



**Children's Hospital of Eastern Ontario**  
**Centre hospitalier pour enfants de l'est de l'Ontario**

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[www.cheo.on.ca](http://www.cheo.on.ca)

**January 31, 2006.**

**As a member of the Canadian Association of Paediatric Health Centres (CAPHC) from the Children's Hospital of Eastern Ontario, this survey is being implemented to evaluate the experiences and issues surrounding pathway development, utilization and evaluation in Canada. This National survey is being distributed and facilitated through the CAPHC network and is meant to provide all participations with a better understanding of the capacity and utilization of pathways across all pediatric and related health organization across Canada. These data will be presented at a UK conference "Integrated Care Pathways" in June 2006 and will be submitted as a poster abstract for the upcoming CAPHC Annual Meeting in the fall of 2006 in Vancouver.**

**Your participation and feedback are extremely important to us. It would be greatly appreciated if you could complete this survey and return it by March 15, 2006, to Louise Martin at the following email address - [martin\\_l@cheo.on.ca](mailto:martin_l@cheo.on.ca).**

**Please note that all information gathered from each health organization will be kept confidential. The results of this survey (as aggregated data) will be sent to all participants and will be posted on the CAPHC web site in late May 2006 ([www.caphc.org](http://www.caphc.org)).**

**Your participation is greatly appreciated!**

**Louise Martin  
Coordinator,  
Clinical Pathways  
CHEO**

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## Survey Questionnaire

### Clinical pathways / Critical pathways (Pathways)

Name of Hospital/Organization:

Teaching  
Hospital

Acute care

Rehabilitation  
Centre

Community  
Hospital

Other:

Beds in your facility?

< 50

51-100

101-200

> 200

E-mail:

Area or department you work in:

### Development and Implementation

1. Are you currently *using* Pathways in your organization?

Yes    No

2. Are you currently *developing* Pathways in your organization?

Yes    No

3. Have you developed Pathways that were not implemented? If so, state why.

4. How long has your organization been using Pathways?

**5. Do you use another term instead of "Clinical / Critical Pathways"? Please define the term that you use. (if taken from the literature, please add the reference)**

**6. Why does your organization use Pathways? (i.e.: communication /education tool, improves quality of care...)**

**7. What problems/ barriers did you encounter when developing Pathways in your organization?**

**8. Was your regional / provincial government involved in the development and/or use of Pathways?**

- Yes     No

**9. Do you share knowledge about the Pathway? (check applicable boxes)**

- Within your organization
- With other organizations
- Regionally
- Provincially
- Nationally
- Internationally
- Other:

**10. How important are Pathways for the strategy of your organization? (check 1 box)**

*(1= least important 10= most important)*

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Do you have a policy or procedure on developing Pathways in your organization?**

- Yes    No

**12. Are your Pathways integrated into chart documentation?**

- Yes    No

**13. Are your Pathways... (check applicable boxes)**

- Paper based
- Replacing the patient health record
- Supported by IT / Software
- Supported by Evidence Based Guidelines
- Other:

**14. How many Pathways have been developed in your organization so far?**

**15. Who *participates* in the development of Pathways in your organization? (check applicable boxes)**

- Pathway Coordinator
- Management
- Medical staff
- Nursing staff
- Allied Health
- Patient/family representatives
- External agencies (i.e.: community)
- Other:

**16. Who is *in charge of* Pathway development in your organization?**

**17. Who *approves* the Pathways in your organization?**

**18. Are you planning to develop any Pathways within the next two years?**

- Yes    No

**19. Do you have an annual budget allowed to develop Pathways in your organization?**

- Yes    No

## Evaluation and Sustainability

1. Who takes ownership to *revise* and *update* Pathways in your organization?

2. Have you noted any benefits of using Pathways in your organization? If so, please list the major ones.

3. Are performance indicators used to evaluate the benefits of the Pathways in your organization?  
(check applicable boxes)

- Financial (i.e.: cost, length of stay)
- Service (i.e.: patient satisfaction, quality of service)
- Team (i.e.: job satisfaction, team effectiveness)
- Process (i.e.: waiting time, variances)
- Clinical (i.e.: pain, fatigue, complications)
- None
- Other:

4. Please rate your overall satisfaction with Pathways in your organization?

*(1= least important 10= most important)*

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Discuss your strategies to ensure that Pathways are successfully utilized in your organization.

6. Would you recommend other organizations to develop Pathways?

- Yes    No

## Additional Feedback

**1. Are you a member of any pathway networks?**

Yes    No   If yes, which one(s):

**2. Please share any additional comments you feel would help with this survey.**

**Thank you again for taking the time to fill out this survey. Your input is greatly appreciated!**  
**Please send the completed survey questionnaire to [martin\\_l@cheo.on.ca](mailto:martin_l@cheo.on.ca)**  
**Summary findings will be posted on [www.caphc.org](http://www.caphc.org) in late May 2006.**