# Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols

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An Bord Altranais

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## 1.0 Introduction

An Bord Altranais is the statutory body responsible for the regulation of the practice of nursing and midwifery in Ireland. The general concern of An Bord Altranais is the promotion of high standards of education, training and professional conduct among nurses and midwives.

Nursing and midwifery practice should be based on the best available evidence. Practice should always be based on the principles of professional conduct as outlined in the latest version of the *Code of Professional Conduct for each Nurse and Midwife* produced by An Bord Altranais. Nurses and midwives should always practice according to the *Scope of Nursing and Midwifery Practice Framework.*

The literature suggests that where review and expansion of nursing and midwifery practice has been most successful, certain supports have been present and are considered essential. These include guidelines, policies or protocols that have been developed collaboratively with practicing nurses and midwives with reference to legislation and research based literature where this is available.

The development of policies, guidelines and protocols is about introducing, maintaining and changing practice based on high quality information. A key part of the process for development of policies, guidelines and protocols is the consideration of how they may be implemented and the resources needed to implement them. This document provides guidance on the development of policies, guidelines and protocols.

## 2.0 Definitions

It is evident that some confusion exists both in the literature and in practice regarding the nature of policies, guidelines and protocols. The terms are often used interchangeably and definitions often offer little guidance as to the distinction between them. It is clear both from the literature and practice that there maybe some degree of overlap in the content and purpose of policies, guidelines and protocols. However the purpose of all three is to guide practitioners in providing best quality patient/client care. The following are offered as broad definitions of each.

### 2.1 What are Policies?

A policy is a course or principle of action adopted or proposed by a group or individual (Concise Oxford Dictionary 1995). A policy document outlines a principle that governs activity and which individuals are expected to follow.

### 2.2 What are Guidelines?

A guideline is a principle or criterion that guides or directs action (Concise Oxford Dictionary 1995). Guidelines which refer to clinical matters are often called clinical or practice guidelines, which have been defined as: "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances" (Field and Lohr 1990). Clinical guidelines may be developed nationally or internationally and be interpreted in local clinical guidelines, which are often referred to as protocols.

### 2.3 What are Protocols?

A protocol is defined as: "a written plan that specifies procedures to be followed in defined situations, a protocol represents a standard of care that describes an intervention or set of interventions" (Ohio Nurses Association 1992). Protocols are more specific and explicit in their detail than guidelines, they specify who does what, when and how.

## 3.0 Why are Policies, Guidelines and Protocols needed?

Health care is a complex process that involves a multitude of actions by many different people. It is widely acknowledged in the literature that policies, guidelines and protocols aid in improving the quality of health care provision by articulating consistent approaches for best practice. They serve to:

• improve and standardise patient/client care;

• act as a basis for audit and evaluation of care;

• provide guidance for practitioners on appropriate parameters of care;

• facilitate effective staff induction;

• act as educational tools.

## 4.0 Legal Considerations

Each nurse and midwife is accountable for his/her practice. This means being answerable for decisions he/she makes and being prepared to make explicit the rationale for those decisions and justify them in the context of legislation, case law, professional standards and guidelines, evidence based practice, professional and ethical conduct. It should be recognised that policies, guidelines and protocols represent a statement reflecting an expected standard of care and can be introduced in law as evidence of the standard of care expected of a 'reasonable nurse or midwife'. The public may request access to policies, guidelines or protocols and public bodies may be called on to publish such documents under the Freedom of Information Act (1997). Policies, guidelines and protocols provide supportive evidence for the care given. However a breach of policies, guidelines or protocols may indicate a breach of the standard of care. This has important implications for nurses and midwives in both the formulation and implementation of policies, guidelines and protocols.

• In the formulation of policies, guidelines and protocols consideration must be given to the extent to which they are realistically achievable given the resources available to those charged with their implementation. This consideration must be ongoing even when the policy, guideline or protocol has been adopted. Systems need to allow for those who are implementing policies, guidelines and protocols to have involvement in their review.

• The nature of the language used in policies, guidelines and protocols will indicate to nurses and midwives the extent to which compliance is required. Therefore consideration must be given to the use of words such as *should, must, consider, always* as they indicate different levels of imperative (for example the use of *should* indicates a directive whereas *may* allows the exercise of judgement).

• Policies, guidelines and protocols cannot possibly account for every particular circumstance that the nurse or midwife may encounter. They should provide a background to individualised patient/client care. Nurses and midwives must be cognisant that their own professional judgement should not be

compromised or ignored if deviation from policies, guidelines or protocols is appropriate. However, this decision should not be taken lightly and where appropriate consultation with colleagues is advisable. Reasons for the deviation should be well documented.

## 5.0 What systems should be in place in the organisation to support the development of Policies, Guidelines and Protocols?

- To facilitate co-ordination and consistency, organisations should have a core committee that approves and authorises all policies, guidelines and protocols formulated in the organisation. This committee should have representation from all key groups likely to be implementing or be affected by organisational policies, guidelines or protocols. The committee should have clear terms of reference.

- Organisations should have a transparent, effectively communicated system for the development of policies, guidelines and protocols so that every staff member knows how to go about creating, reviewing or changing policies, guidelines and protocols in the organisation.

- Organisations should have effective systems for the communication of the content of policies, guidelines and protocols to all relevant staff. This includes official policy, guideline and protocol manuals. Ad hoc photocopying of policies, guidelines and protocols is inappropriate.

- Evaluation of the effectiveness of systems of developing and implementing policies, guidelines and protocols, should be part of the quality improvement programme.

For nurses or midwives working independently, it may be appropriate and useful that policies, guidelines and protocols be developed collaboratively in peer groups drawing on special expertise as appropriate.

## 6.0 Who should be involved in the development of Policies, Guidelines and Protocols?

- Key stakeholders:
  representatives of all groups likely to be affected by the policy, guideline or protocol;
  representatives of all groups likely to be implementing the policy, guideline and protocol.

- Anyone with special expertise relating to the particular area addressed within the policy, guideline or protocol.

- Representative/s of nursing/midwifery management.

- The organisation's legal advisor if applicable.

- The organisation's risk manager if applicable.

## 7.0 How to go about developing Policies, Guidelines and Protocols

### 7.1 Plan

- Identify who should be involved; does the core policy, guideline and protocol committee or the group devising the policy, guideline or protocol have sufficient expertise and representation or should others be co-opted to join it?

- Define and refine the area to be addressed in the policy, guideline or protocol.

### 7.2 Review the available evidence

- Conduct or obtain review of the literature.

- Evaluate the quality of the literature.

- Obtain and review similar policies, guidelines and protocols formulated by other groups or organisations. Other groups may have looked at this issue and produced good, relevant work. However it is important to consider that while it is entirely appropriate to use material compiled elsewhere (provided that due permission and acknowledgement is sought and given) this must not be done without consideration of local adaptation. The process of reaching consensus is crucial to ownership by staff. In cases where work has been prepared elsewhere this can be achieved by involvement of the relevant above-mentioned groups (paragraph 6.0) in adapting the policy, guideline or protocol to local needs.

### 7.3 Devise and refine the policy, guideline or protocol

- Devise a draft of the policy, guideline or protocol (always indicate clearly in writing that it is a draft and which draft it is).

- Consider whether the policy, guideline or protocol is compatible with legislation, case law, national and other organisational policies, guidelines and protocols.

- Circulate for approval to all interested parties.

- Refine based on comments.

- Consider piloting it to identify any unforeseen difficulties.

- Consider what implications the implementation of the policy, guideline or protocol may have, and what resources are needed. Is there an educational component? Does it represent a major change in practice for staff and will this need to be managed. Take action on these issues.

- Set review date.

- Approval or authorisation as appropriate by organisation's core policy, guideline and protocol committee, relevant manager, supervisor or peer group.

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**What should be contained in Policies, Guidelines and Protocols?**

- Date from which the policy, guideline or protocol will be implemented.
- Name of organisation or unit.
- Who was involved in developing it.
- Rationale for its development/statement of purpose.
- Attribution - was it adapted from elsewhere or is it newly formulated.
- Evidence base for its development/source material.
- Who and/or where it applies to.
- Precise definition of terms.
- If relevant, the level of qualification, education, training, experience and competence of staff should be outlined.
- Language should be unambiguous, concise and user-friendly.
- Layout should be clear with logical progression using headings and sub-headings as appropriate.
- Review date.
- Circulation list.
- Signature(s) of approval or authorisation as appropriate (e.g, core policy, guideline and protocol committee, relevant manager, supervisor or peer group).

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**How often should Policies, Guidelines and Protocols be reviewed?**

- Policies, guidelines and protocols should be dynamic documents that are constantly reviewed to ensure safety and appropriateness. New evidence may emerge or circumstances, resources and supports may change. Even if no change is made it should be documented that review has taken place.
- Policies, guidelines and protocols should be re-dated after each review.
- Previous editions of policies, guidelines and protocols should be archived indefinitely following revision for legal purposes.

## 7.4 Implement the policy, guideline or protocol

- Circulate to units and staff highlighting the responsibility of local management to bring it to the attention of all relevant staff in their area.

- If the policy, guideline or protocol is a revision of a previous document, at unit level the old copies need to be removed and destroyed to avoid confusion.

- Implement staff awareness programme

### Maximising the implementation of Policies, Guidelines and Protocols

- In-service sessions should be provided on new or revised policies, guidelines and protocols.
- Provide input on policies, guidelines and protocols at staff induction sessions.
- Consider innovative ways of keeping staff up-to date on the content of policies, guidelines and protocols.
- Copies of policies, guidelines and protocols should be easily accessible and identifiable so that they can be consulted as needed.
- Reference to adherence to policies, guidelines and protocols should be included in job descriptions and employment contracts where appropriate.

Remember, effective change takes time. It may not be helpful to try to develop and implement too many policies, guidelines and protocols in a short period of time. Solid improvements are brought about by incremental change. If there is a lot of work to be done in this area prioritise needs.

## References

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