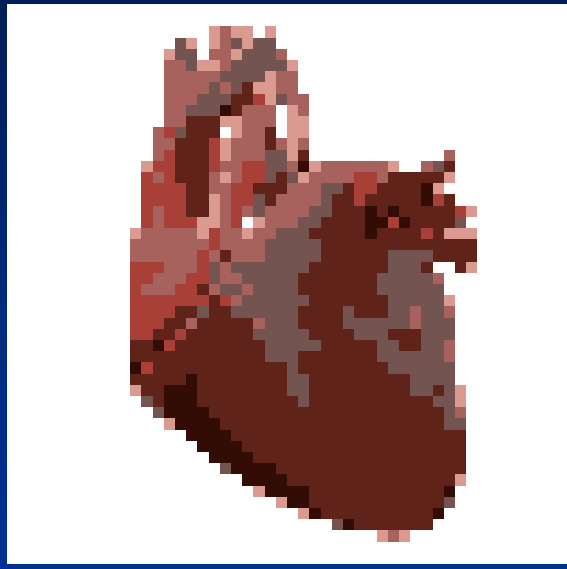
Greek Health Care System

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

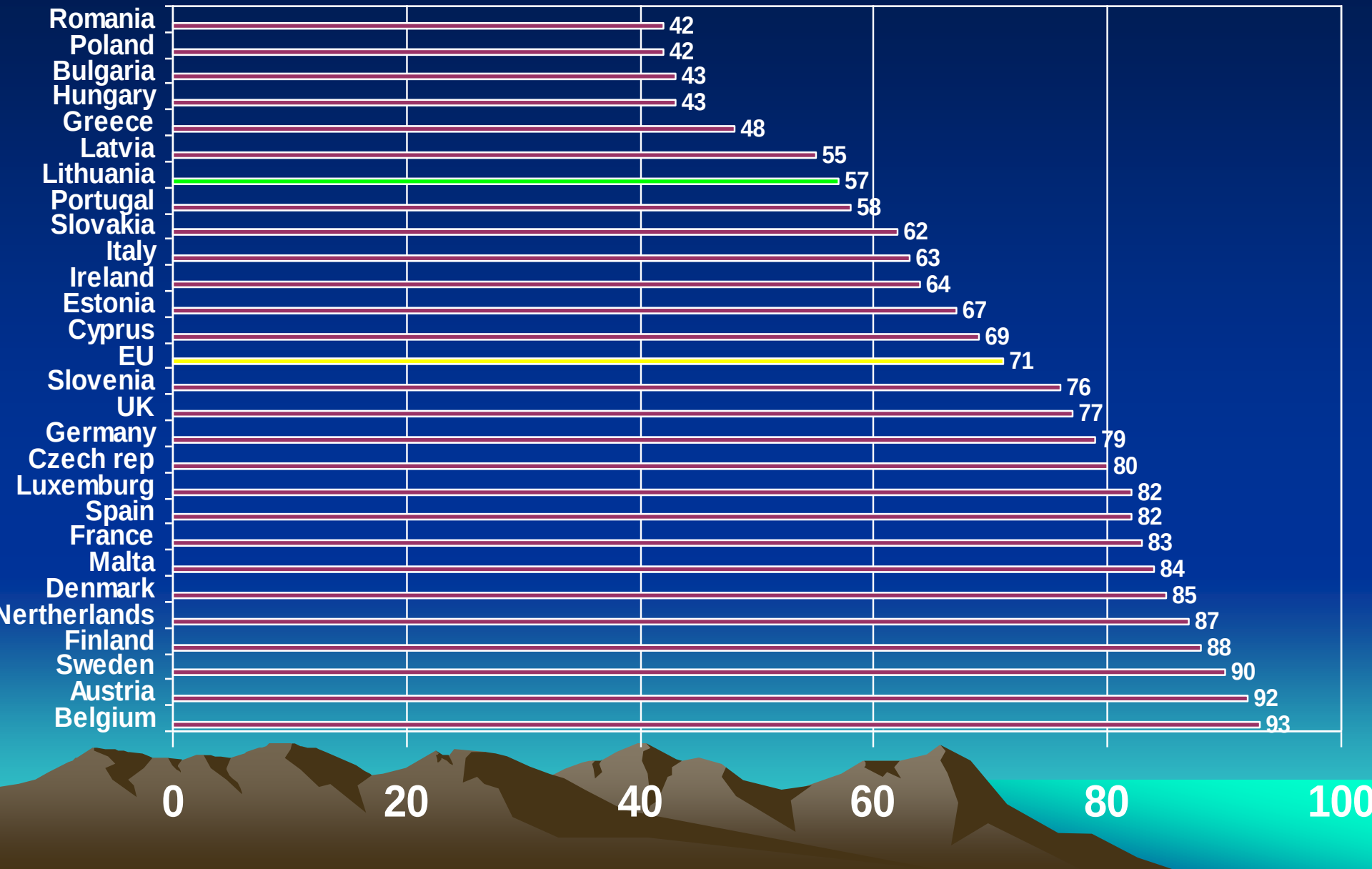
Hospital beds

- 42.000 State Hospital
- 15.400 Private Hospital
- 1 bed for approx. 200 people

Country	Doctors	Nurses
Italy	4,7	3,0
Spain	**4,0**	**4,1**
Lithuania	**4,0**	
Greece	**3,9**	**2,6**
Belgium	**3,8**	**7,7**
Austria	3,3	4,3
Norway	3,2	13,7
Estonia	**3,2**	**6,5**
Germany	3,2	
Switzerland	3,0	7,8
Sweden	3,0	7,1
Portugal	2,9	2,7
Denmark	2,8	8,3
France	2,8	3,7
Island	2,8	7,0
Finland	**2,8**	**10,7**
Holland	2,5	9,0
Ireland	1,7	6,5
UK	1,6	5,0
Turkey	1,0	0,9
Average	***2,9***	***6,3***

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

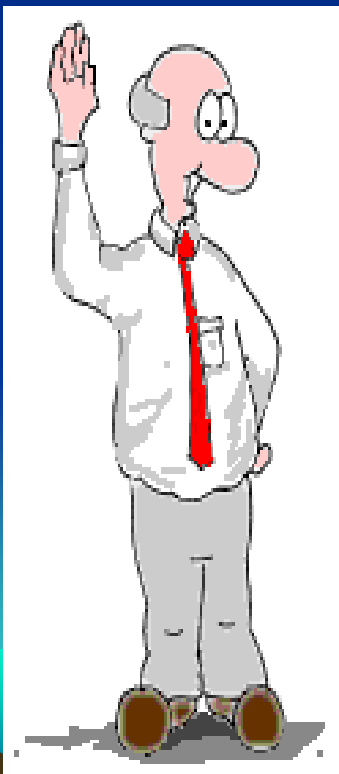
- Who is involved ?

- *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

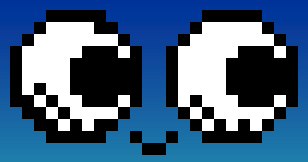
Goals of EBP

- 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



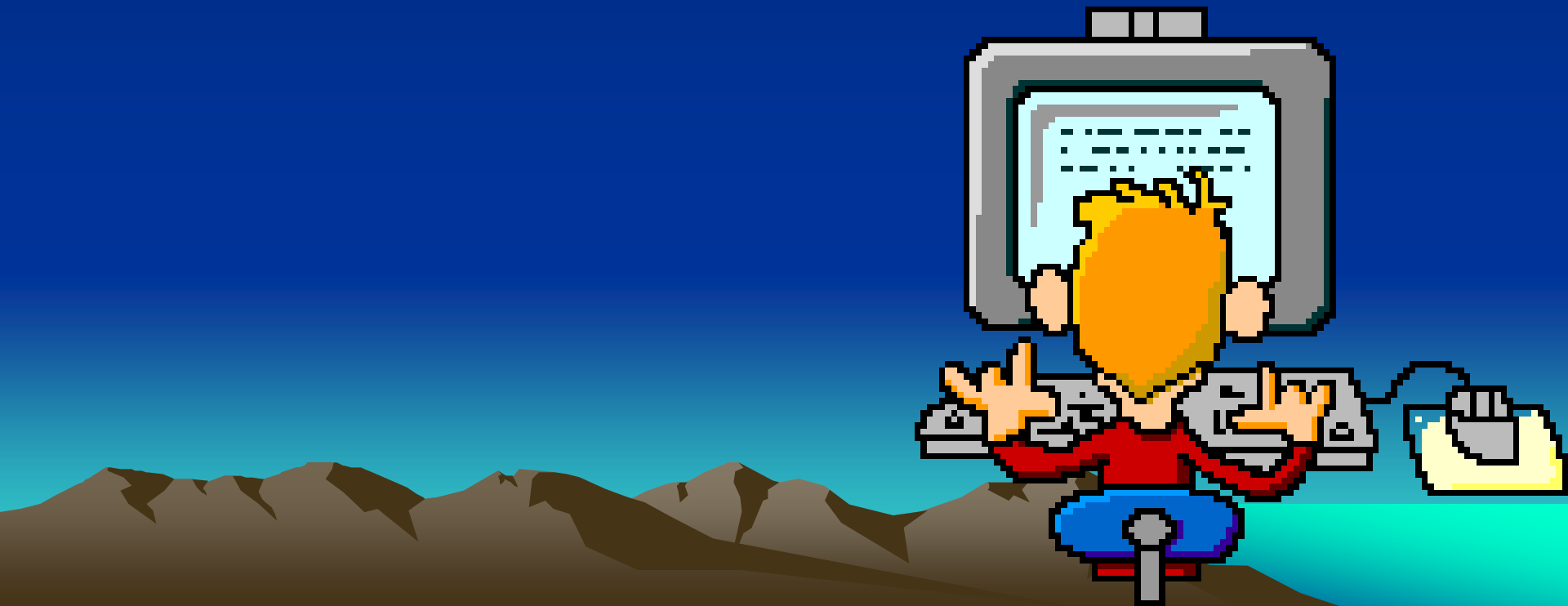
Evidence-Based Practice

- 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?

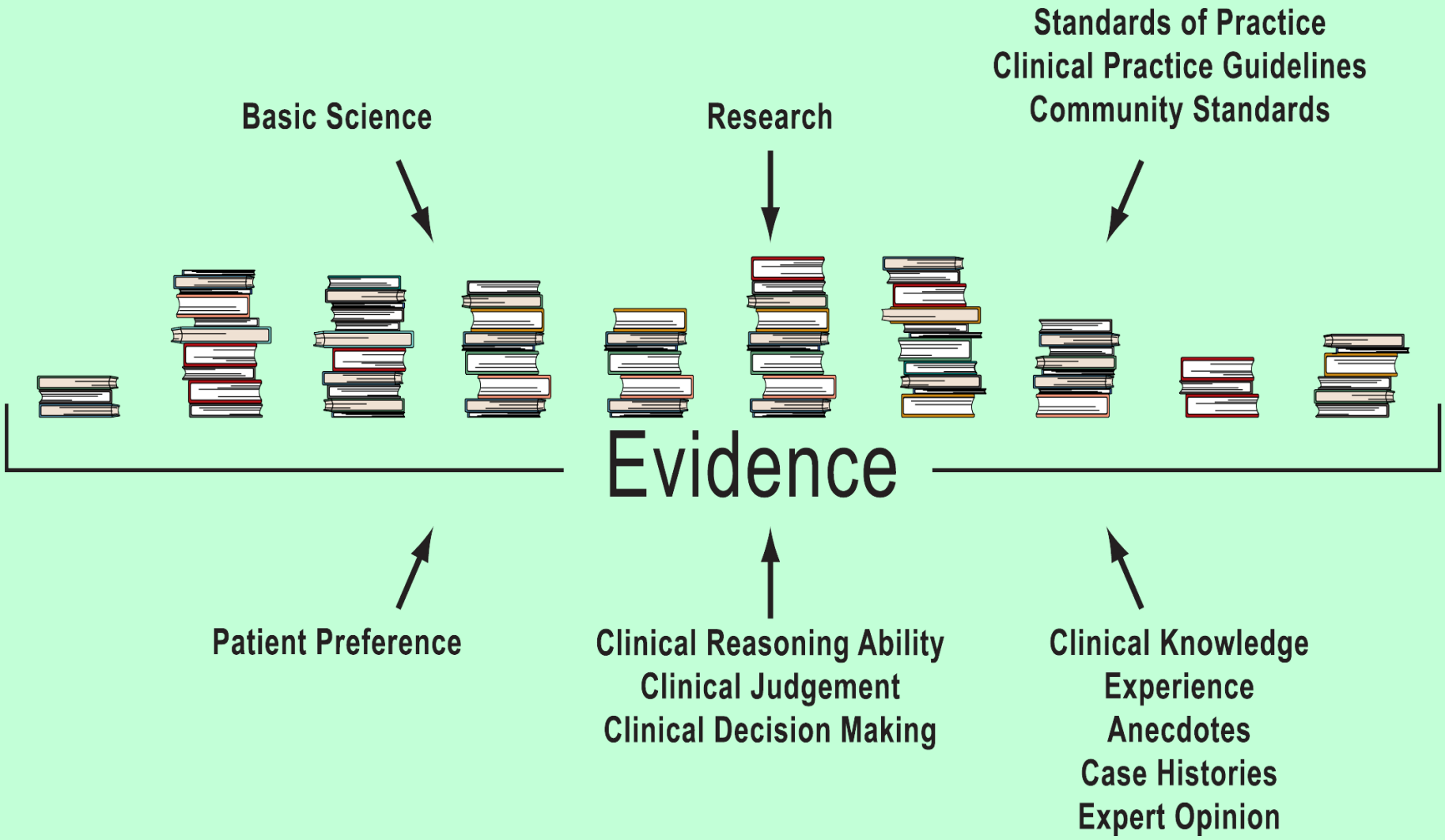
Questions for “us”

- 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 ?



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*

VISIONARIES:
Get Ahead

PRAGMATISTS:
Stick with the herd

CONSERVATIVES:
Hold On

Early Adopters 13.5%

Early Majority 34%

Late Majority 34%

Laggards 16%

TRY IT!

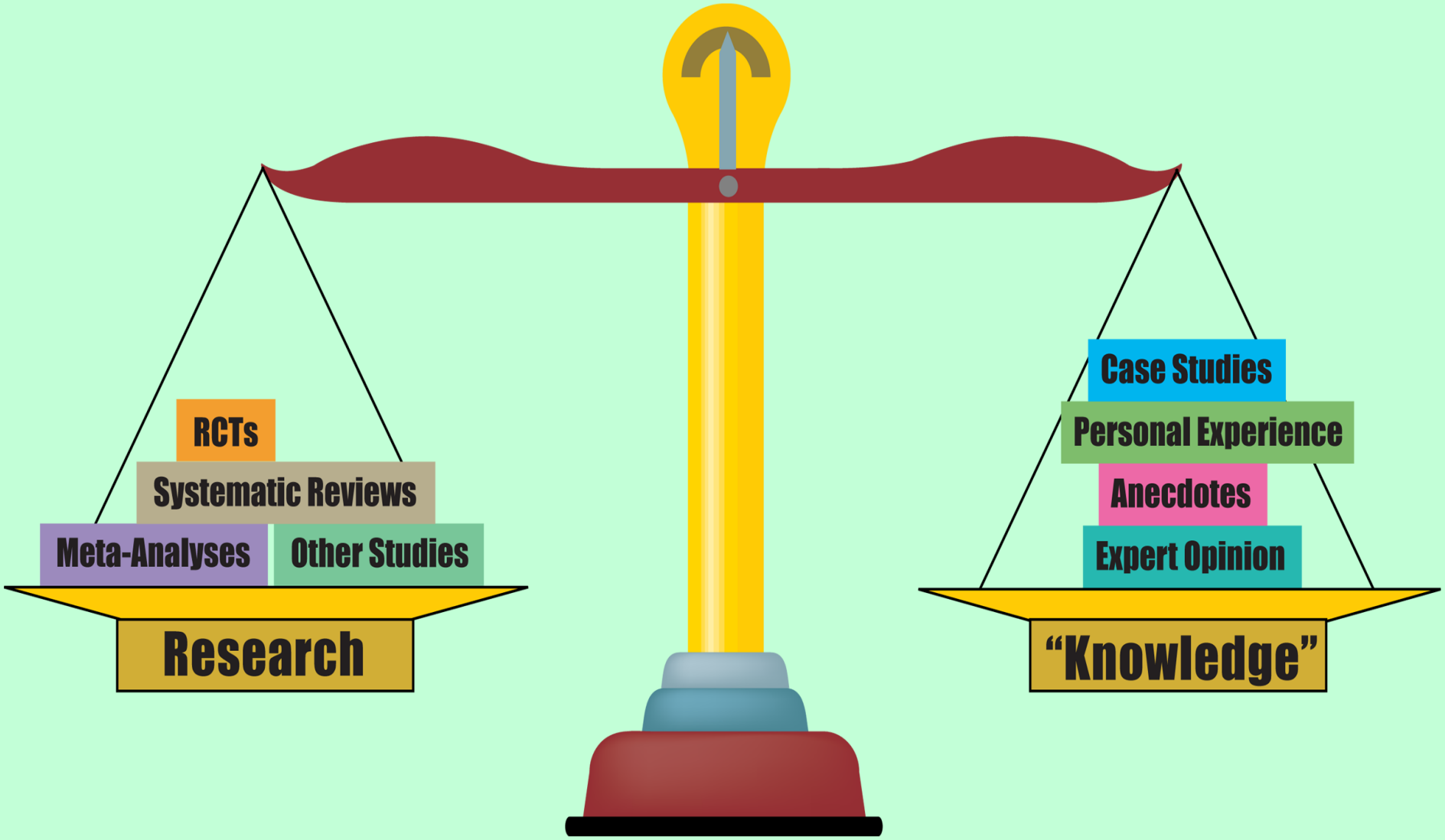
Innovators 2.5%

SKEPTICS:

No Way

*From E.M. Rogers, *Diffusion of Innovations*, 4th edition (New York: The Free Press, 1995)

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

- Ciliska, D. (2005). Educating for evidence-based practice. Journal of Professional Nursing. Dec.,21(6), 345.
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