

SESLHD GUIDELINE COVER SHEET



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EXECUTIVE SPONSOR	Clinical Stream Director, Surgery, Peri-Operative and Anaesthetics
AUTHOR	SESLHD Clinical Stream Nurse Manager, Surgery, Peri-Operative and Anaesthetics SESLHD Surgery CNC's Andrewina.Piazza-Davies@health.nsw.gov.au
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KEY TERMS	Clinical Pathway
SUMMARY	To standardise the development, implementation and evaluation of clinical pathways across the SESLHD.

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Clinical Pathway Guideline

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Section 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.

Section 2 – 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 .
- Variances 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 password/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 - Framework for Governance of Policy Documents in SESLHD](#).

Section 3 – 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.

Variances:

- are deviations from the expected outcome from a clinical pathway.

Section 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 A](#).

Section 5 – Documentation

- Clinical pathways are a legal record
- Sign in via eMR or ensure patient (addressograph) label has been placed on the paper 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 in the variance section in eMR or on the variance form and also the clinical progress notes.

Section 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

Section 10 –

Key Performance Indicators

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

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](#)
- [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 - Framework for Governance of Policy Documents in SESLHD](#)

Version and Approval History

Date	Version	Version and approval notes
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.
March 2024	3.1	Minor review: cover page updated; reference to eMR and Section 5 - Documentation updated; formatting change to Guideline template. Approved by Executive Sponsor.

Appendix A: Clinical Pathway Development Flow Chart

