

# Care pathways

July 2007

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## BOOKS/REPORTS

Richards, Mike

Great Britain. Department of Health

**Cancer ten years on : improvements across the whole care pathway.**

London : DH, 2007

*Web publication*

[http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=138944&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=138944&Rendition=Web)

Great Britain. Department of Health

National Co-ordinating Centre for NHS Service Delivery Organisation (NCCSDO)

**Innovations briefing : spreading and sustaining good ideas in health care.**

London : NCCSDO, 2006

*HIB (Gre)*

Case studies of "good ideas" based on the findings of the report "How to spread good ideas" shelved at HIB88 (Gre) and its proposed model of understanding innovation. The studies are **integrated care pathways**, GP fundholding and telemedicine.

<http://www.sdo.lshtm.ac.uk/files/adhoc/38-extenden-briefing-paper.pdf>

ISBN: 0443101728

Hall, Julie and Howard, David

**Integrated care pathways in mental health.**

Edinburgh : Churchill Livingstone, 2006

*HOHNA (Hal)*

Reddy, Sheela

Great Britain. Department of Health

**Care pathway for the management of overweight and obesity.**

London : DH, 2006

*HPQO (Gre)*

[http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=24676&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=24676&Rendition=Web)

University of Dundee. Dental Health Services Research Unit

Great Britain. Department of Health

**Clinical pathways project - DHSRU Dundee : the NHS Oral Health Assessment final report April 2006.**

London : DH, 2006

*HY (Uni)*

<http://www.dh.gov.uk/assetRoot/04/13/43/71/04134371.pdf>

ISBN: 1862404747

Audit Commission for Local Authorities and the National Health Service in England and Wales

**Quicker treatment closer to home : primary care trusts' success in redesigning care pathways.**

London : Audit Commission, 2004

*HOHNA (Aud)*

<http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/842AD8DE-413F-4efd-B9FA-D355D130DC0E/QuickerTreatment.pdf>

Smith, Elizabeth and Ross, Fiona

Nursing Research Unit. King's College London

**Patient experiences of care pathways : cataract, hip replacement and knee arthroscopy : a review of the literature for the Commission for Health Improvement.**

London : PCNRU, 2004

*HOHNA (Smi)*

<http://www.kcl.ac.uk/content/1/c6/01/94/98/PatientExperiences.pdf>

ISBN: 0198509332

Ellershaw, John and Wilkinson, Susie, editors

**Care of the dying : a pathway to excellence.**

Oxford : OUP, 2003

*HOQHC (EII)*

Great Britain. Department of Health. NHS Modernisation Agency

**The little wizard.**

London : DoH, [2003]

*HOHG (Gre)*

[http://www.natpact.nhs.uk/demand\\_management/wizards/little\\_wizard/NHS%20Little%20Wizard.pdf](http://www.natpact.nhs.uk/demand_management/wizards/little_wizard/NHS%20Little%20Wizard.pdf)

Great Britain. Department of Health. NHS Modernisation Agency  
**Ideal design of emergency access (I.D.E.A.) programme : national report.**  
London : DoH, 2002

HOQB:HAB (Gre)

ISBN: 1857754999  
de Luc, Kathryn  
National Pathways Association  
**Developing care pathways : the tool kit.**  
Abingdon : Radcliffe Medical Press, 2001

HOHNA (deL)

ISBN: 1859083331  
Jones, Tom and Coyne, Helene  
**Modernisation and care pathways : ICP symposium.**  
London : Association of Chartered Certified Accountants, 2001  
[http://www.acca.org.uk/pubs/members/publications/sector\\_booklets/healthcare\\_sector/care\\_pathway\\_booklet\\_2001.pdf](http://www.acca.org.uk/pubs/members/publications/sector_booklets/healthcare_sector/care_pathway_booklet_2001.pdf)

HOHNA (Jon)

ISBN: 0750640871  
Middleton, Sue and Roberts, Adrian, editors  
**Integrated care pathways : a practical approach to implementation.**  
London : Butterworth-Heinemann, 2000

HOHNA (Mid)

## JOURNAL ARTICLES

Whittle, Claire and Hewison, Alistair  
**Integrated care pathways : pathways to change in health care?**  
*Journal of Health Organization and Management 2007; 21 (3): 297-306*

PURPOSE: The purpose of this paper is to demonstrate that, if teams in healthcare focus on the patient using the framework of a care pathway, change can occur without the overt need to 'manage' it directly. DESIGN/METHODOLOGY/APPROACH: In this paper the relevant literature is reviewed and it is demonstrated that if this approach is used it also provides a means for addressing difficult professional and organisational issues that are often unresolved in broader projects of organisational change. This is not presented as a panacea or the solution to all change projects, rather the contention here is that it is one means among many that can be used to bring about important changes in practice. FINDINGS: The paper finds that care pathways represent a useful tool, which teams can use to work through the contextual and practical issues involved in changing practice. ORIGINALITY/VALUE: The paper describes the development of integrated care pathways, which can be regarded as a fortunate fusion of managerial and professional concerns. 1 table 31 refs. [Abstract]

Nolan, Alexis, editor  
**Improvement for 18-weeks**  
*Health Service Journal 2007; 117 (6046): 1-9 (8 March 2007 Suppl.)*

This supplement focuses on the target of delivering a maximum wait of 18 weeks from GP referral to first treatment. The articles look at ways in which pioneer providers introducing fundamental changes in patient pathways; variations in elective pathways; the importance of managing the whole patient pathway, not just part of it ; and, how the 18 week target is being delivered by South Devon Healthcare Trust. [BRD]

Fabbricotti, Isabelle Natalina  
**Taking care of integrated care: integration and fragmentation in the development of integrated care arrangements.**

*International Journal of Integrated Care 2007; 7 (21 March 2007)*  
The aim of this thesis was to study the development of integrated delivery systems [IDSs]. An IDS is a form of institutionalised partnership between organisations and health care professionals, aimed at facilitating cooperation at the levels of management, support services and the primary processes. The purpose of developing an IDS is to achieve control, quality and efficiency in health care delivery. To examine the extent to which IDSs enable integration, this study centred on the question 'how do IDSs develop at the level of management, support services and integrated pathways for elderly and stroke?'. [Introduction]  
<http://www.ijic.org/publish/articles/000274/article.pdf>

Kent, P. and Chalmers, Y.

**A decade on : has the use of integrated care pathways made a difference in Lanarkshire?**

*Journal of Nursing Management 2006; 14 (7): 508-520 (October 2006)*

This article aimed to: (1) review the work carried out in Lanarkshire between 1996 and 1999 on a Scottish Executive funded project and (2) to discuss the situation from 1999 to 2006. (1) This three-year project led to the successful development and implementation of over 100 integrated care pathways in an urban teaching hospital (Glasgow) and a district general hospital (Lanarkshire) and was the first in-depth study of integrated care pathways to be undertaken in Scotland. The main report on the project was produced in 1999 (Clinical Audit and Quality using Integrated Pathways of Care) and reported increased adherence to British Thoracic Society and Scottish Intercollegiate Guidelines Network guidelines and multiple best practice statements, and improved standards of documentation. The general findings were that process indicators were improved by integrated care pathway use and there was some suggestion of improved length of stay with no apparent effect on outcome. Evidence was found that integrated care pathways have made a difference for both patients and staff. (2) This provides an update of integrated care pathway development in a changing environment within NHS Lanarkshire and examines some of the key factors for success. 7 tables 18 refs. [Abstract]

Main, J., et al.

**The development of an Integrated Care Pathway for all patients with advanced life-limiting illness : the Supportive Care Pathway.**

*Journal of Nursing Management 2006; 14 (7): 521-528 (October 2006)*

AIM: To describe the development and implementation of an Integrated Care Pathway for all patients with advanced life-limiting illness who have been admitted to hospital. BACKGROUND: This pathway, called the Supportive Care Pathway, has been developed not only in response to the national drivers to improve end of life care, but also in recognition of local survey data which demonstrated the need for strategies to support the provision of palliative care. The pathway is aimed primarily at generalist staff who may have a significant number of patients with palliative care needs on their wards, though not necessarily yet in the last days of life. METHOD: The pathway, which is being piloted on three elderly care wards in the West Midlands, has been developed in line with accepted Integrated Care Pathway methodology and is being evaluated using the Integrated Care Pathways Assessment Tool. RESULTS: The pathway has been well received by staff using it and early evaluation of its effect in improving documentation of care is encouraging. CONCLUSIONS: Unacceptable variations in care for those nearing the end of life is recognized. It is believed that the use of the Supportive Care Pathway may help to reduce that variation by identifying and supporting patients thought to be in the last year of their life. 2 tables 18 refs. [Abstract]

Vanhaecht, Kris, et al.

**Clinical pathway audit tools : a systematic review.**

*Journal of Nursing Management 2006; 14 (7): 529-537 (October 2006)*

AIM: To determine whether clinical/care pathway audit tools can identify the characteristics of well-organized care processes. BACKGROUND: Although pathways are used worldwide, confusion exists about the concept and impact. EVALUATION: Search of OVID-Medline, Cinahl, British Nursing Index; manual search of the Journal of Integrated Care Pathways; contact with Smartgroup on Clinical Pathways and board members of the European Pathway Association and Google search. KEY ISSUES: We selected seven of 15 clinical pathway audit tools for this review. Through content analysis, we identified 17 characteristics and grouped them using the realistic evaluation paradigm. The Integrated Care Pathway Appraisal Tool is the most appropriate audit tool to assess clinical pathway documents. CONCLUSIONS: It is astonishing that so little research on clinical pathway audit tools has been undertaken, given the prevalent use of clinical pathways. Because the concept of clinical pathways remains unclear, a variety of audit tools are needed to help clarify the concept. Further research on the construct and criterion validity of pathway audit tools is necessary to fully understand why and under which circumstances pathways lead to improved care. 3 tables 49 refs. [Abstract]

Furley, Sarah, et al.

**Three years on : the experience of developing care pathways across a health- and social-care community.**

*Journal of Integrated Care Pathways 2006; 10 (2): 69-73 (August 2006)*

Since its inception three years ago, the Lincolnshire Care Pathway Partnership (LCPP) has gained national recognition for its contribution to pathway work: the Methicillin-resistant Staphylococcus aureus (MRSA) pathway is featured on the Royal College of Nursing (RCN) website as part of the MRSA 'Wipe it out' campaign; the Discharge Planning Pathway is praised by the national Change Agent Team; and the LCPP website generates discussion and enquiry from both around the UK and internationally. Understanding the many facets of pathways and refining the approach to pathway work has been a long steep learning curve that continues upwards. Lincolnshire now develops four types of care pathways: 1) Service models or service pathways - used to agree strategic visions for health community services. 2) Integrated care pathways (ICPs) - used to record day-to-day clinical care. 3) Algorithms - used to guide clinical care and suggest actions. 4) Patient pictorial pathways - used to provide information to patients. This paper aims to outline the evolution of our approach to pathway work, discussing the advantages and disadvantages of each type of pathway and offering solutions to the challenges of delivering ICPs across a health- and social-care community. 8 refs. [Introduction]

Rhydderch, Melody, et al.

**Implementation of national cancer guidance : the experience of a primary care trust.**

*Quality in Primary Care 2006; 14 (3): 185-192*

In 1999 national cancer guidance was circulated to primary care organisations and looked to build on the work undertaken through the Calman Hine programme. More recently, we have received N.I.C.E. guidance on primary care referrals for patients with suspected cancer. Within NE Lincolnshire locality our approach has been to utilise the national cancer guidance as an opportunity to 'localise' or practically integrate the current evidence to develop locality guidance within care pathways. The localisation of national cancer guidance has been implemented by a three-stepped process by which we have looked to engage the local health community. Within the establishment of the care pathways we have looked to utilise a number of key characteristics for the various areas of cancer considered. The guidelines were developed over a three to four year period and we focused on the areas for which the development of referral guidelines would be most appropriate. What has been the value of the work to date? - from audits, as well as anecdotal feedback, there is a high level of awareness and utilisation on locality guidelines. One practical reflection of this is the high level of utilisation of referral proformas where they have been developed. The work to date has also led to significant sharing of experiences and outcomes across practices within the primary care trust, facilitated by the Primary Health Care Team structure. The above were desirable as we looked to reflect on the value of the implementation of locality guidelines. However, the most important factor is what positive impact there is on service delivery. A potential independent indicator is that of conversion rates of urgent two week wait (2WW) referrals to cancer. The paper considers the potential impact of localisation on conversion rates. It then highlights the potential quality assurance framework for the development of effective care pathways. 1 table 5 refs. [Abstract]

Carlisle, Daloni

**Design for living.**

*Health Service Journal 2006; 116 (6008): 24-26 (1 June 2006)*

The targets may have been narrowly missed, but meticulous planning of care pathways and a focus on sustainability are driving radical improvements to cancer treatment. And Daloni Carlisle says there's more to come. [Introduction]

Allen, Stephen, et al.

**Using the Liverpool Integrated Care Pathway to manage elderly patients with terminal illnesses.**

*Clinical Governance Bulletin 2006; 6 (3): 7-8 (2006)*

The care of people in the terminal stages of malignant disease has improved greatly over the last 20 years, due largely to the development of palliative medicine as a specialty and the work of charities such as the Macmillan Trust. However, patients with end-stage non-malignant illnesses, such as cardiac failure and fibrosing alveolitis, often have distressing symptoms and there is evidence that, in the UK, they usually do not have access to specialist palliative care. 1 table 3 refs. [Introduction]

<http://www.rsmprss.co.uk/cgbapr06.pdf>

McDonald, Paul S., et al.

### **Shortfalls in integrated care pathways : part 1 : what don't they contain?**

*Journal of Integrated Care Pathways 2006; 10 (1): 17-22 (April 2006)*

Integrated care pathways (ICPs) are systematically developed tools that set locally agreed standards of care, based on the available evidence for managing a specific group of patients, ensuring that multidisciplinary care can be monitored and outcomes measured. They have been introduced as multi-professional tools to improve the quality of health care for a homogenous group of patients, are helpful in achieving consensus on the consistency and continuity of care, and can improve the documentation of evidence-based and patient-focused care. It has been asserted that the standard of ICPs is variable and, although their use is now widespread, they have not been meaningfully evaluated. Failures to identify improvements in care, following the introduction of an ICP have been linked to their implementation and variability in content quality. Although there are a large number of integrated care pathways listed on the National electronic Library for Health, no 'kite mark' has been used to assure a sound clinical, managerial ethical and legal footing for them. The authors of this paper have previously suggested that these shortfalls have serious implications for clinical governance programmes within the National Health Service (NHS) and have reported the validation of an Integrated Care Pathways Appraisal Tool (ICPAT). The tool can be used to evaluate the content of an ICP and allows those involved in its use to assess its quality. This paper, the first in a series of two, reports a subsequent study involving the application of the validated ICPAT in assessing the content of a selection of ICPs currently in use throughout the United Kingdom. The aim of this paper is to not only list the essential components that should be contained in an ICP but also to report current shortfalls. A further paper will focus upon the perceived quality of contemporary ICPs. 1 fig. 6 tables 19 refs. [Introduction]

McDonald, Paul S., et al.

### **Shortfalls in integrated care pathways : part 2 : how well are we doing?**

*Journal of Integrated Care Pathways 2006; 10 (1): 23-27 (April 2006)*

This is the second paper in a series of two concerning the evaluation of current integrated care pathways (ICPs) used in health-care organizations throughout the United Kingdom. Both this and the preceding paper focus upon the appraisal of the content and quality of ICPs, using the integrated care pathways appraisal tool (ICPAT), developed and validated by the authors in previous work. The first paper in this series provided a definition of an ICP, and an overview of the relevant literature highlighted the paucity of evaluation. The paper further examined the content of ICPs and identified the absence of essential items that should be contained within them. It found that there were a number of weaknesses in ICPs, particularly with regards to documentation and development, and to a lesser extent to implementation and maintenance. This second paper evaluates the quality of ICPs by using again the ICPAT. The aim of the paper is to firstly list the validated ICPAT items that can be used to assess the quality of ICPs, and secondly to identify current shortfalls in quality as perceived by those developing and appraising them. The paper also intends to merge its findings with those of its sister paper in order to inform a wider discussion on the implications for health-care organizations. 1 fig. 7 tables 5 refs. [Introduction]

Findlay, Jon, et al.

### **Front Door Wolverhampton overarching service pathway.**

*Journal of Integrated Care Pathways 2006; 10 (1): 41-46 (April 2006)*

Front Door Wolverhampton is a pilot project for people who are homeless or vulnerable, and it developed out of the Community Asset Feasibility study (CAFs). CAFs was commissioned by the Wolverhampton Neighbourhood Renewal Board and completed by the Wolverhampton Policy and Research Institute. The overarching recommendation of CAFs was that it was now important to join up homeless and allied services and to devise smarter ways for services to work together. The intention being to ensure higher quality services for homeless and vulnerable groups. Front Door Wolverhampton has taken up this challenge and developed integrated care/service pathways as one way to meet these objectives. The use of integrated care/service pathways in a non-health-care setting is to the project's knowledge, unique. 1 fig. + 1 appendix [Introduction]

Oliver, Susan

### **Benefits of patient pathways in rheumatoid arthritis care.**

*Nursing Times 2006; 102 (16): 28-31 (18 April 2006)*

Rheumatoid arthritis is a painful, inflammatory, chronic condition that often results in irreversible joint damage. This article uses the condition to highlight the benefits of patient pathways and illustrate how they can be developed. 17 refs. [Abstract]

Taylor, William J., et al.

**Effectiveness of a clinical pathway for acute stroke care in a district general hospital : an audit.**

*BMC Health Services Research* 2006; 6 (6): (23 February 2006)

**BACKGROUND:** Organised stroke care saves lives and reduces disability. A clinical pathway might be a form of organised stroke care, but the evidence for the effectiveness of this model of care is limited. **METHODS:** This study was a retrospective audit study of consecutive stroke admissions in the setting of an acute general medical unit in a district general hospital. The case-notes of patients admitted with stroke for a six-month period before and after introduction of the pathway, were reviewed to determine data on length of stay, outcome, functional status, (Barthel Index, BI and Modified Rankin Scale, MRS), Oxfordshire Community Stroke Project (OCSP) sub-type, use of investigations, specific management issues and secondary prevention strategies. Logistic regression was used to adjust for differences in case-mix. **RESULTS:** N=77 (prior to the pathway) and 76 (following the pathway). The median (interquartile range, IQR) age was 78 years (67.75-84.25), 88 per cent were European NZ and 37 per cent were male. The median (IQR) BI at admission for the pre-pathway group was less than the post-pathway group: 6 (0-13.5) vs. 10 (4-15.5), p=0.018 but other baseline variables were statistically similar. There were no significant differences between any of the outcome or process of care variables, except that echocardiograms were done less frequently after the pathway was introduced. A good outcome (MRS<4) was obtained in 66.2 per cent prior to the pathway and 67.1 per cent after the pathway. In-hospital mortality was 20.8 per cent and 23.1 per cent. However, using logistic regression to adjust for the differences in admission BI, it appeared that admission after the pathway was introduced had a significant negative effect on the probability of good outcome (OR 0.25, 95%CI 0.08-0.77). **CONCLUSIONS:** A clinical pathway for acute stroke management appeared to have no benefit for the outcome or processes of care and may even have been associated with worse outcomes. These data support the conclusions of a recent Cochrane review. 2 figs. 4 tables 17 refs. [Abstract]

<http://www.biomedcentral.com/content/pdf/1472-6963-6-16.pdf>

Hall, Julie, et al.

**Is everything in the garden rosy? : an integrated care pathway for acute inpatient mental health care, from development to evaluation, part 1.**

*Journal of Integrated Care Pathways* 2005; 9 (2): 67-73 (August 2005)

This paper is the first of two which consider the development, use and evaluation of an integrated care pathway (ICP) for acute inpatient mental health care. The care pathway discussed is in use on seven inpatient wards within a UK mental health trust. Pathway development began in January 2003, and after a pilot period the pathway was fully implemented in June 2003. Since that time the pathway has been revised twice and the current version can be viewed at:

<http://www.library.nhs.uk/pathways/ViewResource.aspx?resID=82692> This paper describes ICP development and implementation, with extracts from variance reports, compliance audits and concluding with lessons learnt from the process. Paper two of the series, which follows, describes an evaluation of the pathway's impact upon securing interventions. 2 figs. 1 table 11 refs. [Abstract]

Scott, Marie and Cook, Susy

**Framework for the implementation of integrated care pathways : part three.**

*Journal of Integrated Care Pathways* 2005; 9 (2): 86-91 (August 2005)

This is the final part of the series of three papers that demonstrates how the infrastructure for the development of integrated care pathways (ICPs) was established within South Tees Hospitals NHS Trust and how they are currently utilising ICPs as a tool to deliver change improvements. This paper discusses factors necessary to support the spread and sustainability of ICPs as a service improvement tool at an intra-organisational level. 3 figs. 1 table 6 refs. [Abstract]

Dodds, Simon

**Designing improved healthcare processes using discrete event simulation.**

*British Journal of Healthcare Computing and Information Management 2005; 22 (5): 14-16 (June 2005)*

Over the past four years the vascular-surgery outpatient service at Good Hope Hospital has been re-engineered. Conventional 'suck-it-and-see' methods were replaced by evidence-based design of improved patient-centred care processes using a combination of casemix analysis and discrete event simulation (DES). A new software tool called the Care Pathway Simulator (CPS) was developed to meet the unique requirements of this novel approach in order to predict accurately the behaviour of the complex system resulting from the interaction of multiple patients following different care pathways and competing for shared resources. The CPS tool identified and quantified the problems within the existing processes that limited capacity (i.e. the bottlenecks); allowed us to test a range of proposed solutions using a virtual process model; and provided objective evidence to support implementation of the proposed solution. Just as importantly, the CPS tool allowed the relationship between performance and resource availability to be mapped and the point at which system failure is imminent to be seen - allowing time for pre-designed escalation policies to be activated. The enhanced performance predicted by CPS was confirmed in practice. Process-design tools based on discrete event simulation do appear to work in healthcare provided that the unique requirements of healthcare processes are taken into account and those who use these tools are appropriately trained and experienced. 2 figs. [Abstract]

Clarke, Alison

**Implementing electronic integrated care pathways : learning from experience.**

*Nursing Management (UK) 2005; 12 (2): 28-31 (May 2005)*

Alison Clarke reports on her visit to New Zealand on a Florence Nightingale travel scholarship to observe electronic integrated care pathways in practice. 3 tables 2 refs. [Introduction]

Croucher, Michelle

**An evaluation of the quality of integrated care pathway development in the UK National Health Service.**

*Journal of Integrated Care Pathways 2005; 9 (1): 6-12 (April 2005)*

An integrated care pathway (ICP) is an outline of planned care for a specific patient group. It highlights usual practice that is evidence-based, from which variations occur as health-care professionals use their professional judgement. The objectives of the study were to identify the key elements within an ICP, to formulate a checklist utilising the ICP key elements, and to evaluate ICPs available from the UK National electronic Library for Health (NeLH) against the checklist. An ICP key elements checklist was produced from a review of ICP literature. In all, 90 per cent of the ICPs evaluated contained a plan of anticipated care along some form of timeline, including processes and outcomes. Also, 70 per cent of the ICPs evaluated did not contain a variance-recording framework. In addition, 70 per cent of the ICPs evaluated did not contain any evidence of evidence-based best practice. This study shows that there is a wide variability in the quality of the ICPs being developed in the UK National Health Service (NHS), and that the development of ICPs in many health-care organisations is inadequate. Variability of the ICPs being developed will have a direct impact on the quality of patient care, and improvements in care and service delivery may not be identified, implemented or reviewed. It is recommended that a toll be produced, which would provide a standard framework for NHS staff to follow when developing ICPs. 1 fig. 1 table 21 refs. [Abstract]

Parker, Dianne, et al.

**Attitudes towards integrated care pathways in the UK NHS : a pilot study in one UK NHS trust.**

*Journal of Integrated Care Pathways 2005; 9 (1): 13-20 (April 2005)*

BACKGROUND: Integrated care pathways (ICPs) offer an increasingly common approach to the standardisation and integration of health-care practice in hospitals. The questionnaire study reported here was the final phase in a systematic investigation of the attitudes of health-care professionals towards ICPs in one acute UK NHS trust. METHOD: A total of 314 health-care professionals working in a medium-sized NHS hospital in the UK completed a survey questionnaire, representing 34 per cent of those approached. RESULTS: Ten dimensions of attitude to ICPs are uncovered. Junior staff had less positive attitudes than senior staff on all dimensions. Across all professional groups (doctors, nurses, professions allied to medicine), staff were more unhappy with the idea of ICPs than with the evidence they are based on or the quality of the documentation itself. Conclusions: The investigation provided information about how widespread the dislike of ICPs was in the trust and details of what was giving rise to staff unease. This enabled the authors to make recommendations to the trust about the future development and implementation of ICPs in the trust. The most central of these was that investing time and effort in changing the presentation of ICPs will not meet with success until more fundamental aspects of staff unease have been addressed. Overall, respondents from this trust felt uneasy about ICPs because they do not like the idea of being told what to do. Therefore, if the ICP development programme is to continue at this hospital and be successful, the hearts and minds of those expected to use ICPs must be won over. 4 tables 9 refs. [Abstract]

Cook, Susy and Scott, Marie

**Framework for the implementation of integrated care pathways : part 2.**

*Journal of Integrated Care Pathways 2005; 9 (1): 39-45 (April 2005)*

This is the second part of a series of three papers that looks in detail at the framework developed to support teams within the South Tees Hospital NHS Trust who are considering utilising integrated care pathways (PCTs) as a tool to deliver change improvements. This paper discusses the value of assessing the readiness for change, ensuring that the correct tool is chosen to deliver change projects and, more specifically, successful ICP development and implementation. 2 figs. 2 tables 9 refs. [Abstract]

Smith, Nick

**Care compass : navigating the patient pathway.**

*Primary Care Report 2005; 7 (4): 20-21 (April 2005)*

Care pathways have been around for some time, but they provide an ideal tool for PCTs to optimise treatment levels and save money in the process. [Introduction]

Nyatanga, Ted and Holliman, Rick

**Integrated care pathways (ICPs) and infection control.**

*Clinical Governance : an International Journal 2005; 10 (2): 106-117*

PURPOSE: The article aims to globally illuminate and inform the healthcare delivery systems of the potential value of integrated care pathways (ICPs) application to the management and control of infection in the hospital setting. DESIGN/METHODOLOGY/APPROACH: An analysis of recent pertinent literature (1993-2004) is given, preceded by a broad overview of both the subjects of infection control and ICPs. FINDINGS: There are scanty examples of ICPs applied to infection control albeit successfully with demonstrable merits which include improvements in the quality and cost of care. However, there is a lack of robust studies on the subject which warrants further research. ORIGINALITY/VALUE: Infection control is a major challenge to all healthcare providers seeking practical solutions. This source article may stimulate further informed debate to curb the problem of hospital acquired infection (HAI) which remains a major cause of morbidity and mortality despite all the great advancement in medicine. 3 figs. 1 table 29 refs. [Abstract]

Huby, Guro and Rees, Gwyneth

**The effectiveness of quality improvement tools : joint working in integrated community teams.**

*International Journal for Quality in Health Care 2005; 17 (1): 53-58 (February 2005)*

OBJECTIVE: To explore the effectiveness of integrated care pathways in facilitation integration in community-based teams. DESIGN: Case comparison of models of integrated care pathways in tow-different setting: community mental health teams in on Scottish region and care of the elderly rapid response teams in three Scottish regions. In both settings, an integrated care pathway was used as a tool for integration, but in different ways. Comparison is made by first identifying key factors structuring team-work in both settings, then analysing how the constellation of these factors results in different dynamics of team-work in each setting. The pathway tool used in each setting is then outlined and an analysis presented of how the tool interacts with the organisational dynamics in and around the teams to produce observed outcomes in each setting. RESULTS: In both settings impact of tool was shaped by the same organisational dynamics which produced the nature of team-work. In neither setting was the tool optimally effective in improving integration. In community mental health teams a prescriptive, management-driven integrated care pathway was introduced. This presumed a degree of task sharing in teams which was absent. It was resisted by the teams. In rapid response teams a flexible, team driven pathway tool was being introduced to help teams conceptualise and communicate about the service. This approach fitted with autonomy and task sharing in rapid response teams and uptake was good. However, Management did not engage. CONCLUSION: The effectiveness of the tool in both settings requires attention to organisational context. 2 tables 30 refs. [Abstract]

Berg, Marc, et al.

**Bridging the quality chasm: integrating professional and organisational approaches to quality.**

*International Journal for Quality in Health Care* 2005; 17 (1): 75-82 (February 2005)

Current Western health care practices face the challenge to improve their quality on multiple dimensions simultaneously. This requires new ways to think about how to deliver health care services. A careful and 'flexible' standardization of care into 'care programs', we argue, is central. Yet such standardization is powerless without the application of four additional design principles: a thorough restructuring and delegation of tasks, the application of integrated planning, the use of indicators about the functioning of the care programs, and implementing process-supporting information technology. Vice versa, these additional principles can only function properly when integrated with care programs. We will only be able to improve the safety, effectiveness, patient-centeredness, and timeliness of health care, while reducing costs and improving equity, by integrating professional and organizational approaches to quality. This paper describes a series of interrelated design principles that together depict how future health care delivery could be organised. 3 figures 19 refs. [Introduction]

Katsaliaki, Korina, et al.

**Mapping care pathways for the elderly.**

*Journal of Health Organization and Management* 2005; 19 (1): 57-72

**PURPOSE:** Aims to describe a project carried out within Hampshire Social Services investigating potential care pathways for older people after discharge from hospital and to show the potential of the simulation methodology in such situations. **DESIGN/METHODOLOGY/APPROACH:** A discrete-event simulation was used to determine the system capacities and to estimate the likely associated reimbursement costs. **FINDINGS:** A prototype simulation model was developed showing the potential value of this approach. **RESEARCH LIMITATIONS/IMPLICATIONS:** Restrictions in data access shifted the focus from quantitative service mapping to a more descriptive approach. **PRACTICAL IMPLICATIONS:** Currently, many older patients experience delayed discharge from acute beds because of capacity limitations in social services' traditional post-acute care services. At the same time, new regulations require local authorities to reimburse NHS acute trusts if hospital discharge is delayed solely due to inadequate provision of social care assessments and services. In order to overcome the so-called "bed-blocking" problem, a new range of services termed "intermediate care" has been introduced to offer alternative options for older patients. These services are examined in terms of capacity and appropriateness. **ORIGINALITY/VALUE:** This paper fulfils an identified need to record and evaluate the new post-acute packages introduced by the social services and NHS and proposes simulation as one of the most suitable methodologies for such objectives. 3 figs. 5 tables 16 refs. [Abstract]

Cook, Susy and Scott, Marie

**Framework for the implementation of integrated care pathways : an introduction.**

*Journal of Integrated Care Pathways* 2004; 8 (3): 129-132 (December 2004)

This is the first of a series of three papers to be published in the Journal of Integrated Care Pathways addressing the importance of a strategic infrastructure to support the advancement of integrated care pathways (ICPs) as a vehicle for care delivery. The series will discuss the need for effective tools to support implementation and the importance of spreading and sustaining improved practice. The papers have been written in response to a presentation given at the Integrated Care Pathways 2004 conference, and will provide readers with an opportunity to explore the concepts in more depth. 2 figs. 5 refs. [Abstract]

Bolton, Sarah

**Heart to heart.**

*Health Service Journal* 2004; 114 (5931): 26-27 (11 November 2004)

The James Cook University Hospital appointed a cardiology pathways co-ordinator to reduce waits for those with acute coronary syndromes. The approach, in line with the coronary heart disease national service framework, has reduced error, duplication and delay. [Summary]

Forrest, Emma

**Life support.**

*Health Service Journal* 2004; 114 (5933): 3 (25 November 2004 Suppl.)

The Ovations project run by the UnitedHealth Group - with DoH funding - seeks to streamline care. Emma Forrest reports. [Introduction]

Rees, Gwyneth, et al.

**Joint working in community mental health teams : implementation of an integrated care pathway.**

*Health and Social Care in the Community 2004; 12 (6): 527-536 (November 2004)*

Integration of community mental health services is a key policy objective that aims to increase quality and efficiency of care. Integrated care pathways (ICPs) are a mechanism designed to formalise multi-agency working at an operational level and are currently being applied to mental health services. Evidence regarding the impact of this tool to support joint working is mixed, and there is limited evidence regarding the suitability of ICPs for complex, community-based services. The present study was set in one primary care trust (PCT) in Scotland that is currently implementing an ICP for community mental health teams (CMHTs) across the region. The aim of the study was to investigate professionals' experiences and views on the implementation of an ICP within adult CMHTs in order to generate learning points for other organisations which are considering developing and implementing such systems. The study used qualitative methods which comprised of individual interviews with three CMHT leaders and two service development managers, as well as group interviews with members of four adult CMHTs. Data was analysed using the constant comparison method. Participants reported positive views regarding joint working and the role of an ICP in theory. However, in practice, teams were not implementing the ICP. Lack of integration at higher organisational levels was found to create conflicts within the teams which became explicit in response to the ICP. Implementation was also hindered by lack of resources for ongoing support, team development and change management. In conclusion, the study suggests that operational systems such as ICPs do not address and cannot overcome wider organisational barriers to integration of mental health services. Integrated care pathways need to be developed with strategic input as well as practitioner involvement and ownership. Team development, education about integration and change management are essential if ICPs are to foster and support joint working in integrated teams. 41 refs. [Abstract]

Furaker, C., et al.

**Quality of care in relation to a critical pathway from the staff's perspective.**

*Journal of Nursing Management 2004; 12 (5): 309-316 (September 2004)*

Specific groups with complex nursing requirements, such as patients suffering from stroke, are in greatest need of a critical pathway. AIM: To study how the critical pathway is reflected in caring work from the staff's perspective. METHOD: Personnel (n=16): physicians, care developers, speech therapists, physiotherapists, occupational therapists, nurses, assistant nurses. Content analysis has been used. Two main categories were formed: function of the critical pathway and effects of the critical pathway. FINDINGS: The nurse in the stroke ward is seen as the 'spider in the web'. There is a need for more collaboration, both in and between hospitals and primary health care. Many of the staff members feel that they are working in a learning organisation. Others say that they have low job satisfaction caused by low manning and, consequently, less time to spend with the patients. CONCLUSION: The critical care chain has not been fully developed in accordance with the care model. It emerges that patients spend a lot of time waiting while the staff have too little time to spend with patients. 18 refs. [Abstract]

Pickard, J. D., et al.

**Mapping rehabilitation resources for head injury.**

*Journal of the Royal Society of Medicine 2004; 97 (8): 384-389 (August 2004)*

Several reports have pointed to the unevenness in the UK of services for rehabilitation after head injury. A study was conducted in the eastern region of England to define the key stages in recovery and rehabilitation, by an iterative process of questionnaire, interview and consensus conference. Findings were translated into a draft set of maps showing current availability of services which were revised after feedback. Working groups then developed a set of definitions and classification codes for each stage of rehabilitation which were likewise disseminated for feedback. The maps were then redrafted to correspond with the definitions together with a flowchart of potential head injury rehabilitation services. The definitions were piloted at a regional neurosurgery unit and a rehabilitation hospital. Core services for neurorehabilitation region-wide were found to be variable and uncoordinated with fragmented and inequitable allocation of resources. The definitions and mapping system that emerged from this study should facilitate the design of care pathways for patients and identify gaps in the services. 2 figs. 2 tables 15 refs. [Abstract]

Davis, Mark

**Way to go.**

*Health Service Journal 2004; 114 (5905): 24-25 (13 May 2004)*

When setting up an ICP [integrated care pathway], invite participation from all relevant healthcare professionals in both primary and secondary care. Gather all research and best practice using national guidelines or best available evidence. Consult patients: they often have knowledge unavailable to medical professionals. [Summary]

Edwards, Simon G. M., et al.

**Integrated care pathways : disease specific or process-specific?**

*Clinical Medicine 2004; 4 (2): 132-135 (March/April 2004)*

BACKGROUND/AIM: Conventional teaching on integrated care pathways (ICP) suggests that they have to be specific both to a particular setting and to a specific diagnosis. We wished to explore the potential for a generic process-based care pathway. STUDY DESIGN: we evaluated three different, disease-specific ICPs in use on a neurological rehabilitation unit to identify prompts common to and goal outcomes in all three diagnostic groups were compared. RESULTS: 93 per cent of prompts on the care pathway were common to all three diagnostic groups. The prompts that differed were unique to each diagnostic group and provided important guidelines about management. CONCLUSION: in neurorehabilitation, where the process of multidisciplinary care is well defined, it is possible to develop a process-based ICP. Process-based ICPs may not be unique to rehabilitation but may also be relevant to other settings in which patients with differing diagnoses share similar needs. 1 table 15 refs. [Abstract]

Allen, Stephen, et al.

**Identifying 'critical steps' to raise the standard of inpatient rehabilitation.**

*Clinical Governance Bulletin 2004; 4 (6): 3-4 (March 2004)*

Simple care pathways are not suitable to guide the management of patients with varied and extensive co-pathology. An alternative is to use audit and process review to identify 'critical steps' in clinical care which, if carried out to a high standard, are likely to raise the overall quality of care. The use of such 'critical steps' needs to be embedded in the day-to-day work of the ward. The effectiveness of the 'critical steps' approach can be assessed in a sequence of audits. 1 table 4 refs. [Summary]

Kinsman, Leigh

**Clinical pathway compliance and quality improvement.**

*Nursing Standard 2004; 18 (18): 33-35 (14 January 2004)*

BACKGROUND: Clinical pathways have been developed to guide evidence-based practice in health care. The documented use of a clinical pathway by clinicians can be measured by chart audit and used effectively as part of the quality improvement process. The application of a rigorous process of collecting data for quality improvement adds further evidence to the quality improvement process. This article describes a chart audit methodology developed and implemented to measure documented compliance with a myocardial infarction clinical pathway used in an acute hospital. CONCLUSION: The results informed a quality improvement process where documented use of the clinical pathway increased from 23 per cent to 58 per cent ( $p=0.000$ ). The chart audit methodology described was a key component in this successful quality improvement initiative. 9 refs. [Abstract]

Fox, Robert, et al.

**Guidance for integrated care pathways : a reference document for an acute NHS trust.**

*Journal of Integrated Care Pathways 2003; 7 (3): 100-106 (December 2003)*

A Commission for Health Improvement (CHI) review highlighted the need for integrated care pathways (ICPs) within our trust and a working party was formed to guide their development. From a survey of current awareness and activity the committee identified several priorities: creating awareness and interest; initiating learning programmes for interested staff; developing support structure for enthusiasts; defining the process of ratification; [and] formulating trust style. Leaflets were circulated to all departments to stimulate interest and a seminar programme was introduced with staff from key areas being targeted. An intranet site was authored with lists of support staff, details of in-house resources and links to external agencies. This was backed up with a paper resource folder in central and departmental libraries. A degree of harmonisation of style was seen as being potentially advantageous by facilitating the use of ICPs across directorates. A trust pro forma style was produced to guide and ease this process. It was suggested that a document that explained the nature of ICPs, detailed trust policy and provided tips for authorship would be a useful reference for those new to creating ICPs. 'Guidance for Integrated Care Pathways' was written with these aims in mind. It was co-authored by three members of the committee and circulated for comments. After ratification by the trust board it was posted on the intranet site and included in the resource folder. It is a working document that is reviewed regularly, and is intended to facilitate the process and not to be overly prescriptive. Comments and suggestions from throughout the trust are welcomed. 3 figs. 1 table 2 refs. [Abstract]

Duncan, Edward A. S.

**Integrated care pathways in mental health settings : an occupational therapy perspective.**

*British Journal of Occupational Therapy 2003; 66 (10): 473-478 (October 2003)*

The requirements for health care professionals to demonstrate evidence-based practice and to adhere to the clinical governance agenda are of pressing importance. These processes have been enhanced by the use of integrated care pathways (ICPs). ICPs outline and document clearly the key components of an

individual's care within a given service. The lack of ICPs, in both mental health in general and occupational therapy in particular, is noted and discussed. The benefits of ICPs for occupational therapists are highlighted and an example of such a pathway, within a forensic mental health environment, is discussed. 4 tables 34 refs. [Abstract]

Soltysiak, Beverley

**Developing an admission and discharge ICP in a mental health service for older people.**

*Journal of Integrated Care Pathways 2003; 7 (2): 53-58 (August 2003)*

An integrated care pathway (ICP) was developed for patients admitted to wards within the mental health service for older people, as a means of improving the care they were given at initial assessment and discharge, and their subsequent well-being. The ICP was evidence-based where possible or otherwise relied on perceived good practice. The process of developing the ICP took three months, followed by a three-month pilot; multidisciplinary and multi-agency staff were involved. First, a baseline audit was carried out looking at patients' notes, and a questionnaire was given to patients to discover their views on aspects of the care provided. A questionnaire was also distributed to staff asking how the ICP should be documented. When the pilot was in place link nurses from each ward area were identified to provide a link between the staff on the ward and the ICP lead officer. Staff were kept up to date with ICP development through regular newsletters. The project failed to obtain meaningful involvement of users and carers, despite efforts made to elicit their views. Mechanisms were put in place to continuously monitor the ICP and gather variance data and feed it back to the staff on the wards. There were some issues regarding completion of documentation throughout the process. However, it was agreed that the ICP would not change for a year, and then the ICP and the accompanying evidence would be thoroughly reviewed. This process is now underway and early evaluation suggests that the objectives and outcomes were achieved in part. While developing the ICP some gaps in the service were identified and addressed, some of which have contributed to improving patient care in their own right. 16 refs. [Abstract]

McSherry, Rob, et al.

**The importance of information technology : a regional guide to the development, implementation and evaluation of integrated care pathways : part 2.**

*Journal of Integrated Care Pathways 2003; 7 (2): 59-70 (August 2003)*

The first article in this series briefly outlined the background to this project, the role and responsibilities of the project team and reference group, how the clinical teams were recruited, and why sharing and disseminating information gathered by the production of a CD-ROM was important. This second article builds on the previous by detailing the key processes and outcomes of the project offering practical advice and guidance on developing, implementing and evaluating integrated care pathways (ICPs). The intention is to share and disseminate information gathered, so that our experiences and those of our colleagues can assist other professional teams in developing ICPs as a vehicle to promote evidence-based practice within the context of clinical governance. To ease the process of sharing and dissemination, the information is available on CD-ROM. 1 fig. 1 table 9 refs. + 4 appendices [Abstract]

Swage, Thoreya and Hastings, Ben

**Human factors and integrated care pathways.**

*Journal of Integrated Care Pathways 2003; 7 (2): 71-74 (August 2003)*

This paper discusses how integrated care pathways can detect and reduce human error. 8 refs. [KJ]

Wales, Sue

**Integrated care pathways : what are they and how can they be used?**

*Clinical Governance Bulletin 2003; 4 (2): 2-4 (July 2003)*

Integrated care pathways (ICPs) are a tool to help professionals of all disciplines to deliver good and effective health-care. Any tool must be applied appropriately to deliver the required outcomes; health-care professionals must be clear about what they are trying to achieve. The ICP tool is not a panacea; how well it works depends on its users. Attention needs to be given to implementation to ensure success. Variance analysis must be rigorous to identify areas for improvement. The development and implementation of an ICP can make the tool a most effective aid to improving care, or a yoke that hinders good care and efficiency. 1 fig. 4 refs. [Summary]

Bragato, Laura and Jacobs, Kerry

**Care pathways: the road to better health services?**

*Journal of Health Organization and Management 2003; 17 (3): 164-180*

This paper describes the development and implementation of care pathways in two orthopaedic units in Scotland. Although originally developed as a tool of project management, care pathways have been promoted internationally as a response to concerns for patient safety, variability in care and increasing costs. Generally, care pathways can be seen as an example of clinician led rather than management led reform. However, it does reflect a wider shift towards process and away from hierarchical approaches to management. Within the UK care pathways have been promoted as a response to the modernisation initiative of the Labour Government. While the initiative was a success in both units it was more difficult to implement care pathways in a trauma rather than an elective unit. In conclusion, it is questionable whether care pathways are a universal response to the requirement for modernisation and service redesign in the NHS. 12 refs. [Abstract]

Ellershaw, John and Murphy, Deborah

**The national pathway network of palliative care pathways.**

*Journal of Integrated Care Pathways 2003; 7 (1): 11-13 (April 2003)*

Palliative care has developed a model of excellence in the care of the dying patient. However, there has been concern that this excellence is poorly understood and practised outside the palliative care unit and hospice setting. Important steps in the care of the dying are often considered to be routine in a palliative care setting but may be partially or poorly performed in other health care environments. As only twelve per cent of all deaths occur in a UK hospice, it is essential that palliative care outside of the hospice setting can capture the model of excellence for the care of the dying and that this can then be translated for use by all health care professionals. 1 fig. 6 refs. [Introduction]

Miller, Laura M. and Nugent, Karen P.

**Surgical integrated care pathway development : compliance and staff satisfaction.**

*Journal of Integrated Care Pathways 2003; 7 (1): 36-46 (April 2003)*

The British government's recent white paper stated that a 'framework through which NHS organisations are accountable for continuously improving the quality of their service and safeguarding the high standards of care by creating an environment in which excellence in clinical care flourishes', should be developed. Integrated care pathways (ICPs) fit this definition perfectly. It would be ignorant to believe that care pathways are the sole and perfect method of implementing care as set out in the white paper, but the tool is an important one for helping to achieve some of the goals. There are many good reasons for the implementation of ICPs, but their usefulness will be limited unless there is good compliance and this in turn may be influenced by staff satisfaction. We designed and implemented a colorectal cancer ICP in Southampton General Hospital, examined the variance and compliance, and compared this with staff satisfaction in nurses and doctors. 4 figs. 1 table 10 refs. + 5 appendices [Introduction]

Wakefield, Susan and Peet, Malcolm

**Developing integrated care pathways in mental health : the critical success factors.**

*Journal of Integrated Care Pathways 2003; 7 (1): 47-49 (April 2003)*

Although integrated care pathways (ICPs) are used widely in acute hospitals for procedures such as fractured neck of femur and knee replacement, they have not been widely adopted in more complex areas such as mental health. The opportunities to learn from and share experiences with colleagues from mental health services are therefore limited. The aim of this article is to provide an overview of our experiences of developing mental health ICPs in Rotherham, South Yorkshire, and to share what we believe are the critical success factors related to developing ICPs. Rotherham Mental Health Services are part of Doncaster and South Humber NHS Trust. Rotherham has a population of around 250,000. There are pockets of poverty, mostly linked to the closures of coalmines and heavy industry. We became interested in ICPs in 2000, and sought and acquired funding for an ICP coordinator through the local implementation team (LIT) for the National Service Framework for mental health in October 2000. An ICP coordinator is essential if ICPs are to be the main way in which care is delivered, recorded and evaluated, as it is a time-consuming task. 5 refs. [Introduction]

Wall, Debbie and Boggust, Marilyn

**Developing managed clinical networks.**

*Clinical Governance Bulletin 2003; 3 (6): 2-4 (March 2003)*

Managed clinical networks are a way of co-ordinating seamless patient care pathways. Managed clinical networks need to cut across traditional professional boundaries. Networks need to have effective arrangements for clinical governance. Members need to agree what clinical information is to be collected, how it is going to be shared and what patient information is needed. 12 refs. [Summary]

Hughes, Vickie

**Patient involvement : turning the rhetoric into reality.**

*Journal of Integrated Care Pathways 2002; 6 (1): 3-8 (April 2002)*

As deliverers of health care in the National Health Service (NHS), we are constantly reminded that (in the words of the NHS Plan) "Patients are the most important people in the health service" and that "NHS care has to be shaped around the convenience and concerns of patients". Furthermore, having a "commitment to communicate with patient/users and [an] understanding of their needs and priorities" and a "mechanism to involve patients in the planning and monitoring of services" is one of the seven criteria against which trusts are now being assessed in Commission for Health Improvement (CHI) clinical governance reviews in the UK. However, the methodology for translating this rhetoric of redesigning health services around the patient into clinical reality is less clearly publicised. Therefore, this paper describes the experiences of two acute NHS trusts in successfully engaging 52 patients in the development of an integrated care pathway (ICP) for colorectal cancer. 2 tables 3 refs. [Introduction]

Ahmad, Farooq, et al.

**Partnership for Developing Quality care pathway initiative for people with learning disabilities : part I : development.**

*Journal of Integrated Care Pathways 2002; 6 (1): 9-12 (April 2002)*

The Partnership for Developing Quality (PDQ), funded by the West Midlands Regional Levy Board, works with the NHS Executive to support the local health care community develop better quality services. The PDQ care pathways initiative for people with learning disabilities has developed three care pathways for epilepsy, challenging behaviour and hearing impairment. This paper describes the development phase of these care pathways for people with learning disabilities who have complex and often chronic health and social care needs. 1 fig. 10 refs. [KJ]

**Partnership for developing quality care pathway initiative for people with learning disabilities : part II.**

*Journal of Integrated Care Pathways 2002; 6 (2): 82-93 (April 2002)*

This section of the journal is made up of three papers with the following sub-headings: 'Part iia : hearing impairment' (Susan Brady, et al., pages 82-85); 'Part iib : challenging behaviour' (Jenny Pitts, et al., pages 86-89); and 'Part iic : epilepsy' (Farooq Ahmad, et al., pages 90-93). [KJ]

de Luc, Kathryn E.

**An integrated care pathway appraisal tool : a 'badge of quality'.**

*Journal of Integrated Care Pathways 2002; 6 (1): 13-17 (April 2002)*

Integrated care pathways (ICPs) are being introduced as a tool to improve the quality of health care. Their local development usually involves some consensus-based approach which engages clinical staff in discussions about how to improve services. Whilst this has definite advantages, it also means that ICPs which are developed for ostensibly the same group of patients with a specific disease or condition will vary in content and quality. Many articles have been written expounding the benefits of using ICPs, but recently there have been a number of evaluations of ICPs which report little or no significant improvement in the quality of health care as a result of their introduction. Why is there this divergence of views about the value of ICPs? Could it be connected with the variability in quality of the ICPs being introduced? What is missing from many of the evaluations of ICPs undertaken so far is a consideration of how good those ICPs really are. This article describes an appraisal instrument for ICPs - the integrated care pathway appraisal tool (ICPAT) - which has been developed within the West Midlands region of the UK and which can provide a framework for assessing the quality of ICPs. 1 table 46 refs. [Abstract]

Walldal, E., et al.

**Quality of care and development of a critical pathway.**

*Journal of Nursing Management 2002; 10 (2): 115-122 (March 2002)*

**BACKGROUND:** The current study reports on the first step towards developing quality of care for stroke patients at a hospital in western Sweden. A general critical pathway from the patient's perspective was developed by a multidisciplinary group. **AIM:** The Aim was to investigate quality of care and the effectiveness of critical pathway. **METHOD:** The study should be classified as a case study. Patients (n=22), next of kin (n=63) and staff (n=91) make up the research group. Data collection was carried out through questionnaires on quality of care before testing the critical pathway. Data on the critical pathway were collected during the testing period. **FINDINGS:** The respondents valued some aspects of care as good, but there were some deficiencies as regards patient information and the patient's participation in his/her own care. Next of kin were less positive than the patients. The analyses of the critical pathway showed that the key events need to be more specific and that the number of key events should be reduced. **CONCLUSION:** By additionally developing the critical pathway, it should be possible to further improve the quality of care for stroke patients. 7 tables 18 refs. [Summary]

Tackaberry, Chris

**The role of integrated care pathways.**

*British Journal of Healthcare Computing and Information Management 2002; 19 (1): 36-37 (February 2002)*

Integrated care pathways were introduced into the UK from the United States in the late 1980s. This article describes the origins, purpose and benefits of integrated care pathways. [KJ]

Johnson, Sue

**What's in a name? [Editorial]**

*Journal of Integrated Care Pathways 2001; 5 (3): 111-112 (December 2001)*

The author of this editorial explains the language used within the integrated care pathway (ICP) sector. 4 refs. [KJ]

Gray, Ros, et al.

**Implementing integrated care pathways across a large, multicentre organisation : lessons learned so far.**

*Journal of Integrated Care Pathways 2001; 5 (3): 136-140 (December 2001)*

The independent health care providers, the Nuffield Hospitals Group, has introduced the use of integrated care pathways across their hospitals as part of their Best Practice Initiative. This article describes the experience. [KJ]

Gray, Jenny

**A question of balance : could integrated care pathways be the answer?**

*Journal of Integrated Care Pathways 2001; 5 (3): 141-143 (December 2001)*

The author outlines what she believes are the benefits of integrated care pathways (ICPs). The article includes the author's definition of an ICP. 1 ref. [KJ]

Chilcott, Judith and Hunt, Alison

**Nurse-friendly integrated care pathways.**

*Nursing Times 2001; 97 (48): 32-34 (29 November 2001)*

Judith Chilcott and Alison Hunt describe how a London trust developed integrated care pathways based on a nursing model. 7 refs. [Introduction]

Bond, S., et al.

**Care pathways : integrated clinical record or management information tool?**

*Journal of Integrated Care Pathways 2001; 5 (2): 54-63 (August 2001)*

OBJECTIVES: To compare the development and implementation of care pathways (CPs) in orthopaedic wards in six acute hospitals in England. METHOD: Comparative case studies of six English orthopaedic departments with at least twelve months' experience of CP development. Data were collected between 1992 and 1996 by interviews with clinical and managerial staff, supported by local progress reports and clinical data analyses. Two independent data collectors verified findings. RESULTS: Three principal functions for CPs were discernible: an integrated clinical record, a management information tool, and (less frequently) a clinical audit tool. However, different clinical and management staff groups perceived their functions in different ways, leading to conflicts over use of CPs. This was most pronounced regarding the clinical record and management information tool functions. Only one site had managed to use CPs effectively for all three functions. Here, CPs were integrated into strategic planning at the highest level, and considerable resources had been used to develop, introduce and maintain them. When introduced as a nursing initiative, progress towards their adoption was limited. Their development from project status to routine practice was problematic. CONCLUSIONS: The clinical evidence base for CPs remains poorly developed. When CPs were not an element of strategic planning linked to quality enhancement, supported by all types of clinicians and properly resourced, progress in implementing them was so limited that it was impossible to determine their clinical or cost-effectiveness. Without adequate conceptualisation and strategic support, CPs risk becoming a time-wasting administrative system. 2 tables 36 refs. [Abstract]

Swage, Thoreya H.

**Evidence-based integrated care pathways.**

*Journal of Integrated Care Pathways 2001; 5 (1): 3-9 (April 2001)*

Good clinical practice should be informed by research evidence, identifying optimum interventions for patients presenting with clinical conditions. Research findings should be translated into guidelines to aid the busy clinician in their routine practice, and new research should constantly be replacing old research in order to improve both the health outcomes for patients and the cost-effectiveness of interventions. From a strategic level, improving health outcomes, the effective use of resources, clinical accountability, and education and training form part of the UK's National Health Service (NHS) statutory obligation of clinical governance. This has provided a greater impetus to go through the process of reviewing research in order to incorporate the best available evidence into an integrated care pathway (ICP). 1 fig. 2 tables 15 refs. [Introduction]

Jones, Adrian

**Role of care pathways in changing psychiatric practice : action research.**

*Journal of Integrated Care Pathways 2001; 5 (1): 15-21 (April 2001)*

The use of care pathways has become topical in the reformed National Health Service and may have relevance for psychiatric practice. There have been very few studies exploring the development of mental health care pathways. In this study, action research methods were used to discover the problems and challenges of developing a care pathway for people suffering from schizophrenia. In this article, some detail on how a care pathway challenged the culture and myths of multidisciplinary working in psychiatric care is presented. 1 table 43 refs. [Abstract]

**WEB RESOURCES**

**Care pathways.**

NHS Health Management Specialist Library management briefing

[compiled by Linda Ayiku]

<http://libraries.nelh.nhs.uk/healthManagement/viewResource.asp?categoryID=4033&dg=59&uri=http%3A//libraries.nelh.nhs.uk/common/resources/%3Fid%3D29626>

**European Pathway Association**

<http://www.e-p-a.org/>

**Protocols & Care Pathways Specialist Library**

NHS National Library for Health

<http://libraries.nelh.nhs.uk/pathways/>

## Reading lists

Reading lists are available at

[http://www.kingsfund.org.uk/resources/information\\_and\\_library\\_service/reading\\_lists](http://www.kingsfund.org.uk/resources/information_and_library_service/reading_lists) ; email [library@kingsfund.org.uk](mailto:library@kingsfund.org.uk); telephone 020 7307 2568

Age discrimination  
Agenda for Change  
Assertive outreach  
Care pathways  
Care services for older people : current issues.  
Chronic disease management and managed care  
Clinical governance  
Clinical governance and nursing  
Commissioning for primary care trusts  
Commissioning new providers  
Community healthcare workforce  
Delayed discharge  
Developing services for carers of older people  
Electronic patient/health records  
Enhancing the healing environment  
Ethnic elders  
Ethnic health - an introduction to ethnic health issues  
Ethnic health issues for primary care  
European Working Time Directive  
Expert patients  
Foundation trusts  
Health impact assessment  
Inpatient mental health services  
Intermediate care  
International health care comparisons  
Introduction to the NHS in England  
King's Fund bed  
Leadership in the NHS  
London - an introduction to London health issues  
London - health & social care workforce  
London - regeneration & community development  
Managed clinical networks  
Markets in primary and community care  
Maternity services  
Mental health – black & minority ethnic communities  
Mental health in London  
Mental health services for young people  
Minority ethnic women and health  
National Service Framework: cancer & NHS Cancer Plan  
National Service Framework: coronary heart disease  
National Service Framework: diabetes  
National Service Framework: mental health  
National Service Framework: overview; children's services; long term conditions; paediatric intensive care; renal services  
NHS waiting time & waiting lists initiatives  
NHS workforce  
Non executive directors of NHS organisations  
Older people and mental health  
Palliative care in the community  
Partnership working  
Patient decision making  
Payment by results  
Practice based commissioning  
Primary care and public involvement  
Primary care trusts  
Private Finance Initiative & L.I.F.T.  
Private sector involvement in NHS service provision  
Public health in England  
Reforming the Mental Health Act 1983  
Refugee health care: 2001–2006 references  
Refugee women  
Risk management in the NHS  
Treatment centres  
Workforce diversity in health & social care