Recent and ongoing changes in health care have led to the development of strategies that facilitate the management and delivery of care in a time of constrained resources (Gordner and Moritz 1995, Walsh 1998). Critical pathways, sometimes called co-ordinated care pathways or pathways of care, have gradually emerged over the past ten years. They provide a uniform sequence of care for specific patient groups and are seen as the strategy which best manages the way healthcare is provided (Gordner and Moritz 1995).

The nursing process involves a systematic approach to care following a chosen nursing model (McKenna 1997, Walsh 1998), documented in the form of an assessment to create a nursing care plan (George 1990). However, with the increases in patient throughput and dependency, and the reducing numbers of qualified members of nursing staff (Walsh 1998), it might not be possible to carry out this level of traditional nursing practice at an acceptable standard.

Pathways are viewed as a new approach to providing nursing care. They have, however, been met with some reluctance to give up more traditional approaches (Walsh 1998). Resistance to change may have arisen from two decades of nurses being urged to use the nursing process with its four, distinct stages (McKenna 1997, Perry and Jolley 1991). McKenna (1997) has shown that this problem oriented approach is not unique to nursing, but is used in some form by most healthcare professionals in identifying problems, planning solutions, implementing plans of care and evaluating the success of the intervention. This similar approach by other healthcare professionals enables the development and use of pathways.

Pathways and the traditional process are not competitors, they are two aspects of the same approach to care (Walsh 1998). Miller (1995) and Walsh (1998) state that nursing process care plans can complement the strategy of pathways, as not all individual needs will be met by a pathway, which is merely designed to cater for a specific diagnosis or population.

Pathways evolved in the US during the mid-1980s to try to meet the changing needs of healthcare delivery (Allen 1997), although Hoxie (1996) implies that pathways of care have been used by healthcare practitioners since the 1800s. Pathway development is thought to encourage universal healthcare and collaboration among healthcare providers to achieve optimum care (Smith and Kock 1997).

Pathways are considered to be multidisciplinary tools which best utilise healthcare resources while improving quality of service and patient care (Sokoll et al 1997). They provide either a specific sequence of events for hospitalised patients, or treatments – including multidisciplinary interventions and actions – along a time continuum (Hoxie 1996, Allen 1997, Rogers 1999).

The time line states the expected care for a ‘normal’ uncomplicated episode of care (Johnson 1994). Any deviation from the set pathway is described as a variance (Johnson 1994, Rogers 1999). By recording variances, Johnson also feels that pathways function as audit tools. Analysis of variance provides information for refinement of the tool and the specific aspects of care (Miller 1995). The First Class Service document (DoH 1998) identifies the need to establish recognised evidence-based programmes of care which are universally available. These then have the potential to influence the standard of service being provided and ensure quality by reducing the number of variances from practice.

Nursing pathways of care allow the valued resources and expertise of nurses to provide quality care – the pre-documented, standardised pathways of care release valuable time for nurses to provide the necessary level of care (Walsh 1998).

Pathways are designed to demonstrate the sequence of interventions necessary for specific patient groups, merging both nursing and med-
Clinical plans of care together (Gordner and Moritz 1995). As with the nursing process, pathways still require a nurse who is responsible for the co-ordination of patient care and the documentation of any deviations from the norm (Rogers 1999, Sokoll et al 1997).

Pathways have replaced traditional nursing care plans in many areas (Allen 1997, Walsh 1998), especially in acute settings where large numbers of patients have similar interventions (Hoxie 1996, Riley 1998). Westra (1993) also describes their use in community settings. The pathway continues to be a nursing management tool, serving as a plan of care and a documentation system (Allen 1997). This approach improves the nursing profession’s contribution to the health and wellbeing of a population. Good nursing leadership is also essential to meet the healthcare reforms of today (Allen 1997, DoH 1998).

Clinical records

At present, nursing and medical plans of care are considered part of the chronological record of patient episodes (UKCC 1993). There is a debate among the authors about whether pathways of care become part of that record (Scott and Cowen 1997, Joseph et al 1997, Riley 1998). It would appear that the individual structure of pathways seems to influence whether the documents are considered clinical records or not. Scott and Cowen (1997) stated that their pathways were not clinical records, but they were kept for seven years because they determined the direction of care for specific groups of patients. Rogers (1999) and Riley (1998) filed the pathways as part of the clinical record, although there was still the issue of whether to file them in medical or nursing records. Riley (1998) suggested that the filing of pathways should be agreed locally.

The nursing care plan is predominantly handwritten at the time of admission, or created from computer programmes. Anecdotal evidence and audit have highlighted the differences in the standard and content of care plans and nursing documentation. Scott and Cowen (1997) felt that existing care plans were not explicit enough or sufficient to their purpose. Their audit demonstrated a lack of communication between team members, an absence of care plans and generally poor documentation of the patient process. Accepting that pathway documents also need to be completed effectively, their purpose is to describe the normal sequence of an episode of care. This means that pathways can offer consistency, competency and a systematic approach towards patient care that ensures patient confidence and effective outcomes (Scott and Cowen 1997).

Arguments for and against

The pre-determined content of a pathway provides a positive approach to care. Both Scott and Cowen (1997) and Rogers (1999) found they could give the patient a forecast of treatment interventions, thus ensuring continuity of care and safer practice by staff members. Miller (1995) confirmed that pathways contribute to standardising practices. This is valuable for students to be able to follow a standard level of intervention that reflects current best practice for patients with similar conditions (Walsh 1998).

The process by which pathways are developed creates a positive environment for research-based practices to form the basis of care. The level of collaboration needed to create the documents also engenders a sense of team spirit (Miller 1995). Rogers (1999) agrees on this point and also points out that pathways improved the standard of record keeping (UKCC 1993). This was especially so for deviations from the normal route of recovery, establishing a more accessible route for audit.

The move away from the nursing process has created conflict among nurses in general. Miller (1995) felt that this was because the principles of pathways were not fully understood, as the creativity for nursing care plans does work effectively alongside pathways (Walsh 1998).

A major aspect of pathways is the time needed to develop them to their full potential. It is also essential to recognise that, like a care plan, they are not static documents but need to evolve continually. The teamwork created by their formulation, however, and the eventual outcomes, are beneficial to patients, staff and the organisation (Rogers 1999).

Conclusion

The changing needs of healthcare in the UK are similar to those in the United States, and government reforms here in the late 1980s focused on high quality, cost-effective care. In the US, the development of pathways was seen as an approach to achieve optimal care (Hoxie 1996). Pathways are described as multidisciplinary guidelines for providing care to specific patient populations who are nursed in large numbers, are at high risk and are considered high cost cases (Rogers 1999).

More recent healthcare changes (DoH 1997, 1998) place an emphasis on providing a new quality NHS which encourages programmes of care that cross boundaries of care, thus ensuring consistency and continued support for patients (DoH 1997).

An opportunity to revisit the nursing process, nursing models and pathways highlights the similarities between the approaches. It is evident that the traditional ways of nursing are an integral part of pathway formation. Realising this, pathways can have a positive impact on limited nursing resources, creating time to provide essential nursing care to the benefit of patients, nurses and the organisation.

REFERENCES


