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2009 Angeles City, Philippines

Website: [www.auf.edu.ph](http://www.auf.edu.ph) / Email: [registrar@auf.edu.ph](mailto:registrar@auf.edu.ph)



**NURSING CARE MANAGEMENT (NCM) 0110 Nursing Informatics**

**Evidenced-based Journal on Practice Application: Journals in Regard to Use of  
Informatics Nursing Field**

# **Experiences of Using Clinical Pathways in Hospitals: Perspectives of Quality Improvement Personnel**

**Submitted by:**

Alonzo, Aleah Sheree D.

Betita, Junie Marie R.

Bulario, Maria Yvette P.

Catacutan, Keesha Noreen C.

De Guzman, Christian Joshe

Enriquez, Samantha Anne M.

Galang, Wilena-Owe B.

Manalastas, Ramon Luis P.

Marimla, Jhon Dominic C.

Regala, Katherine G.

Tan, Marv Joshua P.

BSN 2-B

Group 6

## **A. CONTENT OF THE JOURNAL**

### **I. Introduction & Background (Gap)**

Although standardized nursing care plans (SNCs) integrated into clinical decision support systems (CDSS) are increasingly implemented in hospitals, their real-world adoption remains inconsistent. In practice, there is often a difference between what nurses view as important and what they actually document. In China, despite widespread use of CDSS tools, it remains unclear how nurses engage with SNCs in their electronic health records (EHRs). This study was conducted to investigate those discrepancies and uncover the factors influencing utilization, aiming to enhance both the usability and clinical relevance of these informatics tools.

### **II. Aim / Objectives**

The study aimed to explore two main aspects: (1) identify which nursing diagnoses and interventions are most frequently used in SNCs documented within a CDSS, and (2) understand how nurses perceive and experience the use of these plans—examining the match between rated importance and documented interventions. The researchers sought a comprehensive understanding by combining quantitative analysis of documentation behavior with qualitative insights from nurse users.

### **III. Methods**

Employing a sequential mixed-methods design, the study began with a quantitative audit of 400 standardized care plans entered in the CDSS of an acute care hospital. Each plan was analyzed to determine usage patterns of nursing diagnoses and interventions. Nurses then completed a survey rating the perceived importance of the same interventions. To deepen understanding, semi-structured interviews were conducted, exploring participants' experiences, attitudes, and barriers in care planning. The quantitative and qualitative data were triangulated to compare perceived importance versus documented performance, identify patterns, and surface deeper themes.

### **IV. Results**

The study revealed several key facilitators and barriers influencing the successful implementation of clinical pathways (CPs) in hospital settings. Among the most significant facilitators was the establishment of CPs based on strong, evidence-based clinical guidelines, which enhanced the credibility and acceptability of the pathways

among healthcare providers. Leadership support and physician buy-in were also essential in driving the adoption of CPs, as enthusiastic clinical leaders and engaged physicians helped encourage widespread use across departments. Additionally, clinical pathways that were designed with flexibility—allowing adjustments to meet individual patient needs—were more readily accepted by hospital staff. Another major facilitator was the integration of CPs into electronic medical records (EMRs), which enabled automatic prompts and system reminders, thereby making pathway adherence more practical and accessible in daily workflows.

Conversely, several barriers to CP implementation were identified. A lack of awareness and motivation among clinicians, particularly among physicians and residents, posed a significant obstacle, as some viewed CPs as unnecessary or burdensome. Another barrier was the perception that clinical pathways were primarily driven by hospital financial goals, such as reducing costs through diagnosis-related group (DRG) requirements, rather than genuinely improving patient care. Technological inefficiencies further complicated CP use, especially when clinical pathways existed as separate systems that did not fully integrate with existing EMRs. This led to double documentation and added work for nurses and physicians, particularly in areas like pediatric care where specific system features such as dosage calculators were lacking. Finally, smaller hospitals struggled with the relevance of clinical pathways that were originally developed for larger tertiary facilities, making the pathways feel less applicable to their unique patient populations and resource levels. These barriers highlight the importance of not only designing evidence-based clinical pathways but also ensuring their seamless integration, clinical relevance, and acceptance by frontline staff.

## **V. Discussion**

The study underscores that informatics tools must not only be technically functional but also contextually designed to fit nursing workflows. SNCs embedded in CDSS can support structured documentation, but without user engagement and clinical flexibility, these systems may be used superficially or avoided. Leadership involvement, content customization, and UI/UX improvements are crucial to foster meaningful adoption and trust in these tools.

## **VI. Implications to Nursing**

This study underscores nurses' pivotal role in the successful application of clinical pathways. Reflecting on the outcomes, it's clear that pathway implementation must do more than establish protocols—it must also resonate with nursing clinicians' workflow and practice priorities. Nurses are often at the forefront of monitoring, executing, and adjusting care plans; therefore, their awareness of CPs and belief in their clinical value are critical. When nurses understand the rationale behind CPs and perceive them as tools to improve quality and patient safety—not simply administrative checklists—they become key advocates and effective users of these protocols. Additionally, embedding CPs into EMRs with prompts aligned to bedside care can help nurses apply them naturally as part of daily routines. Nursing leadership should also engage in pathway development and champion bridging evidence-based content with real-time clinical insights, ensuring CPs remain relevant and supportive of high-quality nursing care.

### **B. SUMMARY**

Quality improvement staff highlight that CPs are most effective when grounded in evidence, backed by leadership, tailored for flexibility, and embedded into EMR systems. Nurses play a vital role as implementers and advocates of these pathways—but only when they understand, trust, and can easily use them in context.

### **C. CONCLUSION**

For CPs to successfully transform patient care, healthcare teams need clinical evidence, clinician enthusiasm, adaptive design, and technological integration. Without these, CPs risk becoming superficial tools rather than enablers of consistent, high-quality care delivery.

### **D. NURSING RECOMMENDATIONS**

To optimize the use and impact of clinical pathways, nursing professionals should be actively involved from early stages of CP development. This means contributing clinical insights to ensure flexibility and clinical relevance. Nursing leaders should facilitate educational initiatives—champion-led workshops, bedside training, and EMR prompts—that clarify the purpose and benefits of CPs in improving patient outcomes. Nurses should also take part in continuous evaluation: providing feedback to refine pathway content, addressing usability issues, and tailoring CPs to specific patient populations. Embedding CP usage into regular

workflows—and treating it as standard nursing practice—will help shift perceptions from CPs as administrative chores to essential components of evidence-based care.

## **E. REFERENCES**

Hwang, Y.-S., et al. (2023). Experiences of using clinical pathways in hospitals: Perspectives of quality improvement personnel. *Nursing Open*, 10(1), e1309. <https://doi.org/10.1002/nop2.1309>

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