



E-P-A newsletter edition 2, March 2007

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Dear colleagues,

We hereby present the second newsletter of the European Pathway Association (E-P-A). The association involved in the support of the clinical / care pathway concept. As you can see, the newsletter has a new lay-out which we hope you will find more attractive.

In this issue we will initially focus on the first international summer school on care pathways which will be held in September in Italy. This summer school is organised to support pathway facilitators. International knowledge sharing is one of the main goals of this summer school, and international it will be. At this moment colleagues from 14 different countries will participate: Ireland, Switzerland, Canada, Mongolia, Belgium, Italy, Germany, England, Denmark, The Netherlands, Bosnia and Herzegovina, Senegal, Japan and Finland.

If you still want to participate, you can download the application form from the E-P-A.org website. All the applications are reviewed by the scientific committee of the summer school.

This newsletter also brings you an update of care pathway initiatives in Spain, Italy, Belgium, The Netherlands, England, Scotland and Japan.

We would sincerely like to thank our Japanese colleagues for the positive collaboration between E-P-A and the Japanese Society.

An overview of care pathway events can also be found in this newsletter. Do not forget to check the www.E-P-A.org website for updates on pathway events.

A new care pathway network was recently launched in Ireland. The Irish Care Pathway Association is led by Marie Kehoe, E-P-A board member. We want to congratulate all our Irish colleagues with this new initiative. An update on their work will be published in the next newsletter.

A special issue of the Journal of Nursing Management was published on care pathways (J. Nurs. Man, 2006, Volume 14, issue 7). Claire Whittle, E-P-A board member, was guest editor and will give you more information on the content of the special issue.

As promised in the first newsletter we will update you on the new literature on care pathways to support knowledge sharing and improve the use of evidence in pathways.

If you have news on your care pathway projects, please do not hesitate to send us your information, we will be happy to publish it in the next issue.

Kris Vanhaecht & Massimiliano Panella
Co-Chair European Pathway Association

First International Summer School on Clinical / Care Pathways

Organised by the European Pathway Association,

Lago D'Orta, Italy, September 17 – 21, 2007

See page 2 of this newsletter



Summer School on care pathways

From September 17th - 21st, the E-P-A organises the first international summer school on care pathways. Care pathways, also known as clinical pathways, critical pathways, integrated care pathways or care maps, are now used throughout the world as a methodology to systematically plan and follow up a patient focused care program. Despite their prevalence, many issues relating to pathways remain unsettled. Therefore the E-P-A is organising a 5-day summer school to teach the concepts of the care pathway methodology.

The summer school, led by E-P-A board members (all experienced in care pathway methodology), will combine interactive teaching sessions as well as time to focus on an individual project. At the end of the 5 days you will be able to systematically plan, develop and follow up your own pathway projects. The programme will focus on development, implementation and evaluation of care pathways. A wide range of topics will be addressed, such as why develop care pathways, setting goals, process mapping, multidisciplinary team work, patient involvement, use of evidence based medicine, statistical analyses, lay-out of care pathways, variance tracking and organisational issues.

The number of participants is limited to a group of 25. We aim to select a multidisciplinary and international group of healthcare professionals. Therefore you will need to apply for a place by downloading the application form from the E-P-A website (www.E-P-A.org).

The E-P-A Summer School Committee will review the application forms and get in contact with you. The delegates fee is €2.450. This fee includes: 5 day summer school, 25 hours of training by experienced teachers, 4 hours of supervision on own pathway project, course materials and international group work.

This fee also includes your 6 nights hotel accommodation in a 4 star hotel (arriving on Sunday and leaving on Saturday), including breakfast, lunch and coffee breaks. You are also invited to the E-P-A dinner on Friday where the official E-P-A certificates will be presented.



An update from the Belgian Dutch Clinical Pathway Network

The Belgian-Dutch Clinical Pathway Network (BDCPN) offers support to healthcare institutes in developing, implementing, and evaluating clinical pathways. One of the key elements of the Network is the training for clinical pathway facilitators. This 10 day training starts with a two day basic course on clinical pathways and is then followed by 8 days spread over a 9 month period. The students can only participate in this training if they are actually facilitating a clinical pathway project. The theory and assignments in the training are planned according to Demings PDCA cycle, using an average project leadtime of 9 months. After each training day, the students put the theory to practice in their own projects. This year, the third group of students has started this training. In the previous two years, over 80 participants have followed the training.

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Spain

The pioneer hospital in Clinical Pathways in Spain was Hospital de Mataró, a medium hospital near to Barcelona city. They started in 1997 with the methodology support from Kathleen Bower (Center for Case Management, USA). 66 Clinical Pathways have been developed and implemented for surgical and medical diagnostics and procedures. In 2006 the 56% of patients were managed under Clinical Pathways (92% in One-day Surgery). A new software (EIRA) for Pathways management was developed by an external IT company 5 years ago, enabling the registration of the Pathways activities by nursing as well as the follow-up of data and indicators. Another strong initiative to promote the use of Clinical Pathways was conducted in 1999 by the Instituto Nacional de la Salud (the old organization of the Spanish Health Ministry for the management and coordination of public hospitals). The Clinical Pathways implementation at some Spanish hospitals was encouraged through bonuses for healthcare professionals. Nowadays there are only individual initiatives at some hospitals regarding the use of Clinical Pathways.

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Italy

As announced in the last newsletter, during the XVI National Conference of The Italian Society for Quality in Healthcare (SIQUAS) in Assisi 15-18 November 2006, one specific session was dedicated to care pathways. The session was a complete success and included 10 presentations that showed experiences through all the country. Most of the presentations showed "hard" (quantitative) data and stressed the link between pathways and Evidence Based Medicine: 3 presentations were focused on the use of pathways for the prevention and the management of hospital infections, 2 pathways were hospital based (delivery and head injury) and 3 pathways spanned through the continuum of care (schizophrenia, coagulation diseases and elderly). 2 methodological presentations included tools for the involvement of the patients in building care pathways and waiting list for care pathways. For the Book of Acts of the Conference (in Italian) please refer to The Italian Society for Quality in Healthcare (<http://www.siquas.it/indexMain.htm>).

Massimiliano Panella
Co Chair E-P-A

Belgium

On February 23 & 24, a two day Health Forum on Care Pathways was organised by Pfizer Health Policy, Belgium.

Pfizer gathered 25 policy makers representing the public authorities, insurance institutions, political parties, academics, medical associations, general practitioners and patient representatives. The Forum was organised to discuss the possibilities of care pathways from a health policy perspective. On Friday the general concept and methodology of care pathways was introduced by Prof. Walter Sermeus, professor at Leuven University and board member of E-P-A. He focused on the pathways as a method to re-organise care. Kris Vanhaecht, Leuven University and co-chair of E-P-A, gave an overview on the international work on pathways and presented the actual work on pathways in Belgium. The relation between care pathways and guidelines was introduced by Teus Van Barneveld, programme director of the Dutch Institute for Healthcare Improvement. Prof. Massimiliano Panella, University of Eastern Piedmont and co-chair of E-P-A, presented the regional approach used in Italy and the results of a study on heart failure. Prof. Dirk Ramaekers, director of the Belgian Knowledge Center, discussed the use and effects of pathways and the lack of evidence in many actual pathway projects. Dr. Marie Gilbert concluded on patients participation.

On Saturday two workgroups discussed the actual use and the future of care pathways in Belgium. Although hard data on the positive effect of pathways in Belgium are not available yet, the participants see a bright future for pathways. There where at this moment mainly a bottom-up approach is used, a more top-down approach is advised. The role of public authority in this top-down approach is not yet defined, as is the necessary participation of professional caregivers in the development of pathways. Pathways must help professionals and patients to further improve the quality, clinical outcome and efficiency of transparent and evidence based care. Based on this Pfizer health forum further initiatives and workshops will be planned in the near future.

Kris Vanhaecht, Co Chair E-P-A
Peter Menu, Director Customer Relations –
Pfizer Health Policy, Belgium



Japan

The 7th Conference of the Japanese Society for Clinical Pathways (JSCP) was held in Kumamoto City on November 17 & 18, 2006. The total number of registered participants was 2722 members and 650 citizens gathered to listen to the special lecture. There were 8 symposia, 5 workshops, 11 special programs, 478 speeches, 150 posters and 136 clinical pathways. The main theme of the 7th Conference of JSCP was "more innovation of clinical pathway" and members had a lot of enthusiastic discussions.

We invited Prof. Dlugacz, senior vice president of North Shore-Long Island Jewish Health System, from New York. He gave us the special lecture titled "Guideline to Success : Using Evidence-based Medicine to Change Quality Practice" which was very meaningful and practical and suggested our direction for quality management in medical field. In Japan we do not have systematic activity to control quality in hospitals and we need to make a similar place of duty for quality management soon.

One of special programs was "National meeting of pathway leaders", where they discussed what were difficulties to spread clinical pathways. In my conclusion, there are many difficulties in hospitals but the most difficult obstacle seems to be uncooperative attitude by doctors who insist on strong autonomy without evidence.

A discussion was focused on electronic medical records (EMR) and debaters freely exchanged their opinions about its merit and demerit of (EMR). There are some marvellous trials to develop EMR but still there are difficult problems with technical aspects and cost effectiveness.

The board of directors and councillors recognized the mutual exchange between EPA and JSCP. We plan to take part in next EPA meeting in London in June, 2007.

The 8th Conference of JSCP will be held in Sapporo on October 5 & 6, 2007.



Hidehisa Soejima, MD&PhD
Vice President of Saiseikai Kumamoto Hospital,
President of 7th Conference of JSCP

England

There are many interesting developments happening in England at the moment. The annual international two day conference on the 27th and 28th of June which will be held in London. This conference attracts speakers and delegates from many countries. Both conferences have a varied and interesting programme pertaining to Care Pathways with the added attraction of a 10% reduction in the delegate fees for members of the European Pathways Association. Please see Healthcare events website for further details www.healthcare-events.co.uk

As well as the quarterly issues of the Journal of Integrated Care Pathways October 2006 saw the publication of an edition of the Journal of Nursing Management dedicated to Care Pathways. This special edition of this peer reviewed Journal contained articles and papers reflecting some of the current research into Care Pathways. As well as Journals there has been an excellent book published entitled Integrated Care Pathways in Mental Health. This book edited by Julie Hall and David Howard provides an introduction to care pathways in mental health services, advice on using care pathways to monitor the quality of mental health services, discussion on developing and operating integrated care pathways within multi-professional working practices, legal aspects of integrated care pathways and examples of working integrated care pathways.

Towards the end of 2006 saw the start of the development of National Electronic Care Pathways. This project aims to develop ten electronic care pathways by April 2007. Four care pathways facilitators and the project team are developing Electronic Care Pathways for COPD, Stroke care, Tuberculosis, Head Injury, Falls, Parkinson's disease care, Diabetes, 18 week targets and Pre and post natal care. The project is part of the NHS National Programme for Information Technology. More information can be found at <http://www.connectingforhealth.nhs.uk>

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Barcelona, Spain

Symposium Clinical Governance Tools: Pathways

On November 16, 2006 the Symposium "Clinical Governance Tools: Pathways" was held in Barcelona. Organised by DIOMEDES Health Care Consultants, it was splitted in four sessions. After an introduction about the methodology for the development and implementation of Clinical Pathways, it was followed with interesting speeches by chief executives from important Catalan hospitals regarding the utilization of Pathways in the hospital management strategy, also with the patient point of view regarding clinical decisions focused on patients as a part of the organization strategy. The third block was devoted to Clinical Pathways in Europe and the new challenges in UK, Italy and Belgium. The presentations by Claire Whittle, Massimiliano Panella and Kris Vanhaecht were carefully followed by the Spanish attendants. Let me report that it was the first time that the EPA activities were presented in Spain. After the lunchtime, a round table was fully dedicated to the advantages and drawbacks of Clinical Pathways as clinical governance tools, with the participation of the medical and nursing directors as well as local speakers from Hospital de Mataró, the first Spanish hospital that started with Pathways in 1997. The doctors' point of view, the view from the university, pathways outcomes as an improvement tool in nursing activities, how e-pathways enable the evaluation and the research as an essential resource in clinical governance, were the presentations that closed this brilliant event.

www.viasclinicas.com, the first website devoted to Clinical Pathways in Spanish ("Vías Clínicas" is the Spanish term for Pathways), available on the internet since mid November 2006. You may find interesting information about the concept and methodology, as well as news, links, events, literature,...

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What is happening in Scotland?

The Core Group of the Integrated Care Pathway Users Group Scotland (ICPUS) have set themselves a few aims in the past, and as a no- or low-budget organisation we have concentrated on increasing promotion of Clinical Pathways and Integrated Care Pathways [ICPs] in Scotland.

ICPUS have held two local conferences this year - meetings 12 & 13 of a sequence going back to 2001. Both have been in areas of Scotland that have few if any ICPs, with the express aim of contacting local staff and assisting to increase local interest.

When the Scottish Mental Health Delivery Plan was launched it included a requirement for ICPs in five topics including depression, bipolar disorder, schizophrenia. There had been a group of staff with an interest in ICPs already working on mental health ICPs so they were able to become the basis of a Scottish working group to support local staff. They have toured Scotland delivering 'masterclasses' in ICPs to local staff. The masterclasses have been well received, as national standards and an accreditation process for ICPs are currently being developed by NHS Quality Improvement Scotland, therefore ICPs will be high on local development agendas for Scottish Health Boards.

Training – we hope to post a basic introductory guide on the ICPUS website in the near future: www.icpus.ukprofessionals.com. This is a user friendly workbook that individuals can work through at their own pace. It is clearly not a textbook: with space for comments, short assessment sections etc. It

Website – not recently updated as we have been negotiating for a new host. As progress has been slow the website will remain in its present format for the time being.

Publications & presentations – Kent & Chalmers (2006) in Journal of Nursing Management was a major landmark for Scottish ICP development. Other Scottish work has also been disseminated through conferences.

Alan Fisher
Chair of ICPUS Core Group





Integrated Care Pathways 2007

27 and 28 June 2007, Savoy Place, London
www.healthcare-events.co.uk

ICP 2007 – Conference Programme Released

EPA Members to receive a 10% discount

The programme for the Seventh International Care Pathways conference which is supported by the European Pathway Association is now available from <http://www.healthcare-events.co.uk/tabid/63/Default.aspx?confid=73>. The conference will take place in London from 27-28th June 2007. The conference includes over forty presentations, case studies, workshops and masterclasses with sessions designed for both beginners as well as those involved in the more advanced aspects of care pathway development.

We are pleased to announce that keynote speakers confirmed include:

Kathy Bower, Principal and Co Owner, The Centre for Case Management, USA

Hidehisa Soejima, Vice President, Saiseikai Kumamoto Hospital, Japan & Member, The Japanese Society for Clinical Pathways

Kris Vanhaecht, Joint Chair, EPA

Highlights from the programme include:

- ✓ A stream focusing on Critical Success Factors including variance, delivering on and monitoring patient centred goals and outcomes, gaining board commitment, multidisciplinary teamworking and clinical engagement and training frontline staff
- ✓ Masterclasses including a methodology masterclass comparing pathway methodologies from around the world, a masterclass on managing multiple pathways, a managers masterclass on managing the ICP team
- ✓ A stream exclusively focused on updating delegates on what's happening in the UK with presentations from England, Wales, Scotland and Northern Ireland
- ✓ A debate on the value of variance
- ✓ Speciality focus sessions on clinical areas including primary care, mental health, end of life care, medicine, surgery and pathways that cross healthcare boundaries
- ✓ A Legal update session and workshop
- ✓ A closing session discussing the implications of eCare Pathways
- ✓ 21 international poster displays

For further information or a copy of the programme please email clare@healthcare-events.co.uk



A special edition of the Journal of Nursing Management was published in October 2006 focussing on Integrated Care Pathways.

Some very interesting themes emerge within this journal ranging from concrete, pragmatic issues that need to be dealt with when developing an ICP to the more conceptual paper which debates the Protocol Based Care approach and its relationship with ICPs. Interestingly the articles provide examples of ICPs and their use in different healthcare contexts, embracing different practices which reflect cultural differences and how ICPs can cross many different boundaries and ultimately change practice.

The ICP community has over the years debated many different definitions of what care pathways are and indeed this very topic forms the basis on the article by Leentje de Bleser et al.

Hackett outlines the development of an eICPs network which will help support the development of care pathways as part of the National Programme for IT. Hayward and Whittle suggest in their paper the computer specialist is an essential member of any steering group developing pathways.

Illott et al describes how ICPs cover each aspect of the patient journey as part of Protocol Based Care examines Protocol based care through a content analysis of policy documents and literature plus interviews with 35 opinion leaders. Illott et al are hoping that readers of this journal will test, challenge and further refine the concepts associated with standardising care.

Kent and Chalmers report on a formal evaluation of the impact of 100 ICPs at the CRAG project sites. Clinicians and carers will need to see evidence of the difference ICPs make to the quality of care. Kent and Chalmers outline these and highlight the differences that have made for patients and staff and crucially examine key factors for success over a 10 year period.

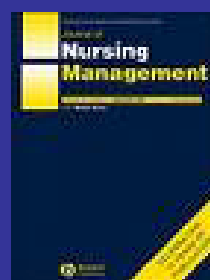
Evaluative research into the effectiveness of care pathways is paramount and there is a need for more large scale studies which highlight that care pathways improve the quality of care. Marchisio, Ferraccioli, Barbieri, Porcelli and Panella report how patient satisfaction and clinical outcomes demonstrably improved following the implementation of a care pathway for childbirth.

Two important issues arise from this paper. Firstly that ICPs can enable greater patient's choice and empowerment, and secondly how the development of an ICP can facilitate the review of current ways of working and facilitate a more 'appropriate' healthcare system.

Developing an evidence base for the use of care pathways continues in the paper by Vanhaecht et al. Their systematic review provides an informative overview and outlines the paucity of research which has been done to date around audit tools. Vanhaecht et al are part of a very advanced Clinical Pathways Network which is responsible for the development and implementation of care pathways over 100 hospitals and organisations.

Main et al report on the Supportive Care Pathway which looks at end of life care. Whilst care at the end of life is something we should be the best at often problems occur. This care pathway has been developed to care for patients with advanced disease who are in hospital and has two legitimate outcomes - death or discharge. The document is generic and not disease specific. This development has been supported by a Palliative Care Network and reflects the importance that networks can have on supporting care pathway development as well as communicating good practice initiatives.

Claire Whittle
Guest editor



<http://www.blackwell-synergy.com/loi/JNM>

Care Pathway Conference, February 27 2007, Manchester

The conference was attended by 150 delegates, mainly from the UK but there was also representation from Ireland and Guernsey. The day began with an opening address by Marie Kehoe, EPA Board Member and President of the Irish Society for Quality and Safety in Healthcare (ISQSH) who discussed the updates from Europe with regards to Care Pathway development and aligned Care Pathways to the emerging Clinical Governance structures in European Countries. Claire Whittle, a Board Member of EPA then discussed Care Pathway developments in the UK and gave an update on the electronic care pathways project that she is involved with in the UK. She also discussed a care pathway appraisal tool that she has developed. There were many questions following this session regarding the use of this tool and requests that the tool be made available on the website. Claire kindly offered to email the tool to any participant who requested it and stated that it would be available on the NHS website in the near future.

Another presentation that generated many questions was from Jen Guezo, EPA Board Member from Guernsey who discussed variance tracking and shared her own practical examples and tools that are used in Guernsey for tracking variances. Sarah Caldicott then tackled the difficult topic of changing a culture to allow for the successful implantation of Care Pathways.

The afternoon consisted of presentations regarding successful Care Pathways that have been developed in both Scotland and England; in areas from Mental Health to Orthopaedics; and the alignment of Care Pathways to commissioning.

Feedback was very positive and many excellent questions were raised by the participants and answered very practically by the panel of speakers. Well done to Healthcare Events for organising a very well-run and informative conference!

Marie Kehoe
President ISGH

Integrated Care Pathways for mental health in Scotland

In 2005, the Scottish Executive published Delivering for Health. In this the Health Minister outlined his vision for the future direction of health services in Scotland. One of the key elements for mental health services was the requirement for NHS Quality Improvement Scotland (NHS QIS) to develop national standards for ICPs (in schizophrenia, bipolar illness, personality disorder, dementia & depression followed by an accreditation framework to confirm the quality of locally developed ICPs.

Subsequently a National Mental Health Delivery Plan was published in December 2006, highlighting 14 key commitments for each NHS Board in Scotland. Many of these commitments link to the development and implementation of ICPs in mental health. One specific commitment is aimed at improvement in the management of long term mental health conditions using ICPs.

Three national ICP Co-ordinators have been recruited to work with NHS QIS in developing the standards and accreditation framework and to provide support, advice and expertise to NHS Boards in their development and implementation of their local ICPs for the five diagnoses.

The ICP standards are currently being drafted and will be set in 3 main areas:

Process standards (describing how ICPs are developed e.g. user and carer involvement, application of process mapping, clinical leadership, management support, etc)

Care standards (encompassing key features of pathways to include assessment, care planning and interventions for each of the conditions)

Service standards (detailing how ICPs are being implemented and demonstrating the impact of variance analysis information).

These standards will form the basis of a collaborative approach to the accreditation of mental health ICPs.

The Scottish ICP standards for mental health will be published in 2007, and the accreditation of local ICPs will start in 2008.

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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 on 12 February. In this edition we will present the literature indexed in the databases since 14 August 2006, only references with a published abstract appear in the 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 (E-P-A is involved in the following conferences):

The E-P-A supports the International Conference on Efficiency, Quality and Consumer Satisfaction in Healthcare and Welfare. This conference is organised on 7 & 8 March, 2007 in Prague, Czech Republic. Our board member Marie Kehoe will represent the E-P-A.

More information and the call for abstracts on the E-P-A website.

Clinical Pathways: sharing the lessons learnt to be held on 28-29 June 2007 at Eden on the Park, Melbourne, Australia

Please download the call for abstracts on the E-P-A website.

ICP 2007, 27-28 June, London

1st international summer school on care pathways, 17-21 September, Italy

Next edition

The next edition of the E-P-A newsletter is due to be published in September 2007. Deadline for submission of papers is 30 July 2007. Please send your contribution to Ruben van Zelm, receiving editor.

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