Protocol Based Care Evaluation Project[1]

Executive summary for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO) SDO/78/2004

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[1] The contribution of nursing, midwifery and health visiting to protocol-based care and its variants on organizational, patient and staff outcomes, quality and costs of care. This study did not investigate the costs associated with protocol-based care; a team from the University of Sheffield is conducting a cost evaluation SDO/79/2004.

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Executive Summary

Background

In the United Kingdom (UK) 'protocol-based care' was developed as a policy initiative embedded in the government's modernisation agenda. From a policy perspective protocol-based care is a mechanism for facilitating standardisation of care based on best practice and the extension of the nursing workforces' professional role. However there has been little systematic evaluation of what protocol-based care is, or its impact on practice, roles, patients and organisations, particularly across multiple sites. This research addressed some key questions about protocol-based care as practised in the reality of the clinical setting.

Aims

The objective of this research was to evaluate the contribution of nursing, midwifery, health visiting to protocol-based care on organisational, patient, staff, and quality of care. An additionally funded project aimed to explore how protocol-based care affects clinical decision-making. Both studies are reported here.

Specific research questions included:

1. What is the impact of protocol-based care on patients, professionals and organisations?
2. How do nurses, midwives and health visitors contribute to protocol-based care?
3. What are nurses', midwives' and health visitors' experiences of using protocol-based care?
4. What are patients' experiences of being cared for through protocol-based systems of care?
5. What factors inhibit and facilitate the implementation and use of protocol-based care?
6. How do protocols and their variants affect the clinical decision-making process?

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About this study

This report combines the findings of two research projects; a case study evaluation, and a decision-making ethnography. Realistic evaluation was used as the overarching methodological framework for both studies. This approach acknowledges the importance of context to the understanding of why interventions and strategies work, for whom, how, and in what circumstances.

Seven sites across both studies were purposively sampled and included acute and primary care service provision. A variety of standardised care approaches were studied including pathways, local guidelines, protocols, algorithms, and patient group directives across sites, and sometimes within sites. These covered various patient conditions and types of service delivery.

Multiple qualitative data collection methods were used including non-participant observation, post-observation interviews with nurses and patients, key informant interviews, tracking patient journeys, documents, and the collection of available locally collected protocol-based care data. Across both projects there were 205 participants including nurses, midwives, health visitors, doctors, managers, support staff and patients.

Key findings

The following main findings emerged across sites:

Properties of protocol-based care

- Protocol-based care was not a term familiar to study participants; however they were very familiar with its constituent elements, such as protocols and guidelines. The purpose of protocol-based care was identified as standardisation of care. As such the term 'standardised care approach(s)' is used in this report.
- Different types of standardised care approaches were perceived to have differing levels of prescriptiveness or flexibility.
- Standardised care approaches were viewed as potentially important mechanisms for making minimum standards of care explicit. This was thought to be particularly useful in contexts where there were frequent staff changes, providing newly qualified and/or staff unfamiliar to the setting with a source of information

Development of standardised care approaches

- Commonly, the need to standardise care and/or practice variation was cited as a reason for the development and introduction of

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standardised care approaches. Standardisation was motivated in response to the setting up of new services, service re-organisations, and frequent staff changes.

- The development and introduction of standardised care approaches was often aimed at improving service delivery in response to national policy initiatives.
- The development and use of standardised care approaches as possible risk management tools were also evident, particularly if there had been patient complaints.
- The importance of a champion leading on the development and introduction of standardised care approaches was apparent in most sites. Leads tended to be experienced nurses who would have authority and credibility within the multi-disciplinary team.
- Involving the multi-disciplinary team in developing standardised care approaches was difficult.
- Patients were not usually involved in development of standardised care approaches.
- A variety of sources underpinned standardised care approaches. It was not clear how evidence from these sources was gathered or synthesised.

Impact of protocol-based care

- Commonly standardised care approaches were used by nurses and allied health professionals as checklists and references. They prompted what needed to be done next, how, or (more commonly) as a check that everything *had* been done.
- There were examples of nurses referring to available standardised care approaches during interactions with patients (for example in the Walk in Centre), however more commonly they would be referred to after a procedure or at the end of a shift.
- There was a concern by nurses and doctors that using these tools as checklists could lead to a 'tick box mentality'. Observation of practice did uncover some evidence of this.
- Whilst there was a concern about standardised care approaches being restrictive, interview data and observations show that nurses continued to use their clinical judgement even when

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referring to or using them. As such staff believed they supported, rather than removed the need for clinical judgement.

- Standardised care approaches appeared to be particularly useful and relevant for students, new or newly qualified staff (nurses, allied health professionals and doctors).
- By using standardised care approaches nurses were taking on new tasks and developing skills beyond the traditional scope of practice. Nurses were prescribing, diagnosing, ordering tests and in some cases deciding on treatments. The ability to perform these roles meant that nurses were able to run clinics or services independently. With respect to midwifery practice, the use of protocols was viewed as supporting and strengthening their role as lead carers for healthy, low risk women.
- The extension of roles to incorporate prescribing, for example, meant that nurses were able to provide a more streamlined service for patients because they did not have to refer to doctors. In turn, this reduced doctors' workload.
- Role extension was viewed as a positive impact, and was linked to nurses' ability to practice autonomously with 'protection'.
- Nurses' decision-making was variously informed by formal and informal protocols. Whilst a number of formal protocols were available, in reality they were rarely explicitly referred to during their interactions with patients.
- There were a number of sources of information that informed nurses' decision-making, including 'instinct' or clinical experience, colleagues (particularly those that were senior), and patients.
- There was no evidence to suggest that doctors and nurses were using standardised care approaches to enable team-based interaction or decision-making. Standardised care approaches tended to formalise and clarify professional's respective roles, rather than enhance the potential for better team working.
- Whilst there were examples of standardised care approaches being developed for use by the multi-disciplinary team, there was a common perception amongst both doctors and nurses

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that protocol-based care is “a nurse’s thing” and a nursing/midwifery initiative.

- With the exception of the GP site (in relation to the Quality and Outcomes Framework) and junior doctors, doctors were not obviously using available standardised care approaches.
- Patients were generally unaware of being cared for through standardised care approaches. Whilst not explicitly aware that standardised care approaches may be being used, they did experience care that was guided by them. That is, when used, their care may have been delivered according to the contents of the particular protocol, pathway, or guideline etc.
- Some patients described experiencing standardised care, which at times might have been at the expense of individualisation.
- Standardisation of practice had resulted in some cases in standardisation of resources and so cost containment.

Influences on use

- Where standardised care approaches are visible, close to the point of care and easily accessible practitioners were more likely to refer to, and use them. Embedding these tools in routinely used systems and documentation also facilitated their use.
- If the standardised care approaches made a difference which practitioners could see, they tended to be more readily used.
- In sites where there was no dedicated project lead, there was a decreased or patchy use of available standardised care approaches.
- Standardised care approaches that were mandatory or their use incentivised were consistently used.

Conclusions

The use of standardised care approaches was seen as important to reduce practice variation and improve service delivery, especially for new and/or inexperienced staff. Additionally findings show that they supported nurses’ autonomous practice, and an extension of their role beyond the traditional scope of practice. However, our findings also demonstrate that the use of standardised care approaches is largely context, professionally, and individually specific.

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A number of recommendations are made for policy making, management, practice, and research, which include:

Policy making

- The need for a discerning view about protocol-based care and one that encourages judicious use.
- Routinely embedding standardised care approaches in the development processes of national standards/guidelines/frameworks.
- Capitalise on the potential of electronic records as a vehicle for dissemination and use.
- Appropriate allocation of resources.
- Develop national databases of standardised care approaches and a national network to share good practice.

Management

- Assess and capitalise on local motivating factors.
- Ensure strategic level support, including funding.
- Identify appropriately skilled, experienced, credible and respected project leads.
- Develop robust, transparent development processes that engage key stakeholders. Development and implementation should be viewed as one process.
- Develop mechanisms to ensure staff are aware of available standardised care approaches.
- Consider the use of appropriate incentives to encourage engagement.
- Build in on-going evaluative mechanisms.
- Embed standardised care approaches in routinely used systems, processes and documents as a way of encouraging and sustaining use.
- Allocate realistic time scales.

Practice

- Avoid tick box mentality with judicious use of standardised care approaches.
- Identify how patients would like to become engaged.
- Work pro-actively to maximise opportunities for team working.

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- Identify opportunities for streamlining care.

Education

- Ensure on-going training opportunities are available and used.
- Use standardised care approaches as learning resources.
- Include critical thinking skills training in pre- and post-registration education opportunities.

Research

- Consider intervention research based on identified components of what works, for whom, how and in what circumstances.
- Evaluate different approaches to patient engagement.
- Evaluate how role extension through standardised care approaches impact on patient outcomes.
- Investigate further the role that standardised care approaches have in facilitating the development and running of nurse led services.
- Further examine the role that incentives could play in engaging practitioners in the protocol-based care agenda.

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Addendum

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