# 1. Patients' perioperative experiences of an opioid-free versus opioid-based care pathway for laparoscopic bariatric surgery: A qualitative study. BACKGROUND: Despite recent evidence supporting the adoption of opioid-free anaesthetic and analgesic alternatives in the perioperative context, opioid-based regimens remain standard of care. There is limited knowledge about the patients' perioperative experiences of bariatric surgery, with no study yet investigating their experiences within an opioid-free care pathway. OBJECTIVE: We aimed to describe similarities and differences in patients' perioperative experiences of undergoing bariatric surgery with either an opioid-free or opioid-based care pathway. DESIGN: A qualitative interview study. SETTING: A strategic sample of patients enrolled in an ongoing randomized controlled trial investigating the effects of opioid-free anaesthesia for bariatric surgery were recruited. In the randomized controlled trial, participants were randomized to either opioid-based anaesthesia or opioid-free anaesthesia, including transcutaneous electrical nerve stimulation as primary postoperative pain management. PARTICIPANTS: Twenty patients were interviewed 3 months after surgery: 10 participants in the opioid-free group versus 10 in the opioid-based group. METHODS: Semi-structured interviews were conducted between December 2020 and February 2022 and analysed with qualitative content analysis. RESULTS: The analysis yielded four categories and 12 subcategories. In Category 1, participants shared diverse emotions before surgery, including anticipation of a healthier life, but also apprehensions and feelings of failure. In Category 2, describing liminality of general anaesthesia, there were similar descriptions of struggling to remember the anaesthesia induction and struggling to surface when recovering from anaesthesia. However, some participants in the opioid-free group shared descriptions of struggling to keep control, describing accentuated memories of the anaesthesia induction. Category 3, managing your pain, showed similar experiences and strategies but different narrations of pain management, with the opioid-free group stating that transcutaneous electrical nerve stimulation works but not when it really hurts, and the opioid-based group describing confidence in but awareness of opioids. Throughout the overall perioperative time period, participants acknowledged Category 4, a patient-professional presence, stating that preparations boost the feeling of confidence before surgery and that they felt confidence in a vulnerable situation although vulnerability challenges communication. CONCLUSIONS: We highlighted the overall similarities in perioperative experiences of patients undergoing bariatric surgery. However, the differences in experiences during opioid-free anaesthesia induction need to be addressed in further implementation and research studies investigating strategies to reduce the sense of loss of control. More research is needed to facilitate the implementation of opioid-free treatment strategies into clinical practice and improve the patient care experience. 2. Impact of clinical pathway implementation satisfaction, work engagement, and hospital-patient relationship on quality of care in Chinese nurses. AIMS: This study aimed to investigate how clinical pathway implementation satisfaction, work engagement, and hospital-patient relationship impact the quality of care that is provided by nurses in public hospitals. BACKGROUND: Clinical pathways are recommended as a form of quality improvement by broader healthcare systems and are widely used in the world. Nurses are the most involved group of healthcare professionals in the implementation of clinical pathways in public hospitals. So, it is important to investigate how their satisfaction with the process affects the quality of care they provide and influencing factors. METHODS: This descriptive cross-sectional study surveyed nurses practicing across seven tertiary public hospitals in Sichuan Province, China, online. The survey consisted of a questionnaire for the general characteristics of the participants and four Chinese maturity scales validated by previous studies: clinical pathway implementation satisfaction scale, work engagement scale, hospital-patient relationship perception scale, and quality of care scale. The bootstrap method was used to test a moderated mediation model using Hayes' PROCESS macro models 4 and 8. We followed STROBE guidelines to prepare the study report. RESULTS: A total of 880 nurses filled out the questionnaires, 821 of which were regarded as valid. Clinical pathway implementation satisfaction had a positive effect on quality of care (B = 0.873, P < 0.001). Work engagement played a mediation role between nurses' clinical pathway implementation satisfaction and the quality of care (effect = 0.080, Boot 95% CI = [0.023, 0.142]). This mediation model was moderated by the hospital-patient relationship (P < 0.01). CONCLUSION: Clinical pathway implementation satisfaction may enhance the quality of care by work engagement of nurses. Moreover, a good hospital-patient relationship can enhance the positive impact of nurses' satisfaction on work engagement and health service quality. IMPLICATIONS FOR NURSING AND NURSING POLICY: Public hospital managers need to pay attention to nurses' evaluation of and perceptions toward clinical pathway implementation and then take corresponding measures to improve their satisfaction to enhance the quality of care. At the same time, the government, society, and hospitals also need to foster good hospital-patient relationships to ensure that nurses have a high level of work engagement that aids in providing high-quality care services. 3. Patient experiences during the planned perioperative care pathway: An integrative review. AIMS: This integrative review aimed to synthesize evidence about the patients' experiences during the planned perioperative care pathway. DESIGN: Integrative review. DATA SOURCES: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline Ovid, Scopus, and American Psychological Association (APA) PsychINFO. Original, peer-reviewed studies published in English between 2012 and 2023 exploring patient experiences during the planned perioperative care pathway were reviewed. METHODS: This review was guided by the Whittemore and Knafl method and followed PRISMA guidelines to search the literature. Twenty-two articles were selected for the final study. RESULTS: Three themes emerged: Sharing of information is empowering; interpersonal relationships are valued by patients, and hospital systems and care co-ordination influence the patient experience. CONCLUSIONS: The quality and consistency of the information patients receive can both support and undermine patient confidence in health professionals. The quality of relationships that participants experience and effective communication with health professionals can support or compromise the quality of the patients' perioperative experience. The nature of the hospital systems and care co-ordination in hospital has implications for the quality of recovery from surgery. IMPACT: This review evaluates whether national and international health services and organizations, adhering to the WHO guidelines, have developed and implemented intentionally focused perioperative care with the aims to achieving effective and sustainable surgical outcomes through increased patient satisfaction. NO PATIENT OR PUBLIC CONTRIBUTION: This article is an integrative review and does not include patient or public contribution. 4. Quality in care requires kindness and flexibility - a hermeneutic-phenomenological study of patients' experiences from pathways including transitions across healthcare settings. BACKGROUND: The number of people living with chronic conditions is increasing worldwide, and with that, the need for multiple long-term complex care across care settings. Undergoing transitions across healthcare settings is both challenging and perilous for patients. Nevertheless, knowledge of what facilitates quality during transitions in healthcare settings from the lifeworld perspective of patients is still lacking. Therefore, we aimed to explore the lived experience in healthcare quality for Danish adult patients during healthcare pathways including transitions across settings. METHODS: Within a hermeneutic-phenomenological approach, interviews were conducted with three women and five men with various diagnoses and care paths between 30 and 75 years of age. Data underwent a three phased thematic analysis leading to three themes. RESULTS: Patients with various illnesses' experiences of quality of care is described in the themes being powerless in the face of illness; burdensome access and navigation; and being in need of mercy and striving for kindness. This highlights that patients' experiences of quality in healthcare pathways across settings interweaves with an overall understanding of being powerless at the initial encounter. Access and navigation are burdensome, and system inflexibility adds to the burden and enhances powerlessness. However, caring care provided through the kindness of healthcare professionals supports patients in regaining control of their condition. CONCLUSIONS: This hermeneutical-phenomenological study sheds light on the lived experiences of people who are at various stages in their care paths with transitions across healthcare settings. Although our findings are based on the lived experiences of 8 people in a Danish context, in light of the discussion with nursing theory and other research, the results can be reflected in two main aspects: I) kind and merciful professional relationships and II) system flexibility including access and navigation, were essential for their experiences of care quality during healthcare transitions. This is important knowledge when striving to provide patients with a clear voice regarding quality in care pathways stretching across settings.

# 5. Understanding health care pathways of patients with sepsis: protocol of a mixed-methods analysis of health care utilization, experiences, and needs of patients with and after sepsis. BACKGROUND: Sepsis is associated with about 20% of deaths worldwide. It often presents with non-specific initial symptoms, making its emergency treatment an interdisciplinary and cross-sectoral challenge. Three in four sepsis survivors suffers from new cognitive, psychological, or physical sequelae for which specific treatment concepts are scarce. The AVENIR project aims to improve the understanding of patient pathways, and subjective care experiences and needs along the entire healthcare pathway before, with and after sepsis. Based on this, concrete recommendations for the organization of care and patient information materials will be developed with close patient participation. METHODS: Mixed-methods study including (1) analysis of anonymized nationwide health claims data from Germany, (2) linkage of health claims data with patient care reports (PCR) of emergency medical services from study regions in two federal states within Germany, and (3) qualitative exploration of the patient, relative, and care provider perspective on sepsis care. In (1), we analyze inpatient and outpatient health care utilization until 30 days pre-sepsis; clinical sepsis care including intra- and inter-hospital transfers; and rehabilitation, inpatient and outpatient aftercare of sepsis survivors as well as costs for health care utilization until 24 months post-sepsis. We attempt to identify survivor classes with similar health care utilization by Latent Class Analyses. In (2), PCR are linked with health claims data to establish a comprehensive database outlining care pathways for sepsis patients from pre-hospital to follow-up. We investigate e.g., whether correct initial assessment is associated with acute (e.g., same-day lethality) and long-term (e.g., new need for care, long-term mortality) outcomes of patients. We compare the performance of sepsis-specific screening tools such as qSOFA, NEWS-2 or PRESEP in the pre-clinical setting. In (3), semi-structured interviews as well as synchronous and asynchronous online focus groups are conducted and analyzed using qualitative content analyses techniques. DISCUSSION: The results of the AVENIR study will contribute to a deeper understanding of sepsis care pathways in Germany. They may serve as a base for improvements and innovations in sepsis care, that in the long-term can contribute to reduce the personal, medical, and societal burden of sepsis and its sepsis sequelae. TRIAL REGISTRATION: Registered at German Clinical Trial Register (ID: DRKS00031302, date of registration: 5th May 2023).

# 6. Impact of the Multidisciplinary Cancer Team on the Diagnostic and Therapeutic Care Pathway of Early Breast Cancer Patients and Perception of Team Members: The Experience of a Cancer Centre in Italy.

Literature on the role of multidisciplinary team (MDT) in cancer is still controversial. We aimed to investigate MDT impact on a panel of indicators in breast cancer care in a single-center retrospective study performed in a Cancer Reference Center in Italy. We analysed the diagnostic and therapeutic care pathway (DTCP) of 266 early breast cancer patients managed by our MDT during 2019-2020. Process indicators reflecting the change of the diagnostic and therapeutic care pathways occurred after the MDT discussion were computed. Further, the performance of some quality care indicators in breast cancer care since the establishment of the MDT activity and the breast cancer MDT members' perceptions were also investigated. According to our study, the MDT approach improves breast cancer management by increasing the completion of staging and by encouraging neo-adjuvant treatment and an appropriate and faster surgery. In MDT members' perspective it also improves decision-making and training and creates a positive work environment. Globally, our study encourages MDT rollout in breast cancer care. However, to enhance the reliability and comparability of the results of studies investigating MDT effectiveness in clinical practice, shared guidelines on its operationalisation are strongly desirable.

# 7. Medical nutrition therapy during intensive remission-induction treatment and hematopoietic stem cell transplantation in acute myeloid leukemia patients: Hematologists' experiences and perspectives. BACKGROUND & AIMS: The European Societies for Clinical Nutrition and Metabolism (ESPEN) and Blood and Marrow Transplantation (EBMT) recommend enteral nutrition (EN) as the first-choice medical nutrition therapy in acute myeloid leukemia (AML) patients undergoing intensive treatments, including high-dose remission-induction chemotherapy and hematopoietic stem cell transplantation (HSCT). However, parenteral nutrition (PN) remains the preferred method of nutrition support in current clinical practice. The aim of this qualitative study was to gain insight into hematologists' experiences and perspectives regarding the choice and ESPEN/EBMT recommendations on EN versus PN. METHODS: Online semi-structured interviews were conducted with one hematologist from each of the 21 hospitals offering intensive AML treatments in the Netherlands, using Microsoft Teams. Interviews were audio-recorded, transcribed verbatim and thematically analyzed using Atlas. ti. One hundred nineteen hematologists working in the same hospitals were invited to complete a short online questionnaire survey (SurveyMonkey®) regarding their knowledge and opinion on the ESPEN/EBMT guidelines recommending EN over PN during intensive AML treatments. The results of this survey are presented in a descriptive way. RESULTS: Fifty-nine hematologists participated in this study (42% overall response rate), of which 21 in the semi-structured interviews (response rate 100%) and 38 in the online survey (response rate 32%). Hematologists considered medical nutrition therapy important for prevention and treatment of malnutrition and associated adverse outcomes in AML patients undergoing intensive remission-induction treatment and HSCT. However, opposed to the ESPEN/EBMT guidelines, the vast majority of hematologists were hesitant or reluctant to use EN instead of PN as the first-choice medical nutrition therapy in these patients. The most frequently cited barriers to use EN were the expected low feasibility and tolerance of EN, feeding tube-related discomfort and bleeding risk, and patient refusal. Other barriers to follow the guidelines on EN were related to personal factors, including hematologists' knowledge (lack of awareness and familiarity) and attitude (lack of agreement, outcome expectancy, experience, success, motivation, and learning culture), guideline-related factors (lack of evidence and applicability), and external factors (lack of collaboration and resources). Facilitators included strategies for nutrition education and dissemination of nutritional guidelines, interprofessional and patient collaboration, availability of feeding tubes that can be inserted without endoscopy and stronger scientific evidence. CONCLUSIONS: Hematologists recognized the importance of medical nutrition therapy for reducing malnutrition and related negative outcomes during intensive AML treatments. However, contrary to the ESPEN/EBMT guidelines, they preferred PN instead of EN as the medical nutrition therapy of first choice. To reduce compliance barriers, interventions should focus on improving hematologists' knowledge of medical nutrition therapy and dietary guidelines, enhancing success rates of EN by adequately triaging patients eligible for EN and inserting duodenal feeding tubes using an electromagnetic sensing device without endoscopy, developing decision aids and multidisciplinary guidelines and care pathways. Furthermore, future trials should focus on the feasibility and benefits of EN versus PN both during remission-induction treatment and HSCT.

# 8. Evaluation of the care pathway in the context of the dispensing of emicizumab (Hemlibra) in community and hospital pharmacies in France: A patient satisfaction survey. INTRODUCTION: Since June 2021 in France, patients with haemophilia A with anti-factor VIII inhibitors and patients with severe haemophilia A without anti-factor VIII inhibitors, and treated with emicizumab (Hemlibra), have to choose the dispensing circuit community or hospital pharmacy. AIM: To evaluate satisfaction of patients whether they choose dispensation from a community pharmacy or retained dispensation from the hospital pharmacy, to understand the main motivation for choosing the community or the hospital pharmacy. METHODS: All patients living in France, regardless of age, were eligible to participate. Between September 13, 2022, and January 9, 2023, 175 respondents answered the satisfaction survey, including 123 in community pharmacy and 52 in hospital pharmacy. RESULTS: Eighteen months after availability in community pharmacies, treatment accessibility is improved for the benefit of the patient. The door-to-door travel times are significantly reduced to the community pharmacy with an average gain of 16.5 min saved from the place of residence. Patients are mostly satisfied with the new dispensing circuit especially concerning the overall satisfaction (p < .0001), the travel time (p < .0001) and the strong relationship with the pharmacist (p = .0022) compared to hospital pharmacy. CONCLUSION: Innovation in care pathways is showing its full potential in improving access to medication, made possible by the implementation of a rigorous organization accompanied by training to enable healthcare professionals involved in primary care to provide appropriate management.

# 9. The added value of the artificial intelligence patient-reported experience measure (AI-PREM tool) in clinical practise: Deployment in a vestibular schwannoma care pathway. OBJECTIVES: Patient-reported experience measures (PREMs) can be used for the improvement of quality of care. In this study, the outcome of an open-ended question PREM combined with computer-assisted analysis is compared to the outcome of a closed-ended PREM questionnaire. METHODS: This survey study assessed the outcome of the open-ended questionnaire PREM and a close-ended question PREM of patients with unilateral vestibular schwannoma in a tertiary vestibular schwannoma expert centre. RESULTS: The open-ended questions PREM, consisting of five questions, was completed by 507 participants and resulted in 1508 positive and 171 negative comments, categorised into 27 clusters. The close-ended questions PREM results were mainly positive (overall experience graded as 8/10), but did not identify specific action points. Patients who gave high overall scores (>8) on the close-ended question provided points for improvement in the open-ended question PREM, which would have been missed using the close-ended questions only. CONCLUSIONS: Compared to the close-ended question PREM, the open-ended question PREM provides more detailed and specific information about the patient experience in the vestibular schwannoma care pathway. INNOVATION: Automated analysis of feedback with the open-ended question PREM revealed relevant insights and identified topics for targeted quality improvement, whereas the close-ended PREM did not.

# 10. Understanding the drivers of patient satisfaction with home health care services: An empirical study of two care pathways. This research aims to empirically determine the drivers of patient satisfaction with home health care services and to develop an instrument for measuring patient satisfaction in this context. The empirical study focuses on insulin and respiratory assistance therapies. Two large patient samples of a private home care provider in France are surveyed. Two distinct, yet complementary, analytical procedures are performed to maximize the validity and reliability of the results. We identify four core concepts (interpersonal relationship, support and guidance, delivery of consumables, and equipment use) that play a key role in influencing patient satisfaction across the two therapies studied. The results also reveal that the relative role of each factor in driving overall patient satisfaction varies across these therapies, possibly due to differences in the characteristics of the therapies and related care services. Our empirical results enrich the existing literature, largely focused on hospital and primary care settings, by providing evidence to capture patient satisfaction drivers at the level of specificity required to account for the unique context of home care services. The article's main theoretical contribution is to establish, from the patient's perspective, a core set of drivers that determine patient satisfaction in the context of home health care services. The instrument provides practitioners and policy makers with a practical tool that supports them in achieving patient satisfaction and in understanding why and how such satisfaction is achieved. The suitability of the patient satisfaction instrument to other forms of home care services needs examining.

# 11. Satisfaction Survey for Regional Clinical Pathway for Stroke Patients in Acute and Rehabilitation Hospitals in Japan.

OBJECTIVES: We collected opinions about the use of a stroke-specific regional clinical pathway for facilitating collaboration between acute and rehabilitation hospitals in Japan. METHODS: The study surveys were administered in acute hospitals designated as primary stroke centers and certified by the Japan Stroke Association (n=961) and in rehabilitation hospitals affiliated with the Kaifukuki Rehabilitation Ward Association (n=1237). The survey collected information on interfacility collaboration when caring for patients admitted during the acute phase following non-traumatic stroke from April 2020 to March 2021. We examined the pathway's usefulness and challenges relative to facility type using the χ2 test. RESULTS: Of 422 acute hospitals and 223 rehabilitation hospitals that responded to our survey, 259 (62.1%) acute hospitals and 164 (85.4%) rehabilitation hospitals used the pathway. Fewer rehabilitation hospitals than acute hospitals considered that the pathway was useful (52.0% vs. 63.8%, P=0.02). Fewer rehabilitation hospitals did not experience pathway-related problems when compared with acute hospitals (38.0% vs. 55.8%, P<0.01). CONCLUSIONS: Personnel at rehabilitation hospitals were less satisfied with the regional clinical care pathway than those in acute hospitals. These results suggest that the current stroke-specific regional clinical pathway could be improved.

# 12. The Experience of Patients in Chronic Care Management: Applications in Health Technology Assessment (HTA) and Value for Public Health. Frail chronic patients consume the largest share of resources in advanced healthcare systems, with more hospitals waiting to receive them in the acute phase (awaiting paradigm) than there are effective public health interventions to keep them out of hospitals as much as possible. Effective chronic care management (CCM) requires organizational research as much as biomedical research (and, in some cases, perhaps more). Otherwise, excellent clinical care is wasted by poor coordination among professionals and institutions, with frail patients and their families paying the most expensive price. Comprehensive health technology assessment (HTA) procedures include organizational, social, and ethical dimensions to precisely capture the environmental factors that make medical interventions effective, accessible, and sustainable. Clinical outcomes and financial data are used extensively to evaluate care pathways from the providers' perspective, but much remains to be done to capture equally important indicators from the perspective of patients and society. The authors hypothesize that the ordinary use of patient-reported experience measurement (PREMs) in HTA can help reduce gaps and inequalities by identifying frail patients on time, curbing the risks of isolation and the burden on care givers, preventing complications and inappropriate emergency care use, improving adherence, health communication and behavior, supporting risk assessment, and relieving the frequency of the healthcare environment.

# 13. Collaborating with Patient Partners to Model Clinical Care Pathways in Major Depressive Disorder: The Benefits of Mixing Evidence and Lived Experience.

BACKGROUND: Partnering with patients can enrich the design and development of models of clinical care pathways, yet the practice is not commonplace. Guidelines or "best practices" for patient involvement in modeling are scarce. OBJECTIVES: In this paper, we outline the steps we took to form an effective partnership with patients to design a robust microsimulation Markov model of major depressive disorder care pathways in British Columbia, Canada, with the aim of encouraging other teams to partner with patients in healthcare modeling endeavors. METHODS: We describe three unique phases of our collaborative process: uncertainty, mapping, and structured collaboration. We then explore the unique contributions the patient partners made, not only to the model itself, but to our process. Key perspectives are shared from both the modeler and the patient partners in their own words. RESULTS: The patient partners made distinct contributions by challenging and verifying modeling assumptions, noting limitations of the model, and suggesting areas for future research. Both the patient partners and the modelers saw great value in the partnership and agreed that the model was strengthened by the diversity of the team. CONCLUSIONS: We present our learning and key recommendations for future modeling teams in the absence of tested frameworks. We encourage more widespread adoption of patient involvement in modeling and the development of guidelines for such work to increase the democracy of scientific decision making.

# 14. Breast cancer patients' experiences on their individual care pathway: A qualitative study.

INTRODUCTION: Radiographers must be aware of the needs and expectations of women to be able to involve them in the decision making on their own care pathway. The purpose of the study is to describe experiences of women with breast cancer in their individual care pathway. METHODS: Data was collected with qualitative open-ended online questionnaires via national breast cancer patient organizations in four countries. The subjects were women who had completed their breast cancer treatments at a maximum of six months before responding. Data was analysed using thematic analysis. RESULTS: Women responding to the survey questionnaire (N = 14) reported 11 main meaningful events in their care pathways. According to respondents, being well informed about the treatment process, a smooth flow of the care process, being treated individually and having a properly organized follow-up were the most important aspects for the optimal breast cancer care pathway. CONCLUSIONS: The subjects perceived their breast cancer care pathways somewhat differently from the way the pathways are usually described from the health care organizations' viewpoint. In different stages of their individual breast cancer care pathway, positive and less positive experiences of women were somewhat similar, yet contrasting. IMPLICATIONS FOR PRACTICE: In addition to general forms of support, targeted interventions should be planned to improve the quality of breast cancer care specific to different stages of the treatment process. The findings can be used to promote education for radiographers and other cancer care staff, as well as to develop patient-centred breast cancer care.

# 15. Standardized care pathways for patients with suspected urinary bladder cancer: the Swedish experience.

OBJECTIVES: To compare time intervals to diagnosis and treatment, tumor characteristics, and management in patients with primary urinary bladder cancer, diagnosed before and after the implementation of a standardized care pathway (SCP) in Sweden. MATERIALS AND METHODS: Data from the Swedish National Register of Urinary Bladder Cancer was studied before (2011-2015) and after (2016-2019) SCP. Data about time from referral to transurethral resection of bladder tumor (TURBT), patients and tumor characteristics, and management were analyzed. Subgroup analyses were performed for cT1 and cT2-4 tumors. RESULTS: Out of 26,795 patients, median time to TURBT decreased from 37 to 27 days after the implementation of SCP. While the proportion of cT2-T4 tumors decreased slightly (22-21%, p < 0.001), this change was not stable over time and the proportions cN + and cM1 remained unchanged. In the subgroups with cT1 and cT2-4 tumors, the median time to TURBT decreased and the proportions of patients discussed at a multidisciplinary team conference (MDTC) increased after SCP. In neither of these subgroups was a change in the proportions of cN + and cM1 observed, while treatment according to guidelines increased after SCP in the cT1 group. CONCLUSION: After the implementation of SCP, time from referral to TURBT decreased and the proportion of patients discussed at MDTC increased, although not at the levels recommended by guidelines. Thus, our findings point to the need for measures to increase adherence to SCP recommendations and to guidelines.

# 16. Collaborative research protocol to define patient-reported experience measures of the cystic fibrosis care pathway in France: the ExPaParM study. INTRODUCTION: In France, the cystic fibrosis (CF) care pathway is coordinated by multidisciplinary teams from specialised CF centres or transplant centres. It includes the care provided at home or out of hospital, risk prevention in daily life and adjustments to social life, which together contribute to the person's quality of life. Patient experience is used to describe and evaluate the care and life of patients living with the disease. OBJECTIVES: Our collaborative research aims to identify the most significant areas and criteria that characterise the CF pathway. It will lead to the development of a questionnaire to collect patients' experience, which can be administered to all patients or parents of children registered and followed in the centres. The article describes the protocol developed in partnership with patients and parents of children living with the disease. METHOD: A multidisciplinary research group brings together researchers, patients, parents of children with CF and health care professionals. The patient partnership is involved in the 4 phases of the protocol: (1) setting up the study, recruiting patient and parent co-researchers, training them in qualitative research methods, defining the situations and profiles of patients in the study population, elaborating the protocol; (2) selecting the study sites, recruiting participants, carrying out semi-structured interviews, analysing verbatims using the grounded theory approach; (3) co-elaborating Patient-Reported Experience Measures (PREM) questionnaires adapted to the 4 types of participants: parents, adolescents, non-transplanted adults and transplanted adults; (4) validating the construct with participants and professionals from the study centres. RESULTS: The protocol obtained a favourable opinion from the Ethics Evaluation Committee of INSERM (IRB00003888-no. 20-700). Training was provided to the 5 patients and 2 parent co-researchers to enable them to participate effectively in the research. Eleven centres participated in the recruitment of participants in mainland France and Reunion Island. Eighty hours of interviews were conducted. DISCUSSION: The PREM questionnaires to be elaborated will have to undergo psychometric validation before being used by the actors of the CF network to assess the impact on the care pathways of quality approaches or new therapies available in cystic fibrosis. Trial Registration Registry: IRB00003888 - no. 20-700. Issue date: 06/09/2020.

# 17. Postoperative clinical nursing care pathway for patients with mucormycosis: An experience from a tertiary care hospital in Rajasthan, India. BACKGROUND: The COVID-19 pandemic is a serious global health threat and it has numerous impacts on human life. India faced the problem of the second wave of COVID-19 and an unexpected new predicament in the form of mucormycosis has been added. The use of steroids drugs for long duration and comorbidity with COVID-19 infections are the risk factors of mucormycosis. It is important to understand the postoperative clinical pathway to assess and determine the policy and protocol, which help patients fasten their recovery, prevent further complications and readmission. METHODS: A cross-sectional descriptive design was used to conduct the study. We adopted the validated Immediate Post-Operative Recovery Assessment (IPR-PA) Scale to assess the postoperative clinical nursing care pathway for patients with mucormycosis. RESULTS: The current study shows that patients had highest score in the physiology clinical recovery domain (75.25%) and the lowest post-operative clinical recovery score in psycho-social domain (20.83%). There was a significant positive correlation was found between all the domains. The medication status domains found significantly associated with participants' age (P=.021) and physiological domains has shown significant association with received oxygen therapy during hospitalization (P=.046). CONCLUSION: Postoperative clinical nursing care pathway was effective to determine the progress of a patient. It helps us to know the parameter of different domains namely being physiological, physical, psycho-social and medication status. Patients required psycho-social support due to the epidemic and fear from disease.

# 18. Adaptation of a stoma care pathway and use of telephone clinics during the pandemic: patient experience survey. With the arrival of the COVID-19 pandemic, outpatient clinics had to adjust and reduce the number of face-to-face appointments. The Cambridge stoma service has a recognised pathway of stoma care but needed to adjust this in line with government guidelines. The team took the opportunity to audit the current pathway and complete a patient experience survey to determine the future of the service and potential adaptations to the pathway in the future. AIM: To determine the need for adaptation and improvement of the standard stoma clinics pathway. METHOD: A survey was conducted using a postal questionnaire to all patients who attended stoma clinics between April and June 2020. FINDINGS: 160 questionnaires were sent and 72 responses returned (45%). All elements of the virtual clinic were rated positive by more than 80% of respondents, with nearly 90% of them feeling that all their stoma care needs were met. When asked to indicate their preferred consultation methods (patients were allowed to choose more than one), face to face received 50 votes, telephone 32 votes and video clinic 5 votes. CONCLUSION: There is a need to adapt the standard clinic pathway to be able to offer standardised care but with flexibility to adjust to circumstances and patients' preferences.

# 19. Integrating Quality of Life in the Care Pathway of Cancer Patients Undergoing Immunotherapy Treatment: Descriptive, Cross-sectional Survey of an Online Patient Community's Experiences and Expectations. BACKGROUND: New cancer treatments, such as immune checkpoint inhibitors (ICIs), can improve survival and health-related quality of life (HRQoL) in patients with cancer. Although long-term monitoring of HRQoL has been shown to improve survival, integration of HRQoL into everyday practice remains poorly documented. OBJECTIVE: This study describes experiences and expectations of patients treated with ICIs regarding a discussion of HRQoL with health care professionals (HCPs) in cancer management. METHODS: This cross-sectional study was conducted in an online patient community (Carenity) in France. Patients treated with ICIs for cancer, included between September 2018 and January 2019, completed a questionnaire to assess the involvement of HCP in a discussion of HRQoL and when and what was discussed. RESULTS: Of 82 patients included (mean age: 56.9 years, 95% CI 54.2-59.6; 46 [56%] male; 34 [41%] with lung cancer), 62 (76%) reported discussing HRQoL at least once with HCPs, mainly general practitioners (54/82, 66%), oncologists (53/82, 65%), and hospital nurses (50/82, 61%). Around half (45/82, 55%) of the patients were satisfied with these discussions. Discussions with the oncologist were at the patient's initiative (34/53, 64%). Discussions occurred primarily during follow-up visits (40/62, 65%), when adverse events occurred (30/62, 48%), and at treatment initiation (27/62, 32%). The most discussed dimensions were symptoms (48/62, 77%) and physical well-being (43/62, 69%). With respect to expectations, 54/82 (66%) patients considered oncologists as the most important HCPs for discussing HRQoL. These discussions were desirable throughout the care pathway, particularly at diagnosis (63/82, 77%) and when treatment was initiated (75/82, 92%) or changed (68/82, 83%). All HRQoL dimensions were considered important to discuss. CONCLUSIONS: With only around half of the patients satisfied with HRQoL discussions, impactful HRQoL integration in clinical practice is critical. According to patients, this integration should involve mainly oncologists and general practitioners, should happen at every step of the care pathway, and should be extended to dimensions that are currently rarely addressed.

# 20. Experiences of Patients With Diabetes Attending a Publicly Funded Eye Care Pathway in Western Sydney: A Qualitative Study. Diabetic retinopathy (DR) complications can be prevented with regular screening and timely access to an ophthalmologist for treatment. But there are patient and health system barriers that can impact access to DR services. This study aims to identify enablers and barriers for accessing public DR eye care services in a low socio-economic urban area of Australia. We conducted a qualitative study using semi-structured interviews for patients with diabetes aged 35 years and older attending public ophthalmology services. Interviews were analyzed to identify themes and subthemes; and the COM-B framework was used to interpret the complex behavioral mechanisms, including capability, opportunity, and motivation factors, to explain adherence to DR eye care. Three main themes and 7 sub-themes relating to patient experiences of DR care were derived. Patients were found to be passive actors in their DR eye care, but patients trusted clinicians and were determined to maintain their vision and quality of life. The barriers and facilitators of care related to the health system (service availability and recall-reminder systems) and patient experiences (choices, knowledge, and fear). The findings of this study will guide patient-centered initiatives to target and improve access to DR care. Strategies should focus on improving communication between eye care providers, and communication with patients to empower them to become more active players in healthcare decisions. 21. Patient Flow or the Patient's Journey? Exploring Health Care Providers' Experiences and Understandings of Implementing a Care Pathway to Improve the Quality of Transitional Care for Older People.

Internationally, the implementation of care pathways is a common strategy for making transitional care for older people more effective and patient-centered. Previous research highlights inherent tensions in care pathways, particularly in relation to their patient-centered aspects, which may cause dilemmas for health care providers. Health care providers' understandings and experiences of this, however, remain unclear. Our aim was to explore health care providers' experiences and understandings of implementing a care pathway to improve transitional care for older people. We conducted semistructured interviews with 20 health care providers and three key persons, along with participant observations of 22 meetings, in a Norwegian quality improvement collaborative. Through a thematic analysis, we identified an understanding of the care pathway as both patient flow and the patient's journey and a dilemma between the two, and we discuss how the negotiation of conflicting institutional logics is a central part of care pathway implementation.

# 22. Patient experiences of alcohol specialist nurse interventions in a general hospital, and onwards care pathways.

AIMS: To provide insight into patient experiences of a general hospital-based alcohol specialist nurse intervention during alcohol detoxification, experiences of alcohol specialist nurse hospital-based follow-up appointments (Pathway A) as well as the experiences of patients who did not have access to this additional help post detoxification (Pathway B). DESIGN: A longitudinal qualitative study. METHODS: A thematic analysis of semi-structured interviews (2016-2017) with 24 patient participants (N = 12 in each pathway; purposive selection) 1-4 weeks post-detoxification and at 3 and 6 months, to identify patient experiences of these interventions. RESULTS: Participants gave accounts of how 'empathic' and 'straight talking' interactions with alcohol specialist nurses during detoxification helped them to 'open up' and orient towards change. After detoxification follow-up, outpatient appointments in the hospital setting were seen as supporting change in early recovery and engagement with a wider range of services. Those with no access to nurse follow-up described experiencing a 'void' in available help. Participants in both groups described barriers to engagement with community alcohol services, peer groups and access to help for mild-moderate mental health problems. CONCLUSION: Patient accounts indicate alcohol specialist nurse interventions during and after unplanned detoxification in a hospital setting can help orient patients towards change and support early recovery. IMPACT: Providing alcohol specialist nurse interventions in general hospitals offers one route to initiating recovery in alcohol-dependent patients. This has potential to improve the lives of those affected and to reduce related demands on hospital services, but further research is needed.

# 23. Improving the experience of older people with colorectal and breast cancer in patient-centred cancer care pathways using experience-based co-design. BACKGROUND: Patient and public involvement (PPI) in quality improvement of oncological care pathways for older patients are rare. OBJECTIVES: Improve the care pathway experience of older cancer patients and explore lessons learned regarding how to engage this vulnerable group. DESIGN: Experience-Based Co-Design. SETTING AND PARTICIPANTS: Older cancer patients, their caregivers and healthcare professionals within colorectal and breast cancer care pathways. INTERVENTIONS: Co-design quality improvement teams. MAIN OUTCOME MEASURES: Colorectal cancer care pathway touchpoints were (a) availability of a contact person during diagnostic, treatment and aftercare phases; (b) collaboration between physicians and different hospital departments; (c) continuous relationship with same physician; (d) respectful treatment; (e) and information transfer with primary care. Breast cancer care pathway touchpoints were (a) comprehensive information package and information provision, (b) care planning based on patient preferences, (c) continuity of patient-professional relationship and (d) specialized care in case of vulnerability. Challenges related to PPI included (a) ability of older cancer patients to be reflective, critical and think at a collective level; (b) gaining support and commitment of professionals; (d) overcoming cultural differences and power inequalities; and (e) involving researchers and facilitators with appropriate expertise and position. CONCLUSION: This multidisciplinary quality improvement project revealed several challenges of PPI with older cancer patients and their caregivers. Research teams themselves need to assume the role of facilitator to enable meaningful PPI of older cancer patients. PATIENT OR PUBLIC CONTRIBUTION: Patient and caregiver representatives and advocates were involved in the design, conduct, analysis, interpretation of the data and preparation of this manuscript.

# 24. Experiences with the Liverpool care pathway for the dying patient in nursing home residents: a mixed-method study to assess physicians' and nurse practitioners' perceptions.

BACKGROUND: The Liverpool care pathway for the dying patient (LCP) is a multidisciplinary tool developed for the dying phase for use in palliative care settings. The literature reports divergent experiences with its application in a nursing home setting related to its implementation and staff competencies. The aim of this study is to understand how the LCP is being used in the context of the nursing home, including for residents with dementia, and experienced from the perspectives of those responsible for medical treatment in nursing homes. METHODS: A mixed-methods approach was used, consisting of a survey followed by interviews. A link to a 9-item online survey with closed and open-ended questions was emailed to all physicians and nurse practitioners of 33 care organisations with nursing homes in three regions of the Netherlands (North, West and South). In addition, 10 respondents with particularly positive or negative experiences were selected for semi-structured interviews. RESULTS: The survey was completed by 159 physicians and nurse practitioners. The respondents were very positive on the content and less positive on the use of the LCP, although they reported difficulties identifying the right time to start the LCP, especially in case of dementia. Also using the LCP was more complicated after the implementation of the electronic health record. The LCP was judged to be a marker of quality for the assessment of symptoms in the dying phase and communication with relatives. CONCLUSION: An instrument that prompts regular assessment of a dying person was perceived by those responsible for (medical) care to contribute to good care. As such, the LCP was valued, but there was a clear need to start it earlier than in the last days or hours of life, a need for a shorter version, and for integration of the LCP in the electronic health record. Regular assessments with an instrument that focusses on quality of care and good symptom control can improve palliative care for nursing home residents with and without dementia.

# 25. Clinical nursing pathway improves the nursing satisfaction in patients with acute cerebral hemorrhage: A randomized controlled trial protocol. BACKGROUND: Cerebral hemorrhage (CH) is a very common cerebrovascular disorder in clinical practice. More and more studies reported that proper nursing care could promote the rate of treatment, and improve the prognosis after treatment. Clinical nursing pathway (CNP) refers to original nursing mode with good quality, outstanding efficiency, and low treatment spending. Few articles have reported the effect of CNP in patients with acute CH. The program is in urgent need of convinced evidence to prove the reliability. Thus, we perform this randomized controlled trial protocol and hypothesize that CNP is associated with improved outcomes and nursing satisfaction, reduced adverse reactions in patients with acute CH. METHOD: It is a single-center randomized controlled study to be conducted from October 2020 to October 2021. It was admitted via the Ethics Committee of the West China Hospital of Sichuan University (0038842/121). Eighty patients meet diagnostic standards for CH are included. The study group receives the clinical nursing path model. In the control group, patients receive the routine care before and after taking to the hospital. The main outcome contains the Barthel index score, the patient's degree of satisfaction about care, the length of hospital stay, and the risk of complications such as infection, bedsores and gastrointestinal function between the 2 groups. Six months after admission, the functional independence measure and Fugl Meyer score are recorded. All data are analyzed by the IBM SPSS Statistics, version 20 (IBM Corp., Armonk, NY edition). RESULTS: Table 1 shows the clinical outcomes between groups. CONCLUSION: CNP may improve the clinical outcomes for patients with acute CH and have a significant value in actual applications. TRIAL REGISTRATION NUMBER: researchregistry6061.

# 26. Patient and caregiver experiences with advanced cancer care: a qualitative study informing the development of an early palliative care pathway.

BACKGROUND: Palliative care is an approach that improves the quality of life of patients and families facing challenges associated with life-threatening illness. In order to effectively deliver palliative care, patient and caregiver priorities need to be incorporated in advanced cancer care. AIM: This study identified experiences of patients living with advanced colorectal cancer and their caregivers to inform the development of an early palliative care pathway. DESIGN: Qualitative patient-oriented study. SETTINGS/PARTICIPANTS: Patients receiving care at two cancer centres were interviewed using semistructured telephone interviews to explore their experiences with cancer care services received prior to a new developed pathway. Interviews were transcribed verbatim, and the data were thematically analysed. RESULTS: From our study, we identified gaps in advanced cancer care that would benefit from an early palliative approach to care. 15 patients and 7 caregivers from Edmonton and Calgary were interviewed over the phone. Participants identified the following gaps in advanced cancer care: poor communication of diagnosis, lack of communication between healthcare providers, role and involvement of the family physician, lack of understanding of palliative care and advance care planning. CONCLUSIONS: Early palliative approaches to care should consider consistent and routine delivery of palliative care information, collaborations among different disciplines such as oncology, primary care and palliative care, and engagement of patients and family caregivers in the development of care pathways.

# 27. Impact of dementia on clinical outcomes in elderly patients with coronavirus 2019 (COVID-19): an experience in New York.

No Information. Useless Investigation.

# 28. Why managing sciatica is difficult: patients' experiences of an NHS sciatica pathway. A qualitative, interpretative study. OBJECTIVES: Amid a political agenda for integrated, high-value care, the UK is implementing its Low Back and Radicular Pain Pathway. To align care with need, it is imperative to understand the patients' perspective. The purpose of this study was, therefore, to explore how people experience being managed for sciatica within an National Health Service (NHS) pathway. DESIGN: Qualitative interpretative study. SETTING: Musculoskeletal Service in an NHS, Primary Care Trust, UK. PARTICIPANTS: The sample comprised 14 people aged ≥18 years with a clinical presentation of sciatica, who were currently under the care of a specialist physiotherapist (the specialist spinal triage practitioner), had undergone investigations (MRI) and received the results within the past 6 weeks. People were excluded if they had previously undergone spinal surgery or if the suspected cause of symptoms was cauda equina syndrome or sinister pathology. Participants were sampled purposively for variation in age and gender. Data were collected using individual semi-structured interviews (duration: 38-117 min; median: 82.6 min), which were audio-recorded and transcribed verbatim. Data were analysed thematically. RESULTS: A series of problems with the local pathway (insufficient transparency and information; clinician-led decisions; standardised management; restricted access to specialist care; and a lack of collaboration between services) made it difficult for patients to access the management they perceived necessary. Patients were therefore required to be independent and proactive or have agency. This was, however, difficult to achieve (due to the impact of sciatica and because patients lacked the necessary skills, funds and support) and together with the pathway issues, this negated patients' capability to manage sciatica. CONCLUSIONS: This novel paper explores how patients experience the process of being managed within a sciatica pathway. While highlighting the need to align with recommended best practice, it shows the need to be more person-centred and to support and empower patient agency. TRIAL REGISTRATION NUMBER: ClinicalTrials.gov reference (UOS-2307-CR); Pre-results.

# 29. An In-hospital Pathway for Acute Coronary Syndrome Patients During the COVID-19 Outbreak: Initial Experience Under Real-World Suboptimal Conditions. Owing to the COVID-19 outbreak in Lombardy, Italy) there is an urgent need to manage cardiovascular emergencies, including acute coronary syndrome (ACS), with appropriate standards of care and dedicated preventive measures and pathways against the risk of SARS-CoV-2 infection. For this reason, the Government of Lombardy decided to centralize the treatment of ACS patients in a limited number of centers, including our university cardiology institute, which in the past 4 weeks became a cardiovascular emergency referral center in a regional hub-and-spoke system. Therefore, we rapidly developed a customized pathway to allocate patients to the appropriate hospital ward, and treat them according to ACS severity and risk of suspected SARS-CoV-2 infection. We present here the protocol dedicated to ACS patients adopted in our center since March 13, 2020, and our initial experience in the management of ACS patients during the first 4 weeks of its use. Certainly, the protocol has room for further improvement as everyone's experience grows, but we hope that it could be a starting point, adaptable to different realities and local resources.

# 30. Patients' and health professionals' experience of the Danish fast track treatment pathway for head and neck cancer patients receiving oral rehabilitation. Objective: This study aims to investigate the responsiveness of the Danish treatment pathway for head-and-neck-cancer (HNC) patients receiving oral rehabilitation.Material and Methods: Eighteen HNC-patients who had received oral rehabilitation as well as five medical and four oral health care professionals involved in the treatment of HNC-patients filled in a questionnaire on responsiveness. The responsiveness was further described in individual interviews in the HNC-patients and focus group interviews in the health care professionals. All interviews were semi-structured and analysed using the grounded theory.Results: Patients and health care professionals overall reported good responsiveness of the pathway. Prompt attention was in both groups considered the most important aspect, although the patients found it difficult to cope mentally with the fast-track and the health care professionals reported insufficiencies giving prompt attention. The patients in general described a good relationship with their health care professionals, but along with the health care professionals also reported some problems regarding communication. Further, the health care professionals reported a gap between medical treatment and oral rehabilitation.Conclusions: The Danish treatment pathway for HNC-patients was, in general, evaluated positively. Communication and relationship between patient and health care professional can affect the responsiveness of the pathway.

# 31. 'Unpacking' pathways to lymphoma and myeloma diagnosis: Do experiences align with the Model of Pathways to Treatment? Findings from a UK qualitative study with patients and relatives.

OBJECTIVES: To explore alignment of experiences before lymphoma and myeloma diagnosis with the appraisal, help seeking and diagnostic intervals in the Model of Pathways to Treatment (MPT). DESIGN: A qualitative study using in-depth semistructured interviews with patients and relatives. Interviews were transcribed verbatim, anonymised and analysed using qualitative description. SETTING: A UK population-based haematological malignancy patient cohort. PARTICIPANTS: Fifty-five patients (35 lymphoma, 20 myeloma: diagnosed 2014-2016) and 28 relatives participated, within around a year of the patient's diagnosis. Patients were selected from those in the cohort who had returned a questionnaire about their symptoms and help seeking, and consented to contact for further research. Sampling was purposive, to achieve maximum variation in age, sex and time to diagnosis. RESULTS: Participants described time from symptom onset to diagnosis as ranging from several weeks to years. Pathways largely aligned with MPT components and help seeking could lead to the rapid investigations and identification of abnormalities. However, symptoms could be vague and/or inadvertently interpreted as other conditions, which if perpetuated, could cause diagnostic delay. The latter was associated with chaotic pathways, with activities rarely occurring only once or in a linear sequence. Rather, intermittent or ongoing processes were described, moving forward and backwards through intervals. This is 'unpacked' within five themes: (1) appraisal and reappraisal; (2) patient-initiated self-management/treatment; (3) initial help seeking; (4) re-presentation; and (5) patient-initiated actions, decisions and emotions during re-presentation. Within these themes, various healthcare professionals were consulted, often many times, as symptoms persisted/progressed. Input from family/friends was described as substantial, as was the extent to which information seeking occurred. CONCLUSION: Lymphoma and myeloma pathways align with the MPT, but do not fully capture the repetition and complexity described by participants. Time to diagnosis was often prolonged, despite the best efforts of patients, relatives and healthcare professionals. The impact of National Health Service England's Multi-diagnostic Disciplinary Centres on time to haematological cancer diagnosis remains to be seen.

# 32. Patient Experiences and Outcomes of a Telehealth Clinical Care Pathway for Postoperative Inflammatory Bowel Disease Patients. Background:Despite advancements in treatment for inflammatory bowel disease (IBD), surgery remains inevitable for patients and IBD management is costly.Introduction:Frequent postoperative monitoring is needed for early detection of both short-term complications and long-term disease recurrence. We developed a care pathway for postoperative home monitoring of IBD patients using telehealth applications.Materials and Methods:We performed a retrospective cohort study with a matched control group to assess the efficacy of the Tight Control Surgery Scenario (TCSS), a 4-week postoperative care pathway. IBD patients aged 18 or older who underwent an IBD-related intestinal operation between October 2013 and December 2015 were eligible. Enrolled participants submitted postsurgical questionnaires and wound photos through e-mail. We measured patient satisfaction with the care pathway and assessed its impact on 30-day postoperative hospital readmission rates, emergency department (ED) visits, and gastroenterologist (GI)-related office visits.Results:Sixty-four (n) cases were enrolled in TCSS and matched to 64 historic controls. Patients who completed the additional evaluation survey expressed overall satisfaction. Readmissions, 30-day ED rates, and GI visits were numerically higher in cases compared with controls, but this difference was not statistically significant.Discussion:TCSS demonstrates the feasibility of implementing a telehealth care coordination platform for postsurgery IBD management. Patients with more complications may have sent in more photos due to greater concern for maintaining their health.Conclusions:Implementation of TCSS for easy home monitoring is feasible. While we did not see reductions in ED visits, GI follow-up visits, or readmissions, patient satisfaction was high, thus demonstrating its feasibility for telehealth applications.

# 33. Innovations in the Plastic Surgery Care Pathway: Using Telemedicine for Clinical Efficiency and Patient Satisfaction.

BACKGROUND: Telemedicine delivers clinical information and permits discussion between providers and patients at a distance. Postoperative visits may be a burden to patients-many of whom travel long distances and miss work opportunities. By implementing a telehealth opportunity, the authors sought to develop a process that optimizes efficiency and provides optimal patient satisfaction. METHODS: Using quality improvement methods that have been highly effective in the business sector, we developed a testable workflow for patients in the postoperative telehealth setting. Seventy-two patients were enrolled and surveyed. A preoperative survey sought to determine travel distance, comfort with technology, access to the Internet and video-enabled devices, and the patient's interest in telehealth. A postoperative survey focused on patient satisfaction with the experience. RESULTS: Using the Lean Six Sigma methodology, the authors developed a telehealth workflow to optimize clinical efficiency. Preoperative surveys revealed that the majority (73 percent) of patients preferred in-person follow-up visits in the clinic. However, the postoperative survey distributed after the telehealth encounter found that nearly 100 percent of patients were satisfied with the telehealth experience. Ninety-six percent of patients said that their questions were answered, and 97 percent of patients stated that they would use telehealth again in the future. CONCLUSIONS: Telehealth encounters enable real-time clinical decision-making by providing patients and visiting nurses access to providers and decreasing patient transportation needs and wait times. Although initially hesitant to opt for a telehealth encounter in lieu of a traditional visit, the great majority of patients voiced satisfaction with the telehealth experience. CLINICAL QUESTION/LEVEL OF EVIDENCE: Therapeutic, IV.

# 34. Improving Wait Times and Patient Experience Through Implementation of a Provincial Expedited Diagnostic Pathway for BI-RADS 5 Breast Lesions. BACKGROUND: Long diagnostic intervals following abnormal breast imaging (DI) cause patient anxiety and possibly poorer prognosis. This study evaluates the effect of a provincial diagnostic pathway for BI-RADS 5 lesions on wait times and the patient-reported experience (PRE). METHODS: With multidisciplinary input, we developed a pathway for BI-RADS 5 lesions featuring expedited biopsy, early surgical referral, and nurse (RN) navigator support. Key diagnostic intervals were captured prospectively and compared with a prepathway control cohort. PRE data were obtained from a voluntary survey. RESULTS: 1205 patients were managed on the BI-RADS 5 pathway with 797 primary care physicians, 57 imaging centers, and 2 regional breast programs participating. Median duration from DI to biopsy was 6 days, from biopsy to pathology report was 5 days, DI to surgical referral was 6 days, and DI to surgical consult was 21 days. Compared with 128 prepathway controls, median intervals from DI to surgical referral and consult were significantly improved (15 vs. 6 days, 26 vs. 21 days, p < 0.001). Amongst 294 women who completed the survey, 92% experienced ≥ 1 anxiety complaint during assessment; prompt surgical consultation and multiple features of RN support reduced anxiety, and wait time satisfaction was high (70%). Patient preferences varied for receiving biopsy results from a surgeon (57%) vs. another provider (43%). CONCLUSIONS: A diagnostic pathway for BI-RADS 5 lesions reduced wait times and improved the patient experience through prompt surgical referral and RN navigator support. Differing preferences for receiving biopsy results emerged, and future iterations should incorporate individualized patient wishes.

# 35. Care pathways and provision in bariatric dental care: an exploration of patients' and dentists' experiences in the North East of England.

Introduction Levels of obesity in the UK are increasing. The suitability and safety of dental care delivery can be affected by obesity. When patients' weight exceeds that of a normal dental chair, referral to specialist settings can be appropriate, yet no research has explored the process of care for this group.Aims This study aimed to explore the experiences of patients and dentists regarding referral to bariatric dental care facilities.Method Semi-structured interviews were completed with patients referred to a bariatric dental service and referring dentists. Interview transcripts were analysed thematically.Results Twelve dentists and eight patients participated. Both groups were aware that obesity influenced care and had concerns about the safety of treatment. Dentists were cautious about discussing weight though patients were willing to discuss this. The challenges in identifying weight and organising appropriate care were key issues affecting both patients and dentists.Conclusion Dentists should engage in discussions regarding obesity without hesitation, where appropriate. Redesigned patient-focused care pathways to direct patients to accessible services would help reduce stigma and improve safety for patients with obesity.

# 36. Effects of a Total Knee Arthroplasty Care Pathway on Cost, Quality, and Patient Experience: Toward Measuring the Triple Aim.

BACKGROUND: Care pathways are increasingly important as the shift toward value-based care continues; however, there is an inconsistent literature regarding their efficacy. The authors hypothesized that a total knee arthroplasty (TKA) care pathway, at a multihospital health system, would decrease cost, length of stay (LOS), discharges to inpatient facilities, postoperative complications at 90 days, and improve patient experience. METHODS: A historical control study with multivariable regression was used to determine the association of an evidence-based care pathway with episode of care cost, LOS, discharge disposition, 90-day postoperative complications, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores. RESULTS: In total, 6760 primary TKA surgeries were analyzed. Multivariable regression demonstrated that the full protocol period was associated with a decrease in episode of care costs (-8.501%, 95% confidence interval [CI] -9.639 to -7.350), a decrease in LOS (-26.966%, 95% CI -28.516 to -25.382), and an increase in discharges to home (odds ratio [OR] 3.838, 95% CI 3.318-4.446). The full protocol was not associated with a change in 90-day complications (OR 1.067, 95% CI 0.905-1.258) or patient willingness to recommend (OR 1.06, 95% CI 0.72-1.55). Adjusted episode of care cost savings, normalized to average national Medicare reimbursement, were $2360 per patient. CONCLUSION: TKA care pathways are an effective tool for standardizing care and reducing costs across a large health system. Further investigations are needed to develop interventions to consistently reduce complications. National scale implementation of care pathways in TKA could lead to estimated cost reductions of approximately $1.6 billion annually.

# 37. Fast-track program of elective joint replacement in hip and knee-patients' experiences of the clinical pathway and care process.

BACKGROUND: The clinical pathway and care program in elective total hip and knee replacement (THR/TKR) has, during the last decade, undergone considerable changes in many countries influenced by the concept of fast-track surgery, resulting in a very short hospital stay. Studies into patients' experiences of the entire fast-track program, from decision-making regarding surgery until recovery 3 months after surgery, are lacking. The aim of the study was to increase the knowledge about patients' experiences of the clinical pathway and care in a fast-track program of elective THR/TKR in order to identify factors that may influence recovery and clinical outcome. METHODS: A qualitative research design was chosen with data collected from interviews 3 months after surgery and analyzed using an inductive content analysis method. In total, 24 patients from three hospitals with a fast-track care program were included in the study: 14 women and 10 men, 13 with THR and 11 with TKR. The mean age was 65 years (range 44-85). RESULTS: The analysis identified three chronological phases in the clinical pathway: preparation, hospital stay for surgery, and recovery. In the preparation phase, patients' experiences and involvement in the planning of the operation were highlighted. The need to know the risks and expectations of recovery and outcome were also central, although there was great diversity in needs for information and involvement. In the hospital stay for the surgery phase, there were mainly positive experiences regarding admission, early mobilization, and early discharge. Experiences about the recovery phase focused on management of daily life, rehabilitation program, and recovery. Rehabilitation involved uncertainty as to whether or not the progress was normal. The recovery phase was also filled with questions about unfulfilled expectations. Regardless of the different phases, we found the importance of a person-centered care to be a pervasive theme. CONCLUSION: Our study supports the view that a person-centered approach, from surgery decision until recovery, is an important element in optimizing care in a THR and TKR fast-track care program. More focus on the period after hospital discharge may improve recovery, patient satisfaction, and functional outcome.

# 38. [High prevalence of advanced cancer disease in patients with serious non-specific symtoms. Experience of a diagnostic pathway in a defined population area in Sweden].

The Swedish fast-track diagnostic pathway was applied during 2017 for 146 patients with serious non-specific symptoms including weight loss, fatigue and anemia. Within five days all patients had a physical examination and a decision was made of radiologic investigations. The waiting time was short for e.g. CT-scan of the abdomen and thorax. A diagnosis of a malignant condition was made in 38 patients (26%) with a median age of 75 (48-91) years. There were 24 men and 14 women. Most common diagnoses were lung cancer and colorectal cancer. Hematologic malignancy was diagnosed in 8 patients. Stage IV disease occurred in 17 of the patients with carcinoma (57%). About 60 benign main diagnoses were made in 108 patients without malignant disease. Two of them have developed cancer during 2018 (breast cancer, pancreatic cancer).

# 39. An integrated care pathway for cancer patients with diabetes: A proposal from the Italian experience.

Diabetes and cancer frequently coexist in the same subject, often with relevant clinical effects on the management and prognosis of the comorbid patient. The existing guidelines, however, do not appropriately address many clinical issues in this setting. Although collaboration between diabetologists and oncologists should play an important role in achieving appropriate levels of care, close coordination or agreement between these specialists is seldom offered. There is an urgent need for greater interdisciplinary integration between all specialists involved in this setting, for a shared approach ensuring that organisational silos are overcome. To this end, the Italian Associations of Medical Diabetologists (AMD) and the Italian Association of Medical Oncology (AIOM) recently established a dedicated Working Group on 'Diabetes and Cancer'. The working group outlined a diagnostic and therapeutic clinical pathway dedicated to hospitalised patients with diabetes and cancer. In this article, we describe the Italian proposal including some suggested measures to assess, monitor and improve blood glucose control in the hospital setting, to integrate different specialists from both areas, as well as to ensure discharge planning and continuity of care from the hospital to the territory.

# 40. [Accompanying patients in the arrival of new treatments. The AFM-Téléthon regional services experience - Clinical use of innovative, repurposed or off-label therapies: a real life experience (3)].

No Information. Useless Investigation.

# 41. Missed opportunities for diagnosing brain tumours in primary care: a qualitative study of patient experiences.

BACKGROUND: Brain tumours are uncommon, and have extremely poor outcomes. Patients and GPs may find it difficult to recognise early symptoms because they are often non-specific and more likely due to other conditions. AIM: To explore patients' experiences of symptom appraisal, help seeking, and routes to diagnosis. DESIGN AND SETTING: Qualitative study set in the East and North West of England. METHOD: In-depth interviews with adult patients recently diagnosed with a primary brain tumour and their family members were analysed thematically, using the Model of Pathways to Treatment as a conceptual framework. RESULTS: Interviews were carried out with 39 patients. Few participants (n = 7; 18%) presented as an emergency without having had a previous GP consultation; most had had one (n = 15; 38%), two (n = 9; 23%), or more (n = 8; 21%) GP consultations. Participants experienced multiple subtle 'changes' rather than 'symptoms', often noticed by others rather than the patient, which frequently led to loss of interest or less ability to engage with daily living activities. The most common changes were in cognition (speaking, writing, comprehension, memory, concentration, and multitasking), sleep, and other 'head feelings' such as dizziness. Not all patients experienced a seizure, and few seizures were experienced 'out of the blue'. Quality of communication in GP consultations played a key role in patients' subsequent symptom appraisal and the timing of their decision to re-consult. CONCLUSION: Multiple subtle changes and frequent GP visits often precede brain tumour diagnosis, giving possible diagnostic opportunities for GPs. Refined community symptom awareness and GP guidance could enable more direct pathways to diagnosis, and potentially improve patient experiences and outcomes.

# 42. Surgical perioperative pathways-Patient experiences of unmet needs show that a person-centred approach is needed.

AIM: To explore patients' and healthcare professionals' experiences of patients' surgical pathways in a perioperative setting. BACKGROUND: Elective surgical pathways have improved over the past decades due to fast-track programmes, but patients desire more personalised and coordinated care and treatment. There is little knowledge of how healthcare professionals' collaboration and communication affect patients' pathways. DESIGN: The overall framework was complex intervention method. A phenomenological-hermeneutic approach was used for data analyses. COREQ checklist was used as a guideline to secure accurate and complete reporting of the study. METHODS: Field observations (120 hr) and semi-structured interviews (24 patients) were undertaken during 2016-2017. Healthcare professionals involved in the pathways were interviewed: (a) 13 single interviews and (b) 13 focus group interviews (37 healthcare professionals) were conducted. The Consolidated Criteria for Reporting Qualitative Research checklist was used. RESULTS: Patients asked for individualised information adapted to their life and illness experiences. Furthermore, healthcare professionals need access to a quick overview of individual patients and their perioperative pathway in the electronic patient journal (EPJ). Agreements made with patients did not always reach the right receiver, there was poor interpersonal communication and the complex teamwork between many healthcare professionals made pathways incoherent and uncoordinated. Healthcare professionals who had the time to talk about other subjects than the disease with smiles and good humour gave patients a feeling of security. CONCLUSION: Patients wanted to be treated as individuals, but often they received standard treatment. Healthcare professionals had the intention of treating patients individually, but the EPJ and information provided to patients were not easy to access. RELEVANCE TO CLINICAL PRACTICE: Visible information about the patient's whole pathway could improve healthcare professionals' care and treatment. In addition, systematic feedback from patients' could make it possible to adjust information, care and treatment to achieve a more coherent pathway. Particular attention needs to be paid to how electronic healthcare systems can underpin relational coordination in pathways.

# 43. Community pharmacy integration within the primary care pathway for people with long-term conditions: a focus group study of patients', pharmacists' and GPs' experiences and expectations. BACKGROUND: This study aimed to use marketing theory to examine the views of patients, pharmacists and general practitioners (GPs) on how community pharmacies are currently used and to identify how community pharmacy services may be better integrated within the primary care pathway for people with long-term conditions (LTCs). METHODS: A qualitative research design was used. Two focus groups were conducted with respiratory patients (n = 6, 5) and two with type 2 diabetes patients (both n = 5). Two focus groups were held with pharmacists (n = 7, 5) and two with GPs (both n = 5). The "7Ps marketing mix" ("product", "price", "place", "promotion", "people", "process", "physical evidence") was used to frame data collection and analysis. Data was analysed using thematic analysis. RESULTS: Due to the access and convenience of community pharmacies ("place"), all stakeholder groups recommended using community pharmacies over GP practices for services such as management of minor ailments, medication reviews and routine check-ups for well managed LTCs ("product"). All stakeholder groups preferred pharmacy services with clear specifications which focused on specific interventions to reduce variability in service delivery and quality ("process"). However, all stressed the importance of having an appropriate system to share relevant information, allowing pharmacists and GPs two-way flow ("process"). Pharmacists and GPs mentioned difficulties in collaborating with each other due to inter-professional tensions arising from funding conflicts, which leads to duplication of services and inefficient workflow within the primary care pathway ("people"). Patients and GPs were sometimes doubtful of community pharmacies' potential to expand services due to limited space, size and poor quality consultation rooms ("physical evidence"). However, all stakeholder groups recommended promoting community pharmacy services locally and nationally ("promotion"). Patients felt the most effective form of promotion was first-hand experience of high quality pharmacy services and peer word-of-mouth. The added value of using pharmacy services was faster access and convenience for patients, and freeing up GPs' time to focus on more complex patients ("value"). CONCLUSIONS: Using the 7Ps marketing mix highlighted factors which could influence utilisation and integration of community pharmacy services within the primary care pathway for patients with LTCs. Further research is needed to identify their relative importance.

# 44. A streamlined pathway for patients with unilateral tinnitus: Our experience of 22 patients.

No Information. Useless Investigation.

# 45. [Use of time of a nurse involved in breaking the diagnosis of lung cancer and navigating patients in the healthcare system: Experience of an academic thoracic oncology ward]. The Plans cancer 1 and 2 created new nursing posts to improve the way that news about cancer was given to patients and to coordinate their care, helping them to navigate the system. We describe the way a nurse, assuming the role of assisting the doctor when a diagnosis of cancer is revealed and coordinating the care of patients in a teaching hospital, uses her time. One thousand and forty-one patients were supported by the nurse during 6515 procedures over 4.27 years. The median (interquartile range) number of interventions per patient was 3 (7). Helping to break news of cancer and the coordination of care represented approximately 20 and 80% of the working time of the nurse, respectively. The nurse spent 43% of her time without the doctor and more than half of this duration was dedicated to meetings with patients. The nurse timetable analysis shows that her role is very similar to a Canadian 'Pivot' nurse in oncology. In our experience, this combination of the announcement of cancer diagnosis and the coordination of subsequent care seems relevant, but the nurse is not replaced in the case of absence.

# 46. Cancer patients' experiences with urgent referrals to cancer patient pathways. OBJECTIVE: We aimed to explore whether cancer patients urgently referred to a cancer patient pathway (CPP) (CPP referred) by a general practitioner report experiences of pre-diagnosis cancer care differently than patients not referred to a CPP (non-CPP referred). METHODS: Data were collected from cross-sectional questionnaire surveys among cancer patients and their GPs and linked to National registries. Poisson regression was used to generate adjusted prevalence ratios (PR) to compare reported experiences. RESULTS: The study included 2,256 individuals. CPP referred patients reported more positive overall experiences of the pre-diagnosis phase (p < 0.001). Overall, CPP referred patients were 21% more likely than non-CPP referred patients to report a positive experience after adjustment for case-mix, comorbidity, disposable household income and educational level (PR = 1.21 [95% CI: 1.11-1.30]). The difference decreased to 14% when adjusted for Quality Deviations (PR = 1.14 [95% CI: 1.06-1.23]) and to 11% when adjusted for diagnostic interval (PR = 1.11 [95% CI: 1.02-1.20]). CONCLUSION: Our findings suggest that CPP referred cancer patients have better experiences of pre-diagnosis cancer care compared to non-CPP referred patients. A substantial part of the difference could be attributed to shorter diagnostic intervals and/or the absence of quality deviations among CPP patients, which reveals the potential for generally improving cancer patients' experiences by seamless and optimised diagnostic pathways.

# 47. Ambulatory approach to cancer care. Part 1: the patient experience. Ambulatory care (AC) is an approach within which inpatient chemotherapy regimens and supportive care are delivered in an outpatient service. Patients receive their treatments and supportive care daily in AC and stay at a nearby hotel or their home, rather than in an inpatient bed. A systematic literature search found a growing amount of literature on AC and the specific regimens used. However, little was found on AC with regard to the patient experience, safety, the benefits and challenges of running an AC service. This series of three articles is based on the authors' experiences of working within an AC service at a major London teaching hospital. The authors discuss the approach and explore how it can improve the patient experience. They look at the roles of the multidisciplinary team and their part in patient safety, and the benefits, challenges and cost considerations of an AC service.

# 48. New professional roles and patient satisfaction: Evidence from a European survey along three clinical pathways. This paper reports the results of an empirical analysis exploring the impact of new professions (eg a physician associate) and new professional roles on patient experiences of and satisfaction with care. A sub set of data from a patient survey conducted as part of the MUNROS programme of work was used. The overall survey aim was to describe and quantify the use of new professionals and new roles for established health care professionals other than medical doctors, in primary and secondary care sectors in three care pathways in nine European countries Ordered logit models were used to investigate the association between: (1) patient satisfaction with the last visit; (2) with their care provider; (3) with the information provided and a set of covariates explaining the involvement of new professional roles in three clinical pathways: type 2 diabetes, heart disease and breast cancer. For patients with breast cancer, high levels of satisfaction are associated with the involvement of new professions/professional roles in the provision of conditions specific education and monitoring. For patients with heart disease, the involvement of new professions/professional roles is likely to have a negative impact on satisfaction. For patients with Type 2 diabetes results are ambivalent. Patients belonging to countries experiencing innovative models of healthcare delivery and with high levels of involvement of new professions/professional roles are generally more satisfied. In conclusion, the introduction of new professions does not affect patient satisfaction negatively, therefore introducing new health professional roles is a pursuable strategy from a patient satisfaction perspective, at least for breast cancer and type 2 diabetes.

# 49. Sustainability of clinical pathway guided care in cardiac surgery ICU patients; 9-years experience in over 7500 patients.

OBJECTIVE: To determine trends over time regarding inclusion of post-operative cardiac surgery intensive care unit (ICU) patients in a clinical pathway (CP), and the association with clinical outcome. DESIGN: Retrospective cohort study. SETTING: ICU of an academic hospital. PARTICIPANTS: All cardiac surgery patients operated between 2007 and 2015. MEASURES AND RESULTS: A total of 7553 patients were operated. Three patient groups were identified: patients treated according to CP (n = 6567), patients excluded from the CP within the first 48 h (n = 633) and patients never included in CP (n = 353). Patients treated according to CP increased significantly over time from 74% to 95% and the median Log EuroSCORE (predicted mortality score) in this group increased significantly over time (P = 0.016). In-hospital length of stay (LOS) decreased in all groups, but significantly in CP group (P < 0.001). Overall, the in-hospital, and 1-year mortality decreased from 1.5 to 1.1% and 3.7 to 2.9%, respectively (both P < 0.05). Patients with a Log EuroSCORE >10 were more likely excluded from CP (P < 0.001), but, if included in CP, these patients had a significantly shorter Intensive Care stay and in-hospital stay compared to excluded patients with a Log EuroSCORE >10 (both P < 0.001). CONCLUSIONS: The use of a CP for all post-operative cardiac surgery patients in the ICU is sustainable. While more complex patients were treated according to the CP, clinical outcome improved in the CP group.

# 50. Care pathway and organisational features driving patient experience: statistical analysis of large NHS datasets.

OBJECTIVE: The aim of this study was to identify the care pathway and organisational factors that predict patient experience. DESIGN: Statistical analysis of large National Health Service (NHS) datasets. SETTING ANDPARTICIPANTS: England; acute NHS organisational-level data. PRIMARY AND SECONDARY OUTCOME MEASURES: The relationship of care pathway and organisational variables to organisation-level patient experience. RESULTS: A framework of 18 care pathway and organisational variables were created based on the existing literature. 11 of these correlated to patient experience in univariate analyses. Multicollinearity tests resulted in 1 of the 11 variables holding a correlation to another variable larger than r=0.70. A significant multilinear regression equation, including the final 10 variables, was found (F(10,108)=6.214, p<0.00), with an [Formula: see text] of 0.365. Two variables were significant in predicting better in patient experience: Amount of support to clinical staff (beta=0.2, p=0.02) and the proportion of staff who would recommend the trust as a place to work or receive treatment (beta=0.26, p=0.01). Two variables were significant in predicting a negative impact on the patient's rating of their experience: Number of patients spending over 4 hours from decision to admit to admission (beta=-1.99, p=0.03) and the percentage of estates and hotel services contracted out (beta=-0.23, p=0.01). CONCLUSIONS: These results indicate that augmenting clinical support and investing in the mechanisms that facilitate positive staff experience is essential to delivering appropriate, informative and patient-centric care. Reducing wait times and the extent of external contracting within hospitals is also likely to improve patient ratings of experience. Understanding the relationship between patient experience and objective, measurable organisational features promote a more patient-centric interpretation of quality and compel a better use of patient experience feedback to drive improvement.

# 51. Family members' experiences of care of the dying in residential care homes where the Liverpool Care Pathway was used.

BACKGROUND: Residential care homes (RCHs) are increasingly becoming a common place of death for older people. AIM: The aim of this study was to describe family members' experiences of care of the dying in RCHs where the Liverpool care pathway for the dying patient was used. METHODS: This study had a descriptive qualitative study design. Fifteen (n=15) individual interviews were analysed using qualitative content analysis. RESULTS: The analysis resulted in three themes: being confident in a familiar and warm atmosphere, being involved vs not being involved in end-of-life (EoL) care, and being consoled by witnessing the health professional's endeavour to relieve suffering. SIGNIFICANCE OF RESULTS: The results indicated that taking part in a care plan seems to increase family members' feelings of involvement in EoL care. This study also highlights the family members' needs for increased possibilities for EoL discussions with the GP.

# 52. Patient experience of centralized acute stroke care pathways. BACKGROUND: In 2010, Greater Manchester (GM) and London centralized acute stroke care services into a reduced number of hyperacute stroke units, with local stroke units providing on-going care nearer patients' homes. OBJECTIVE: To explore the impact of centralized acute stroke care pathways on the experiences of patients. DESIGN: Qualitative interview study. Thematic analysis was undertaken, using deductive and inductive approaches. Final data analysis explored themes related to five chronological phases of the centralized stroke care pathway. SETTING AND PARTICIPANTS: Recruitment from 3 hospitals in GM (15 stroke patients/8 family members) and 4 in London (21 stroke patients/9 family members). RESULTS: Participants were impressed with emergency services and initial reception at hospital: disquiet about travelling further than a local hospital was allayed by clear explanations. Participants knew who was treating them and were involved in decisions. Difficulties for families visiting hospitals a distance from home were raised. Repatriation to local hospitals was not always timely, but no detrimental effects were reported. Discharge to the community was viewed less positively. DISCUSSION AND CONCLUSIONS: Patients on the centralized acute stroke care pathways reported many positive aspects of care: the centralization of care pathways can offer patients a good experience. Disadvantages of travelling further were perceived to be outweighed by the opportunity to receive the best quality care. This study highlights the necessity for all staff on a centralized care pathway to provide clear and accessible information to patients, in order to maximize their experience of care.

# 53. Patients with perianal Crohn's fistulas experience delays in accessing anti-TNF therapy due to slow recognition, diagnosis and integration of specialist services: lessons learned from three referral centres. AIM: Crohn's anal fistula should be managed by a multidisciplinary team. There is no clearly defined 'patient pathway' from presentation to treatment. The aim of this study was to describe the patient route from presentation with symptomatic Crohn's anal fistula to starting anti-tumour necrosis factor (anti-TNF) therapy. METHOD: Case note review was undertaken at three hospitals with established inflammatory bowel disease services. Patients with Crohn's anal fistula presenting between 2010 and 2015 were identified through clinical coding and local databases. Baseline demographics were captured. Patient records were interrogated to identify route of access, and clinical contacts during the patient pathway. RESULTS: Seventy-nine patients were included in the study, of whom 54 (68%) had an established diagnosis of Crohn's disease (CD). Median time from presentation to anti-TNF therapy was 204 days (174 vs 365 days for existing and new diagnosis of CD, respectively; P = 0.019). The mean number of surgical outpatient attendances, operations and MRI scans per patient was 1.03, 1.71 and 1.03, respectively. Patients attended a mean of 1.49 medical clinics. Seton insertion was the most common procedure, accounting for 48.6% of all operations. Where care episodes ('clinical events per 30 days') were infrequent this correlated with prolongation of the pathway (r = -0.87; P < 0.01). CONCLUSION: This study highlights two key challenges in the treatment pathway: (i) delays in diagnosis of underlying CD in patients with anal fistula and (ii) the pathway to anti-TNF therapy is long, suggesting issues with service design and delivery. These should be addressed to improve patient experience and outcome.

# 54. End-of-life care pathway of head and neck cancer patients: single-institution experience.

BACKGROUND: Studies on palliative care of head and neck cancer (HNC) patients are scarce although the affected patient population is quite large. OBJECTIVE: To evaluate the role of a specialised palliative-care pathway of HNC patients. PATIENTS AND METHODS: Data on all HNC patients who were treated at the Helsinki University Hospital Palliative Care Center during 1 year were retrospectively reviewed. The analysis comprised 60 patients (49 males; mean age 67 years; range 28-88). All patients had a minimum follow-up of 1 year or until death. RESULTS: Fifty-nine (98%) out of the 60 patients died during the follow-up period. Median survival after diagnosis was 11 months (range 3 weeks-11.9 years) and after withholding disease-specific therapies 3 months (range 0-16). Thirty-three (55%) patients received palliative radiotherapy, 27 (45%) had PEG tube and 17 (28%) tracheostomy. Thirty-seven (66%) patients visited an emergency department (ED) (median 1.3 visits; range 0-6) and 21 (35%) were hospitalised at the university hospital during the palliative period. The most common severe complications were infection (also the most common reason for ED visits and hospitalisation), bleeding (four massive airway bleedings with one death), delirium and airway obstruction (one emergency tracheostomy). Twelve (35%) out of the 34 patients who were referred to specialised home care died at home as compared with three (12%) out of the 26 patients not supported by a specialised home-care team. CONCLUSIONS: Severe complications leading to an emergency unit visit and hospitalisation are common among HNC patients in their relatively short palliative period reflecting the need for early-integrated palliative care. Collaboration with a specialised palliative home-care team seems to increase end-of-life care at home.

# 55. The Role of a Standardized Clinical Care Pathway in Patient Satisfaction and Quality of Life Outcomes after Robotic Assisted Laparoscopic Radical Prostatectomy. INTRODUCTION: Clinical care pathways reduce length of stay, variability in practice and costs, yet avoid compromising quality of care or increasing complications. In this study we describe a standardized care pathway, focusing on preoperative and postoperative education as well as immediate postoperative patient care after robotic assisted laparoscopic radical prostatectomy. METHODS: A standardized robotic assisted laparoscopic radical prostatectomy care pathway was introduced at our institution in July 2014. A total of 108 men who underwent robotic assisted laparoscopic radical prostatectomy during 2014 were enrolled in this retrospective chart review and were subsequently mailed a quality of life survey. Data regarding length of stay and number of unplanned calls to the urology office or visits to the emergency department were collected from the chart review. The mailed survey was composed of original questions as well as questions adapted from the FACT-P (Functional Assessment of Cancer Therapy-Prostate). Patients who underwent robotic assisted laparoscopic radical prostatectomy between January and June 2014 were compared to those who underwent the same surgery between July and December 2014. RESULTS: Demographically the 2 cohorts of men who underwent robotic assisted laparoscopic radical prostatectomy were similar. There was a significant reduction in postoperative length of stay in the post-care pathway cohort. Hospital readmissions were reduced by 75%. Despite earlier discharge home, there was no difference in the number of postoperative calls to the urology office or visits to the emergency department, or in overall patient satisfaction. CONCLUSIONS: The implementation of a standardized care pathway for patients undergoing robotic assisted laparoscopic radical prostatectomy at our institution resulted in a reduced postoperative length of stay and readmission rate. Despite a more rapid discharge from the hospital, patient satisfaction and postoperative quality of life were not negatively impacted.

# 56. Patient Satisfaction and Prognosis for Functional Improvement and Deterioration, Institutionalization, and Death Among Medicare Beneficiaries Over 2 Years.

OBJECTIVE: To examine how patient satisfaction with care coordination and quality and access to medical care influence functional improvement or deterioration (activity limitation stage transitions), institutionalization, or death among older adults. DESIGN: National representative sample with 2-year follow-up. SETTING: Medicare Current Beneficiary Survey from calendar years 2001 to 2008. PARTICIPANTS: Community-dwelling adults (N=23,470) aged ≥65 years followed for 2 years. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: A multinomial logistic regression model taking into account the complex survey design was used to examine the association between patient satisfaction with care coordination and quality and patient satisfaction with access to medical care and activities of daily living (ADL) stage transitions, institutionalization, or death after 2 years, adjusting for baseline socioeconomics and health-related characteristics. RESULTS: Out of 23,470 Medicare beneficiaries, 14,979 (63.8% weighted) remained stable in ADL stage, 2508 (10.7% weighted) improved, 3210 (13.3% weighted) deteriorated, 582 (2.5% weighted) were institutionalized, and 2281 (9.7% weighted) died. Beneficiaries who were in the top quartile of satisfaction with care coordination and quality were less likely to be institutionalized (adjusted relative risk ratio [RRR], .68; 95% confidence interval [CI], .54-.86). Beneficiaries who were in the top quartile of satisfaction with access to medical care were less likely to functionally deteriorate (adjusted RRR, .87; 95% CI, .79-.97), be institutionalized (adjusted RRR, .72; 95% CI, .56-.92), or die (adjusted RRR, .86; 95% CI, .75-.98). CONCLUSIONS: Knowledge of patient satisfaction with medical care and risk of functional deterioration may be helpful for monitoring and addressing disability-related health care disparities and the effect of ongoing policy changes among Medicare beneficiaries.

# 57. Pathways to multidrug-resistant tuberculosis diagnosis and treatment initiation: a qualitative comparison of patients' experiences in the era of rapid molecular diagnostic tests.

BACKGROUND: Although new molecular diagnostic tests such as GenoType MTBDRplus and Xpert® MTB/RIF have reduced multidrug-resistant tuberculosis (MDR-TB) treatment initiation times, patients' experiences of diagnosis and treatment initiation are not known. This study aimed to explore and compare MDR-TB patients' experiences of their diagnostic and treatment initiation pathway in GenoType MTBDRplus and Xpert® MTB/RIF-based diagnostic algorithms. METHODS: The study was undertaken in Cape Town, South Africa where primary health-care services provided free TB diagnosis and treatment. A smear, culture and GenoType MTBDRplus diagnostic algorithm was used in 2010, with Xpert® MTB/RIF phased in from 2011-2013. Participants diagnosed in each algorithm at four facilities were purposively sampled, stratifying by age, gender and MDR-TB risk profiles. We conducted in-depth qualitative interviews using a semi-structured interview guide. Through constant comparative analysis we induced common and divergent themes related to symptom recognition, health-care access, testing for MDR-TB and treatment initiation within and between groups. Data were triangulated with clinical information and health visit data from a structured questionnaire. RESULTS: We identified both enablers and barriers to early MDR-TB diagnosis and treatment. Half the patients had previously been treated for TB; most recognised recurring symptoms and reported early health-seeking. Those who attributed symptoms to other causes delayed health-seeking. Perceptions of poor public sector services were prevalent and may have contributed both to deferred health-seeking and to patient's use of the private sector, contributing to delays. However, once on treatment, most patients expressed satisfaction with public sector care. Two patients in the Xpert® MTB/RIF-based algorithm exemplified its potential to reduce delays, commencing MDR-TB treatment within a week of their first health contact. However, most patients in both algorithms experienced substantial delays. Avoidable health system delays resulted from providers not testing for TB at initial health contact, non-adherence to testing algorithms, results not being available and failure to promptly recall patients with positive results. CONCLUSION: Whilst the introduction of rapid tests such as Xpert® MTB/RIF can expedite MDR-TB diagnosis and treatment initiation, the full benefits are unlikely to be realised without reducing delays in health-seeking and addressing the structural barriers present in the health-care system.

# 58. Effect of Patient-Focused Clinical Pathway on Anxiety, Depression and Satisfaction of Patients With Coronary Artery Disease: A Quasi-Experimental Study.

BACKGROUND: Coronary artery diseases (CAD) are associated with psychological problems such as anxiety and depression in patients. Thus, management of these problems can consider as an important intervention by health care workers, especially nurses. OBJECTIVES: The purpose of this study was to investigate the effectiveness of patient-focused clinical pathway on anxiety, depression and satisfaction of patients with CAD. PATIENTS AND METHODS: In this quasi-experimental study, 138 patients suffering from CAD in a coronary care unit of a referral teaching hospital affiliated to Semnan University of Medical Sciences in Semnan, Iran, were recruited using a convenience sampling method. The participants were assigned to two groups: Clinical pathway (CP) and routine (RUT) care. The level of anxiety and depression of patients were measured in admission and discharge in both groups. Also, the level of patients' satisfaction was measured at the time of discharge. Data were analyzed using descriptive and inferential statistics. RESULTS: Prevalence rates of anxiety and depression in total of patients were 7.2% and 8.7%, respectively. In terms of anxiety, the mean of difference between pretest and posttest scores in the CP group (0.52 ± 1.39) was higher compared to the RUT group (-0.17 ± 1.69) and there was a significant difference between the two group (P = 0.009). In terms of depression, the mean of this difference in the CP group (0.75 ± 2.05) was higher compared to the RUT group (0.00 ± 1.08), as there was a significant difference between the two group (P = 0.024). Also, the mean of patients' satisfaction scores in the CP group (3.69 ± 0.39) was higher compared to the RUT group (3.45 ± 0.47) and there was a significant difference between the two groups (P = 0.002). CONCLUSIONS: According to the positive effects of CP on patients with CADs, it can be considered as a useful, safe and simple instrument for the improvement of patients' outcomes. Thus, the findings of this study can provide a new insight in patient care for clinical nurses.

# 59. Living with Lung Cancer--Patients' Experiences as Input to eHealth Service Design. The objective of the study is to describe the lung cancer care process as experienced by patients, as well as to perform a qualitative analysis of problems they encounter throughout the patient journey. A user-centered design approach was used and data collected through two focus group meetings with patients. We present the results in the form of a patient journey model, descriptions of problems related to the journey as expressed by patients and proposed eHealth services discussed by patients in the focus groups. The results indicate that not only is the patient journey fragmented and different for each patient going through it depending upon their specific type of lung cancer and treatment options, but their experiences are also highly individual and dependent on their personal needs and interpretations of the process. Designing eHealth to improve the patient journey will therefore require flexibility and adaptability to the individual's needs.

# 60. Setting Up an Efficient Therapeutic Hypothermia Team in Conscious ST Elevation Myocardial Infarction Patients: A UK Heart Attack Center Experience. Patients presenting with ST elevation myocardial infarction (STEMI) are routinely treated with percutaneous coronary intervention to restore blood flow in the occluded artery to reduce infarct size (IS). However, there is evidence to suggest that the restoration of blood flow can cause further damage to the myocardium through reperfusion injury (RI). Recent research in this area has focused on minimizing damage to the myocardium caused by RI. Therapeutic hypothermia (TH) has been shown to be beneficial in animal models of coronary artery occlusion in reducing IS caused by RI if instituted early in an ischemic myocardium. Data in humans are less convincing to date, although exploratory analyses suggest that there is significant clinical benefit in reducing IS if TH can be administered at the earliest recognition of ischemia in anterior myocardial infarction. The Essex Cardiothoracic Centre is the first UK center to have participated in administering TH in conscious patients presenting with STEMI as part of the COOL-AMI case series study. In this article, we outline our experience of efficiently integrating conscious TH into our primary percutaneous intervention program to achieve 18 minutes of cooling duration before reperfusion, with no significant increase in door-to-balloon times, in the setting of the clinical trial.

# 61. Experiences as input to eHealth design - a hip surgery patient journey case. The objective of the study is to describe the planned hip-surgery care process as experienced by patients and healthcare professionals, as well as a qualitative analysis of problems. Data was collected through 3 focus group meetings with patients and healthcare professionals. We present the results in form of a patient journey model, examples of problems as expressed by patients and examples of proposed eHealth services by both patients and care professionals. The results indicate that although the patient journey is similar for most patients, their experiences are highly individual and designing eHealth to improve the patient journey will require flexibility and adaptability to the individual's needs.

# 62. [Ebola virus disease in West Africa and Germany : clinical presentation, management and practical experience with medevacuated patients in Germany]. Ebolaviruses are the causative pathogens of a severe form of viral haemorrhagic fever with cytokine induced shock and multi-organ failure and a high case fatality rate in humans (50-90 %, more than 70 % in the beginning of the current outbreak), designated Ebola haemorrhagic fever or Ebola virus disease (EVD). Ebola is endemic in regions of Central and West Africa. Ebolavirus Zaire (EBOV) is the most aggressive Ebola virus species and is causing the current epidemic. Currently, beginning in late 2013, an unprecedented epidemic with several thousand cases and deaths (as per WHO report 24.12.2014: 19,497 documented cases, 7588 death, 2352 cases in past 3 weeks) is unfolding in Guinea, Liberia and Sierra Leone, and spreading to other countries in Africa, Europe and the USA, where isolated cases have occurred. Ebola transmission occurs exclusively through direct contact with body fluids through mucosal surfaces, skin abrasions, or by parenteral introduction-an aerolised transmission has not been reported so far. Infections in healthcare personnel have not only occurred after needle stick injuries but also after unsafe doffing procedures of personal protection equipment (PPE). The protection of healthcare personnel caring for Ebola patients, therefore, requires that high standards in the use of PPE are mandatory. In high-income countries the management and treatment of EVD patients in specialized centres is recommended. Using negative pressure rooms and positive pressure suits may provide additional safety. Due to the high degree of training and monitoring needed to prevent occupational risks, treatment of EVD patients in non-specialized hospitals should not take place.