

### **363: BRIDGING THE GAP BETWEEN A CLINICAL PATHWAY AND PATIENT CENTRED CARE FOR WOMEN WITH BREAST CANCER**

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#### **Objective:**

To develop a clinical pathway that reflects the psychological needs of women with breast cancer.

#### **Methods:**

In January 2002 the local Health Authority in Guernsey decided to develop clinical pathways within their organization. Not all nursing staff initially supported this scheme. Some argued that pathways were returning nursing to a medically focused model, where the emphasis is curative as opposed to caring.

In addition the view was taken that this move from individualised care could mar the drive to increase the visibility of nursing, as well as having a severe negative impact on both the physical and emotional care needs of patients.

There are few shortcuts in the development of clinical pathways, although many writers have provided suggested frameworks for the implementation of successful pathways and these provided a good starting base. The process must also take into account certain change management principles to ensure success. During the development of the breast disease pathway these included: the identification of a medical champion, an in house media campaign raising the profile of pathways, informing key stakeholders, developing a staff education programme and setting up communication systems which included monthly newsletters. However in addition to this the emphasis on the provision of holistic care has resulted in the development of a patient held record.

#### **Results:**

The pathway and patient held record pilot phase were evaluated quantitatively through the use of staff and patient questionnaires. In addition a documentation analysis was undertaken through retrospective review of care pathways and comparison with traditional documentation styles. The control group was randomly chosen by the healthcare information department, however it was taken into account that this group should be selected from patients admitted for this procedure over the last 6 months in order to minimise the effect of staff turn over on this study.

#### Patient responses

Overall, of patients that responded to the survey 80% indicated that they looked at their pathway. Only one patient did not discuss their pathway with staff. One in five patients had further questions about their care, 80% of whom used the ICP as a basis of discussions with staff.

A majority of patients (70%) indicated that the pathway and patient held record helped them understand their own care and many that it helped in discussions with staff (42%) and with their relatives (38%). Less than 1% stated that the ICP made them more confused about their care.

#### Retrospective documentation analysis.

Compliance with standards as set down by the relevant professional bodies increased overall by 18%. In one instance staff achieved 100% compliance, which is an achievement during the pilot phase.

#### **Conclusions:**

The current interest in the development of clinical pathways suggests that this model will be around for many years to come. However whilst there are many clear advantages to adopting such a system, this article has highlighted that not all staff are committed to this approach to care. As pathway coordinator I accepted that the views of the sceptics had some grounding in fact. By early identification of these particular issues I believe that the pathway steering group have developed a pathway to be proud of. The resulting document allows for the provision of individualised care in addition to providing a tool for the patient

to express their views about their time spent in hospital. Further pathways under development in Guernsey have adopted this patient centred approach to care.