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How Do Clinical Pathways and Project Management Approaches Align

Darren Kaufman highlights the elements of patient hospital admissions that correlate with the definition of a project and outlines the "ProjectRounds" methodology that could be used to control a patient's plan of care (Using Project Management Methodology to Plan and Track Inpatient Care, 2005). In the article, the tracking method starts with an assessment and planning, care and treatments scheduling, and tracking. All of these elements are used to create a tracking system that Kaufman claims will help keep providers "on schedule" the shift toward managing a patient's care as a project is "mandatory to achieving high-quality outcomes" (Darren S. Kaufman, 2005).

It seems so logical---patient stays in hospitals are very much like projects yet there is typically a lack of coordination of care and increased lengths of stay and increased costs. I interviewed our Manager of Care Management, Wendy Lindley, at Salem Hospital to ask her views on patient stays being managed like projects. Wendy oversees the many care managers on each unit that track patient care, lengths of stay, attempt to predict discharge days and discharge needs. Wendy expressed that care managers are currently the trackers of care and tend to see the big picture of the patient's care as other providers move in and out daily on shifts (Wendy L. Lindley, 2011). She states that coordination of care is a challenge and trying to find out where a patient is in their progress involves reviewing of progress notes, electronic charting, calling nurses and physicians, and piecing it all together. There is not a current method for a visual tracking systems or method to track a patient's stay like a project at Salem Hospital or anywhere that Wendy was aware of in the Pacific Northwest. Although she and her staff can often predict a patient's average length of stay (LOS) from their diagnosis related group and due to familiarity with disease processes and physician tendencies, this information is not used to coordinate care or for scheduling (Wendy L. Lindley, 2011).

Wendy discussed the increasing use of clinical pathways, or physician order sets and standards of care, that have started to be implemented with patient groups that have either predictable courses of care or that had diagnoses that have a well-accepted and defined "best practice" of care nationwide (Wendy L. Lindley, 2011). Electronic medical records (EMRs) and computerized provider order entry (CPOE) have made this implementation easier, as when a patient is admitted with a diagnosis, the admission orders are placed using a particular order set tailored to their diagnosis. The care to be provided is predictable and able to be tailored for each patient but generally all patients receive the same care on the same schedule. Virginia Mason has highly publicized their success with these clinical pathways, or as they call it, "standardized care" (C. Craig Blackmore, 2011). They claim that when physicians provide this standard care or a clinical pathway for a patient, the patient has better outcomes, less money is spent treating the patient, and the result of care is more consistent (C. Craig Blackmore, 2011).

With predictable care and length of stay, why do we have care managers trying to piece together patient progress and be the communicator for the patient care team when non-patient projects use visual tracking tools such as the Gantt chart described by Kaufman? I asked two hospitalist physicians at

Salem Hospital what they saw would be advantages and disadvantages to tracking an inpatient stay like a project, and why they believe tracking systems have not yet gone mainstream when there are so many similarities between inpatient stays and projects. Mark Walker, M.D. is a physician employed by the Salem Hospital Hospitalist group and he admits and cares for patients of all populations and all ranges of illness. Dr. Walker states he uses the order sets that outline clinical pathways for patients and has had good results but when I described using a tracking system to follow the patient's progress toward discharge, he said he did not feel there would be enough flexibility to allow a change in condition or variation in care as needed (Mark Walker, 2011). In describing flexible care or care allowed to be customized based upon clinical status, Dr. Walker quoted several studies regarding using computerized systems to guide paths of care and that they were inconsistent and, as a result, not widely accepted by physicians. While the simple tracking of care would likely be accepted, Dr. Walker stated that integrating decision making into the tracking to alter the path would be problematic, and studies have not been conclusive that there is a benefit to provider or patient with the described capability (Dereck L. Hunt, 1998). Dr. Walker did see clinical pathways and the visual tracking of those patient stays that were predictable as benefitting from using a tracking method for visual communication purposes and to highlight variances in expected outcomes or progress, and felt that managing patient stays as projects would likely be the future of healthcare as cost containment becomes more and more of an issue for organizations (Mark Walker, 2011).

The other physician I interviewed had never heard of project management and the relevancy to inpatient stays and felt that patient stays were too unpredictable and varied for software to track in a meaningful way without becoming cumbersome to staff and providers (Richard Hunt, 2011). This is a common argument from providers when referring to clinical pathways, as well, as some patients do not follow a predictable course of care. Dr. Hunt felt that it would further remove the patient from the physician as it would be one more chart or computer program in the way from delivering care, and Dr. Hunt's is not alone in this thinking---implementing best practice and clinical pathways continues to be a challenge in physician groups. Dr. Hunt did feel it could be used to highlight variances in outcomes for treatment if it was used as a progression toward discharge only, but did not see the value in adding it to an already cumbersome electronic system.

The interviews in this case were revealing, because in order for Kaufman's concept to be accepted, care providers would need to be knowledgeable about program management software, accepting of best practice and clinical pathways, and acknowledge the relevancy of project management to tracking and managing patient admissions in hospitals. While Kaufman describes what could be a revolutionary way to manage and track patient care, the systems out there currently do not support it and the shift in thinking necessary may be harder to create than an integrated computer systems.

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