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Care pathways to reduce avoidable hospitalizations of long-term care facility residents: A modified e-Delphi study

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Background

- In Switzerland, 30% of residents in long-term care facilities (LTCFs) are hospitalized at least once a year (1)
- Between 9.6% and 15.2% of these hospitalizations are potentially avoidable (2)
- Care pathways can support the structured management of acute conditions and decision-making and can help reduce such hospitalizations (3)
- While such pathways are common in acute care, they are rarely used in LTCFs, and there is little evidence on their development in this context (4,5)

Aim

- To develop and refine an exemplary care pathway for a selected symptom that can be used in Swiss LTCFs to reduce avoidable hospitalizations of residents (using a modified e-Delphi approach)

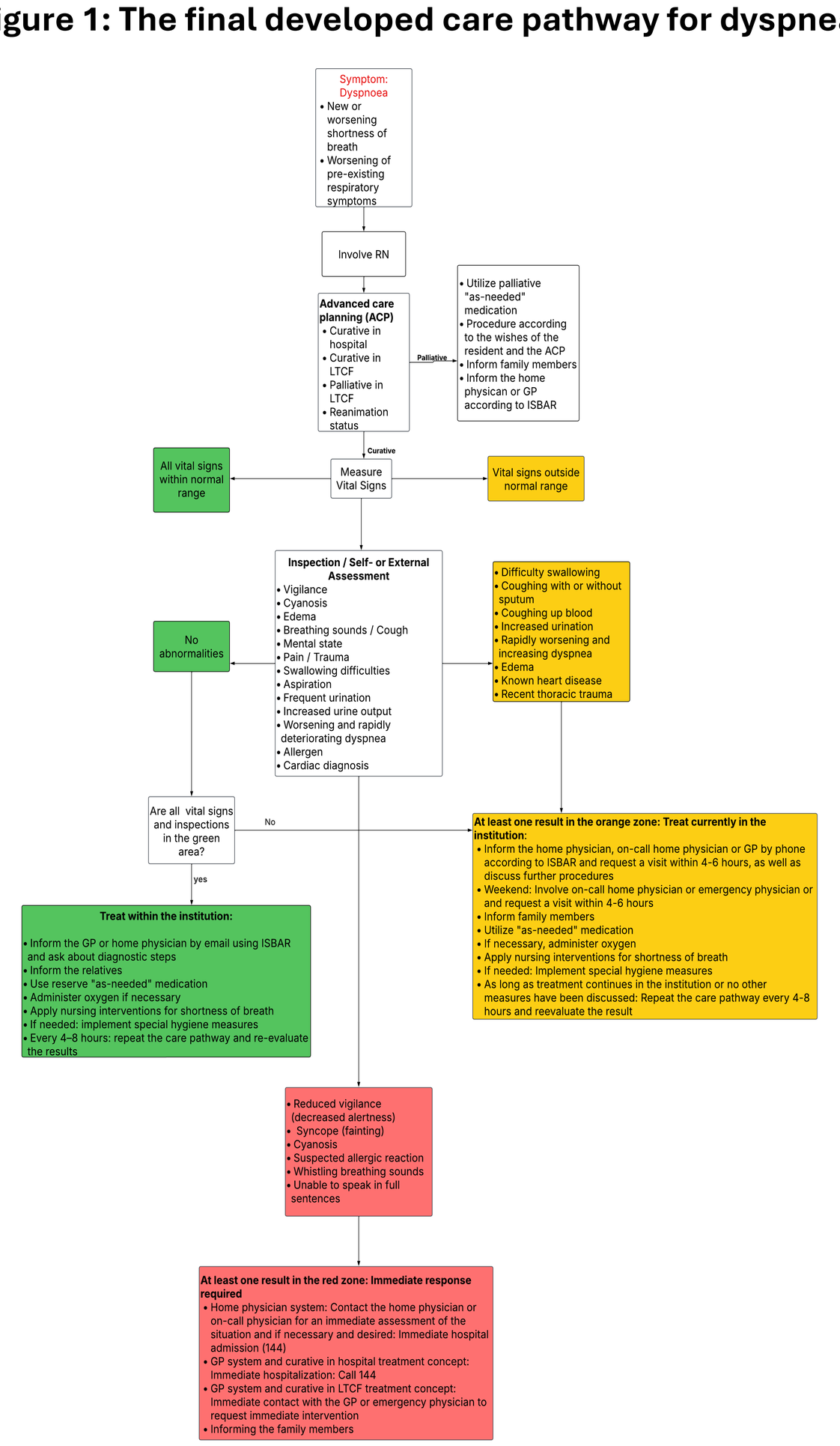
Methods

- Developed an exemplary care pathway for dyspnea (shortness of breath) based on existing literature
- Refined the exemplary pathway using a modified e-Delphi approach by conducting:
  - One focus group
  - Three e-Delphi rounds
- The quantitative survey items (Rounds 1 & 3) were derived from the focus group themes
- Experts rated content, structure, and applicability of 20 items using a 9-point Likert scale with consensus defined as:
  - **Round 1**: Median score ≥7
  - **Round 3**: ≥75% of ratings ≥7
  - Items with median scores 4–6 in Round 1 were discussed qualitatively in **Round 2**

Results

- 14 out of 20 items reached consensus (Figure 1)
- A flowchart was the preferred format
- The institutional adaptability of the care pathway was seen as an important feature
- The integration of advanced care planning was identified as a critical component
- A purely palliative path needs to be also be considered for inclusion in the care pathway
- Registered nurses should be the primary users of the care pathway, although the skill mix in LTCFs should also be considered

Figure 1: The final developed care pathway for dyspnea



Discussion

- Care pathways are **helpful decision-making tools** in LTCFs
- While their standardization is important, they should **remain flexible to accommodate different institutional contexts, physician models, and skill-grade-mixes**
- The consideration of **advanced care planning** within the care pathway is crucial for the reduction of avoidable hospitalizations

Bibliography

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