Beyond Protocol Working; the development of a conceptual framework to further understand clinical decision making in uncertainty.

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Aim
Community Acquired Pneumonia (CAP) is a common illness seen in emergency departments. Well established guidelines exist to optimise care for this (and similar) conditions, however there is a growing cohort of older multi-morbid patients for whom single-disease-focused guidelines may not be applicable. Clinicians need to use alternative strategies to optimise care in these ‘beyond-protocol’ situations. Our research asks how do clinicians manage the uncertainty of working outside guideline-defined care? We start with a scoping review to describe what decisions are being made and how.

Methods
We searched databases (Cinahl, Embase, Ovid Medline and PsycINFO) from inception to May 2017. Search terms included older, co-morbid patients, with a diagnosis of lower respiratory tract infection (LRTI), or CAP, using quantitative, qualitative and mixed-methods. 189 abstracts were identified, and screened by SM and JR using inclusion criteria to identify 58 papers. Thematic analysis using a priori themes (patient, physician, setting, and health system factors) applied to the first ten papers Development of the coding framework then used an inductive, iterative process. We agreed a final coding frame through discussion within the team and applied it to the full data set.

Outcomes / Results
Analysis identified two broad concepts describing beyond-protocol decision making in this population: the type of clinical decision and the factors influencing it. The types of decision include, whether to treat, location of treatment and adherence to a relevant guideline/scoring system. Factors that contribute to decision-making can be categorised into patient, disease, clinician, and healthcare factors (Table 1).

Conclusion
Available guidelines and scoring systems help clinicians decide whether to treat or predict mortality, but this does not easily translate into how and where to manage these patients. This framework has highlighted the clinically appropriate factors that support decision-making when overriding guidelines or scoring systems. This will inform a systematic review to understand this beyond-protocol working.