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Thomas has an experienced nursing background and also an additional qualification in psychiatric nursing. Based on his practice, he studied Hospital Management, Health Economics, and later Public Health. He has worked as a hospital consultant before he was awarded for a doctoral scholarship. His academic interest and experience covers several areas of hospital policy and health policy projects, including a European Public Health project. Thomas has a clear focus on clinical pathways and hospital management. He constituted the international research network and serves as the contact author of the Cochrane (EPOC) Review team.

Abstract

The aim of this Cochrane systematic review was to summarise the evidence and assess the effect of clinical pathways on professional practice, patient outcomes, length of hospital stay and hospital costs. We searched the Database of Abstracts of Reviews of Effectiveness, the Effective Practice and Organisation of Care Register, the Cochrane Central Register of Controlled Trials and bibliographic databases including MEDLINE, EMBASE, CINAHL, NHS EED and Global Health. Twenty-seven studies considering a total of 11,398 participants were included for analysis. The main results were a reduction in in-hospital complications (odds ratio 0.58: 95% CI 0.36 to 0.94) and improved documentation (odds ratio 11.95: 95%CI 4.72 to 30.30) associated with clinical pathways. Considerable variation in study

design and settings prevented statistical pooling of results for length of stay and hospital costs. The authors concluded that clinical pathways are associated with reduced in-hospital complications and improved documentation.

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