The Division of Nephrology’s Clinical Pathway Development (CPD) Team

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**Mandate**

With a commitment to excellence in clinical care, the Division of Nephrology’s Clinical Pathway Development (CPD) Team was conceived to help transform established best practices and innovative research findings into standardized clinical care and improved patient outcomes. Spearheaded by Drs. Douglas Matsell and Cherry Mammen, and in collaboration with numerous trainees, students, and multidisciplinary experts both within the Division and the surrounding UBC community, the CPD Team endeavours to elevate the patient care experience by empowering pediatricians, primary care physicians, allied health practitioners, and patients and families themselves, with cutting edge knowledge, exceptional care, and uncompromised quality.

**Objectives**

The overarching goal of the Clinical Pathway Development Team is to ensure the health, safety and well-being of the patients and families cared for by the Division of Nephrology. Underpinning this goal is the CPD Team’s commitment to continuing education, change management, knowledge translation, quality improvement, and clinical research. More specifically, the CPD aims to: (1) critically review available evidence; (2) establish consensus and make evidence based-recommendations for practice in the form of clinical pathways; (3) develop the necessary tools and resources needed to support the effective education, dissemination, and evaluation of the pathways; (4) audit end-user fidelity to and satisfaction with the pathways; (5) iteratively re-evaluate and update the pathways as new evidence becomes available, and; (6) support ongoing research initiatives in the fields of clinical pathway theory and pediatric nephrology.

**Historical Achievements**

Since its inception in 2011, the primary focus of the CPD Team has been the evolution of the Childhood Nephrotic Syndrome (CNS) Clinical Pathway – a structured, evidence-based, and prescriptive care plan detailing the essential steps to be taken by various care providers for the management of children with nephrotic syndrome, the single most commonly seen childhood renal condition.

Numerous resources and programs have been produced as part of the CNS Pathway. Examples of major milestone deliverables include: parent- and physician-specific educational handbooks; easy-to-use parent worksheets and an electronic steroid treatment calculator for real-time monitoring at home and in clinic; twice-monthly dedicated NS clinics within the Division of Nephrology’s outpatient renal care program, and; NS-specific, semi-structured clinic worksheets with embedded fidelity checklists. Collectively, these resources have allowed for highly efficient patient care, uniquely broad yet focused learning opportunities for students and trainees, and increased adherence to CNS Pathway recommendations by health care practitioners and patients themselves.
New Knowledge Generation

The work of the CPD Team has helped spurn several ancillary research projects within the general domain of clinical pathway theory, as well as the more NS-specific areas of clinical biomarkers, steroid treatment, diet management, and urine protein monitoring. At present, the CPD Team’s compendium of published works includes a journal review paper on the importance of clinical pathways and protocols in the Pediatric Nephrology, as well as numerous published abstracts in the Journal of Investigative Medicine. In time, results from these preliminary studies will have an important impact on clinical practice in general and NS diagnosis and management in particular. Moreover, the CPD team continues to share and promote the CNS Pathway at local, national, and international forums, including UBC Pediatric Grand Rounds, BC Kidney Days meetings, the Canadian Association of Nephrology Nurses & Technologists (CANNT) meetings, and Western Society of Pediatric Nephrology (WSPN) meetings.

Future Directions

A guiding modus operandi for the CPD Team has been to push current practices towards, and indeed beyond, the best-available standards. To this end, future directions of the CPD Team include not only the progression of the CNS Pathway, but also the development of unique pathways for the other renal conditions typically seen within the Division of Nephrology, including but not limited to hypertension, childhood glomerulonephritis, and congenital kidney anomalies diagnosed in the antenatal period.

For more information on the team and its work, please contact:

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