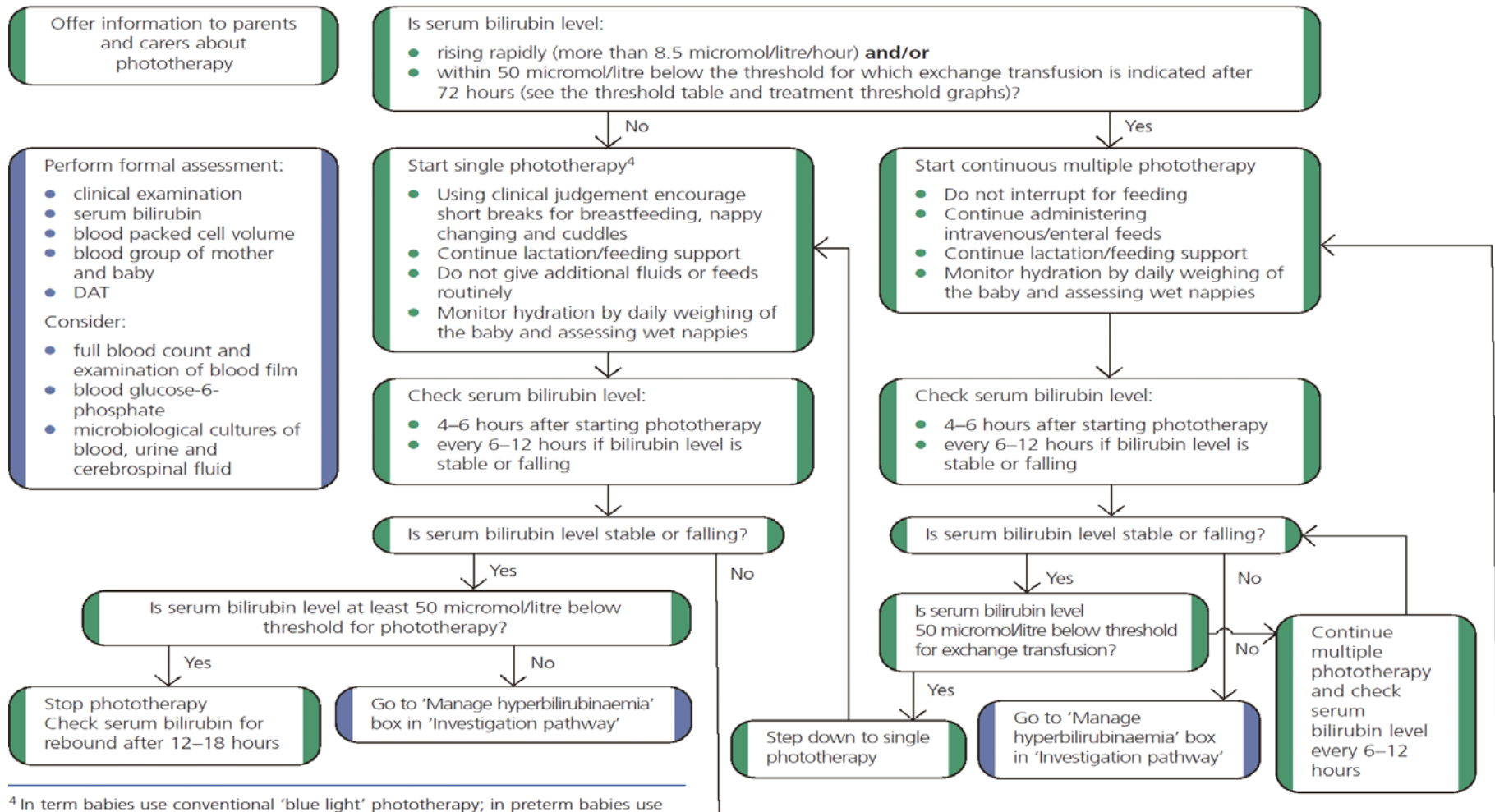


Designing a care pathway

Phototherapy pathway



⁴ In term babies use conventional 'blue light' phototherapy; in preterm babies use fiberoptic or conventional 'blue light' phototherapy.

What we expect of a care pathway

- to be patient-centred
- to be multi-disciplined
- to represent best practice for most patients most of the time

What we expect of a care pathway (cont)

- to be an indicator of the care a patient is likely to receive
- to include prompts to see if tests / interventions have been carried out, and whether results have been as expected.

How can care pathways aid a GDG?

Earlier we emphasized importance of knowing clinical pathways and variations in practice at the scoping stage

These are the reference points for the GDG when considering evidence with or without health economics

How can care pathways aid a GDG?

Need to ensure that 100% of population are accounted for at each stage

Essential that there is a way out of the pathway

- if symptoms have abated
- if another pathway is more suitable

How can care pathways aid a GDG?

Identifying gaps in the recommendations, for example, if one recommendation is to start treatment, then more recommendations would be needed

- When to review, stop or escalate treatment
- What information needs to be offered

What should be included in a care pathway?

The care pathway needs to reflect the guidance

e.g. If you can't make the care pathway work it probably means
there's a problem with the guideline – fix the guideline
first, then the pathway will follow

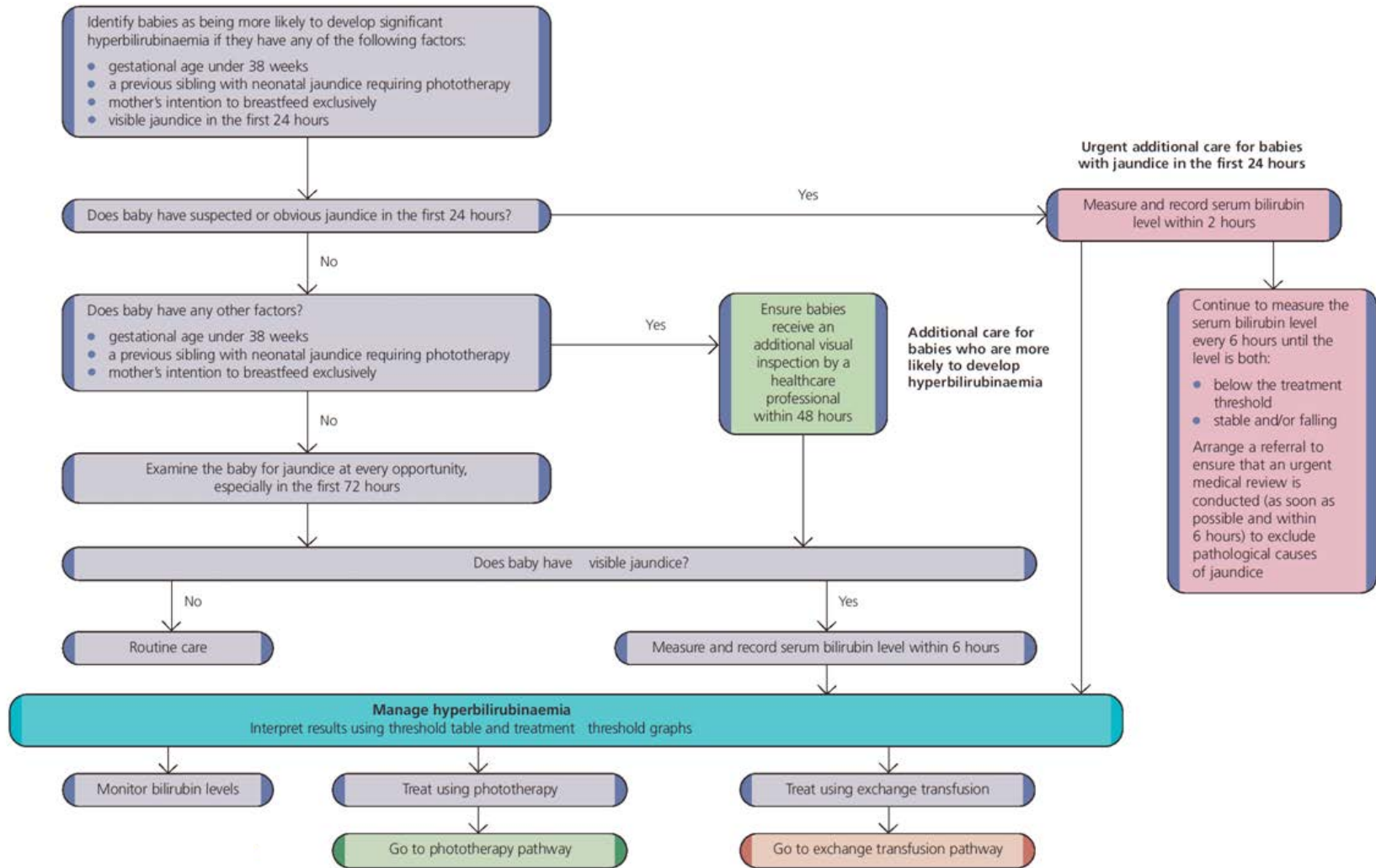
Care pathway does not need to replicate rec's word for word:

e.g. wording can be simplified or similar recommendations
grouped together

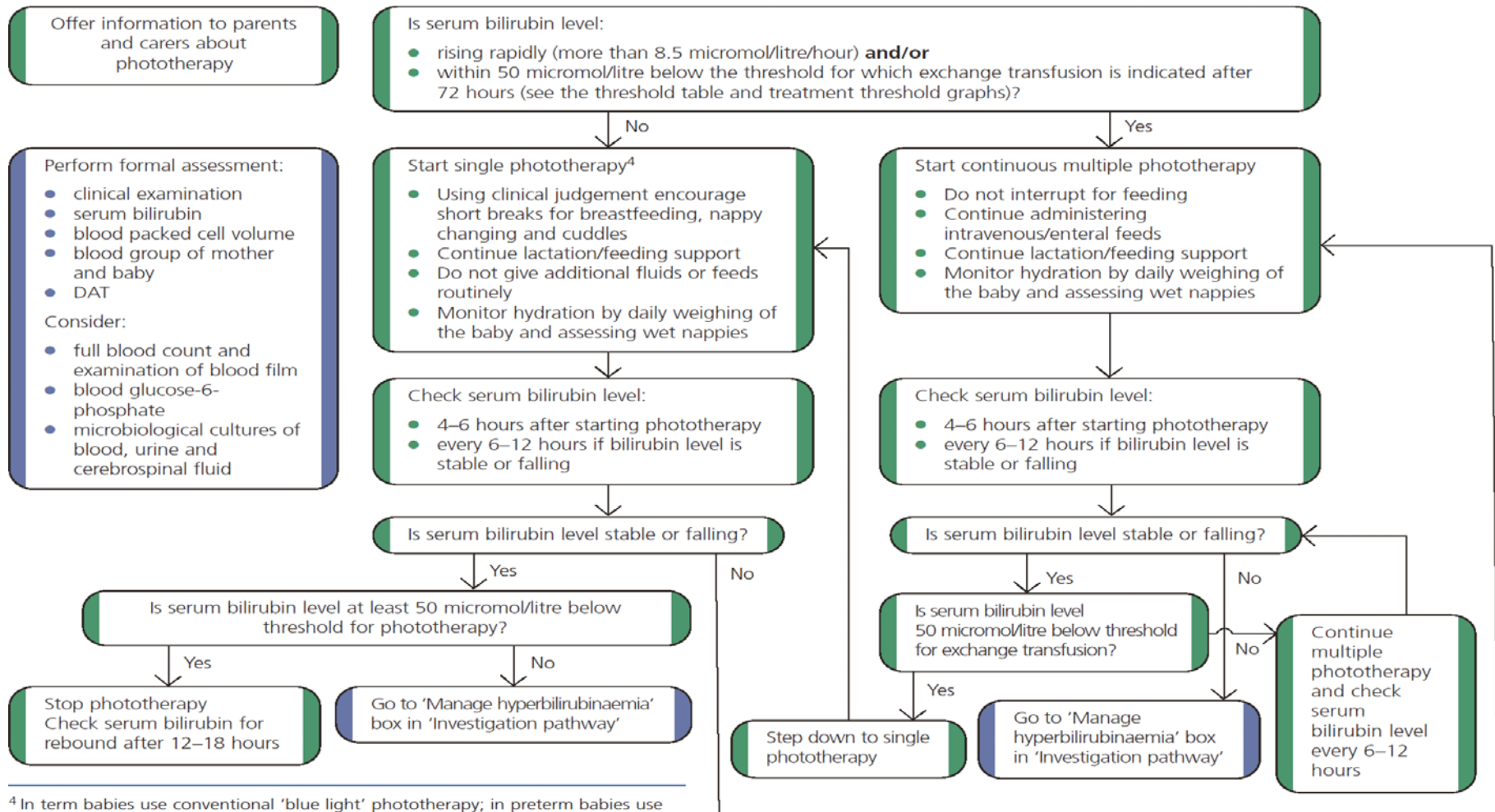
Overview of Neonatal jaundice pathway

We chose this pathway because:

- Feedback tells us pathway is helpful to HCPs
- Reflects points mentioned previously about being a pathway that facilitates decision making



Phototherapy pathway



⁴ In term babies use conventional 'blue light' phototherapy; in preterm babies use fiberoptic or conventional 'blue light' phototherapy.

Before and after study of new guidance

Alison Johns, Rose Bandla, Puneet Arora, Adel Abdelhamid
UCLH Neonatal Unit

- Inclusion criteria:

> 38 weeks gestation + Treated with phototherapy

- Time period:

Three months pre and post NICE guidelines

- Retrospective analysis of all baby notes.
- Number treated
- Duration of treatment

Results

	Nov-Dec 2009	July-Sep 2010
Total live births	1425	1491
Total of \geq 38 wks	1191	1274
Treated	4.3%	1.02%
Average duration of treatment (hours)	72.23	37.75
Average bed occupancy (days)	156.4	20.4 *
Cost (GBP)	86,020	11,200 ‡

- * Incomplete data hence averaged out
- ‡ Based on average

Conclusions

- Number of babies treated reduced by 75 %
- Duration of treatment reduced by 50 %
- Bed occupancy/Cost reduced by 87 %
- Limited unnecessary investigations & improved patient care
- Cost effective practice



“Take home points”

- Feedback tells us pathway is helpful to HCPs
- It covers a relatively short period of time
- Reflects points mentioned previously about being a pathway that facilitates decision making

Any questions



