Provincial Pathways Unit

# Pathway Development Toolkit

Tools to support the development, implementation, evaluation, and sustainment of clinical and patient pathways

July 2024

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# Toolkit Overview

July 2024

The Pathway Development Toolkit has been prepared by the Provincial Pathways Unit to guide the development of clinical and patient pathways to ensure all pathways in Alberta meet a standard of excellence. The Provincial Pathways Unit would like to acknowledge the Calgary Zone Business Unit and Specialist Link for their significant contribution to the initial versions of the pathway development toolkit and the provincial templates being utilized. While this work has primarily supported pathways developed for Primary Care, the information outlined can be transferable across clinical areas.

This toolkit is under continual review, and suggestions are welcome for the next update cycle.

Please note: Supporting documents need to be downloaded to ensure proper formatting.

**Contact**
For more information and to provide feedback, please contact:

Provincial Pathways Unit
AlbertaPathways@ahs.ca

# Glossary of Terms

## Clinical Pathways

A clinical pathway is an algorithm of evidence-informed, clinician-recommended interdisciplinary care to help a patient with a specific health condition or concern move progressively towards optimal health and outcomes. Clinical pathways can be developed for different segments of the care pathway.

Through the development of clinical pathways, we aim to ensure patients get the right care by:

- Partnering with the right health professionals.
- Promoting patients receive care in the right place, and at the right time based on their needs and contexts.
- Providing healthcare providers and patients with relevant information.
- Upholding critical behaviours that promote the right outcomes.
- Simultaneously striving to be good stewards of the health system, i.e., provide good value.

Clinical pathways used at the point of care in primary care settings, provide a defined set of actions for primary care providers to determine the most appropriate care decisions for patients. They are co-developed by patients, primary care providers, and specialty care providers. While clinical pathways are provincial in nature, they may reflect local practice variation such as availability of diagnostic testing or other resources.

Example: Provincial Lower Limb Ischemia Primary Care Clinical Pathway

## Patient Pathways

Patient pathways are brief, easy-to-read patient resources that mirror the clinical pathway for a specific health condition or concern. They describe the condition, steps for managing symptoms, available tests/treatments, and when a referral may be required. They also describe self-management strategies and provide links to informative resources.

Example: Patient Pathway Lower Limb Ischemia

## Referral Pathways

Referral pathways are guidelines to help referring providers know what information, labs and diagnostic imaging are required with their referral to a specialty. Referral pathways are co-designed with primary and specialty care providers, health system operations teams and patients to ensure that the right amount of information is included throughout the referral process to triage the patient as quickly and accurately as possible. Referral pathways may link to clinical pathways when available (and vice versa). AHS currently manages referral pathways and extensive work is ongoing as part of the Alberta Surgical Initiative. If you have questions or want to know more about the referral pathway development process, please email access.ereferral@ahs.ca.

Example: Provincial Adult Vascular Surgery Referral Pathway

## Other Clinical Decision Support Tools

Clinical and patient pathways represent only some of the tools that healthcare providers use to guide patient care. Other types of clinical decision support tools are outlined below to highlight how they differ from clinical and patient pathways but are not covered in depth in this Toolkit. Before embarking on clinical and patient pathway development, groups should consider what type of clinical decision support tool best aligns with their goals.

## Clinical Practice Guidelines

Clinical practice guidelines are systematically developed statements or recommendations to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances. They present indications for performing a test, procedure, or intervention, or the proper management for specific clinical problems. Guidelines may be developed by institutions and organizations such as professional societies or governing boards, or by convening expert panels (AHS/Covenant Health, 2018).

Note: Government agencies may also develop clinical practice guidelines.

Example: Primary Care Management of Headache in Adults Clinical Practice Guideline

## Care Pathways

A care pathway is a representation of all the 6 stages a patient may take throughout the course of managing a health condition or concern (Figure 1). Within each segment there are guidance and decision support tools to improve patient health outcomes, maximize care continuity, and ensure safe handoffs are achieved.

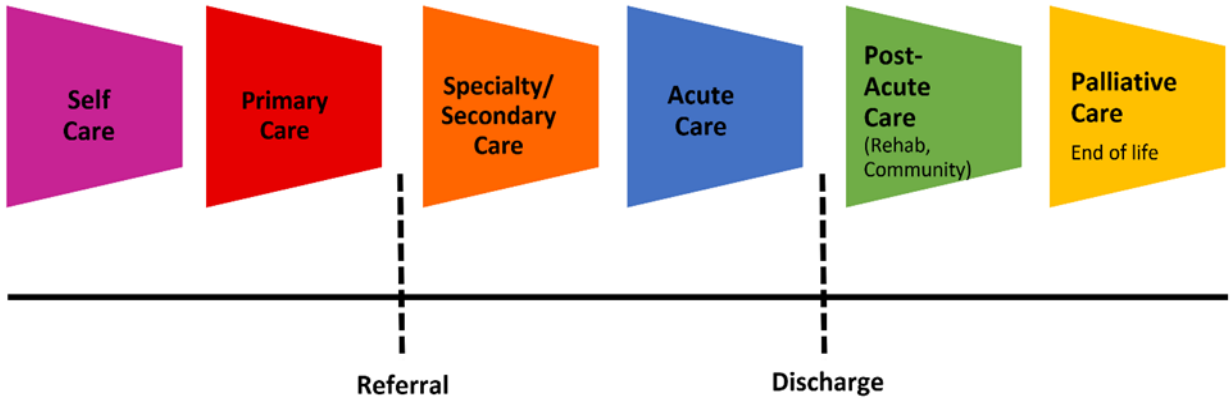



**Figure 1: 6 Stages through a health condition.**

Care pathways are not an end in themselves. Rather they are integrated processes to promote the following: a patient-centred, integrated health system, increased evidence-informed decision making at the point of care, decreased variation in clinical practice, and better value for money and time invested. The true power of care pathways is their ability to bring together individuals from each component of the health system to collaborate with the patient in improving their health (Care Pathways Executive Summary, 2021).

Example: Hip Fracture Surgical Care Pathway

## Co-Design team

The co-design teams should ideally be less than 10 people total but consist of at least 2 primary care providers, 2 specialty care providers and 2 patient and family advisers (PFAs). If the condition crosses multiple specialties, consideration should be given as to what representation is needed from each area. All team members should understand what they are being asked to do (clear roles and responsibilities as outlined in the project charter) before they agree to join the team.

## Posted

A state of the pathway within the development process where it is available publicly on Alberta's Pathway Hub for active testing. A posted "test pathway" will be in a test phase of the development process, an interval which varies due to preference, feedback received, and scheduling dependencies (typically 3-6 months). The purpose of this phase is to gather broader feedback on content and usability from across the province to ensure that the pathway meets the needs of end users and Albertans.

## Published

An approved state of the pathway where it has completed all the necessary adjustments following Validation and is available publicly on Alberta's Pathway Hub as a completed final pathway.

# Purpose

The toolkit will outline the necessary phases and important considerations required when developing clinical and patient pathways in Alberta. The phases are supported by accompanying documents and tools which have been developed to support the standards of pathways in Alberta managed by the Provincial Pathways Unit (PPU).

*The purpose of this toolkit is to support the development of clinical and patient pathways in a consistent manner that meets the needs of primary care providers and patients.*

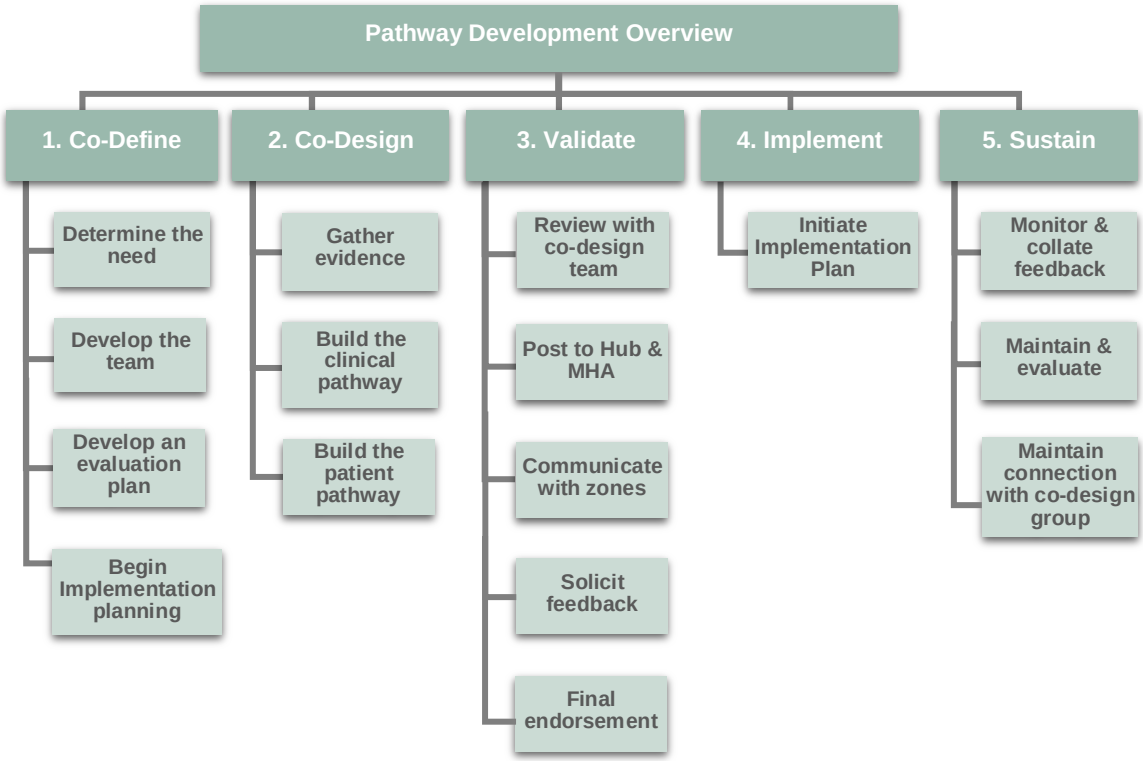
The PPU will support standardized processes for pathway prioritization, sequencing, development, storage, maintenance, management, measurement, and evaluation. Levels of support from the PPU may vary between pathway development groups and is negotiated at the beginning of the pathway co-design process. PPU involvement will decrease duplicative work, and unnecessary variation in clinical practice for care providers.

# Phases for Pathway Development

This resource is intended for use by pathway developers, both internal and external to the PPU, who will lead and coordinate the development of clinical and/or patient pathways. This toolkit provides guidance for each of the 5 phases in pathway development. These include:

1) **Co-Define**
2) **Co-Design**
3) **Validate**
4) **Implement**
5) **Sustain**

The phases outlined below are intended to be followed in order. However, there may be times that the phases will occur simultaneously.



# Phase 1: Co-Define

Co-define is the first phase in the pathway development process which ensures the right partners are involved, that the focus of the pathway is clearly defined and scoped, and that the rationale for the pathway is clear.

## Purpose:

Co-defining a pathway involves the right partners coming together to identify how a pathway would contribute to improving care for a given clinical condition or problem. It is where the concept is explored to determine if a pathway would address the problem. This phase outlines the foundational elements needed to ensure that a collaborative 'co-design process' occurs throughout the pathway development.

**Phase 1 Helpful Links:**

- Intake and Readiness Assessment
- Environmental Scan Checklist
- Pathway Project Charter
- Email the PPU
- Patient and Family Advisor Recruitment and Engagement Guide
- Co-Design Satisfaction Survey Link
- Pathway Evaluation Considerations

## Determine the need for the pathway

- It is important to note that while a pathway can be a solution to an identified problem, it is not the solution to every problem, and its suitability is dependent on the root causes of a clinical problem. Identification of root causes can be further explored through data collection (e.g., prevalence of condition/concern, incomplete or inappropriate referrals, hospital admission rates, advice requests, and emergency department visits).
- A key process during the co-design phase is completing the Intake and Readiness Assessment. This is an online form that gets automatically sent to the PPU to review when it is completed.
- In addition, performing an environment scan of available evidence and resources that currently exist can provide an enhanced understanding of the condition and help shape the development process.
- In most circumstances an accompanying patient pathway is recommended with every pathway project. The Patient Pathway identification table within the Pathway Project Charter should be completed and used to support the decision-making process around the need for a patient pathway in the project.

## Develop the team

The Pathway Project Charter will assist you in identifying the right team members to form the pathway 'co-design team' which will be the team responsible for developing the identified pathway.

In the development of provincial clinical and patient pathways the ideal co design team should represent rural and urban settings, wherever possible, and should include individuals with a special interest and expertise in the clinical condition being addressed. It should also include primary care providers without a focused interest in the condition to ensure broad applicability. This helps ensure that pathways are provincially applicable for use in all zones. Therefore, the PPU suggests the minimum standard for participation of partners for provincial pathway development is: 2 Patient and Family Advisors, 2 Primary Care Providers, and 2 Specialist Providers. All team members should be appropriately orientated to co-design principles as outlined within the project charter.

- If you need assistance in identifying key partners, please contact the Provincial Pathways Unit (AlbertaPathways@ahs.ca).
- Ensuring meaningful engagement and recruitment of patient and family advisors is an essential component of any pathway project. The Patient and Family Advisor Recruitment and Engagement guide can assist you in this process.
- Complete the Pathway Project Charter to establish the co-design team. This template will assist in establishing:
    - Clarity and consensus in pathway scope and objective.
    - Clarity in roles and how partners will work together throughout the development and sustainment of the pathway.
    - Sponsorship support.
    - Decision making norms.
    - Availability of the right skills and expertise during development.
    - The plan for implementation of the pathway.

## Develop an evaluation plan

The process and planning for evaluation of a pathway begins at a very early stage. Each pathway evaluation plan will have a range of evaluation approaches that may be distinct to the clinical pathway being produced. In essence, the evaluation of a pathway has three main components:

1. **Effective Co-design**:
   The clinical and patient pathway development process involves many professionals. To ensure the clinical and patient pathways reflect the needs of both patients and providers throughout Alberta, the co-design team should be a heterogeneous group with representatives from all areas using the pathway. The co-design survey is one tool to measure the satisfaction of the participants and to learn if any aspects of the process or the area clinical topic being addressed were not adequately represented.

2. **Effectiveness of the pathway:**
   Pathway evaluation can be guided by the reason(s) why the pathway was developed, and they may be multi-faceted. Clinical pathways are written with primary care, for primary care. Accordingly, the focus of pathway evaluation should be on how the pathway provides benefit to primary care providers, as well as to patients and the healthcare system overall. The intake and readiness tool, when completed, can provide

insight into what the pathway should be designed to achieve, and thus what evidence could be used to determine if that benefit is realized.
For example, you may have information that there are long wait-times to access a specialty for a specific condition. In that case, the pathway should be designed to help patients continue their care in the community longer where possible. This can be achieved by listing a wide range of management approaches and providing self-management resources to patients. Another example may come from specialists, where the issue is that patients are often referred when their condition does not meet the threshold for specialist care. In that situation, the pathway should have very clear referral presentations listed (lab values, specific impacts to daily living, etc.).
Evaluating a clinical pathway, and what is collected in the service of that evaluation, is up to each co-design team. Every co-design team is different, and each team may have different resources available to them. The depth and complexity of an evaluation is dependent on multiple factors including:

- The evaluation skills of members on the co-design team.
- The availability of data.
- Ongoing resources to capture the data.
- Grant proposals that outline evaluation requirements.
- Various other factors as identified by the co-design team.

At a minimum, the Provincial Pathways Unit (PPU) will provide web analytics related to the pathway access frequency by quarter as well as qualitative feedback submitted by end-users. Co-design teams may determine that is enough, or they may have the resources to develop an evaluation framework within their team. If co-design teams would like to explore their options further, they are invited to contact the PPU to speak with a Senior Consultant to learn how others have evaluated their pathways so that similar approaches could be adopted.

Development teams who wish to create their own more thorough plan are invited to review the Pathway Evaluation Considerations for additional information.

## Begin Implementation Planning

Implementation planning should begin early and carry through all phases of the pathway co-design process. Early and continuous implementation planning involving the co-design team and pathway end-users helps ensure that the development of the implementation strategy takes into account various needs, barriers, and facilitators (e.g., primary care provider workflows and learning needs). Tools and resources for early implementation planning can be found in the Pathway Project Charter.

# Phase 2: Co-Design

Co-design involves all partners working together to identify the problem, develop solutions, and evaluate those solutions to ensure that multiple perspectives are represented. It is grounded in collaboration and ensures that provincial pathways are designed with partners, not for partners. To achieve effective co-design, mutual trust and respect need to be established at the start of a pathway project and maintained throughout the lifespan of the project.

> "Co-design is an approach to designing ***with***, not for, people."
>
> - Kelly Ann McKercher, *Beyond Sticky Notes*

## Purpose:

Using a co-design process ensures the end result is useful to primary care providers, addresses health system needs, and is broadly applicable throughout Alberta. Co-design is an inclusive process of collaboration in which primary care, specialty care, patient and family advisors, and relevant partners with expertise and clinical interests come together to share their experiences, best practices, and make shared decisions.

**Phase 2 Helpful Links:**

- Environmental Scan Checklist
- Clinical Pathway Template
- PPU Tips and Tricks
- Patient Pathway Template
- MyHealth Alberta and Provincial Pathways Unit Style Guide

## Gather Health Condition Evidence

Using the Environmental Scan Checklist, the Co-Design team will gather information to begin populating the initial algorithm. This should include current and relevant clinical practice guidelines, pathways, patient resources, and clinical expertise associated with the condition or concern.

## Build the clinical pathway

- The Co-Design team discusses how to populate the Clinical Pathway Template (ensuring all members identified in the Pathway Project Charter have been fully engaged). IT typically takes several meetings to iterate the draft pathway. A team can typically accomplish a finished pathway within 4-6 months. The process can vary depending on the structure of the Co-Design group and available resources.
- For guidance on this critical step see PPU Tips and Tricks document.
- The pathway development process will result in a draft pathway which can be posted for testing on the pathways hub and reviewed by the PPU to ensure functionality and alignment with design standards.

### Build the patient pathway

- Following the development of the draft clinical pathway, the Patient Pathway Template can be populated using the recommended Style Guide which was co-developed by MyHealth.Alberta.ca (MHA) and the PPU. The guide prioritizes readability through plain language and effective information design but is not intended to be strictly adhered to. Adapting content to the needs of the condition and patients going through the experience should be a priority.
- The draft patient pathway is verified by the 2 PFAs and supported by the co-design team. A clinical review of the content within the patient pathway should occur before it moves to the co-design team for sign off for the validation phase.
- The draft Patient Pathway will then be reviewed by the PPU to ensure functionality and alignment with design standards.

# Phase 3: Validate

Validation of the test pathways involves a series of steps that include posting of a test clinical pathway to Alberta's Pathway Hub and a test patient pathway to MyHealth.Alberta.ca. This phase is for raising awareness, encouraging the use in practice, as well as for eliciting and gathering user feedback for quality improvement purposes. Once a test pathway is posted, communication strategies and tactics are key to gather feedback from key partners and end users over a defined period.

**Phase 3 Helpful Links:**

- Pathway Project Charter
- Co-Design satisfaction survey
- Email PPU
- Implementation Menu of Options
- Final endorsement meeting slide deck template

## Purpose:

The intent of this phase is to ensure that the test pathways being posted on the Hub are reviewed and utilized in practice by a broad group of end users to ensure usability, accuracy, and relevance.

### Step 1: Consensus to test

- The co-design team must have consensus that the pathway is ready to be posted for testing on Alberta's Pathway Hub and on MyHealth.Alberta.ca.
- The participants at the meeting should be guided by the Pathway Project Charter and ensure that all partner groups who will need to provide feedback during the testing phase have been clearly identified in the implementation planning.
- In some pathway projects, the co-design team may identify a larger advisory committee who may be involved in the endorsement of the pathway.
- It is important for the co-design members to document who was involved and how the consensus to test the pathway occurred.

- The co-design satisfaction survey should be distributed to the co-design team. If the PPU is not already involved, please email AlbertaPathways@ahs.ca to advise that new data is expected in the survey.

## Step 2: Post to Hub and MyHealth.Alberta.ca for testing phase

- The PPU will confirm with the co-design teams any remaining information needed for the clinical pathway and patient pathway to be posted online for the testing phase. This may include (but is not limited to):
    - Naming conventions.
    - Links.
    - Metadata (search terms).
    - Alignment with other pathway resources.
    - Expectations for the testing & review intervals, final endorsement, analytics.
    - Communications opportunities (key messaging).
- For the patient pathway this will also include working with a MyHealth Alberta (MHA) Content Lead to align the patient pathway with required literacy recommendations and ensure the user experience is appropriate. Posting a patient pathway requires early collaboration between the PPU and MHA to allow for adequate workflow considerations.

## Step 3: Communicate with zones

- Co-design team members are asked to share the test pathway with their networks (e.g., zone level meetings, conferences, etc.). The PPU will support communications with the primary care implementation channels as per Implementation documents.

## Step 4: Solicit feedback

- All pathways on the Hub have feedback links. Clicking on a feedback link generates a pathway specific email that the user can fill out and submit to the PPU. The PPU will then forward the feedback onto the pathway developers.
- Feedback gathered should be tracked and recommendations made where possible that are presented back to the co-design team at the final endorsement step (see below).

## Step 5: Final endorsement

- To complete the testing phase of the pathway design process, the co-design team must meet to review the collated feedback and make decisions about pathway modifications. Where possible, there should also be data presented on website analytics to illustrate the utilization of the pathway during the testing period. The action from this step is the pathway moving into Sustain phase for a two-year period.
- Let the PPU know the date of the meeting and the PPU can obtain data available for the clinical pathway and request data from MHA.
- A slide deck template is available as an example of how data and feedback can be shared with the co-design team.

# Phase 4: Implement

For clinical and patient pathways to have the desired impact on practice and outcomes, they need to be accessible and useable. Phase 4 highlights strategies for pathways and enable end users to use them in their practice.

*Successful implementation ensures end users understand how to access and utilize the various features of the clinical and patient pathways.*

### Purpose:

The purpose of the implementation phase is to promote the awareness and uptake of clinical and patient pathways in practice. Implementation strategies ensure that knowledge translation activities are incorporated in an efficient and effective manner that incorporates primary care provider workflows and learning needs.

**Phase 4 Helpful Links:**

- Implementation Menu of Options
- Pathway Project Charter
- Pathway Communication Guide

## Implementation options

The PPU and the co-design team will establish a collaborative communication plan for the pathway. The Implementation Menu of Options is designed to facilitate discussions focused on implementation and to support teams to select strategies that they feel will best support uptake and use of a clinical pathway in their practice settings and with the resources available. There is no 'one size fits all' approach, there are many different options for implementation that vary with respect to resource requirements, zone applicability, and reach. The Implementation Menu of Options will help to explore different knowledge translation strategies.

Creating awareness about the pathway and disseminating the finished pathway in a streamlined and targeted approach is a key aspect of any implementation approach. The Pathway Communication Guide can be referred to for additional information about communication strategies available.

Once strategies are selected, they should be planned and documented in the Implementation Template within the Project Charter.

# Phase 5: Sustain

Once the validation phase for the clinical and patient pathway have been completed and all necessary adjustments have been approved, the clinical and patient pathway moves into a sustain phase. In the sustain phase, the updated clinical pathway is "published" on Alberta's Pathway Hub and the patient pathway is "published" on MyHealth.Alberta.ca. Links to documents remain the same.

## Purpose:

The purpose of the sustain phase is twofold. The first objective is to continue to gather feedback. Work is needed to identify what feedback requires immediate action, and what can wait until the end of the two-year sustainment cycle. The second objective is to help the co-design members stay involved in the clinical and patient pathway by providing status updates during its lifecycle.

*Sustaining a pathway requires ongoing oversight and monitoring for triggers that would warrant ad hoc adjustments prior to the end of the two-year re-evaluation cycle.*

### Monitor and collate feedback

Feedback on pathways in the sustain phase is still collected, collated, and evaluated as per the process outlined in the validation phase. Feedback is logged, themed and shared with the co-design team to make decisions about whether the feedback is routine (e.g., to ensure the pathway stays reflective of current practice) or if the feedback is more urgent in nature and should trigger a mid-cycle adjustment to the clinical pathway.

### Maintain and evaluate the pathway

The PPU and its partners will begin data collection to support evaluation as per the completed Pathway Evaluation Considerations.

**Phase 5 Helpful Links:**

- Triggers for mid-cycle adjustments
- Pathway Evaluation Considerations
- Bi-Annual Report template

### Maintain connection with co-design group

The two-year sustain cycle begins when the testing is complete, and the feedback has been validated and incorporated into the sustain version. At regular six-month intervals, the PPU will share web page analytics from www.albertapathways.ca (i.e., the Hub).

The bi-annual report will include:

- Quantitative information regarding clinical pathway access frequency, and where your specific pathway compares to the other clinical pathways on the Hub. If an accompanying patient pathway exists, information from MyHealth Alberta will also be included.
- Feedback received via the “feedback button” on the clinical and patient pathway will be shared. Any other feedback received by the PPU (e.g., verbal feedback).

In preparation for the bi-annual report, the lead of the pathway should contact the assigned PPU Senior Consultant to ask for web analytics for clinical and patient pathway.

Importantly, if any adjustment triggers are encountered (see Sustain section) prior to the six-month report, the pathway leads should contact the PPU (or vice versa, depending on how the feedback is received).

**Disclaimer:**

This document is intended to guide pathway development. We acknowledge that nuances exist in every project. Please reach out to PPU at AlbertaPathways@ahs.ca if additional support is required or with additional questions.