, we must create a culture where collaborative work trumps professional silos and reward and invest in those services that lead the way. Today we saw how a properly structured Department of Elderly Medicine improved efficiency in hospital and continuing care bed utilisation by 20%. We saw how dignity and respect could be afforded to people in their last days and hours of life through a planned, thoughtful and considered approach to their care. We saw how acute and community services could work together to improve the patient experience and outcome-all clinically lead and team based. These experiences should be the norm and not the exception. They should be invested in as national Demonstration projects for others to learn from and follow. It is inequitable and wasteful to do otherwise."

The ISQSH is a non-profit organisation responsible for the continuous improvement of quality and safety throughout the Irish health service.

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Literature update

In this section we will give an update of literature on clinical pathways. The literature search involved Embase, Medline and Cinahl databases and was performed 14 August. In this edition we will present the literature published in 2006. In the next edition, we will provide an update from 14 August on. Only papers that have an published abstract are included in the reference list. The search histories and Reference Manager files are available for E-P-A members through r.vanzelm@cbo.nl

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Agenda

- United Kingdom, London, ISQUA conference, October 22-25, 2006. Different care pathway presentations and a workshop (October 25, 14.00 – 15.00 hrs), by Claire Whittle (UK), Massimiliano Panella (Italy) and Kris Vanhaecht (Belgium). For more information visit www.isqua.org
- Spain, Barcelona, November 16, 2006. Conference on Care Pathways. (With presentations by Claire Whittle, Massimiliano Panella and Kris Vanhaecht, more information via Diomedes Healthcare, ricard.rosique@diomedes.de)
- Belgium, Leuven, April 2007. Conference and announcement of the winner of the Belgian Dutch Clinical Pathway Network: Care Pathway Price 2007, more info www.nkp.be
- United Kingdom, London, ICP 2007 conference, 27-28th June 2007, Savoy Place, London, www.healthcare-events.co.uk

Next edition of newsletter

The next edition of the E-P-A newsletter is due to be published in February 2007 and will be available only for members. Deadline for submission of papers is 12 January 2007. Please send your contribution to Ruben van Zelm, receiving editor, r.vanzelm@cbo.nl



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