Day Surgery Clinical Pathway Review 2016

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In 2015 the biennial review of the clinical pathway was undertaken to reflect current evidence based guidelines.

The pathway is used to document the care processes for Day Surgery Patients

**Governance**

An expert working group was established in collaboration with SWAPNET to review the document and comprised of health clinicians who provide care during the perioperative phase for patient undergoing elective day surgery

- Broad consultation with stakeholders including representatives of tertiary, regional and rural facilities
- Representatives of other statewide groups including Patient Safety and Quality Improvement Service and Human Factors experts

**The expected benefits are**

- Suitability for a wide range of day surgery procedures and high volume short stay procedures
- Structure to reflect the patients planned surgical journey
- Allows surgical facilities to provide their own specific protocols and guidelines for patient care
The New Look
Page 1 Changes

» Each section coded with a number to make criteria easier to find and document variance
» Box to include Pre-procedure Screening Tool (e.g. SW269)
» Box to include Day Surgery Agreement – Patient and Carer Responsibilities (e.g. SW331)
» Changed formatting of Planned transport home
» Additional rows in signature log to allow for more space for staff to document initials and signature
Page 2 changes

- Numbering of each section in Phase 2, 3, 4 and 5
- 1st, 2nd and 3rd stage recovery included on the same page
- Alignment of wording to the left in line with human factors methodology
- Continuation of line across whole row to facilitate signage and variance documentation
- Added PV PR loss where applicable to wound ooze
- Moved MPADSS to after care plan on page 3 of 6
Page 3 Changes

- Addition of Care Plan
- Modified PADSS from page 2
- Removal of patient education discharge and discharge planning from care plan and moved it to discharge planning section on page 4
Page 4 Changes

- In patient discharged section added a place for staff to write the name of the person to whom the patient is being discharged into the care of.
- Changed discharge medication to check boxes ordered, dispensed and received.
- Removed sent to GP as staff do not send to GP.
- Support changed to Notified (name) of discharge at hrs Date and Time.
- Added advice to patient care able to state signs and symptoms requiring medical attention and emergency contact numbers.
- Added post operative phone questionnaire phone log for calls and comments section.
Both variances pages used for documenting variance in clinical care

Used for documenting actions taken and responses to variance

Deleted variances in the bottom section – variances will be documented based on the numbering system within each section
Trial

» A trial was approved in early 2016 and commenced at the following hospitals:
  ‣ Toowoomba
  ‣ Ipswich
  ‣ Redcliffe

» Education and support was provided by the CPT (if required)

» An initial 1500 clinical pathways were purchased by the CPT and provided to trial hospitals (an additional 2000 clinical pathways were also provided)

» User acceptance testing was undertaken with the addition of a user satisfaction survey
Survey results

» 21 responses from trial sites
» Respondents included 95% Nursing and 5% Allied Health from 75% Metropolitan and 20% regional
» Respondents represent reasonably well experienced staff with 30% of participants <12 months practice, 70% between 1 and 3 years, 3-5 years and >5 years. Of these 40% had > 5 years of practice
» Most respondents 90% believed that the revised format improved the flow and were overall happy with the format changes
» 80% of respondents believed that the pathway made it easier to document patient care by exception
» Majority of respondents believed that the pathway reminded them to do things that they otherwise may forget to do
» Majority of respondents believed that the pathway standardised the patient journey
» 15% of respondents believed that Medical Staff are fully engaged and supportive of the clinical pathway. Medical staff at Toowoomba completed the variance section. Allied Health also completed where necessary when consulted
» Overwhelmingly 95% of respondents believed that Nursing leaders were supportive of using the clinical pathway
» 85% believed that the pathway fits with local resources and practices
90% agree or strongly agree that variances documented in the actions and outcomes noted in the variance column then detailed in the progress notes.

65% agree or strongly agree that the multidisciplinary key is useful to guide care to a particular primary care professional stream.

95% indicated that they would use the clinical pathway and 90% would recommend to others to use the clinical pathway.

Additional comments received:
- There is no where for gynaecology patients and their specific observations (PV loss to be documented).
- Need an official place to record to whom the patient has been discharged into the care of.
- It is an easy transition from previous pathway. Still doubling of questions on care plan because we are not a 23 hour day surgery.
- Not sure what phase means on the variance/action outcome page.
- GE recovery is classified as recovery and should be utilising the recovery section in pathway.
- The pathway is still a bit long winded and could be more specific.

(above changes made where applicable and approved by development group)
Endorsement

» The Day Surgery Clinical Pathway (version 5) endorsed by SWAPNET on 14 October 2016
How to order

» The Day Surgery Clinical Pathway (version 5) is available to order via Office Max

» For further information contact Clinical_Pathways_Program@health.qld.gov.au
Additional reading and references


