Assessment of Usage of Clinical Guidelines and Protocols:

Setting-up Knowledge Systems for Electronic Retrieval

In the last edition of LIHNNK–UP, Neil Foley reported on the KM work being undertaken at Central Cheshire Primary Care Trust (CCPCT) to collect and publish clinical guidelines and protocols. As promised, here is a more detailed report.

Introduction

Working closely with Clinical Governance, the remit of the project has been to identify the clinical guidelines and protocols presently in use at Central Cheshire PCT and Mid-Cheshire Hospitals NHS Trust. The aim has been to get the most up-to-date versions up on the PCT Intranet wherever possible and to demonstrate that library skills are valuable for organising information on many levels. Maintenance processes and procedures for the clinical guidelines have been set up to ensure that guidelines and protocols will be systematically collected, verified and routinely posted on the Intranet. This project has not taken into account risk or non-clinical guidelines.

Search and Assess Existing Guidelines and Protocols on the Intranet

The project began in January 2003 with an information audit, commencing with an assessment of the existing clinical guidelines and protocols. At the outset, it was found that the clinical guidelines and protocols currently in use numbered 120 and 176, respectively.

The clinical guidelines found during the course of the project included those not only found on the Intranet but also included those only referred to on the Intranet– but NOT actually being available on the Intranet. Incidentally, arising from the promotional activities supporting the project, a number of additional documents were supplied – some in hard copy and some in electronic form. The presence, in some cases, of hard copy documents only, in the absence of being in electronic form, provides some confirmation as to the rationale for the project.

Indicatively, the collected documents included the following:

- Angina Management
- Colorectal Cancer Management
- Coronary Heart Disease
- Dyspepsia Management
- Erectile Dysfunction Management
- Leg Ulcer Management
- Urinary Tract Infection
- Referral Guidelines for Growth Monitoring
- Oxygen Therapy Guidelines for General Practitioners
- Post-natal Depression

The documents ranged from two page summaries to 20-page documents. Examination of the documents entailed assessing the composition of the documents. A cross-section of the observations are summarized as follows:
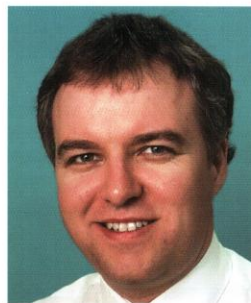
Neil is now practicing part-time as a self-employed Information Consultant.

Tel: 0151 931 1218   Mobile: 07944 894653
E-mail: information@neilfoley.fsnet.co.uk

- Duplications
- Lack of authorship / housekeeping details
- Vagueness of authorship
- Unfriendly printing formats - necessitating printing in landscape format
- Out-of-date sources
- Undated sources
- Uncertain abbreviations
- No references/ incomplete references
- Inconsistency of format
- Inconsistency of headings
- Directional arrows missing from flow charts
- Lack of Introduction/ background notes
- Missing appendices

Raising Awareness

To raise awareness of this project and therefore encourage clinicians' participation, the project has been widely publicised through articles in a range of newsletters and numerous meetings and presentations.

By using a number of methods, it was anticipated that any relevant members of staff who missed one approach may have become aware of the project via one of the other methods. Similarly, communicating via a range of media assisted reaching both directly and non-directly employed staff.

Consultation

The findings of the assessment of the existing clinical guidelines and protocols contributed to the development of an interview schedule to be used for consultations with authors and key users of these documents.

Although it was originally intended to develop separate question schedules for clinical guidelines and protocols, for the sake of simplicity and good time management (for both the interviewer and interviewees), it was decided to consolidate both the clinical guidelines and protocols into the one schedule. This had the advantage of removing any duplications.

In developing the interview questions all issues were considered relating to the three processes of collection, verification and posting on the CCPCT Intranet. Nominally, questions were devised under the headings of Creation, Currency, Distribution, Intranet, Learning from Experience, Links, Marketing, Sources Consulted and Usage.

Given the fact that most of the documents within the remit of the project were written by more than one author, and taking into account the time constraints on the project, it was decided that, in order to consult as widely as possible, interviewing would have to be restricted to one person per document. *Ideally,* consultation would have encompassed a wider range of voices. Again, taking into account time constraints, the initial interview served as a pilot interview.

Most interviews were of approximately one and a half hour's duration. Questions of interviewees were posed objectively. The clinicians interviewed included:

- Associate Specialist - Community Paediatrics

- Consultant Surgeons – Colorectal Cancer, Leg Ulcers
- Phyiotherapist
- GPs
- Respiratory Nurse
- Nurse Specialist - Child Health

Recognising the degree of interconnectedness between differing fields of practice, clinicians were asked to consider whether their guideline / protocol was linked with any other departments / multidisciplinary teams within CCPCT, or whether there were any guidelines / protocols which they would consider to be most closely related to their own – locally or nationally. Indeed, enquiry was made as to whether they would create linkages with any other locally produced documents generally. Broadening the question of related interests beyond existing connections, the question was asked as to who were the *potential* users of any clinical guideline/protocol.

Enquiry was made of the sources consulted in the writing of each document. In those instances when the sources were not available from the document itself, at interview, the question was posed. One of the outcomes of the project has been the creation of a template for the recording of all documents which

means of signposting local libraries / learning resource centres.

Currency

As mentioned, upon initial review, many obsolete documents were found to be present and some sources were even undated. Hence, the interview schedule invited interviewees to confirm the date when the guideline or protocol was created / last reviewed. It was considered essential that the starting point for this resource should be up-to-date. A related question was: *How frequently should this particular clinical guideline / protocol be reviewed for up-to-datedness?* For the sake of credibility in the eyes of the users, it would be important to ensure that a review of a clinical guideline / protocol is undertaken at the date at which it is planned to take place. Users' confidence in the reliability and up-to-datedness of the content should encourage usage of the resource.

In this regard, document control procedures have been devised for guidelines / protocols identified as being either *Current, Superseded and Archived or Withdrawn and Archived.*

An integral part of these procedures this

(See Future, below). Specifically:

- Whenever a document is scheduled to be reviewed, all authors are to be advised, bearing in mind the time required for a review process to be undertaken.
- All authors are to be advised of any amendments to the status of a document
- Prior to release onto the Intranet, the authors of any document will be required to sign an authorisation form. A copy of this form is to be retained by the person maintaining the Intranet site.

Archive

There was a general acknowledgement as to the need for an archive, interviewees citing different retrospective dates. Documents placed in the archive are to be recorded as follows:

VERSION NUMBER: **XXX**

APPLICABLE FOR THE PERIOD: **DDMMYYYY - DDMMYYYY**

DATE ARCHIVED: **DDMMYYYY**

SUPERSEDED BY: **VERSION XXX**

PREVIOUS VERSION NUMBER: **XXX**

have contributed to the writing of any clinical guideline / protocol. For the purposes of consistency, authors (or those with delegated authority) will be asked to complete the template as prescribed. Also, for the purpose of accountability, the citation of references will be *compulsory.* As both a learning document and a practical clinical document, the provision of references provides a context-specific opportunity to extend knowledge. The accompanying question as to how information was obtained has provided the

relates to communications between the person maintaining the Intranet site for each document and the authors of the document.

A criterion for placement in the archive and related procedures has been devised.

Creating an archive of past clinical guidelines and protocols will provide for future generations learning lessons from the past. Also, from a legal standpoint, to be able to refer to past editions of evidential documents may contribute to resolving future disputes. Archiving is also relevant in the context of regulatory / clinical governance accountability requirements.

Future

Taking account of the exponential growth of content on the CCPCT Intranet, the Information & Communications Department (ICT) have recognised that, for the future, it will be necessary for individuals within departments within the Trust to have delegated authority and responsibility for maintaining their departments' presence on the Intranet, including the management of guidelines and protocols; access being controlled via passwords. It has been agreed with the ICT Department that the Trust Departments should comply with the structure determined by this project, having the provision to add in their own headings / sub-headings as appropriate.

Via this project, templates have been created for the placement of clinical guidelines and protocols on the Intranet. Initial assessments of the existing documents demonstrated that there were differences in the labelling of headings, for, ostensibly, similar content. Taking account of the unknown terminology in clinical guidelines and protocols yet to be submitted, together with the submission of documents by departments themselves, it was decided that, in order to achieve a degree of consistency of format, the more generalized headings, such as Introduction and References should be consolidated, without compromising specific clinical guidance presented under specialized headings. (See Fig 1: *Clinical Guidelines – Headings Structure*). The specific nature of these headings will aid precise retrieval. Also, consolidating headings will minimise information overload, considered to be important by clinicians.

Just as the skills acquired by attendees on, say, a Dialog training course, should be evaluated in terms of monitoring information-seeking behaviour, the placement of the clinical guidelines and protocols on the CCPCT Intranet may be maximised by encouraging their usage. Applying experience gained on other projects, consultation via interview found that, in descending order of likelihood of reaching staff, the most appropriate methods of promotion for the clinical guidelines and protocols would be:

- Presentations to selected groups
- Co-promoted with training in searching effectively evidenced-based sources
- Clinical Governance / Clinical Guidelines information at departmental meetings
- Targeted offer of assistance to a committee/ working group

Other promotional methods suggested were workplace induction, regular reminders and liaison with professional group leaders / facilitators.

Conclusion

This article has not covered all the activities of the project, rather, sufficient to give an overview.

Based upon the information audit, in the form of assessment of the relevant documents and interviews with the authors, the key processes - Collection, Verification and Posting on the Intranet - have been devised. At the time of writing this article, testing of the new software with the document templates and up-to-date documents is taking place.

Certainly, with regard to posting the documents on the Intranet, there are implications in terms of the training of staff in using the new software. However, it may be stated that the benefits to staff of accessing the clinical guidelines and protocols via the Intranet are:

- Accelerated decision-making
- Motivated and informed staff
- Combats information overload
- Understanding of past / current experience

- Procedures for the recording of future experience
- Accessible via the Intranet 24/7

This project has been a *part-time* role; funded by the Health Care Libraries Unit, and project-managed by Sue McDowell, Head of Clinical Governance at CCPCT. Later on in the year the work will be extended to other Primary Care Trusts in West Cheshire.

Contact details:
Neil Foley, Knowledge Services Officer
Clinical Governance Support Unit
Central Cheshire Primary Care Trust
Bevan House, Barony Road,
Nantwich CW5 5QU

Tel: 01270 415306
E-mail: neil.foley@ccpct.nhs.uk

Clinical Guidelines
Headings Structure

Type of Document:
Clinical Guidelines

Version Details
Applying Document Control procedures.

Current Edition:
Version Number: XXX
Date Issued: DDMMYYYY
Next Date Due for Review: DDMMYYYY
Previous Version Number: XXX

Title
Series Title:
Title:
Sub-title

Introduction

Potential Users
Consider the immediately known users of this document and who might be potential users.

Authorship
All of the authors are to be named:

Clinical Lead -
Link to e-mail where individual is agreeable.
Contributing Authors -
Link to e-mail where individual is agreeable.
(Separate entry for each individual)

Credentials
Confirm credentials of individuals contributing to clinical guidelines:
- Name
- Qualifications
- Experience relevant to the subject of the clinical guidelines

- Published material (if applicable)
- Any other relevant information

Notes - Nature, scope and features
Include a note here, if, for example, a clinical guideline has been based upon another document and adapted for local circumstances. Also, the bibliographical details of the source material should be recorded in the Reference Document Template for the relevant guidelines. (See next section).

It may be relevant to cite the source of funding for the writing of the document.

References
Reference Document – Catalogue Template

Appendices
Is the document complete in itself or is it part of a greater whole – i.e. Any appendices or attachments?

Details of all appendices to be recorded:
Title
Nature, scope and features
Label (Eg: A, B and C or 1, 2 , 3).

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