

Are you getting the best health care? Evidence says maybe not

June 9 2016, by Bernadette Melnyk, The Ohio State University



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When you go to the hospital, you probably think you're going to receive the best, most current care. Otherwise, you would not entrust your care to that hospital.

Evidence suggests, however, that you might be wrong. In fact, based on a study I conducted with a team this year, we found that [one in three](#)

[hospitals is not meeting performance metrics.](#)

Failure to implement practices based on the best available evidence is one cause. A lack of knowledge and skills, budget constraints and inadequate resources are some of the reasons, in turn, that hospitals cite for not implementing nursing care based on evidence.

Findings from the same study showed that many nurse executives believe in the core tenets of care based on the best scientific findings, but they are not employing them. There's a disconnect here. Instead, habit rules the day – and sometimes that leads to bad outcomes.

I've grown accustomed to wearing and sharing a button that is a version of the "no" symbol. It's the one with a red circle and a line through it. Mine strikes through the words, "Because we've always done it that way!"

For me, the button reinforces the need for a major health care transformation, much more serious than breaking the routine of ordinary rules or habits. People should be cared for according to the best available research findings. The button reminds me that we have a lot of work to do.

What is evidence-based practice?

"Evidence-based practice" (EBP) may sound like an insider term, but it isn't. It simply refers to the best and latest research. The number of potentially life-threatening incidents, such as injuries, infections or hospital readmissions, can be reduced if clinicians take on problem-solving approaches that integrate the best and latest research and combine it with a clinician's expertise and a patient's preferences. While this may seem obvious to patients, studies show that this is not the standard of care in many health care settings.

A recently [published study](#) suggested that medical errors are now the third leading cause of death in the United States, equating to more than 250,000 deaths per year, behind only heart disease and cancer.

There are myriad explanations for errors, and the implication isn't that clinicians aren't doing their best. It's just that, as patients put their trust in [health care professionals](#), we must ensure that how we practice continues to evolve with available data, so that we can lessen costly errors and improve quality outcomes for patients.

Research guides the way to better care

Consider one costly and often preventable problem that frequently arises from hospitalization – pressure ulcers. The National Pressure Ulcer Advisory Panel reports that [pressure ulcers](#) occur between 0.4 and 38 percent of hospital stays. The average cost to treat a pressure ulcer is about US\$38,000. Pressure ulcers are not only painful to patients but are also dangerous; they kill about [60,000 patients a year](#). There are many reasons to prevent them, including the fact that they lead [to an estimated 17,000 lawsuits a year](#).

While there are evidence-based practices that work to reduce bedsores – such as turning patients every two hours – they are not being implemented in many cases. Clinicians often wait too long to implement the best evidence-based practices. Others simply do not follow them.

Evidence also suggests that nurses who work 12-hour shifts are more likely to burn out, yet many hospitals allow and encourage [this practice](#). Evidence also indicates that mothers in childbirth shouldn't be forced to settle into a back-lying position during pushing and birth of a baby. In the emergency room, nebulizers are not the best approach to give breathing medication to children with [asthma](#). Waking a patient every four hours to check vital signs may not always be best. These are but a

few examples of outdated practices being used when newer research suggests a better practice.

We need to transition from "we've always done it this way" to "we always do it the right, evidence-based way." Clinicians must implement EBP as the foundation of care, not something they do on top of everything else.

Ask for evidence-based care

Many people aren't aware that their treatment may be substandard. Interaction in any care setting can be intimidating or confusing. To help people become more informed about their care and empowered to participate in decision-making, I have developed an "Ask4EBP" card, one that can fit in a person's pocket or wallet.

So how can you Ask4EBP? Consider these few steps if you happen to be in a healthcare situation:

Ask your provider for the reasons behind the screening or treatments he or she is recommending. Evidence may include citing studies that support that the screening or treatment method is effective. Stop your provider if you don't understand your care and ask for evidence-based explanations in language you can understand. Keep asking questions until you are satisfied with the answers. Engage in health care decisions with your provider. Don't stop asking questions; allow yourself to be involved in the decision-making process. Be sure to seek out care, as well as information resources, which are evidence-based and reliable. Persist if you are not satisfied with your care or the answers to your questions.

The work for evidence-based care continues

To nurture a more robust culture of EBP, The Ohio State College of Nursing was recently awarded a large grant from the Helene Fuld Health Trust to launch a national institute for the teaching of and dissemination of best practices to improve the quality of health care. It is one of the few institutes of its kind in the nation, and one of its goals will be to make EBP the foundation for the delivery of all health care in the United States.

The [Agency for Healthcare Research & Quality](#) also funds evidence-based practice centers that conduct systematic reviews of evidence for the United States Preventive Services Task Force, which is a group of 16 scientists and experts in primary care who produce evidence-based recommendations for primary care screening and behavioral counseling. Although these are gold standard evidence-based guidelines, many clinicians do not follow them.

This is a much-needed step in creating a [health care](#) workforce that is ready to integrate EBP. They, and all of us health consumers, need to be advocates to continue to debunk the notion that an action is appropriate just "because we've always done it that way." So ASK4EBP. You deserve the highest quality of care and best outcomes – your life and the lives of those you love depend on it.

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