

Is the Evidence
World Driving
you crazy????



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Personal Inventory

- What challenges you in using evidence?
 - Knowing the most current evidence?
 - Recording the most appropriate evidence?
 - Validating your own practices with the current evidence?
 - Contributing to the body of evidence unique to your practice?
 - Your personal resistance and lack of support for cookbook medicine?
 - Time to practice as an evidence-based provider?

The public wants

- Effectiveness
- Safety
- Communication
- Respect
- Reasonable costs

The public gets...



Objectives

1. Describe current challenges in implementing EBP.
2. Gain a new appreciation of the evidentiary dynamic specifically the inter-relationships between research evidence and field evidence.

State of the State of...

- Demands for patient safety are significant
- Healthcare Reform: Shortage of resources are significant
- Digital resources abound
- Internet is widely available
- Evidence is rapidly emerging

Where is your practice?

- May 2009 Study: One of three elderly Medicare patients (33%) received imaging services within a month of low back pain –despite well established guidelines that imaging is indicated after one month of therapy.
- Cardiac monitoring is inappropriately used.
- RWJ Consumer Confidence Index July 2009:
 - Down 5.2 points
 - 29.6% worried medical bills will bankrupt them

Errors and Evidence

1. Pressure ulcers—374,964 errors, \$10,288 per error and \$3.858 billion total.
2. Postoperative infections—252,695 errors, \$14,548 per error, \$3.676 billion total.
3. Mechanical complication of a device, implant or graft—60,380 errors, \$18,771 per error, \$1.133 billion total.
4. Post-laminectomy syndrome—113,823 errors, \$9,863 per error, \$1.123 billion total.
5. Hemorrhage complicating a procedure—78,216 errors, \$12,272 per error, \$960 million total.
6. Infection following infusion, injection, transfusion, vaccination—8,855 errors, \$78,083 per error, \$691 million total.
7. Pneumothorax—25,559 errors, \$24,132 per error, \$617 million total.
8. Infection due to central venous catheter—7,062 errors, \$83,365 per error, \$589 million total.
9. Other complications of internal (biological) (synthetic) prosthetic device, implant and graft—26,783 errors, \$17,233 per error and \$462 million total.
10. Ventral hernia without mention of obstruction or gangrene—53,810 errors, \$8,178 per error and \$440 million total.

The economic measurement of errors. <http://www.soa.org/files/pdf/research-econ-measurement.pdf>

2010 Research

- 39 physicians using the E.H.R.
- 614 or 93.6% of the expectations to practice guidelines were deemed medically appropriate
- 3.1% were deemed medically inappropriate
 - Most related to heart disease, diabetes, and prevention services

Source: Persell, S.D., Dolan, N.C., Friesema, E.M. (2010). Frequency of inappropriate medical exceptions to quality measures. *Annals of Internal Medicine*

The Evidentiary World



Evidence Based Practice: Definition



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Best research evidence refers to clinically relevant research, often from the basic health and medical sciences, but especially from patient-centered clinical research.

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Clinical expertise means the ability to use clinical skills and past experience to rapidly identify each patient's unique health state and diagnosis, individual risks and benefits of potential interventions, and personal values and expectations.

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Patient values refer to the unique preferences, concerns, and expectations that each patient brings to a clinical encounter and that must be integrated into clinical decisions if they are to serve the patient.

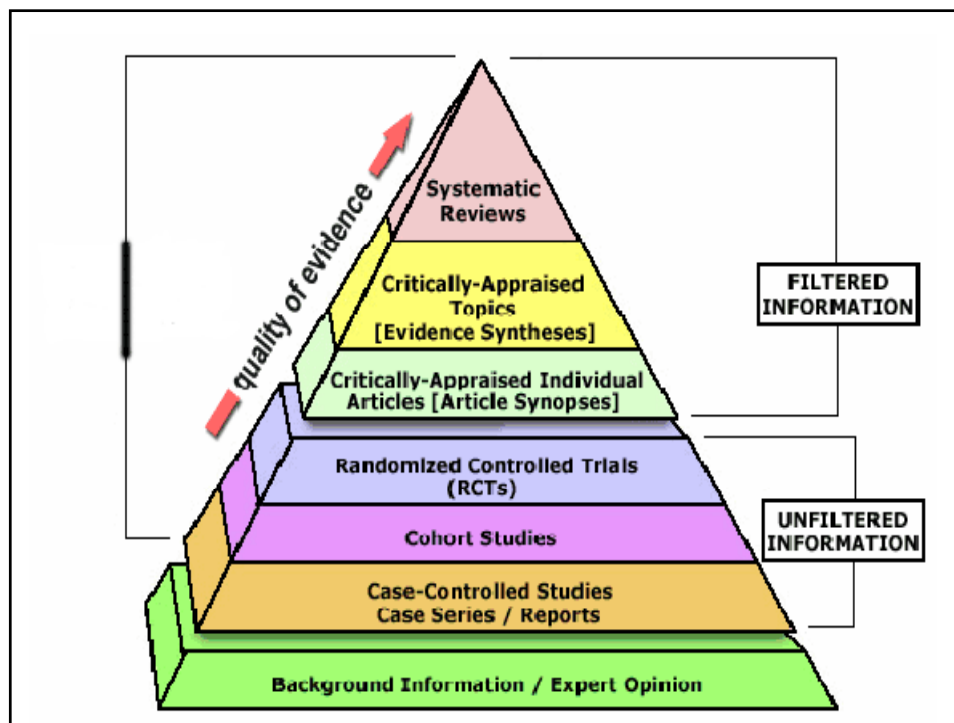
D.L. Sackett, 2000

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Sources of Evidence

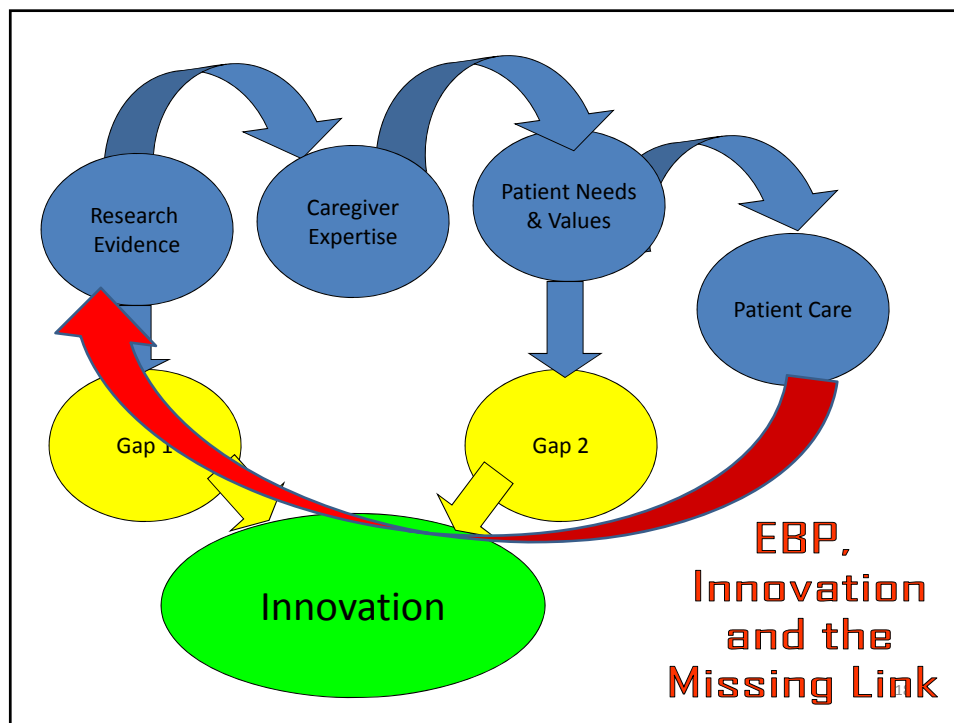
- Evidence from research / EBP theories, and opinion leaders/ expert panels
- Evidence from assessment of the patient's condition and availability of healthcare resources
- Clinical expertise
- Information about patient preferences and values

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The Evidentiary Dynamic

- Identify problem or opportunity (PICO)
- Creation of research evidence
- Cataloguing of evidence
- Evaluation of strength of evidence
- Integration of evidence into patient care
- Dissemination of evidence to practice standards
- Feedback from practice supporting or creating new evidence.



What feedback are you giving?

- From your review of the literature?
- From your practice experiences?
- From your variations?

Is there a choice?

Can I (we) ignore EBP?

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Create the case...
For EBP that is so
powerful
there is not only no other
way to be, but rather
others are compelled to
practice in the same way.