COPD Care Pathway Education Workshop for Front Line Staff
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Introduction to Workshop/Instructions

• This interactive workshop is designed to go along with a copy of the COPD pathway package. Keep the pathway handy as you go through the workshop to engage in the required activities.

• This is a web-based workshop that has been designed to allow you to easily navigate through the slides. Whenever you see words underlined like this, you can click on that area to go to another section or to find more information on a topic.

• At the bottom of each page are navigational buttons to help you move through the workshop.

• You can go through as much as or little of the workshop as you like at a time.

• If you have any questions about how to use this workshop or the individual pathways, feel free to ask your Manager, Unit/Department Care Pathways Lead, or Model of Care Site Lead.
Why Care Pathways?

These Care Pathways have been developed as part of the One Island Health System Project. The purpose is to develop Provincial Care Pathways that are standardized across all Island hospitals.

Care Pathways are a leading practice that are used across Canada and have been shown to improve:

- **Continuity of care** through increased collaboration across professions, departments, hospitals, and community partners;
- **Clinical outcomes** through consistent application of best practices and identification of optimum sequence and timing of interventions;
- **Lengths of stay** through incorporation of efficient and timely care; and
- **Patient satisfaction** through clearer expectations, coordinated patient teaching, and improved coordination of care across the continuum.
COPD Pathway Package

This pathway is for patients who are admitted with the diagnosis of Chronic Obstructive Pulmonary Disease.

The pathway consists of 6 parts:

• Clinical Practice Guideline
• Pre-Printed Orders
• Clinical Pathway
• Patient Pathway
• Patient Education Materials
• Teaching Checklist
COPD Clinical Practice Guidelines

• Clinical Practice Guidelines have helped to guide the development of Care Pathways and Order Sets and ensures that the care we are providing is based on evidence-based best practices.

• This guideline used for COPD is the Canadian Thoracic Society Recommendations for Management of COPD (2007 Update) and summarizes the strategy for diagnosis, management, and prevention of COPD used in the development of this pathway,

• It can be found electronically on the Health PEI Care Pathways website: www.gov.pe.ca/carepathways
COPD Pre-Printed Orders

• These orders are to be initiated in emergency (if applicable) and continued on an in-patient unit once a patient is admitted with COPD.

• A sample can be found by clicking here.

• These orders can be found in the Emergency Department and on each unit and can also be found on the Clinical Information System and Open Source Order Sets websites.
Patient Materials

• This package has a Patient Pathway, which explains to the patient what is happening to them while in hospital.

• It is given to the patient upon admission to the patient unit and used to explain the care to the patient.

• Also, there is a Teaching Checklist which is put on the chart and used to track what education has been done with the patient and what is left to cover before the patient is discharged. You should be familiar with these topics. If not, you can access the information through the reference materials listed for each topic.

• The reference materials for the Teaching Checklist are The BreathWorks Plan Booklet, Living Well with COPD Booklet, Living Well with COPD Action Plan, Living a Healthy Life Brochure, Tobacco Free Brochure, and Exercise Booklet.
COPD Clinical Pathway

• The **COPD Clinical Pathway** has a 5 day estimated length of stay.

• It has two phases. The patient moves from one phase to the next by achieving the Patient Outcomes at the top of the page.

• Once these are achieved, the patient can move to the next phase.

• If the outcome is NOT achievable due to patient complication or we are not able to resolve, move the patient to the next phase of the pathway.

• If the outcome will need more time to achieve, continue in the **same** phase with a new blank page that can be printed from [www.gov.pe.ca/carepathways](http://www.gov.pe.ca/carepathways)
Using the Clinical Pathway

• As with the other pathways, using the column for your shift, initial tasks as they are completed, or enter N/A and initial if they are not applicable to the patient.

  • For example, if it is the night shift and you are not doing any patient teaching, indicate N/A and initial in the section for “Psychosocial/Education” under “Review Patient Pathway” and “Review Teaching Checklist.”

• The emphasis is on achieving patient outcomes to move from each phase.

• Throughout each of the Phases, refer and complete the Discharge Criteria page.

• For COPD, phase one is approximately 2 days and phase two is approximately 3 days.
Using the Clinical Pathway Cont…

• The **Discharge Criteria** is located on the last page of the pathway and should be checked daily. If any of the criteria have been met, these should be initialed and dated.

• Once the Discharge Criteria have been met, the patient should be ready to go home.

• If the patient is transferred to another hospital or discharged with Home Care supports, send copies of the Discharge Criteria, MAR Sheet, and the Teaching Checklist to assist in the transition of care.
We’ve reviewed the basics of Care Pathways. Now let’s put it into practice. Make sure you have a copy of the COPD Care Pathway in front of you as you go through this exercise.

Nancy arrives in hospital. She has a history of COPD and the physician determines she should be admitted. She doesn’t have any co-morbid conditions, so it is determined that she fits the care pathway criteria and is put on the COPD pathway.

NOTE: Inclusion/exclusion criteria is on the first page of the care pathway.
Care Pathway Simulation Cont…

- The **pre-printed orders for COPD** should be pulled for the physician to use and a Patient Label affixed. If applicable, the pathway will be started in the Emergency Department because this is where care begins. If the patient is admitted directly from the physician’s office, the pathway will be started on the unit.

- The assigned staff member (e.g. Ward Clerk) will attach a Patient ID sticker to each page of the Clinical Care Pathway Package where **PATIENT LABEL** is written. This includes the Order Set, Teaching Checklist(s), and where appropriate, the Caregiver Checklist.

- After all Patient ID stickers have been affixed, the Clinical Pathway and **Teaching Checklist** is placed on the chart. The **Patient Pathway** and patient education materials are given to Nancy (or family member if patient is too tired, confused, etc.).

- Nursing staff review the Order Set once completed by the physician, and cross out and initial corresponding Care Pathway tasks that do not apply to the patient. Add tasks as indicated on the Order Set as appropriate in “Other” boxes.
Care Pathway Simulation Cont…

• On the front page of the Clinical Pathway are basic instructions on the first page on how to use the pathway. Remember, each page will need a Patient ID sticker.

• The first page of the Clinical Pathway is a Master Signature Sheet. Write your name, initial, sign your signature, and write in your title. You only need to do this once for each patient. For the remainder of the care you provide for Nancy, simply initial in the appropriate boxes.

  NOTE: All health care professionals involved in the clinical care of Nancy must fill in their name and title on the Master Signature Sheet. Non-nursing tasks have been highlighted to improve visibility.

• Flip to the next page. This is Phase 1 of the COPD Clinical Care Pathway.
Care Pathway Simulation Cont…

• At the top of the first page of each pathway will be a section for co-morbid conditions. Please list any conditions the patient has other than COPD that may affect the care you are giving. *This will help health records in coding Nancy appropriately.*

• This page starts the first day Nancy is admitted. You will see six columns on the right hand side (one for each shift – if there are only two 12 hour shifts, you will only need two of these).
  • Write in today’s date at the top.
  • Below the date, write in the shift you will be caring for Nancy (Day, Evening, Night).

• You will then use this column to initial as each task on that page is completed. You can use your *nursing progress notes* if you require further documentation.
Care Pathway Simulation Cont…

The first section of Phase 1 lists the Patient Outcomes.

- Decreased respiratory rate
- Decreased heart rate
- Decreased temperature
- Dyspnea scale score improving
- Saturations achieved with less oxygen (flow or %)

The rest of the page lists the tasks that are to be completed during the first day. For example, under Assessments, vitals should be taken PRN and QID. Initial in the column to the right that corresponds to your shift as each task is completed.

Some tasks are not appropriate for all patients or all time frames. In these cases, you can indicate an N/A and initial to show this. *(See a sample page completed)*
Care Pathway Simulation Cont…

By the end of the 2nd day of Nancy’s admission she is breathing much easier and she has met all of the patient outcomes for this phase so she can move to Phase 2 for the next shift.

Note:

- Some patients might meet the patient outcome criteria earlier (or later) than what is in the care pathway. That is ok. As soon as all of the patient outcome criteria have been met, the patient is ready to be moved to the next phase.

- If the patient is taking more time to achieve the patient outcome, print off a blank page and continue care in the same phase.

- If the patient is unable to achieve an outcome due to patient complications (i.e. co-morbid condition) or for an issue that we are unable to resolve, make a note on the pathway with further details on the electronic chart and move the patient to the next phase of care.
Care Pathway Simulation Cont…

• Flip to the next page of the pathway which is used for Phase 2 of Nancy’s hospital admission. It works the same as the first page. Be sure to indicate the date and time you are caring for Nancy at the top of each column. The top section entitled **Patient Outcomes** identifies goals for the next timeframe; in this case, it’s the remainder of the 2nd day.

• The other sections are tasks that are to be completed for that day. Again, some tasks are not applicable to each patient, or to each shift.
  - For example, if it is night shift you may not be teaching Nancy, so under “Psychosocial Support/Education,” you can indicate N/A and initial “Review Patient Pathway” and “Start Teaching Checklist.”
Care Pathway Simulation Cont…

On each day of all pathways, you will notice a referral to a Teaching Checklist and a Patient Pathway.

• The Teaching Checklist is kept on the chart and filled in as topics are covered with Nancy. This way the next nurse on shift will know what has been covered and can continue down the list.

• The Patient Pathway is given to the patient on admission. However if Nancy is not ready for education during your shift, indicate N/A and initial these tasks until she is ready for education.

• The education materials are for Nancy and she should take them home once she is discharged, but should also be referenced to aid you in teaching. The Patient Pathway should be referred to on a daily basis to help Nancy understand the plan of care.

• The reference materials for the Teaching Checklist are The BreathWorks Plan Booklet, Living Well with COPD Booklet, Living Well with COPD Action Plan, Living a Healthy Life Brochure, Tobacco Free Brochure, and Exercise Booklet.
Care Pathway Simulation Cont…

- At the end of each day, in the Discharge Planning section (last section of each Page of the Clinical Pathway), you will notice it says “Assess Discharge Criteria Daily.” This means you will need to flip to the last page of the pathway, the Discharge Criteria, on a daily basis and check if any of these goals have been met. If they have, initial and date them. Once all of these criteria have been met, Nancy is ready to go home.

  *Let’s assume it is admission day 3 and we are into Phase 2 of the pathway. Nancy has achieved all of the Discharge Criteria so she can go home.*

- If Nancy is transferred to another hospital or discharged with home care supports, refer to the first page of the Clinical Pathway under “How to use the Clinical Pathway.” There is a list of documents to forward to the receiving hospital / home care so they can continue using the pathway.
Frequently Asked Questions

1. Where do I find the Clinical Pathway?
   The Clinical Care Pathways are located in each unit/department, including the Emergency Department. They are also located on the Care Pathway Website and as an associated document on the OSOS website.

2. How do I know when to start the Clinical Pathway?
   The Clinical Pathway will be ordered as a mandatory part of the physician order set. All Care Pathways should be started upon admission and continued if transferred to an in-patient unit.

3. What do I do when a patient doesn’t progress as fast as the pathway phases?
   If a patient needs more time to achieve an outcome print off a blank page and continue care in the same phase. However if because of patient complications that we are unable to resolve, move the patient to the next phase of the pathway. Care Pathways are a guide to usual care and can be modified based on patient needs. However, ALL Discharge Criteria must be met before the patient can be discharged from hospital.
4. **What do I do if a patient is taken off the pathway?**

   *If a patient is taken off the Clinical Care Pathway for any reason, a **Variance Report** must be filled out. These are located on the nursing unit or available from [http://www.gov.pe.ca/carepathways](http://www.gov.pe.ca/carepathways). The completed Variance Report should be kept in the patient’s file and a copy should be given to your unit’s Care Pathway Lead.*

5. **So does this mean that we’ll be doing dual charting?**

   *No. **Documentation on the Clinical Care Pathway** is not intended to be duplicated. **Initials Indicate that a task has been completed during the date and shift specified on the pathway and provides a quick visual for other staff in communicating patient care. All charting is to be completed as per normal processes.***

6. **When a patient is on a Clinical Pathway, do we still have to use CIS?**

   *Yes. **We are moving towards an electronic health record** and while using Care Pathways in a paper-format may seem like a step backwards, it will help you get used to the new process. **We are working on incorporating Care Pathways into CIS, however it will be a few years before this project is completed.***
Frequently Asked Questions Cont…

7. This seems like it is going to create more work for me, do I really have to use the Care Paths?

Clinical Care Pathways have been identified as a leading practice in hospitals across North America and are a valuable tool in improving the flow of patients through the hospital. While it may seem like more work at first, the care you are already providing to your patients is very similar to the care that is required in the Care Pathways. The only difference is that the Care Pathway will help to ensure that the care we are providing is not only timely and efficient, but also based on current best practice. Care Pathways will become standard practice and will be used in all Island hospitals.

8. Can I use the education materials for patients who aren’t on a Care Pathway?

Absolutely. The education materials have been developed to use across the Province and if you have a patient that you think would benefit from the materials, please use them!

9. I’ve still got more questions. Who can I talk to?

Your Model of Care Site Lead should all be able to answer your questions about Care Pathways. If you still have questions, refer to the Provincial Care Pathways website, http://www.gov.pe.ca/carepathways
Site Leads

Audrey Fraser (QEH)

Ashley Martin (PCH)

Darlene Getson (Western)

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