Introduction
Clinical pathway is a structured approach to standardize care processes based on clinical guidelines and/or protocols, contributed to process optimization, cost effective, quality of care, patient satisfaction and staff satisfaction. On the other hand, clinical pathways were applied mostly with additional sheets to the medical records, resulting in extra paperwork instead of facilitating daily routine, leading to poor acceptance of the whole concept. In responding to these problems, we developed the idea of IT-supported clinical pathways (ITSCP) to reduce additional documents, to automate standard processes and task sequences, and to trigger task reminders from the existing computerized system (e-Nursing Task Reminder System). Since June of 2014, the new module of ITSCP was applied in additional to implement care pathways of ‘Stroke Rehabilitation’ and ‘Care of Foley Catheter’ in Geriatric & Rehabilitation Service of Haven of Hope Hospital. The new module of ITSCP facilitated the scheduling of care activities, to integrated care across multidisciplinary team, and to formulate an individual electronic care plan accordingly.

Objectives
1) To deliver consistent high quality care; 2) To provide tailored care as patients' need; 3) To getting evidence-based care into practice; 4) To reduce unnecessary variation and improve patient's outcome.

Methodology
The electronic care pathways prescribed by ward nurse with a simply interface, a set of care activities will automatic sequenced and scheduled according to local clinical guidelines or protocols, task reminders will automatic triggered for the set time period, related documents can be printed out as patient's records. Outcomes of the
prescription rate and compliance rate were retrospectively reviewed with the computerized nursing logbooks and task reminders. Nursing staffs were further interviewed about their satisfaction with the new module of ITSCP.

**Result**
Form August 2014 to Jan 2015, in a Geriatric and Rehabilitation Ward, 65 patients were met the inclusion criteria to initial the pathways of ‘Stroke Rehabilitation’ and 48 of ‘Care of Foley Catheter’, 60(92%) of Stroke Care pathways and 48(100%) of Foley Care pathways were prescribed by nurses. In view of using electronic reminding system, the care activates related to both prescribed pathways were found fully executed by collated with nursing task reminders. By the way, sixteen nurses were interview about the satisfaction rate with the system, all of nurses appreciated the new module to facilitate their daily routine. Conclusion: Healthcare-IT has been evaluated to improve quality of care by increasing adherence to clinical guidelines; this programme is aimed to provide integrated care for each step in the management of a patient with the aim of improving the continuity and coordination of care across multidisciplinary team. This programme may hence improve quality of care, patient satisfaction and nurse satisfaction.