



QBP Pathway Improvement Program

Frequently Asked Questions For Managers and Trainers

Getting Started

1) When is the Clinical Pathway started?

The Clinical Pathway starts as soon as possible after the diagnosis and the decision to admit. The Care Journey documents (Clinical Pathway and Patient Experience Pathway) will come with the Order Set as a package. If the patient is transferred to an inpatient bed within 4 hours after the decision to admit, the Clinical Pathway will be started by the unit staff. Otherwise, the ED staff will start the Clinical Pathway as soon as possible, with the expectation that the Clinical Pathway is initiated within the first 4 hours.

2) Does the doctor have to “order” the Clinical Pathway?

Based on the admitting diagnosis the MRP will select the most appropriate Order Set. If the Order Set comes with a Clinical Pathway and Patient Experience Pathway it must be initiated.

3) Is it an MRP decision to use the Care Journey documents?

The MRP decides the admitting diagnosis in conjunction with the ER physician. The primary diagnosis drives the use of the Order Set and also the Clinical Pathway and Patient Experience Pathway.

4) Who provides the Patient Experience Pathway booklet?

The “My Care Journey” booklet is provided by any member of the care team as soon as possible after the decision to admit. Professional judgement and common sense should be used based on the condition of the patient and caregivers. For example, if the patient is being prepared for an urgent intervention and does not have any family members present, the booklet should be given after the intervention.

5) Where do I keep the Clinical Pathway in the chart?

Keep the Clinical Pathway with the Patient Summary Tool (or Kardex). You will use the Clinical Pathway to address progress and barriers to discharge at Care Rounds and Shift to Shift.

6) What if the admitting MRP does not use the Order Set, but the patient is admitted with a clear primary diagnosis and the nurse feels the patient should be on the Care Journey pathway? Should the Clinical Pathway and Patient Experience Pathway be used?

The primary nurse should use professional nursing judgement and consider if the patient is eligible for the Clinical Pathway and Patient Experience Pathway. The nurse is empowered to use these documents, keeping in line with existing physician orders. Alert your CPM or Operations Manager if this happens so they can assist as needed.

Complicated Cases

7) How do we handle patients with comorbid conditions?

Based on the primary admitting diagnosis, the Order Set, Clinical Pathway and Patient Experience Pathway documents should be used. The primary condition drives the Order Set selection and documentation and the comorbid conditions are handled with hand-written physician orders.

8) What about dual diagnoses or changing diagnoses?

The MRP with the ED Physician will decide the admitting diagnosis at the point of admission. If the admitting diagnosis is not clear or is a dual diagnosis, the patient is not on a pathway. If the patient presentation is extremely complex, the patient is palliative, or the primary diagnosis changes, the patient would no longer be on the pathway. Discuss the situation at Care Rounds and make a note in the progress notes.

9) What about post-admission conditions, do they start on the pathway? For example, a patient is admitted with a Hip Fracture, but mid way through we begin to treat a new diagnosis of CHF?

Patient will only start on the pathway (Clinical and Patient Experience Pathways) at the point of admission based on the primary diagnosis. Additional pathways are not added for post-admission diagnosis since patient has already been in hospital and physician orders are already standing from prior/current diagnosis. The physician will use hand-written orders or a different Order Set as is the practice today.

10) What happens when a patient steps down to an inpatient unit from ICU and they were not on the pathway to begin with? Should the pathway documents be started then?

The Order Sets and Pathways are designed for the typical patient that progresses from ED to the inpatient unit. A patient spending prolonged time in ICU at the start or middle of the stay is no longer on the standard pathway. This decision is very much dependent on the condition of the patient and the length of time spent in the ICU. The decision to start or stop the pathway can be discussed at Care Rounds or with your Operations Manager or CPM.

11) Should patients ever be on two pathways?

No. The primary diagnosis drives the use of the Order Set and Clinical and Patient Experience Pathways. For example, a patient with chronic pre-existing Congestive Heart Failure comes in with an acute episode of Community Acquired Pneumonia. They would be on the Community Acquired Pneumonia Clinical Pathway and provided with the Patient Experience Pathway. The Congestive Heart Failure would be managed with additional hand-written orders and subsequent nursing care.

Care Providers

12) What is the role of the MRP in the Clinical Pathway?

The MRP is encouraged to review the patient outcomes in the Clinical Pathway on a daily basis to track the patient's progress toward discharge. The documentation is available for the MRP to review in more detail with and discuss with the care team as needed.

13) What is the role of Allied Health and other providers in the Clinical Pathway?

Allied Health team members (PT, OT, RRT, etc.) review the patient outcomes on a daily basis collaborating with the primary nurse. They also consult the Clinical Pathway for specific direction and instructions as needed.

14) What is the role of the MRP in the Patient Experience Pathway?

The Patient Experience Pathway should be given to the patient by any member of the care team soon after the admission (regardless of where the patient is located). Additional copies are available on the units. The booklet has information about what to expect during their stay.

The MRP should be aware that such a document exists. The nursing staff is available for questions from the patient and family. The information complements discussion already happening with the MRP and the patient and family members.

Discontinuing The Pathway

15) What if a few of the patient outcomes are not being met? Does patient fall off pathway?

Patient outcomes should continue to be monitored and addressed in consultation with the MRP and entire care team while the patient is on the pathway. The decision to discontinue the pathway should be made during Care Rounds with consultation and information from the MRP. This should be documented in the progress notes. The patient should be taken off the pathway only because the clinical condition has significantly deteriorated or the primary reason for hospitalization has changed.

16) Does the nurse need to call the MRP if an outcome is not achieved?

No. The Clinical Pathway is a guide to care, not physician orders. Nurses should continue any current processes regarding contacting the MRP for medical orders as necessary. However, these documents can be used as part of the conversation with the physician during rounds and at the daily Care Rounds.

17) What happens when all discharge criteria are met?

When all the discharge criteria on the last page are met, the patient should be clinically ready for discharge with regards to their condition. The primary nurse should alert the care team at Care Rounds and Shift to Shift, as well as the UM Nurse. At this point, the Clinical Pathway can be discontinued.

18) What happens when a patient has exceeded the expected length of stay (LOS) and still has unmet discharge criteria? For example, a COPD patient with an expected LOS is 6 days, but the patient is still in-hospital on Day 8 and has no planned to be discharged?

The purpose of the pathway is to assess the patient's condition and progress the patient towards discharge. If the patient is still receiving acute care relating to the diagnosis but are "slower" to meet the discharge criteria than the expected LOS, the Clinical Pathway should still be used. A blank sheet can be printed from the Order Set Library with the discharge criteria. Using this document the discharge criteria can continue to be assessed.

The primary nurse should alert the care team at Care Rounds, Shift to Shift, and UM Nurse that the patient has gone beyond their expected LOS but some discharge criteria remain unmet. If the patient would cease to benefit from the Clinical Pathway because of changes to their condition or a change in their care plan, then the pathway can be discontinued after discussion with the multidisciplinary team.

Other

19) Is the Patient Experience Pathway available in other languages?

Yes. Copies of the text in the booklet are available to be printed on your unit in other languages at WRHCareJourney.ca. The hard copy of the booklet itself is only printed in English.

20) Is the Patient Experience Pathway available in other ways?

The same information is found online and on the app. The website and app include additional information and resources. Please direct patients and families to WRHCareJourney.ca as well as on the WRH Care Journey App from the iTunes App Store and the Google Play Store.

21) Isn't the Clinical Pathway double documentation?

The goal of the Clinical Pathway is to provide a guide to care, suggesting interventions that should be performed and goals that should be met by the patient as they progress towards discharge. The Clinical Pathway does not include writing down vitals, tests or results. It is meant to be a quick check of the patient's outcomes in one place.

Most of the outcomes should be known to the primary nurse by the end of the shift, and should complement the sharing of information from shift to shift in addition to the Patient Summary Tool.

Integration with Standard Unit

22) Does this integrate with some of the Standard Unit Bundles?

Yes it does. The Clinical Pathways and Patient Experience Pathways are designed to work hand in hand with the Standard Unit Bundles: specifically:

- Care Rounds: The Clinical Pathways will be brought to daily Care Rounds to provide an update on discharge criteria or patient outcomes that are not being met as expected. This provides an opportunity for discussion about next steps or changes to care plans that might be required.
- Shift to Shift: The Clinical Pathways can be used as part of the Shift to Shift report to alert the oncoming nurse of patient outcomes not being met and additional actions that may need to be taken on the following shift.
- In-Room White Boards: The Patient Experience Pathway (my Care Journey booklet) has patient outcomes and expectations that can be selected to use on the In-Room White Boards. Both the white board and booklets work together to explain care plans during the inpatient stay.