

## **Title 2: Treatment pathway cards**

**Objectives of the Practice:** follow uniform minimum standards of care in administering treatment for patients referred for physiotherapy.

**The Context:** after the Standard Operating Procedure for treatment of patients was made, uniform treatment for all patients with a particular problem by the physiotherapists was not attained and there was variation in treatment of the same patient from day to day by different therapists. Moreover various therapists had differing methods of managing cases. Therefore, it was decided to design clinical pathway cards, based on practice guidelines. This was incorporated into the OPD cards/ IP case sheets of patients.

There was initial confusion when this was implemented, as the therapists had varying levels of education and clinical exposure but after the initial resistance, it was accepted.

1. **The Practice:** to sort out the confusions occurring during patient care, common minimum standards of care, as per the clinical pathway designed, had to be followed. This was designed in the form of treatment cards, where the treating therapist had to follow the essential treatment. Any additional treatment given other than this had to be written in separate columns in the card. This would enable to carry out the same treatment throughout the course for each patient, ensuring consistency of care. As everyone was familiar with usage of these cards, different cards for different conditions, with separate colour coding were made. The minimum standards of treatment for each condition were met, and written/ indicated in the treatment cards. This enabled whoever was treating a particular patient aware of what treatment was given the previous session, and following the same became easier.

**Evidence of Success:** The number of complaints from patients became less and there was uniformity in treatment of patients. There was also appreciation from the external examiners who came for university practical exams.

**Problems Encountered and Resources required:** there was initial confusion when implementation began, as it was not clear - what all to be followed during treatment, and what can be optionally administered.. It took a couple of months for everyone to be familiar with this option, after which adherence to this unique option improved.

Resources required included literature review to identify current practice guidelines. These are available through clinical keys in all computers in the hospital.

In order to follow evidence based practice in patient care, where recent evidences will give information on what is the best line of treatment, its safety issues, for which updating knowledge becomes essential.

To ensure that this is followed, weekly case conferences and case presentations in all the areas of specialization available in the clinical set up is held. It is here that one can come to know whether the pathway is followed efficiently or not, and if any problems are there, that can be sorted out including review of the cards.

**Notes (Optional):** the insurance providers in the hospital have now accepted these as easy communication and now mandate that these cards be available for reimbursement. Some cards were discontinued after the initial period as they were deemed insufficient documentation. Several have been reviewed and updated to ensure current knowledge