Clinical Pathway
Executive Summary

Physician Owner: Click here to enter

Primary Objective Click here to enter text.

Recommendations Click here to enter text.

Rationale (Safety, Quality, Cost, Delivery, Engagement, & Satisfaction)
  • Safety
  • Quality:
  • Cost:
  • Delivery:
  • Engagement:
  • Patient/Family Satisfaction:

Implementation Items Click here to enter text.

Metrics Plan Click here to enter text.

Evidence Click here to enter text.

Supporting Documents (Pathway, inclusion/exclusion criteria, definitions, algorithm) Click here to enter text.

Team Members Click here to enter text.

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances.

Date Last Reviewed: 12/2015
## Executive Summary Guide

### Primary Objective:
- Identifies what the pathway’s intended outcome is
- Includes which patients and/or what areas the pathway will be used

**For example:** Develop a pathway for treating asthma that directs patient care from the Emergency Department through inpatient management to discharge.

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<tr>
<th>Recommendations</th>
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| - Explains the clinical guidelines that are being recommended as a result of this pathway  
  **For example:**  
  1. Provide standardized dosing for Short Acting Beta Agonists, Anticholinergic Bronchodilators, and Steroids.  
  2. Provide guidelines for when and how patients should be assessed during an asthma exacerbation.  
  3. Establish classes of severity and therapeutic interventions based on those classes.  
  4. Establish admission and discharge criteria.  
  5. Reduce unnecessary testing not routinely recommended for evaluation of an asthma exacerbation. |

### Rationale (Safety, Quality, Cost, Delivery, Engagement, & Satisfaction):
- **Safety:** How will this pathway impact patient safety?  
  **For example:** Will be maintained by close communication between the ED providers, RNs, and Inpatient providers, especially when a patient is categorized as severe.
- **Quality:** How will this pathway improve the quality of care patients receive?  
  **For example:** Will be improved by instituting consistent terminology, dosing, and care between providers.
- **Cost:** Will this pathway have an impact on cost?  
  **For example:** Will be improved by instituting consistent terminology, dosing, and care between providers.
- **Delivery:** How will the delivery of care be improved?  
  **For example:** Will be improved by expediting patient flow through the Emergency Department to the Inpatient unit for providers, RNs, and RTs  
  - RN administration of oral steroids after triage and use of double dosing of Ipratropium Bromide with triple dosing of albuterol has been shown to reduce hospitalization rates and length of time spent in the ED.  
  - Provider assessment within one hour after initial inhaled treatment is also anticipated to reduce length of time spent in the ED.  
  - Developing discharge criteria may reduce length of stay in the hospital.
- **Engagement:** How will implementing this pathway impact engagement?  
  **For example:** Is created and supported by the involvement of a multidisciplinary team in the development and maintenance of the pathway.
- **Patient/Family Satisfaction:** How will the pathway impact patient satisfaction?  
  **For example:** Shall be improved by providing the highest quality care based on established guidelines and the latest evidence available in the literature.

### Implementation Items:
- List any algorithms, order sets, tools, or surveys that are related to the pathway  
  **For example:** ED and Inpatient Algorithms, ED and Inpatient Order sets, Asthma History Tool for Admission, M-PACT Screening Tool for the ED.

### Metrics Plan:
- Outcome data used to demonstrate your change resulted in improvement. Same as written on Team Charter.

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