Evidence Based Practice in Health Care: Let’s Make It Priority at Point of Care

Over the last three decades, Evidence based practice (EBP) concept has been evolved in depth and width in health care. The term has been used intensively by health care practitioners. In addition, it has been observed that EBP culture has been improved significantly among health care providers. In 2007, institute of medicine has set a goal to be accomplished by 2020 in which 90% of all health care decisions in United State of America will be based on evidence [1]. Is this optimistic? Has there any target been set for healthcare EBP implementation in other countries? I will let you search for the answers.

Now, if you are interested to know how clinicians make decisions at point of care, then try to focus on what they say during the bedside rounds and/or handover sessions. They use specific statements that may reflect on how they make clinical decisions and it could be one of these expressions, “let’s try and see”, “we have always done it this way”, “everyone does it that way”, or “evidences support that way”. Which statement sounds good to you? Clearly, relying on tradition, personal experiences, “cook-book healthcare”, and/or few research reports with focus on a solo research methodology (i.e. Clinical Trials) are not EBP. There are three cornerstones that should be found in any EBP decision making; 1) best evidences (mostly research based), 2) Clinical expertise (including and not limited to clinicians assessment and healthcare resources), and 3) patient preferences and values (this factor has high potential to be missed by clinical decision makers) [2]. If one of these three cornerstones is missed in clinical decision making, then the decision making is not an EBP one. So, why do we need EBP? EBP is crucial to validate the healthcare practice. It has been documented in the literatures that implementing EBP approach enhances the quality of care, minimize the health care costs, and foster staff satisfaction [3] (i.e. nurses who use EBP have more autonomy and contribution to clinical decision making than who do not use EBP [4]).

When it comes to EBP implementation in health care facilities, there are a number of success factors that should be in place, including: 1) supportive management starting from the top, 2) education and mentorship strategies to enhance staff members EBP knowledge and skills, 3) and providing staff members with the needed time and resources especially with current busy bedside caseload. Do these factors exist at your health care facility?

In EBP literatures you can find that there are too many terms are referred to EBP (i.e. evidence Based Medicine, Evidence based nursing, evidence based physical therapy, evidence based psychology ... etc.) However, it is better to refer all of these terminologies to EBP that helps in capitalizing interdisciplinary approach. EBP process is same process in all disciplines; therefore, using EBP tem helps in highlighting that this process is not exclusive to one profession [5].

Finally, EBP awareness in healthcare has been enhanced over the last a few years; however, EBP implementation is inconsistent in healthcare until now. Health care leaders shall continually try to find sustainable ways to enhance EBP decision making culture in order to make sure that we are providing patients with preferred highest quality care based on solid foundation and clinical situation.

References