

# Hands-on nursing and carepaths: a commentary

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From a nursing perspective, the introduction of carepaths has been an important practical advance, having a positive impact on the quality of patient care. Like most other nurses, I suspect, I am as enthusiastic as Pearson and Macintosh (2001) about the benefits.

To appreciate the improvement in the delivery of care, we need to recall our previous approaches based on “flow sheets”. These consisted of a summary of events after the day, rather than a plan of care to be implemented with an outline of expected patient outcomes to be achieved during the day.

The flow sheets were often inconsistent and poorly updated due to the constraints of time and expertise; they often depended on documentation by medical staff in the patients’ notes. One of the several consequential problems was that it caused delays in the commencement of post-operative rehabilitation.

An important consequence of the change to carepaths for patients is the heightened confidence of nursing staff delivering their care. This is notable among the permanent ward staff, and in some respects even more the case among new graduates and casual employees. It is not uncommon for three casual staff to be used in one ward after hours.

Once upon a time, when there was less single-minded pursuit of efficiency, there were supernumeraries whose role was to educate new and temporary nursing recruits in the particular practices appropriate to local care. Those days are gone for ever! Fortunately, carepaths are giving us a way to be both more efficient and more effective. The expected outcomes for each day are clearly summarised on the carepath, leaving little room for inconsistencies in both care and education of the patient.

The better teamwork that is encouraged and facilitated by carepaths is crucial to every clinical profession including nursing. The involvement of and documentation by the consultant orthopaedic surgeon, medical officers, the acute pain service, the physiotherapist, the occupational therapist and the social worker keep the nursing staff informed and mindful of potential variances.

Work done after hours and at weekends has become more productive since the introduction of carepaths. One benefit is that the continuation and continuity of care are no longer absolutely reliant on the medical ward round, which can be irregular due to theatre priorities. Nurses are not permitted, for example, to remove drains without documentation; after hours it was particularly difficult to get authorisation and the risk of infection increased. Protracted rehabilitation due to limited resources, lack of expertise and poor documentation was common.

The adoption of carepaths has resolved these and many more problems. The carepath checklist is a straightforward, effective means of ensuring collaborative patient care from the entire health care team. For nursing staff, it improves the ability to organise and practise patient care and acts as a learning tool.

## Reference

Pearson B and Macintosh DJ 2001, ‘Caring about carepaths’, *Australian Health Review*, vol 24 no 4.