



# Klinische Pfade

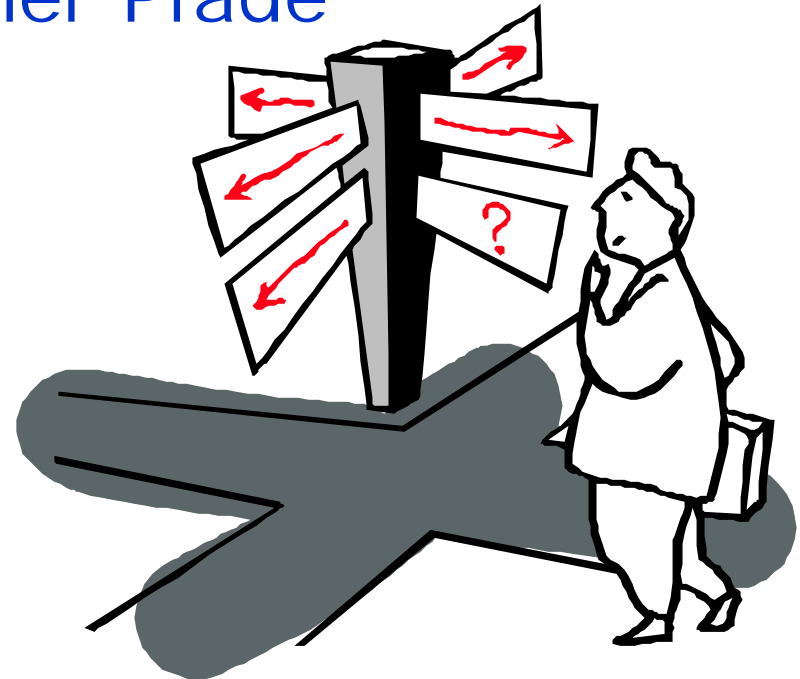
DV-technische Aspekte ihrer  
Implementierung

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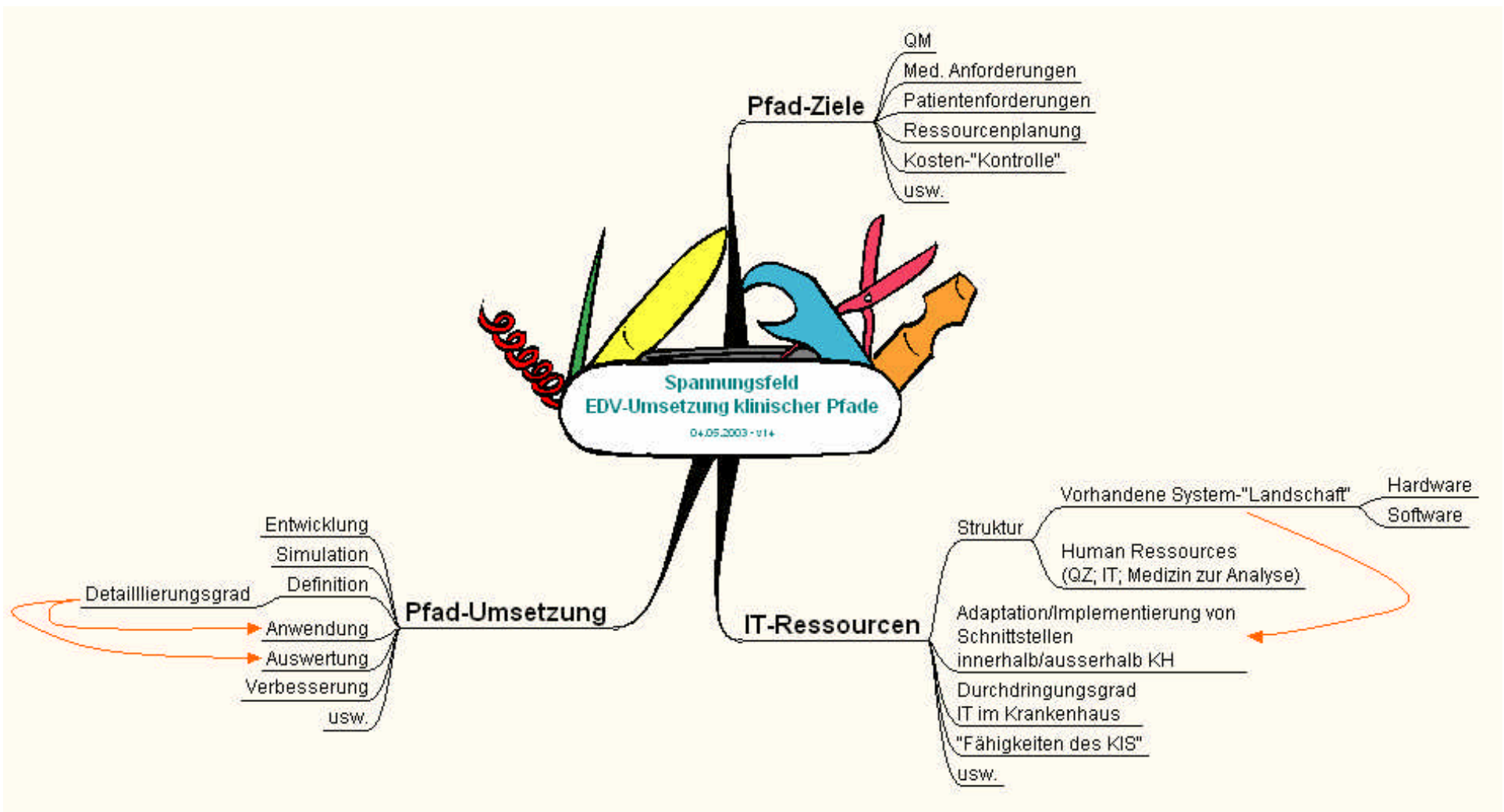
## Agenda

- ✓ Klinische Pfade – „ein Schweizer Taschenmesser“?!? ...
- ✓ Komponenten klinischer Pfade
- ✓ Handlungsfelder



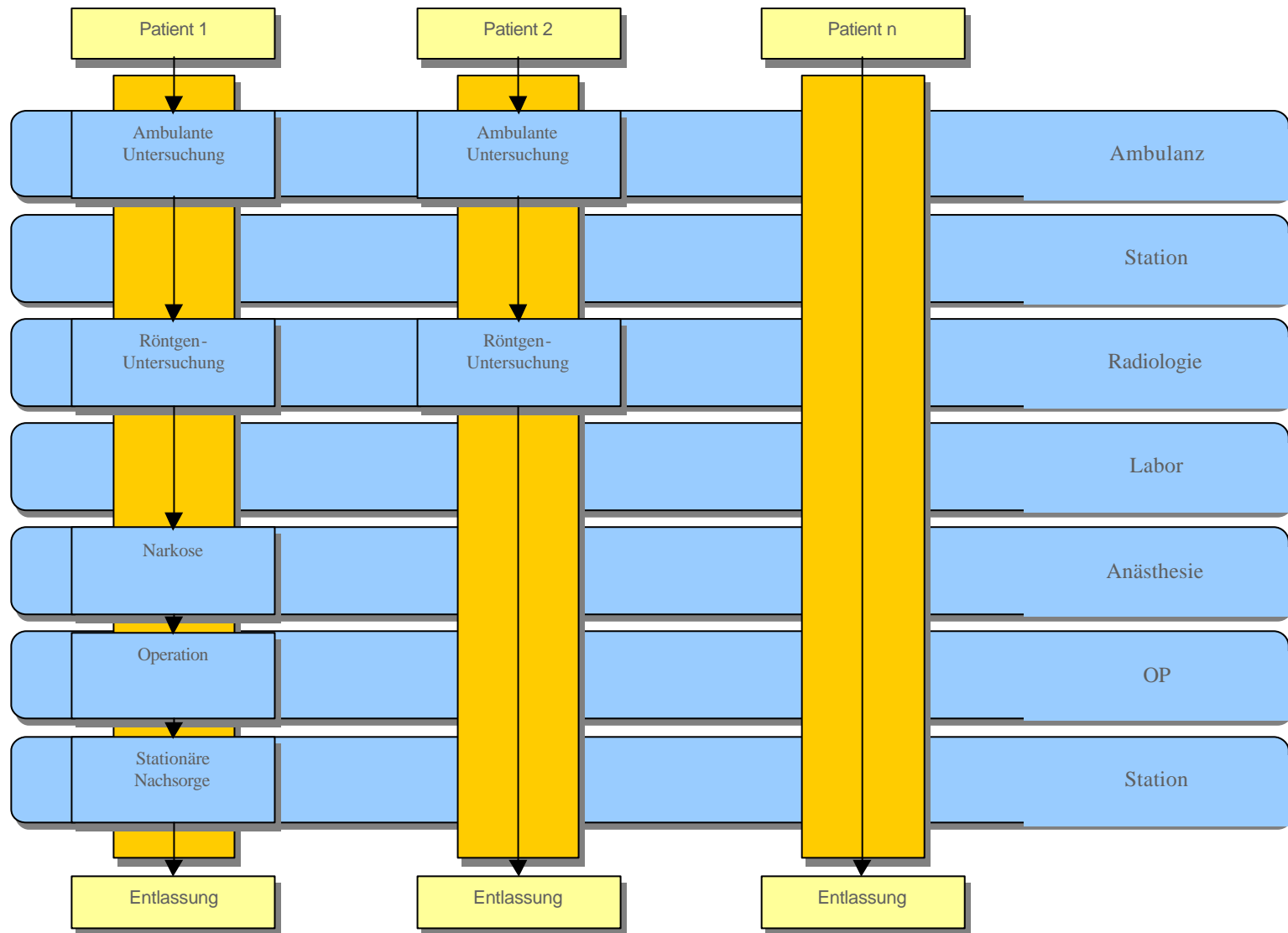


# Das Spannungsfeld

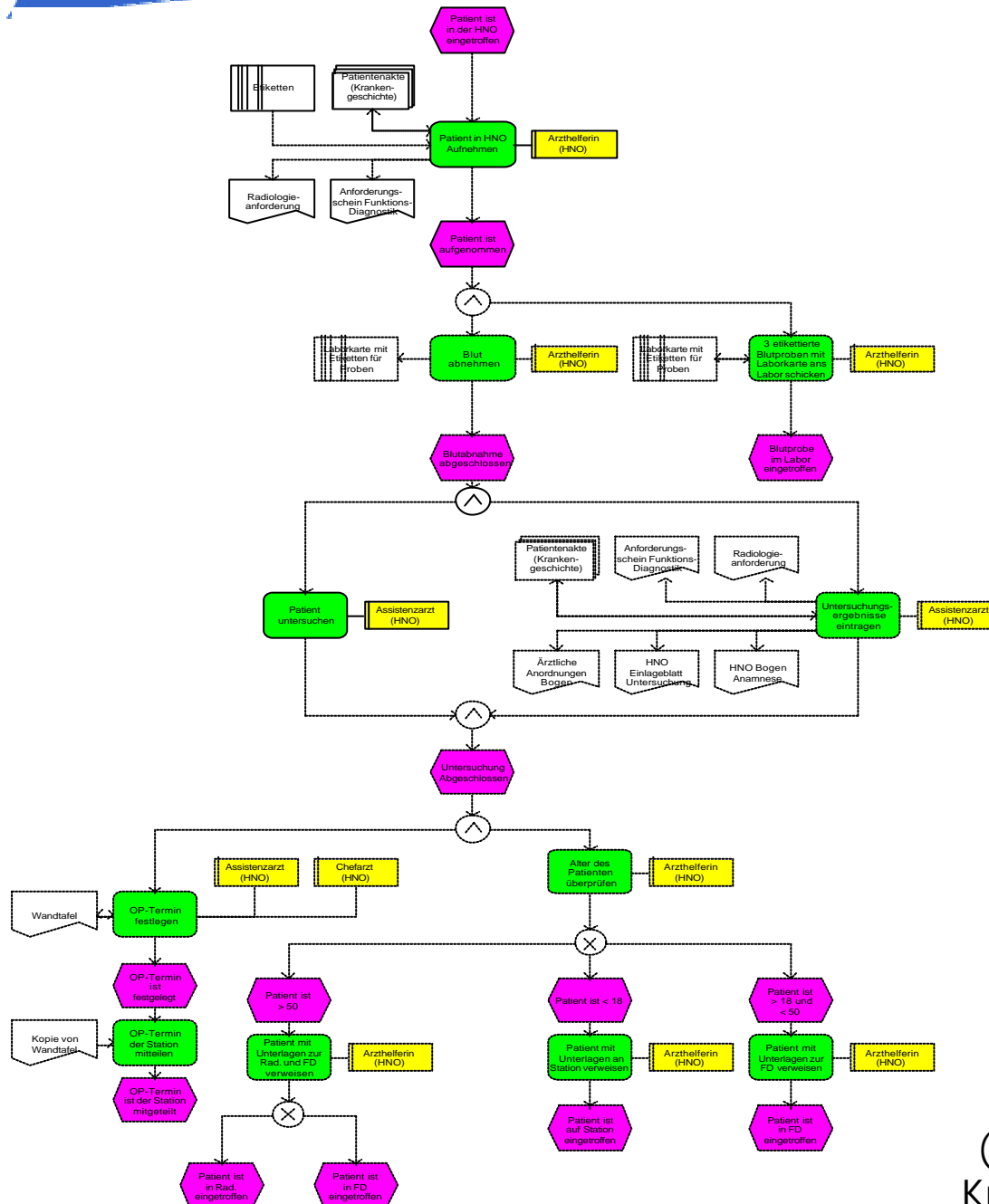




# Patientenpfad - Funktionssicht



Leistungsprozesse im Krankenhaus  
(modifiziert nach [Picot/Schwartz 1995])



ARI S-Modell  
Aufnahme zur Tonsillektomie  
(J. Rasche, Diplomarbeit 2002)  
Kreiskrankenhaus Gummersbach



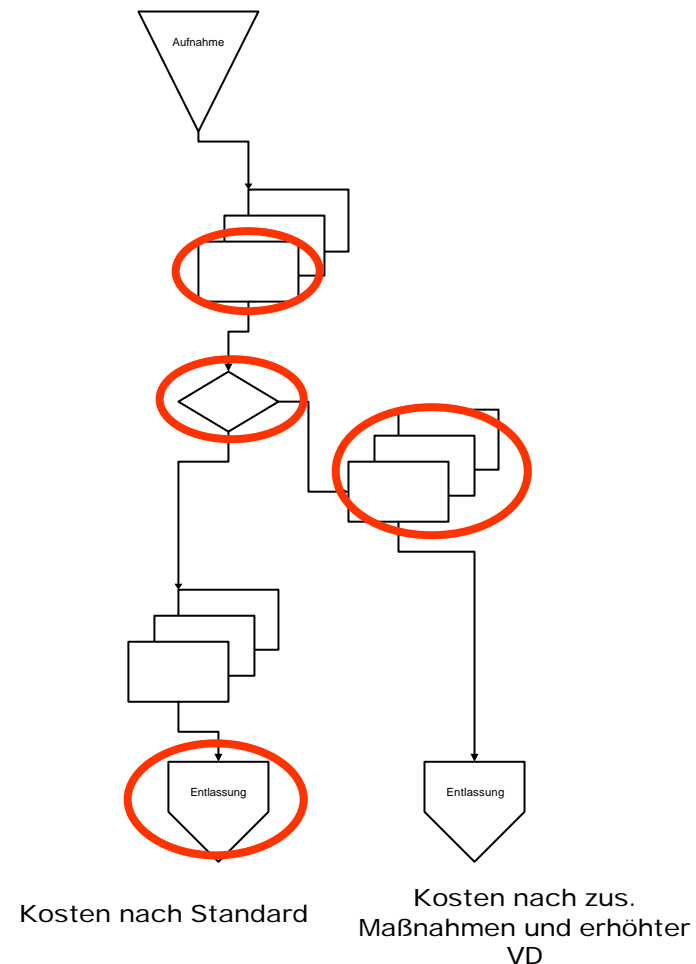
# Ist Papier besser?

<b>Clinical Pathway for Knee Arthroscopy Day Surgery</b> Person for Notification: _____ Date of Admission / Discharge: _____ <b>ALLERGIES:</b> Drugs: _____ <b>ORIENTATION TO WARD:</b> _____		DATE / /	Outcomes/ Follow-up		Initials												
			Outcomes Codes( 1) (2)		D/C (1)	Call (2)											
<b>PRE PROCEDURE</b> Assessments Activity Diet Output Wound care Medications Patient & Family Teaching Discharge Planning	Assessments	Patient was fully assessed and prepared for procedure		K1.1													
	Activity	Patient aware of reduction in activity 1/52 and elevation of leg		K1.2	K2.1												
	Output	Patient has passed urine prior to discharge		K1.3													
	Wound care	Dressing intact		K1.4	K2.2												
		No evidence of ooze/ swelling prior to discharge		K1.5	K2.3												
	Medications	Patient is aware of appropriate analgesia should pain/ discomfort occur		K1.6	K2.4												
	Patient & Family Teaching	Patient can verbalise action to take should any of the following occur: <input type="checkbox"/> Excessive bleeding <input type="checkbox"/> Excessive pain <input type="checkbox"/> Excessive swelling		K1.7	K2.5												
			K1.8	K2.6													
			K1.9	K2.7													
	Discharge Planning	Patient was discharged from hospital without delay Discharge letter given to patient for LMO		K1.10	K2.8												
		K1.11															
	RN Signature: (Print name)	D/C		Phone Call													
	INITIAL CALL 24 HRS P	<b>VARIANCE SOURCE CODE</b> <table border="1"> <tr> <td> <b>A. PATIENT</b>            1. Pressure Area            2. Post op/procedure complication            3. Infection            4. Co-existing morbidities            5. Mobilisation - early            6. Mobilisation - late            7. Delay in drain removal            8. Delay in suture/clips removal            9. Delay in IV removal            10. Unplanned return to OR            ITU/ACCA/ACCU            11. Non-compliance with treatment         </td> <td> <b>B. CLINICAL</b>            1. Delay in medical consultation            2. Delay in allied health consultation            3. Delay in consultation due to ADO/PH/ Weekend            4. Inadequate discharge planning            5. Non attendance at pre-admission clinic            6. Other (consent)         </td> <td> <b>C. HOSPITAL</b>            1. Delay in test results            2. Delay in OR/procedure &gt; 2hrs            3. Cancellation of procedure            4. Delay in pt transfer to ward            5. Other         </td> <td> <b>D. COMMUNITY/FAMILY</b>            1. Delay in availability of transport            2. Delay in availability of rehabilitation bed            3. Delay in availability of nursing home bed            4. Delay in availability of private hospital bed            5. Delay in availability of home care/community support/family support            6. Early availability of discharge option            7. Other         </td> </tr> </table>					<b>A. PATIENT</b> 1. Pressure Area 2. Post op/procedure complication 3. Infection 4. Co-existing morbidities 5. Mobilisation - early 6. Mobilisation - late 7. Delay in drain removal 8. Delay in suture/clips removal 9. Delay in IV removal 10. Unplanned return to OR ITU/ACCA/ACCU 11. Non-compliance with treatment	<b>B. CLINICAL</b> 1. Delay in medical consultation 2. Delay in allied health consultation 3. Delay in consultation due to ADO/PH/ Weekend 4. Inadequate discharge planning 5. Non attendance at pre-admission clinic 6. Other (consent)	<b>C. HOSPITAL</b> 1. Delay in test results 2. Delay in OR/procedure > 2hrs 3. Cancellation of procedure 4. Delay in pt transfer to ward 5. Other	<b>D. COMMUNITY/FAMILY</b> 1. Delay in availability of transport 2. Delay in availability of rehabilitation bed 3. Delay in availability of nursing home bed 4. Delay in availability of private hospital bed 5. Delay in availability of home care/community support/family support 6. Early availability of discharge option 7. Other							
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Patient was <input type="checkbox"/> Well <input type="checkbox"/> No a Comments _____ <b>VARIANCE &amp; OUTCOM</b> <b>AIM:</b> _____ <b>INSTRUCTIONS:</b> _____ <table border="1"> <tr> <td>DATE</td> <td>DAY OF STAY</td> <td>W</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DATE	DAY OF STAY	W														
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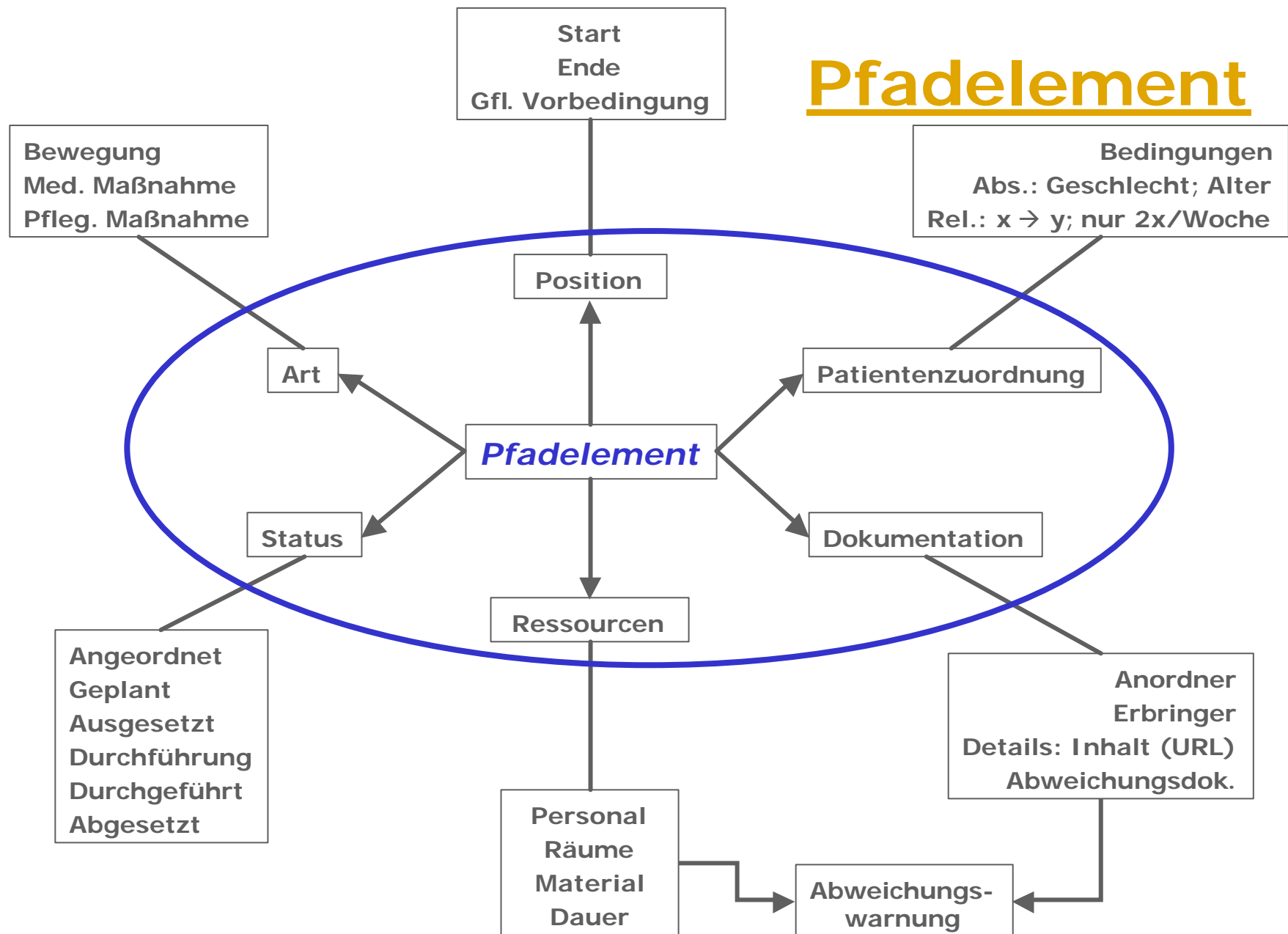
# Komponenten klinischer Pfade

- ✓ **Pfadelement**
  - ✓ Komplexe Details
- ✓ **Teilpfad**
  - ✓ Zusammenstellung
  - ✓ Übergänge bzw. Kontrollpunkte
- ✓ **Pfad**
  - ✓ Start und Ende bzw. Abgrenzung





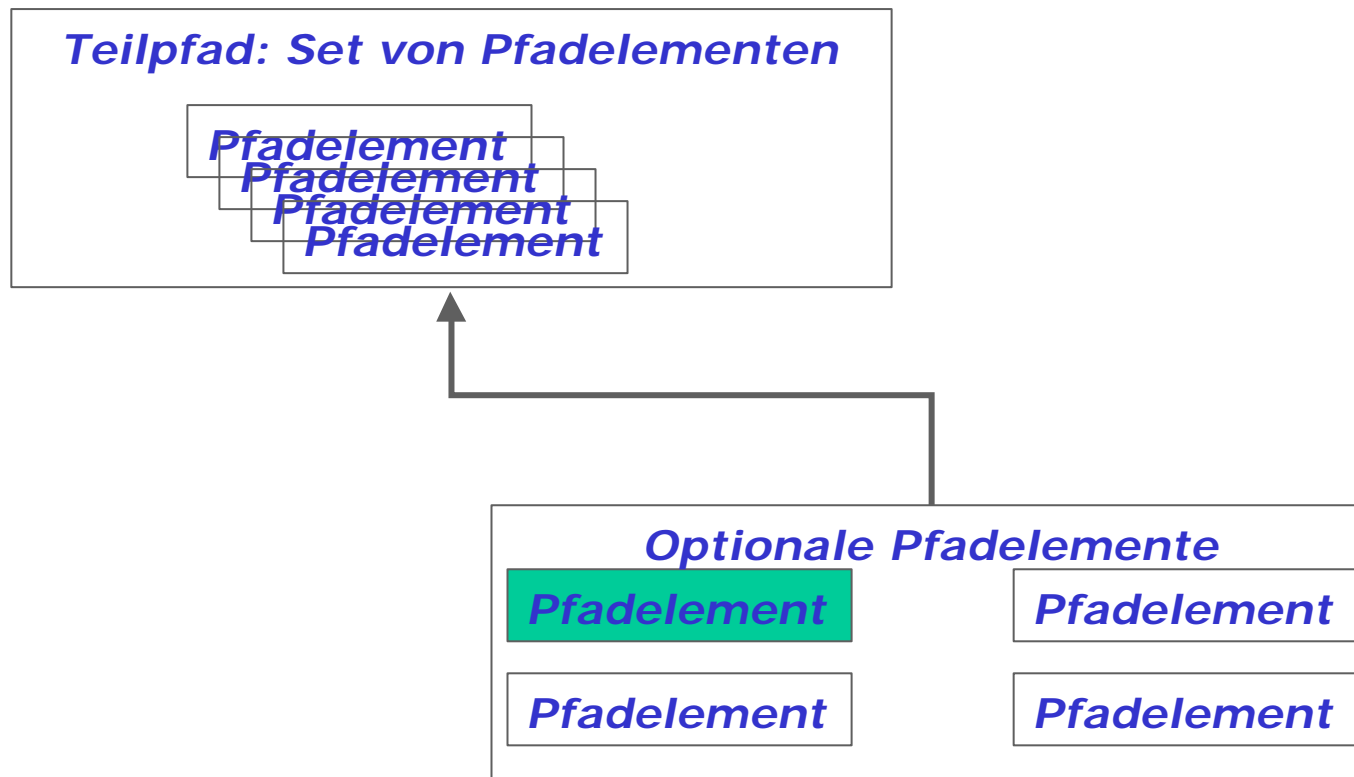
# Pfadelement





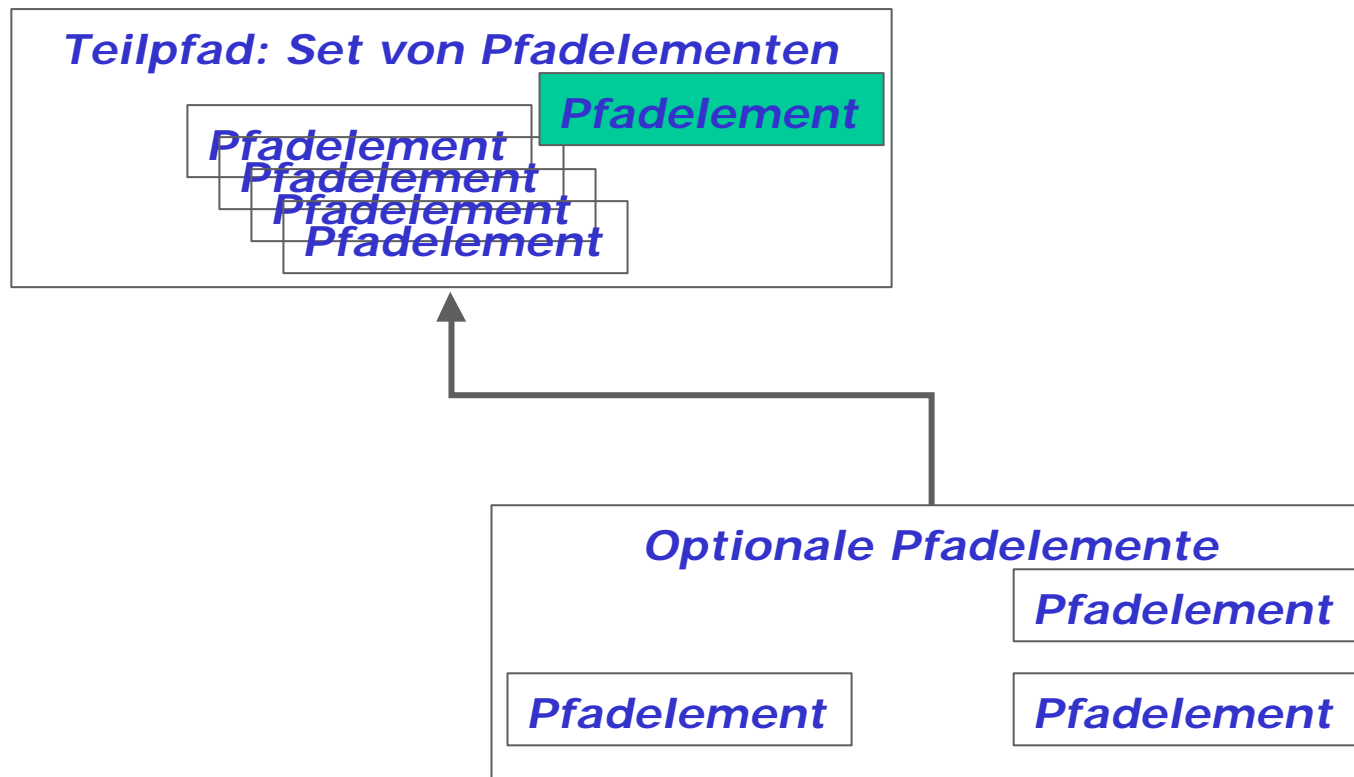


# Buchen von Elementen



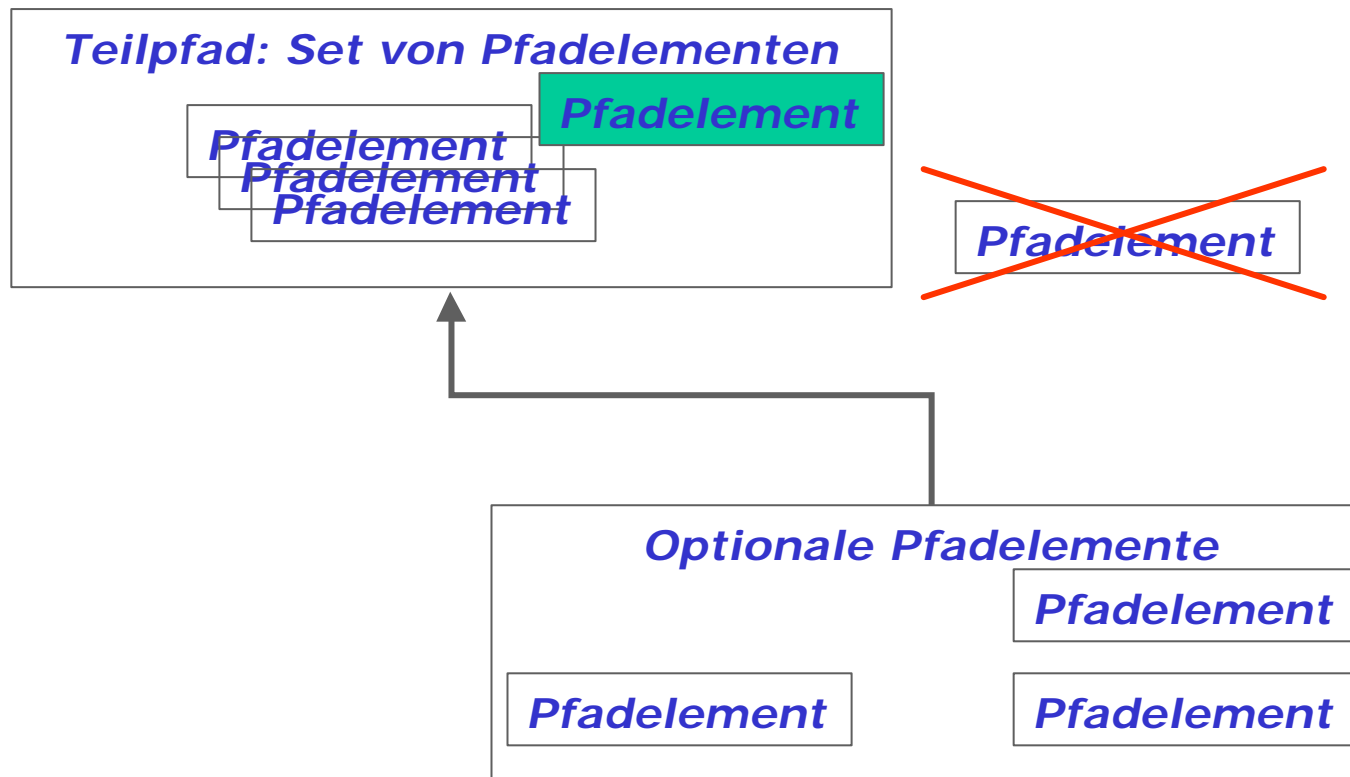


# Buchen von Elementen





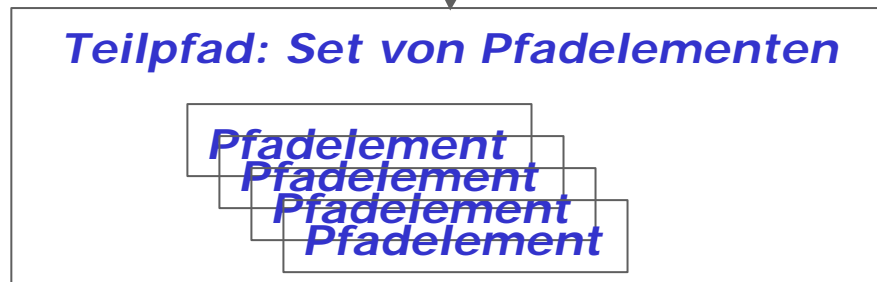
# Buchen von Elementen



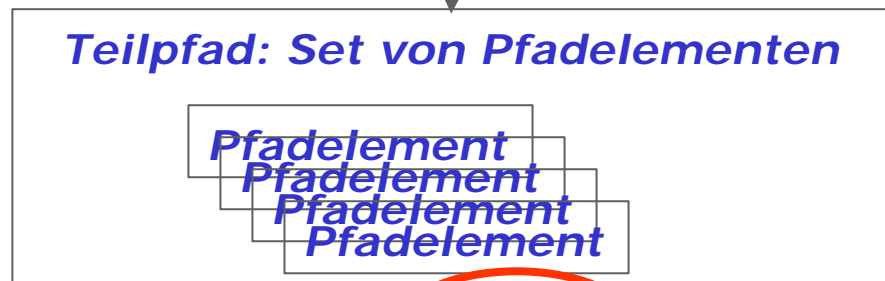


# Klinischer Pfad → Buchen auf Patient

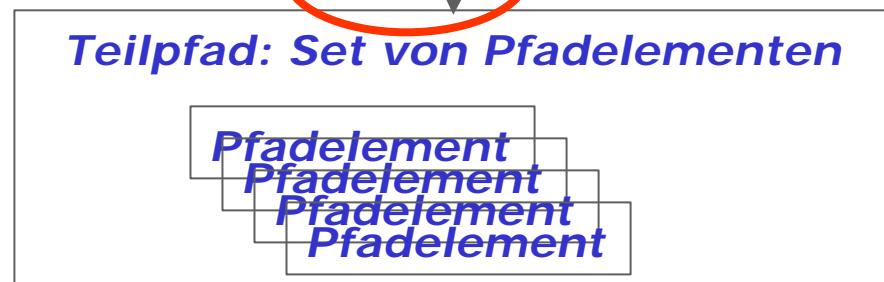
Eingangs-"Trigger"



Aufnahme und Diagnostik



„Event“  
OP ...

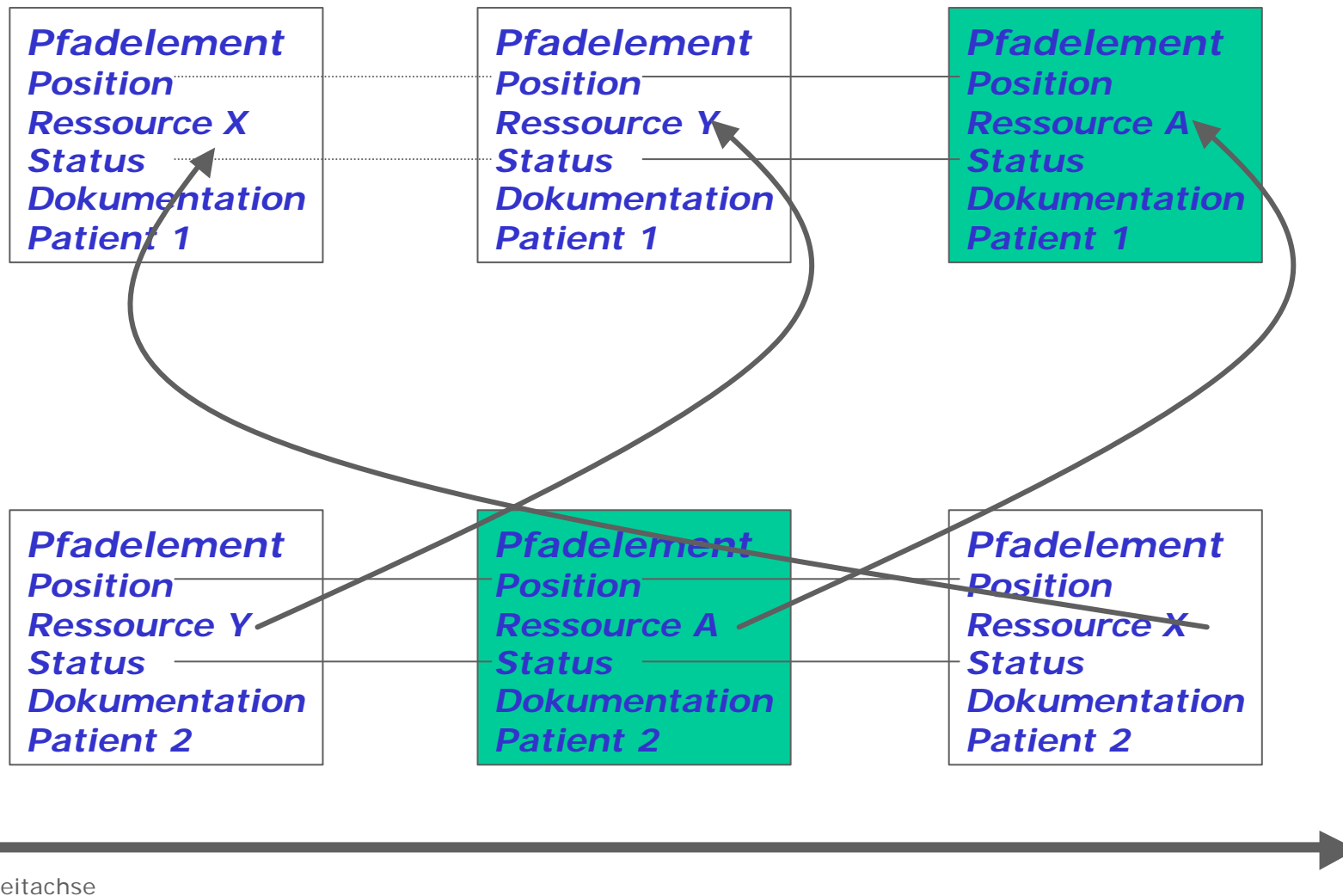


Ambulante Betreuung?



# Pfadelement

## → Dyn. Ressourcenprüfung

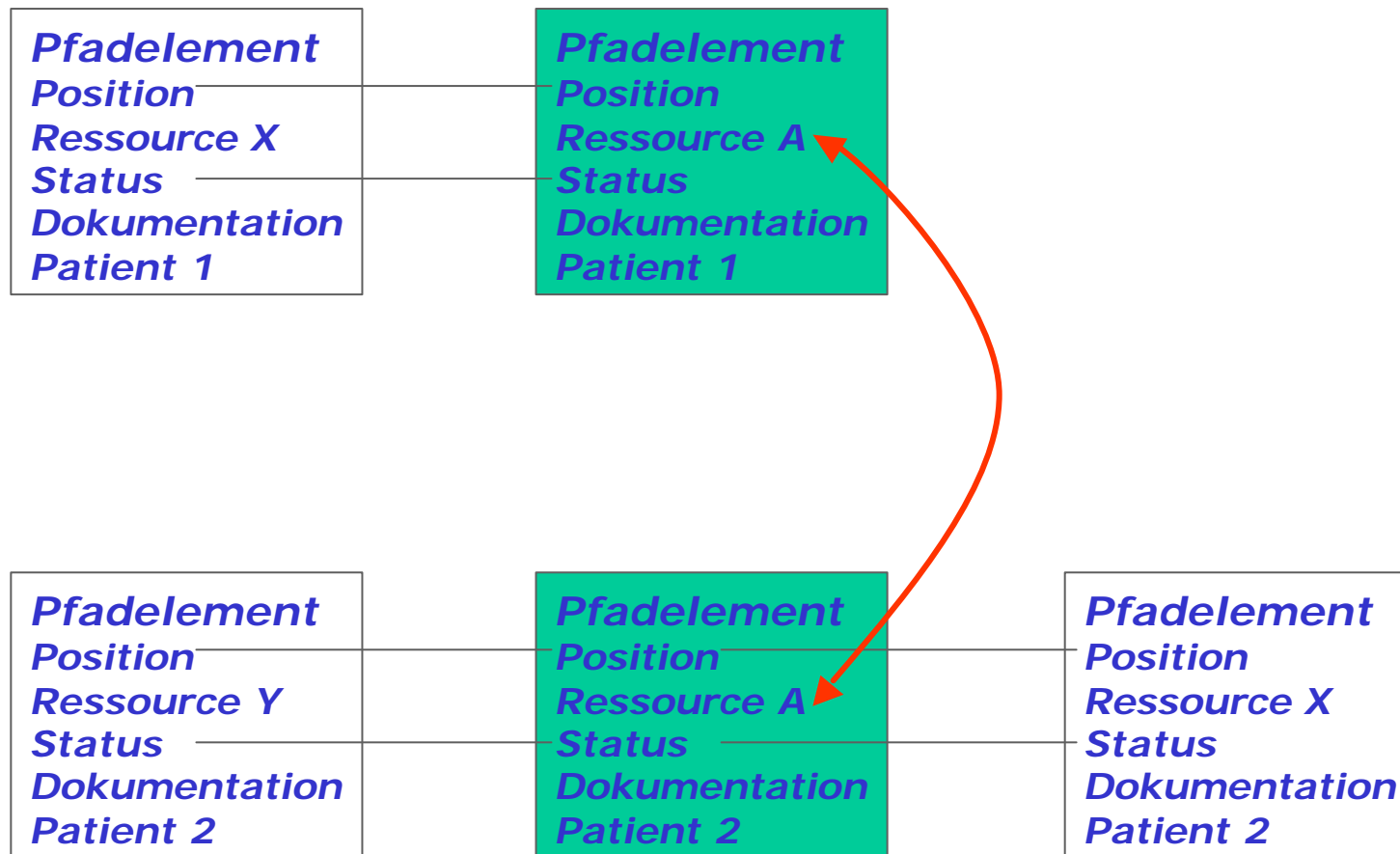


Zeitachse



# Pfadelement

## → Dyn. Ressourcenprüfung



Zeitachse



# Handlungsfelder

- ✓ Für die Krankenhäuser:
  - ✓ Klinische Pfade als Management-Instrument begreifen und operative Ziele festlegen
  - ✓ Personelle und technische Infrastruktur bereitstellen
    - ✓ Abhängigkeit vom Detaillierungsgrad der Pfade

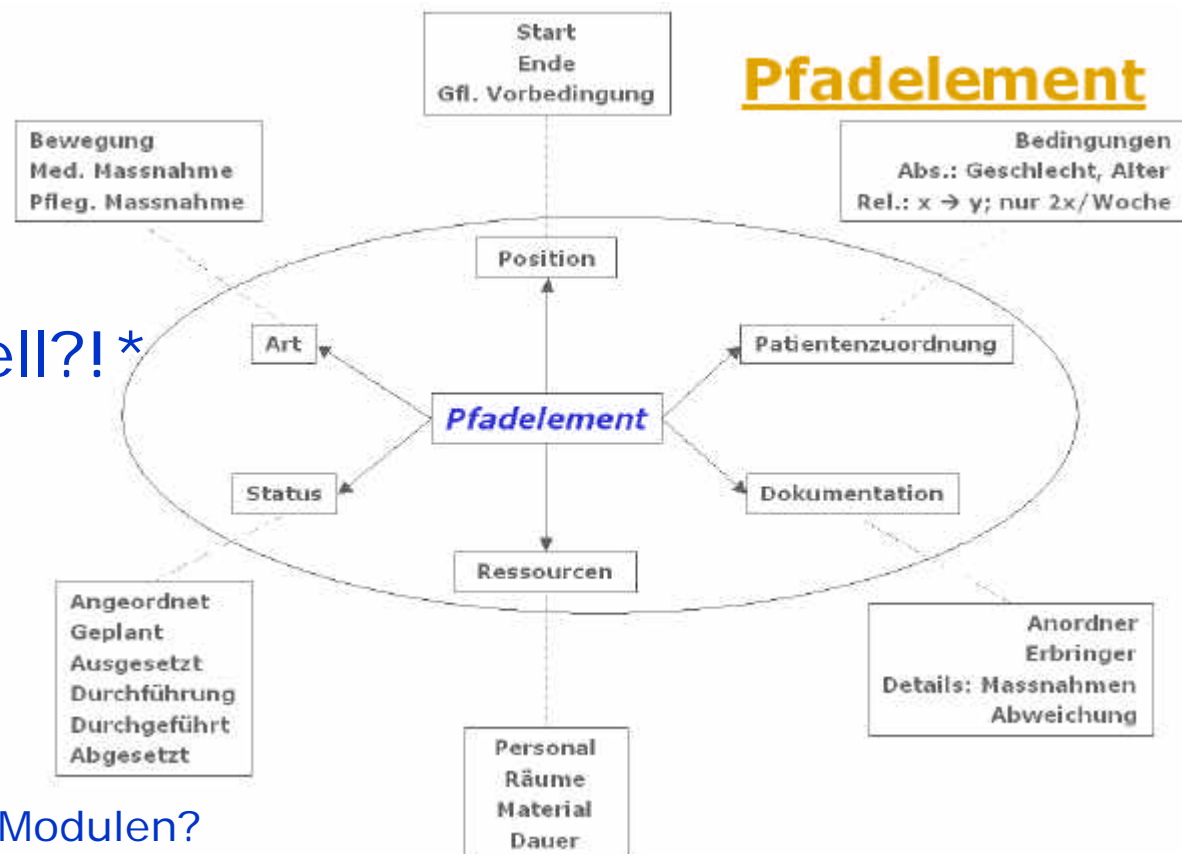




# Handlungsfelder

- ✓ Komplexitätsgrad in Pfadelementen

Datenmodell?! \*



\* Austausch von Modulen?

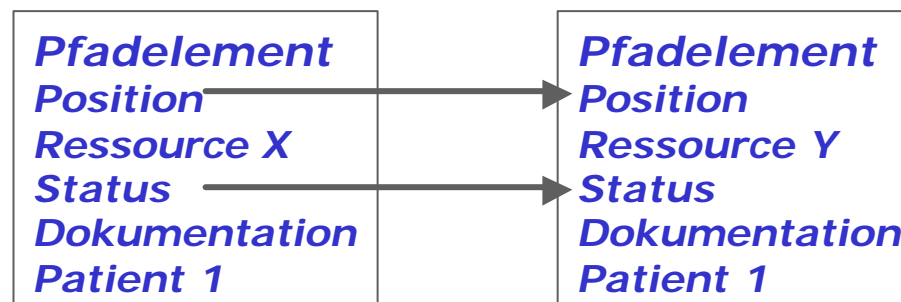




# Handlungsfelder

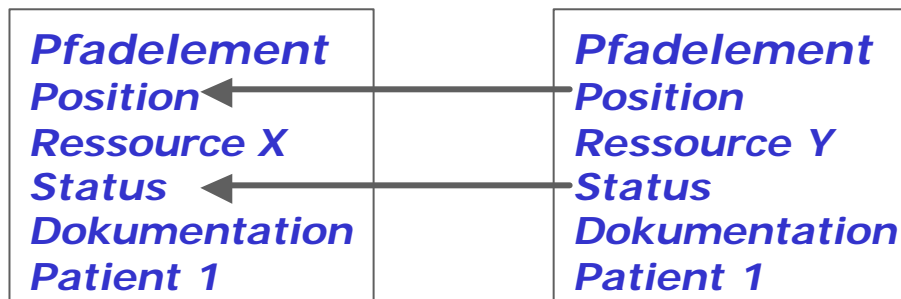
✓ Event-Triggerung

„Push“



oder

„Pull“?





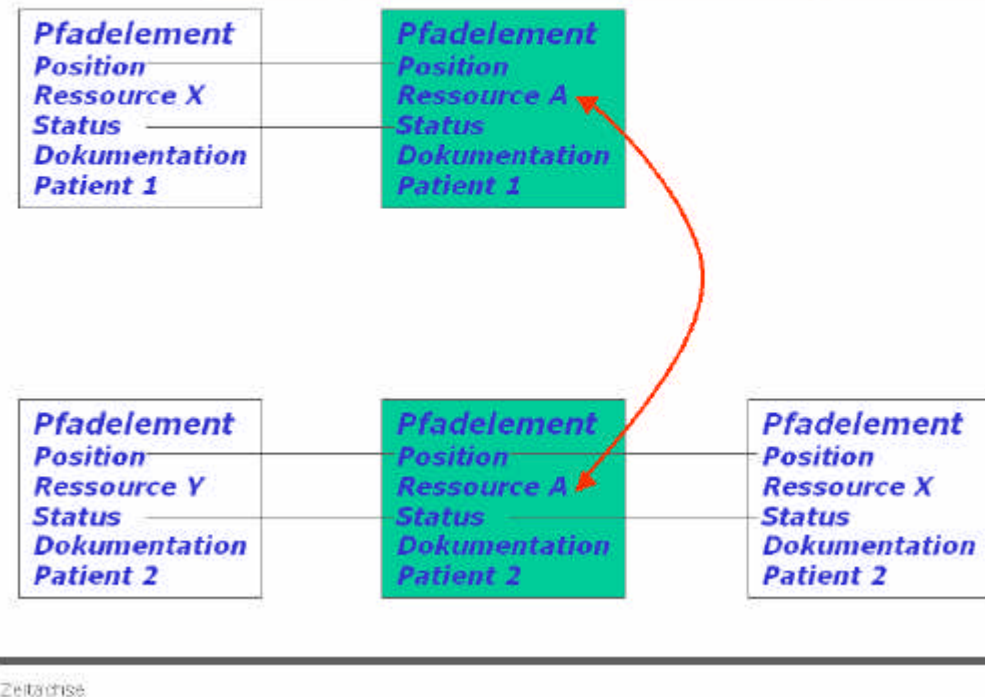
# Handlungsfelder

- ✓ Dynamische Ressourcenprüfung

Ressourcen-Daten?

Dynamisches Auflösen von Konflikten!

Pfadelement  
→ Dyn. Ressourcenprüfung





# Handlungsfelder

- ✓ Verbindung zur Leistungs- und Kostendokumentation

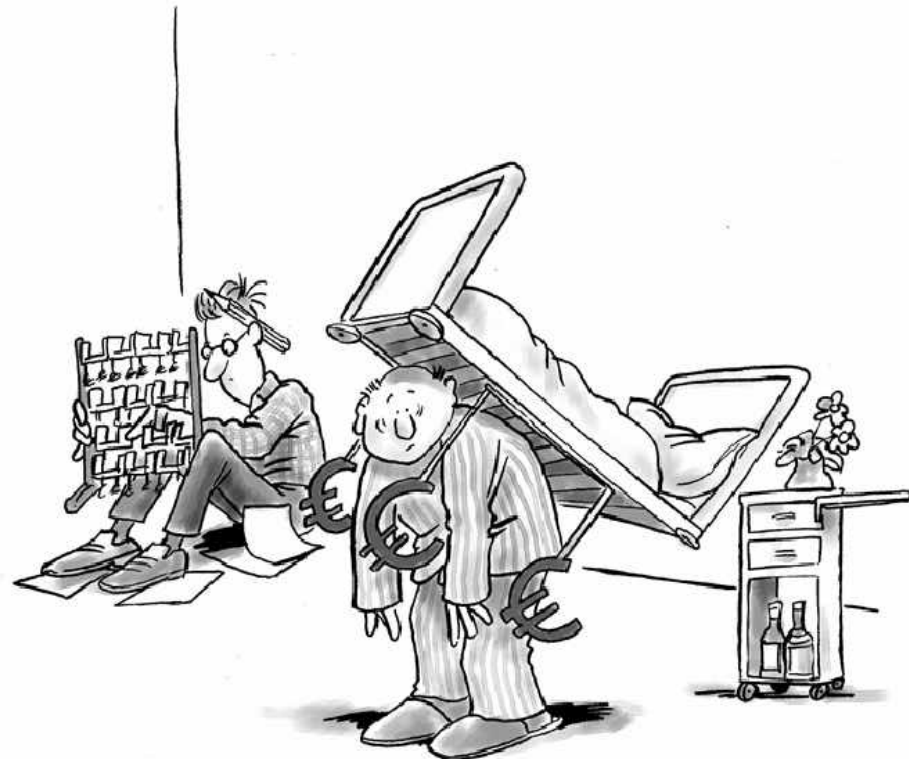
Detaillierungsgrad?



Kalkulationsansatz?



Zielvorgabe?



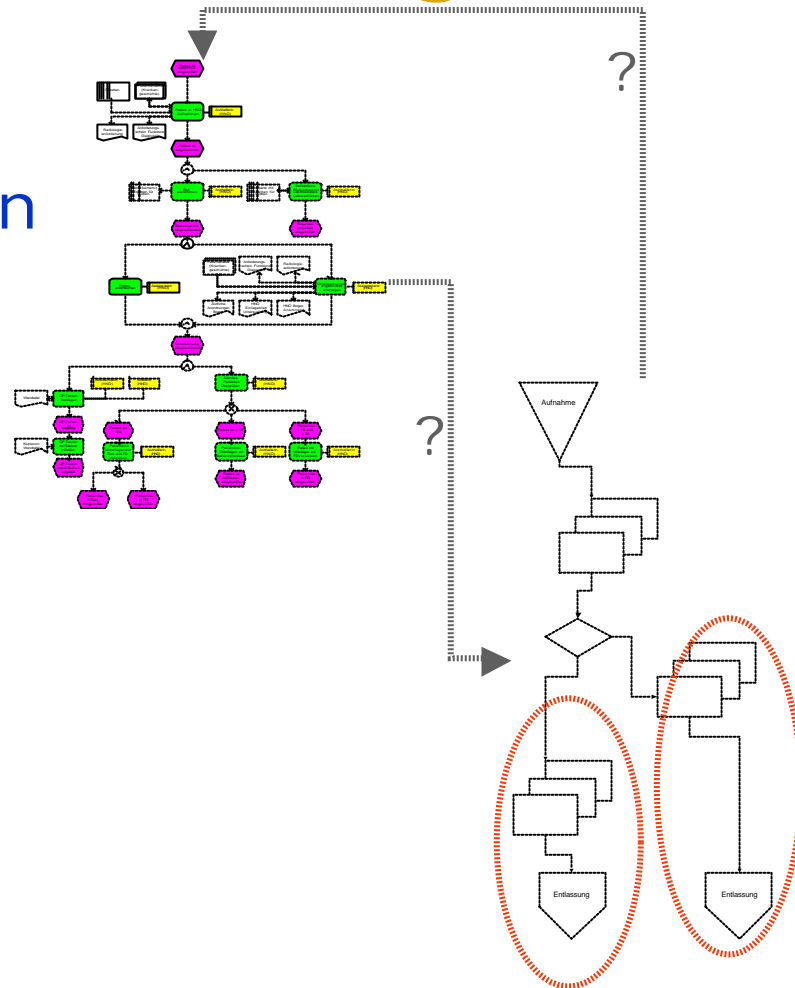


# Handlungsfelder

- ✓ Verbindung zu Simulationswerkzeugen (Input und Output)

Unterstützung des Pfadentwurfes ... als integriertes Werkzeug oder per „Konnektor“

Auswertung und „Was wäre, wenn“?





# Mitarbeit gefragt!

„Klinische Pfade“:

Analyse und Design ...

BWL ...

IT ...





## Fazit

Der Weg zum Erfolg  
führt bergauf.  
Versuche deshalb nicht,  
Geschwindigkeitsrekorde  
aufzustellen!

*(Sir Arthur Phelps,  
englischer Schriftsteller)*

