

SESLHD GUIDELINE COVER SHEET



NAME OF DOCUMENT	SESLHD Clinical Pathway Guideline
TYPE OF DOCUMENT	GUIDELINE
DOCUMENT NUMBER	SESLHDGL/037
DATE OF PUBLICATION	May 2021
RISK RATING	Medium
LEVEL OF EVIDENCE	National Standards: Standard 1 – Clinical Governance Standard 5- Comprehensive Care Standard 6 – Communicating for Safety
REVIEW DATE	May 2024
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Greg Keogh, SESLHD Clinical Stream Director Surgery, Peri-Operative and Anaesthetics
AUTHOR	Gregory Cramery, A/SESLHD Clinical Stream Nurse Manager, Surgery, Peri-Operative and Anaesthetics
POSITION RESPONSIBLE FOR DOCUMENT	Clinical Stream Nurse Manager, Surgery, Peri-Operative and Anaesthetics
FUNCTIONAL GROUP(S)	Aged Care and Rehabilitation, Cancer and Palliative Care Services, Cardiac and Respiratory Care, Child and Adolescent Health, Clinical Access, Clinical Governance , Critical Care and Emergency Medicine, Medicine, Nursing and Midwifery, Surgery, Perioperative and Anaesthetic, Women and Babies Health
KEY TERMS	Clinical Pathway
SUMMARY	To standardise the development, implementation and evaluation of clinical pathways across the SESLHD.

THIS DOCUMENT IS A GUIDE FOR BEST PRACTICE

This Guideline is intellectual property of South Eastern Sydney Local Health District.

Guideline content cannot be duplicated.

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

1. Background

This guideline has been established to standardise the development, implementation and evaluation of clinical pathways across South Eastern Sydney Local Health District (SESLHD). Clinical Pathways are based on best practice, reducing clinical error/variation and improve patient safety.

2. Definitions

Clinical Pathway: Clinical Pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a homogenous patient group.

Variations: are deviations from the expected outcome from a clinical pathway.

3. Principles

- Clinical pathways are a guide ONLY and it is always important that clinicians monitor the care and alter treatment if the pathway is no longer appropriate for the patient
- SESLHD clinical pathways should be concise in documentation and reflect Ministry of Health, SESLHD business rules and policies, along with evidence based and best practice guidelines
- Clinical pathways are a daily plan of care utilised for handover and as a guide to clinical staff and patients/carers
- Clinical pathways are inclusive of the multidisciplinary team
- Clinical pathways take a consultative approach across the Local Health District, accessing expert clinicians at each site/facility
- Clinical pathways should be located within the patient's health care record
- Variations will be managed at each facility to allow for individual evaluation
- Document actions/care changes due to a variance in the patient's healthcare record
- Clinicians will determine whether a patient is suitable for commencement of clinical pathway (nursing or medical). If the patient does not or cannot move through clearly-defined or expected phases during their continuum of care because of other factors; then other care management plans should be put in place e.g. generic care plans
- Clinical pathways should be reviewed at least once during the shift and acknowledged by signature/initials
- Accountability for clinical pathways remains with the multidisciplinary team involved in the patient's treatment
- A patient can be removed from the clinical pathway at any stage during their treatment. If this occurs, a variance will need to be recorded identifying the cause
- Variations are to be documented on a standardised audit tool for compliance
- Outcomes of clinical pathways will be monitored, evaluated and reported to SESLHD individual site's nominated peak committee and also the relevant clinical stream at least annually
- Follow the SESLHD Forms policy for reviewing and updating the clinical pathways [SESLHDPR/335 - Clinical forms - creation and revision](#) and [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#)

4. Development

During development phase the below components must be considered:

- Evidence-base
- Interdisciplinary approach
- Continuum context
- Variance analysis, reporting and governance
- Review process and patient education.

Refer to Flow chart – Appendix 1

5. Documentation

- Clinical pathways are a legal record
- Ensure patient (addressograph) label has been placed on the clinical pathway
- Clinical pathway has been checked and signed for by a clinician at least once per shift
- Clear documentation is recorded in the patient's clinical progress notes that a clinical pathway has been initiated/implemented
- Ensure variances from the clinical pathway are well documented on the variance form and also the clinical progress notes.

6. Variances

- All health care workers can record a variance
- Variances SHOULD be recorded at the time of its occurrence
- Variance must also be documented in detail within the health care record stating the reason as to why the variance has occurred, along with the action taken and the outcome for the patient.

6.1 Examples of Variance Criteria

A. PATIENT

1. Pressure Injury
2. Post op/procedure complication
3. Infection: local/other
4. Co-existing morbidities
5. Delay in IV removal/phlebitis
6. Unplanned return to OR/HDU/ICU
7. Non-compliance with treatment
8. Other
9. Patient fall
10. Development of VTE

B. CLINICAL MANAGEMENT

1. Delay in medical consultation
2. Delay in allied health consultation
3. Delay in consultation due to ADO/PH/Weekend
4. Inadequate discharge planning
5. Delay in discharge from recovery

6. Inadequate clinical handover
7. Wrong Patient Identification
8. Wrong site/level

C. HOSPITAL / PROCESSES

1. Delay in test results
2. Delay in OR/procedure
3. Cancellation of procedure
4. Delay in patient transfer to ward
5. Other

D. COMMUNITY / FAMILY

1. Delay in availability of transport
2. Delay in availability of rehabilitation bed
3. Delay in availability of nursing home bed
4. Delay in availability of private hospital bed
5. Delay in availability of home care/community support/family support
6. Early availability of discharge option
7. Other

7. Key Performance Indicators

Sites are responsible to manage any issues related to this guideline.

8. References

- [Queensland Health - Clinical Excellence Queensland - Clinical Pathways](#)
- [National Safety and Quality Health Service Standards – Clinical Governance - Clinical Performance and Effectiveness - 1.27 Clinical guidelines or pathways](#)
- [National Safety and Quality Health Service Standards – Comprehensive Care- Clinical Governance and Quality improvement to support comprehensive care- 5.4](#)
- [The American Journal of Managed Care – Care Pathways in US HealthCare Settings – January 2016, Vol 22, Issue 1](#)
- [SESLHDPR/335 - Clinical forms - creation and revision](#)
- [SESLHDHB/019 - SESLHD Framework for Policies, Procedures, Guidelines and Business Rules](#)

9. Revision and Approval History

Date	Revision number	Author and approval
June 2015	0	Document created. Content endorsed by Executive Sponsor.
November 2015	1	Endorsed by SESLHD Clinical and Quality Council
March 2018	2	Processed by Executive Services prior to publishing.
May 2021	3	Minor review. Updated links and references. Approved by Executive Sponsor.

SESLHD GUIDELINE

SESLHD Clinical Pathway Guideline

SESLHDGL/037

Appendix 1 – Development Flow Chart

Clinical Pathway Development Process

