

CORRESPONDENCE

The Effects of a Clinical Care Pathway for Schizophrenia: A Before and After Study in 114 Patients

by Dr. med. Dr. phil. Bruno Steinacher, Dipl.-Psych. Lieselotte Mausolf, Dr. PH Dr. phil. Dipl.-Psych. Burkhard Gusy in volume 46/12

Influence of Supporting Feedback

Implementation of guidelines into clinical practice is regarded as the main requirement for future quality assurance. Active dissemination of clinical pathways with prompt feedback, as detailed by the authors, leads to practical additions to today's retrospectively oriented processes of quality assurance (1). A high amount of good quality guidelines with a high density of information exists. Therefore a practical way for broad implementation via flexible and case-related workflows is required (2). Guideline knowledge alone does not have a remarkable influence on the clinician's behavior as mentioned in the study (2). Appropriate feedback loops can gain the physician's attention to leaving the pathway recommended by guidelines.

Supporting feedback delivered by intelligent software solutions is increasingly used in clinical practice. It is obvious that the user of IT systems should always be allowed to ignore and even dismiss recommendations by the system. Deviation from the clinical guideline recommendations, however, is documented in almost all existing electronic support systems and can later be evaluated within the scope of structured quality management. Without question, close and continuous discussion about adherence to the pathway with a respected and instructing physician is of high value. However this should not lead the conclusion "either ... or" but "as well as". IT supported systems cannot replace instructing expert physicians, but should support them in their endeavor to achieve high quality by providing of continually increasing amounts of patient-related data.

The study by Steinacher and colleagues is a step in the right direction. DOI: 10.3238/arztebl.2013.0211a

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Conflict of interest statement

The author is the scientific lead for the project "SIMPLE—Semantically Founded Implementation of Clinical Practice Guidelines," which is funded by the German Federal Ministry of Education and Research.

Less Rather Than More

I have recently read Lewis Mehl-Madrona's book *Healing the mind through the power of story—the promise of narrative psychiatry*. I think my reading stimulated the following idea when I reflected on the question of how to explain the decrease in treatment effectiveness:

The team in a psychiatric ward is usually working to full capacity performing its routine clinical tasks. A project such as the introduction of a treatment pathway requires additional attention. Even if this happens for the patients' benefit, it means that less attention is available for the patients themselves. And the patients may possibly react to the loss in attention.

DOI: 10.3238/arztebl.2013.0211b

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

I wish to thank the authors of the two mentioned letters for adding important aspects. Dr Fuchs rightly points out that additional quality assurance measures will have to be provided by the existing staff, who are working to capacity. It would be the exception to have additional resources made available for such projects. This means that the time required for quality assurance is usually lacking at patients' bedsides, also because pre-existing bureaucratic requirements are usually not reduced. Well-meaning additional attempts to improve quality therefore lead, quasi by the back door, to reduced, and therefore poorer, patient care.

Dr Moreno mentions as a solution to this problem intelligent software, which may raise an alert if a defined treatment pathway has been abandoned, which would thus support the efforts of all parties involved to sustain high quality in a very economical and effective way. However, so far many hospital information technology

systems seem to be lacking flexibility with regard to necessary interfaces with internally defined requirements. The fact that initial attempts in this direction have been put into practice (1) raises hopes for improved options in the future. In this way, optimized quality assurance would be possible while personal attention to patients could be maintained—a crucial factor in the success of any therapeutic attempt.

DOI: 10.3238/arztebl.2013.0211c

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Conflict of interest statement

The author has received consulting fees from Novartis and conference participation fees from Lilly.