

EVIDENCE-BASED MANAGEMENT IN HEALTHCARE

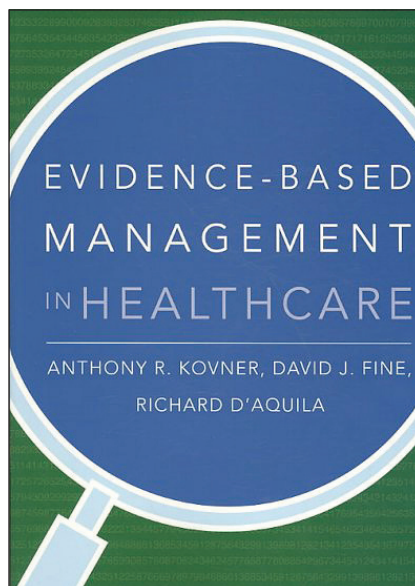
REVIEW BY CONNIE J. EVASHWICK, SC.D.

For many who manage health care organizations, this text by three health care leaders will be a refreshing jolt, propelling them to focus less on today's political crisis and more on yesterday's solid data to revamp and improve tomorrow's operation of almost all management functions. Along with health care managers, the audiences the authors intend to reach include students of health care management, teachers, researchers and those who fund health services research. Two of the three editors are health care chief executives and the third sits on several hospital boards.

The book has four parts. Part I is an introduction to evidence-based management, including three examples of application, one by each of the three editors. Part II is the academic framing of the definition and theories. Part III is 10 case studies that demonstrate the variety of "evidence" available and how, in applying it, management practices and organizational performance improve. Part IV revisits "Lessons Learned."

The authors note that Thomas Rundall, Ph.D., and other colleagues conducted a study of 32 senior health care executives to ask what basis they used for making management decisions. The results were alarming: "participants reported little use of research evidence in policymaking or managerial decision making." (p. 6) This leads to the uneasy conclusion that many management decisions in health care are made on some basis other than rationality and concrete data: gut feel, personal preferences, emotion or "we've always done it this way."

The authors acknowledge that "evidence" comes in a variety of forms, and past experience, experiences of others in similar situations, expert opinion and other qualitative methods can be applied in the absence of qualitative data. However, they urge, "What distinguishes evidence-based management from other approaches to decision making is the notion that whenever possible, health services managers should incorporate into their decision making evidence



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BY ANTHONY R. KOVNER Ph.D., DAVID J. FINE
Ph.D., FACHE & RICHARD D'AQUILA, FACHE
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from well-conducted management research" (p. 56).

The authors propose four requirements for good evidence: It must be accurate, applicable, accessible and actionable. The latter is particularly important; no sense investing a lot of resources in collecting detailed information to sit on a shelf. The process of building and applying evidence is also important, with its six specific steps (p. xxiii): Frame the question (critical to the ultimate success or failure of the process); find the evidence; evaluate the evidence; assess its applicability and actionability; present the evidence to those who must act on it; apply the evidence to the decisions; evaluate the results. Beginning by asking the right question is critical to the ultimate success or failure of the evidence-based process.

Implementing an evidence-based approach to decision making may mean changing the entire organizational culture, and this may take time. The authors specify essential organizational parameters: leaders committed to an evidence-based approach; staff willing

to learn the knowledge base and skills to apply evidence-based decision making; tools available for evidence creation and dissemination; recognition that internal structures and processes may need to change. More and better evidence is needed, and a respected national organization to champion and guide evidence-based management in health care is essential.

Despite its advocacy for use of sophisticated health services research and systematic rigor, the book takes a pragmatic approach. The case studies describe real-world situations and show how solutions to problems or improvements to outcomes were found based on using a scientific approach, applying new and existing data to find the best course of direction.

The case study format makes the book easy to read. Each case describes the problem at hand and demonstrates how the six steps of the evidence-based decision-making process

were followed, as well as the outcome. The subjects cover an array of topics, from implementing pain management in a nursing facility to defining a better process for evaluating a hospital's chief executive. This range shows how broadly applicable the process can be.

If there is any weakness in the book, it is that relatively few examples of the detailed data were collected, including any secondary sources of information that might be available to others seeking to investigate the same problem. The cases describe more how the process was followed than what evidence was actually gathered, how rigorous it was and any methodological challenges that arose. This is somewhat inconsistent with the introduction to the book, which emphasizes the virtues of research sophistication and may reflect the different authorships in various parts. The framing chapters were written by academicians; the case studies primarily by practitioners or academician/practitioner co-authors. Nonetheless, given the involvement of 20-some authors, the

book does a fairly good job of maintaining a consistent voice across the chapters, though they vary in length and focus.

A couple of bonus features include a chapter entitled "Look it Up," which explains how to search the academic literature for the solid type of evidence most desired. An annotated bibliography at the end of the book provides a lengthy list of relevant articles and websites that offer further reading to those caught by the evidence-based bug.

As described in several of the case studies, becoming an evidence-based operation is an evolution that may start with one small project, and then grow over time to encompass the organization as a whole. Read the book — and let the journey begin!

CONNIE EVASHWICK is professor, School of Public Health, Saint Louis University.

BOOKS IN BRIEF

DIAGNOSIS CRITICAL: THE URGENT THREATS CONFRONTING CATHOLIC HEALTH CARE

LEONARD J. NELSON III

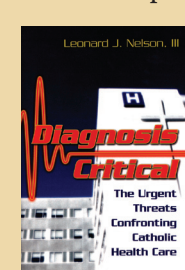
350 pages, \$29.95

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In his new book, *Diagnosis Critical*, Leonard J. Nelson III, professor of law at Samford University, warns that "the distinctive mission of the Catholic hospital is in grave danger of extinction." He reports that the identity of Catholic hospitals is being threatened by the convergence of powerful cultural, religious, economic and political forces, chief among them being "pro-choice" Catholic legislators, revisionist theologians, the ongoing leadership transitions to the laity and inconsistent application of church teaching and the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*. Reviewing criteria for determining Catholic identity, Nelson dismisses mission, sponsorship and holistic care as being too vague or inad-

equately restrictive. Instead he argues that "... only ethics, and more particularly in the United States, compliance with the ERDs as interpreted and applied by the



local bishop, provides any significant guarantee of continuing identity."

Nelson presents his evidence in six areas, ranging from moral foundations to social justice and health care reform, reviewing the considerable challenges faced by Catholic health care leaders. He highlights past controversies and speculates at length on what the nation's political leadership may do to further threaten the identity of Catholic hospitals. Notes documenting the text constitute a third of the volume.

Concluding that "the primary role of Catholic health care should be to provide support for the culture of life and to evangelize the secular culture," Nelson speculates that "perhaps it would be better to divert the resources of Catholic health care to alternative ministries." How this might be accomplished and the ethical

issues involved in such a diversion of funds are not explored.

Having worked in secular and in Catholic hospitals, as a physician, ethicist and mission leader, I share Nelson's concern for the future of Catholic health care. However, while the author has documented a number of challenging issues, his methodology and analysis are at times distracting and even troubling. Moreover I find his criteria for determining Catholic identity to be unhelpfully narrow. Many of the founders of Catholic hospitals believed the provision of competent, compassionate care to the poor and marginalized to be an essential element of Catholic health care. It is certainly an element under every bit as much pressure today as those focused upon in this book. Those seeking workable solutions in their struggle to continue the healing ministry of Jesus will likely look elsewhere for inspiration.

—Msgr. Stephen C. Worsley, MD, S.T.L.

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