

Evidence-based health care: The care you want, but might not be getting

February 1 2016

As hospital leaders continue to feel pressure to improve patient outcomes and reduce costs, a new study reveals one reason why many organizations fall short.

Use of evidence-based practice among chief nurses and their hospitals is relatively low, according to a survey led by Bernadette Melnyk, dean of the College of Nursing at The Ohio State University.

And many of the hospitals in the study reported poor scores on key performance measures, such as falls and pressure ulcers.

"We found that a substantial percentage of hospitals were not meeting national benchmarks for quality and safety," said Melnyk, who also serves as Ohio State's associate vice president for health promotion and chief wellness officer.

"As you look at explanations for why 30 to 40 percent of these hospitals aren't meeting benchmarks on key quality indicators, one key explanation is the low level of evidence-based practice happening in those hospitals."

The study appears today in the journal *Worldviews on Evidence-Based Nursing*.

The research team surveyed 276 chief nurse executives across the United States to gauge how evidence-based practice ranks as a priority in

their institutions. Multiple studies have shown that evidence-based practice results in high-quality care, improved population health, better patient experiences and lower costs.

While most chief nurses who participated in the survey said they believe in the value of evidence-based practice, more than half reported that it is practiced in their organization "not at all" or only "somewhat." When asked to list their organization's top three priorities, they ranked quality and safety first and second. Evidence-based practice was ranked low.

Evidence-based practice brings together research, a clinician's expertise and patient preferences and values to drive the best care and outcomes. The Institute of Medicine has set a goal that 90 percent of health care decisions be evidence-based by 2020.

But the approach is not the norm.

For example, children with asthma continue to be treated with nebulizers in many emergency rooms even though numerous studies have shown better outcomes and fewer hospitalizations when children are given a bronchodilator with a metered-dose inhaler and spacer.

"When patients get evidence-based care, they have 28 percent better outcomes. That's a big deal," said study co-author Lynn Gallagher-Ford.

"There's a public perception that this is what hospitals are already doing, and the sad news is, many are not," said Gallagher-Ford, who directs Ohio State's Center for Transdisciplinary Evidence-based Practice .

The study points to a lack of understanding as the root problem.

"The chief nurses we surveyed reported that they planned to focus on evidence-based practice as soon as they had a handle on quality and

safety. That's the disconnect - leaders think it is a competing priority when in reality, evidence-based practice is the exact mechanism that needs to be integrated in order to achieve and sustain quality and safety," Gallagher-Ford said.

This misconception likely exists among other hospital leaders, not just nurses, she said.

Without leadership support and engagement, it's nearly impossible for an organization to sustain a culture of evidence-based practice, the researchers said. Many hospitals stop at some education of front-line staff and fail to create leadership champions who can create an environment of success.

The study also revealed that almost half of the chief nurses surveyed were unsure of how to measure patient outcomes, a statistic Melnyk and her team find concerning.

"To me, this finding signifies a real gap in the preparation of nurse leaders," Melnyk said.

"If we're graduating nurses with graduate and doctoral degrees who have not mastered evidence-based practice - and a part of that is measuring outcomes of evidence-based practice changes - then we're not going to have nurse leaders with that knowledge and skill set," she said.

"If these leaders don't have those skills, how are they going to be able to create the culture and infrastructure that's needed for their staff to practice evidence-based care in a consistent manner?"

Melnyk said patients should ask doctors and nurses for the evidence behind the care, medications or treatments they are receiving. If patients are not satisfied with the answers, they should seek out a provider who

does deliver evidence-based care, she said.

Researchers emphasize that until hospitals can rally leadership to support investment in evidence-based practice, quality, safety and [patient outcomes](#) will suffer.

The study was conducted in 2014 and received funding from Elsevier Clinical Solutions.

Provided by The Ohio State University

Citation: Evidence-based health care: The care you want, but might not be getting (2016, February 1) retrieved 19 July 2024 from <https://medicalxpress.com/news/2016-02-evidence-based-health.html>

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