Greek Health Care System

Best practices ..?
Demographics

- 2000  10,521,669
- 49,5% men, 50,5% women
- 1970--2,39 children  1997--1,32 children
- 1960--67,5 men,  70,7 women
- 1997--75,3 men,  80,6 women
Morbidity

- Cardiovascular diseases
- Cancer
- Respiratory diseases

- Heart and Stroke = 51.2% deaths
Greek National Health Care System

- Ministry of Health 128 Hospitals, 260 Health Care Centers
- Institute of Social Security (I.K.A.): 5 Hospitals, 290 Health Centers
- Ministry of Defense, 13 Military Hospitals
- 2 University & 2 Church-run Hospitals
- 2 Hospitals (semi-State)
- 234 Private Clinics
Hospital beds

• 42.000 State Hospital

• 15.400 Private Hospital

• 1 bed for approx. 200 people
<table>
<thead>
<tr>
<th>Country</th>
<th>Doctors</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
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<tr>
<td>Spain</td>
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<td>4,1</td>
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<td>Lithuania</td>
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<td>Greece</td>
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<td>2,6</td>
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<td>Belgium</td>
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<td>7,7</td>
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<tr>
<td>Austria</td>
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<tr>
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<td>13,7</td>
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<tr>
<td>Estonia</td>
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<tr>
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<td>France</td>
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<td>Holland</td>
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<tr>
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<td>6,5</td>
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<tr>
<td><strong>Average</strong></td>
<td><strong>2,9</strong></td>
<td><strong>6,3</strong></td>
</tr>
</tbody>
</table>
Positive evaluation of inpatient care in EU countries: (by opinion of respondents in %)

Source: EC special Eurobarometr 2007 “Health and long term care in EU”
Best practices

• Who is involved?
Best practices for patients?
Crossing the Quality Chasm
Six "Aims" for Healthcare

• **Safe**: avoiding injuries during the care that is intended to help
• **Effective**: evidenced based practice for those who could benefit and refraining from services to those not likely to benefit
• **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions.
• **Timely**: reducing waits and sometimes-harmful delays for those who receive and those who give care.
• **Efficient**: Avoiding waste (equipment, supplies, ideas, and energy!!!)
• **Equitable**: Care that does not vary in quality because of personal characteristics i.e., gender, ethnicity, and socioeconomic status.
• Best practices for Health Care Workers?
S.H.A.R.E Philosophy: *Putting Mission into practice*

**S** – Sense people’s needs before they ask (initiative)

**H** – Help each other (teamwork)

**A** – Acknowledge people’s feelings (empathy)

**R** – Respect dignity & professional role of others (courtesy)

**E** – Explain what is happening (communication)
Best practices for students?
Core Values

- **Service Excellence** ~ Being committed to superior service and patient care
- **Compassion** ~ Responding to the needs of others with empathy and kindness
- **Trust** ~ Telling the truth and being faithful to commitments
- **Teamwork** ~ Working together to provide superior care
- **Stewardship** ~ Being responsible for every resource entrusted to you
- **Innovation** ~ Ensuring a culture open to change as and continuous improvement
- **Accountability** ~ Making decisions and accepting responsibility for the outcomes
Best practices for the Health Care System?
Evidence-based practice (EBP)

• Integration of the best research evidence with clinical expertise and patient values. (Spector, 2006).

• “…using the best available research findings “to make clinical decisions that are most effective and beneficial for patients.”” (Chitty, 2005).
What is EBP?

- **Conscientious** use of current best evidence in making decisions about patient care
Goals of EBP

- Provide practicing Health Care Workers with evidence-based data
- Resolve problems in the clinical setting
- Achieve excellence in care delivery
- Introduce innovation
- Reduce variations in care delivery
- Assists with efficient and effective decision-making
Research Utilization vs EBP

**Research Utilization**
- Use results of studies
- Randomly selected
- Support nursing care
- Less systematic

**Evidence-Based Practice**
- Considers all research
- Utilized thorough integrative review
- Context of clinical expertise and value system of the patient
- More systematic
EBP is multi-step process

- Define patient problem
- Identify information needed to solve problem
- Search of literature
- Critical appraisal of the evidence
- Extraction of the clinical answer
- Protocol development
- Evaluation
• Impact of the change is measured
• Assess variables (health outcomes, efficiency, cost or satisfaction)
Why Use EBP?

- Advances quality of care provided
- Increases satisfaction of patients
- Refocuses clinical practice away from habits and tradition to evidence and research
Questions for “patients”

• If you were on a ventilator in the ICU, would you want your nurse to be equipped with the best evidence before squirting saline down your ETT for suctioning?

• And would you also want that same nurse to have the best evidence to prevent ventilator acquired pneumonia before caring for you?
Questions for “us”

• Are you preparing your graduates to practice in tradition or with EBP?

• Will you be comforted or will you experience worry when one of your graduates introduces themselves as “your nurse for the day”? 
What Makes “Evidence”?
What is evidence?

Evidence

Basic Science

Patient Preference

Clinical Reasoning Ability
Clinical Judgement
Clinical Decision Making

Research

Clinical Knowledge
Experiences
Anecdotes
Case Histories
Expert Opinion

Standards of Practice
Clinical Practice Guidelines
Community Standards
Levels of evidence (i-iv)

• **I** Evidence obtained from a systematic review of all relevant randomised controlled trials.

• **II** Evidence obtained from at least one properly designed randomised controlled trial

• **III-1** Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)
III-2 Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case-controlled studies or interrupted time series with a control group

III-3 Evidence obtained from comparative studies with historical control, 2 or more single-arm studies, or interrupted time series without a parallel control group

IV Evidence obtained from case series, either post-test or pre-test and post-test

NHMRC 1999
Categories of Innovativeness*

PRAGMATISTS: Stick with the herd
CONSERVATIVES: Hold On
VISIONARIES: Get Ahead
SKEPTICS: No Way

Health Care Practice needs a balance of...
Thank you for your attention

“Knowing is not enough; we must apply.
Willing is not enough; we must do.”

Goethe
Resources


WORKFORCE OF EU HOSPITALS AND PHARMACY, SERVICES: A DIRECT PATIENT SAFETY ISSUE, Jacqueline Surugue, EAHP President, Professor Arnold G Vulto, EAHP Director of Education, Science and Research - Publication