INTEGRATED CARE PATHWAYS

Implementation

in

CENGKARENG HOSPITAL

by:
Julia Indriaty
Nursing Department

Background

- Concern → Patient receive the best care
- The pathways → use for all patient
- More important → high volume, high cost, and high risk cases.....

Integrated Care pathways (ICP)

Use the current best evidence gained from systematic reviews as well as input from *multidisciplinary teams*, to outline the optimal course of care for all patient who have a specific condition or who are undergoing a specific procedure.

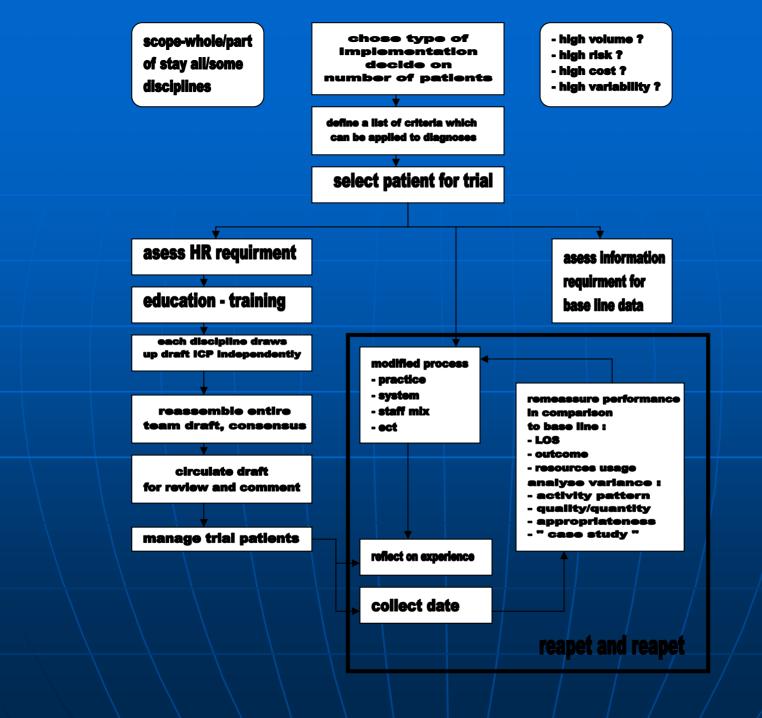
(Health services utilization and research commission , getting started integrated care pathways, November 2001)

Integrated Care Pathway (ICP) approach is increasingly used as the preferred methodology to apply packages of care in a coordinated and integrated way.

- All of these are designed to standardize elements of care with professional consensus, and thus improves;
 - treatment efficiency
 - effectiveness
 - value for money

Why ICP in hospital?

- Enhance communication
- Easy to use
- Reduce Paperwork.
- Provide Bottom up financial information.
- Facilitate Medical Audit/Review. Enhance quality of care?



Benefit of Integrated Care Pathways

To the patient

- Avoids inconsistencies in care
- Allows mutual goal setting
- Supports education of patient/career
- Encourages client involvement
- Can lead to shorter length of stay in hospital

To the team

- Maintains healthcare standards
- Organizes care
- Supports communication between members of team
- Makes audit data readily available
- Acts as educational tool
- Helps delineate patient's needs for transfer of care

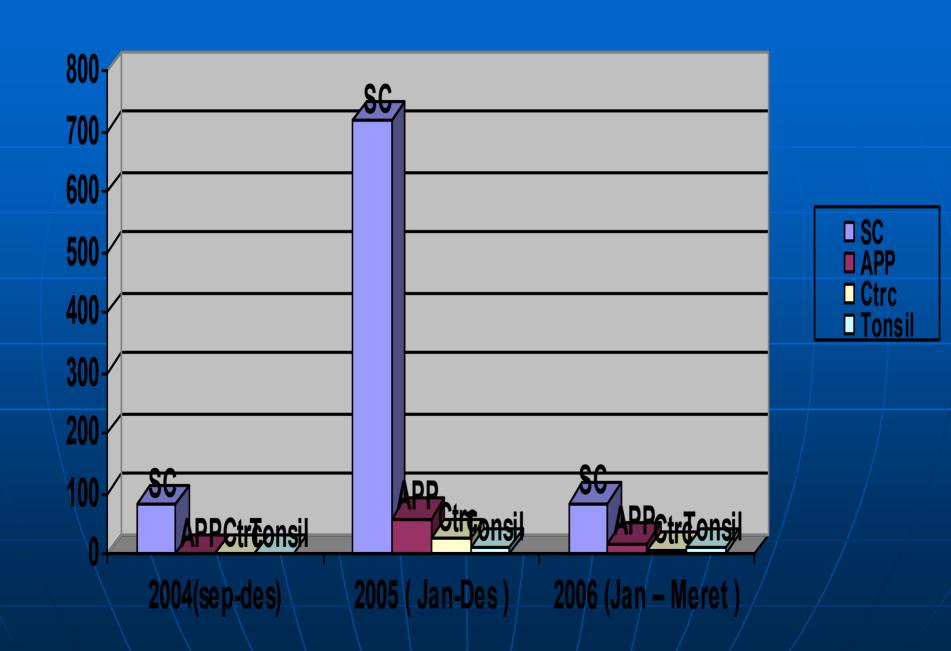
ICP Procedures in Cengkareng Hospital

- SC
- Tonsilectomy
- Cataract
- Appendectomy
- Stroke

- → September 2004
- → Feb 2005
- →March 2005
- → July 2005
- → still in process

Label. Grafik. per kasus.

| | 2004(sep-des) | 2005 (Jan-Des) | 2006 (Jan – Meret) |
|--------------|---------------|------------------|---------------------|
| | | | |
| SC | 80 | 720 | 84 |
| APP | 0 | 57 | 17 |
| Ctrc | 0 | 25 | 5 |
| Tonsilectomy | 0 | 10 | 10 |



Our Primary Finding.

| | CS | APP | Cataract | Tonsil |
|-----------------------------|---|--|--|--|
| Cost | Before: > unit cost After: unit cost | Before: > Unit cost After : unit cost | Before: > Unit cost After : unit cost | Before: > unit cost After: unit cost |
| Lost | Before: > 3 days After: 3 days | Before: > 3 days After: 3 days | Before:> 2 days After: 1 days | Before: >2 days After: 2 days |
| Document Complete | Before: not integrated After: improve Integrated | Before: not integrated After: improve Integrated | Before: not integrated After: improve Integrated | Before: not integrated After: improve Integrated |
| Patient satisfactio n | Before: quality standard After: Increasing quality | Before: quality standard After: Increasing quality | Before: quality standard After: Increasing quality | Before: quality standard After: Increasing quality |
| Team work | Before : still learning process After: Increase learning process | Before : still learning process After: Increase learning process | Before : still learning process After: Increase learning process | Before : still learning process After: Increase learning process |

Problems

- Culture
- Personal approach
- Case manager still learning
- Team participation

Evaluation

- Cost
- LOS
- Documents complete
- Patient satisfaction
- Services
- Team work

If there is a will..... There's a Way

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