

Perché è nata la nostra Biblioteca Medica Virtuale ?

- Ricerca dell „ Externe evidence“:

- Motivazione per accesso Fulltext online derivante dal progetto pilota evidence based medicine (Botton up)
- Dr Helmut Ruatti, Dr Horand Meier 2000

Evidence - Based - Method:

EB –Nursing, - Medicine, -HealthCare

5 passi

1. Domanda

- PICO: Paziente/ Problem, Intervention, Comparison (Outcome)

2. Ricerca di informazione (external evidence)

3. Valutazione critica

- Validità – Relevanza clinica - Applicabilità

4. Integrazione della informazione nuova con la propria esperienza (internal evidence)

5. Cambiamento / Mantenimento del procedere attuale



BMV

Biblioteca Medica Virtuale

ALTO ADIGE



Biblioteca medica virtuale

Perché ?

- **Ricerca di informazione**



Biblioteca medica virtuale

Cosa offre ?

banca dati

Clinical Evidence

Cochrane Library

CINAHL

EMBASE

MEDLINE

UPTODATE!!!

reviste

3600

A. medical association

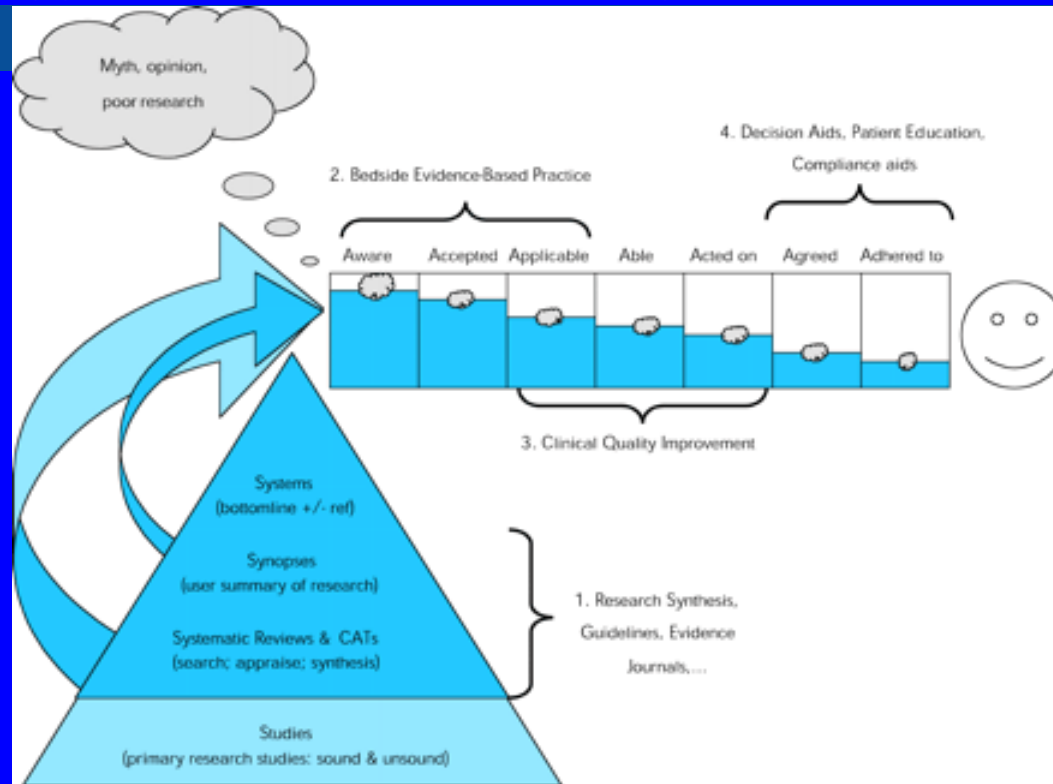
*Blackwell, BMJ,
Thieme*

Elsevier, Wiley

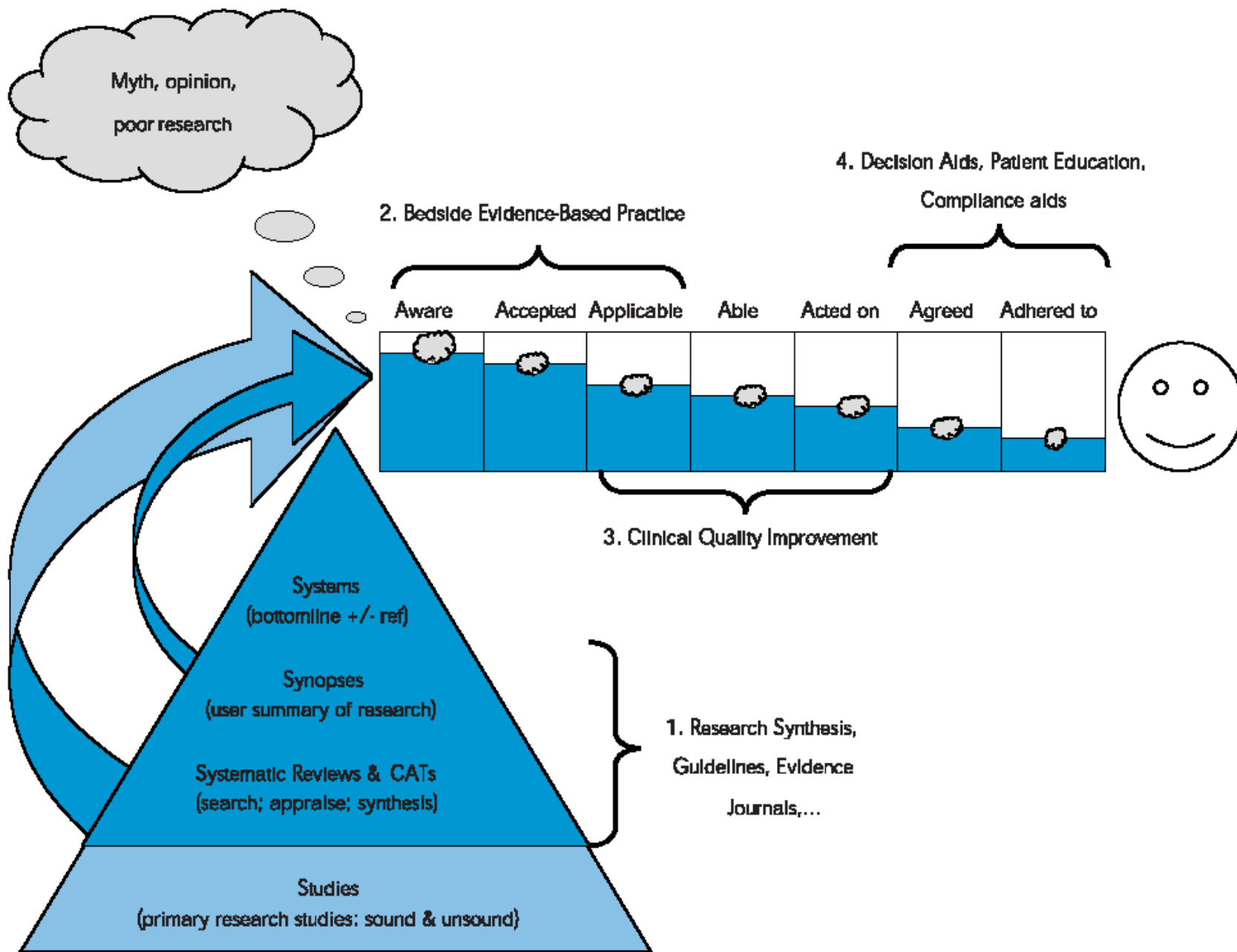
Oxford, Springer

The gap between evidence and practice

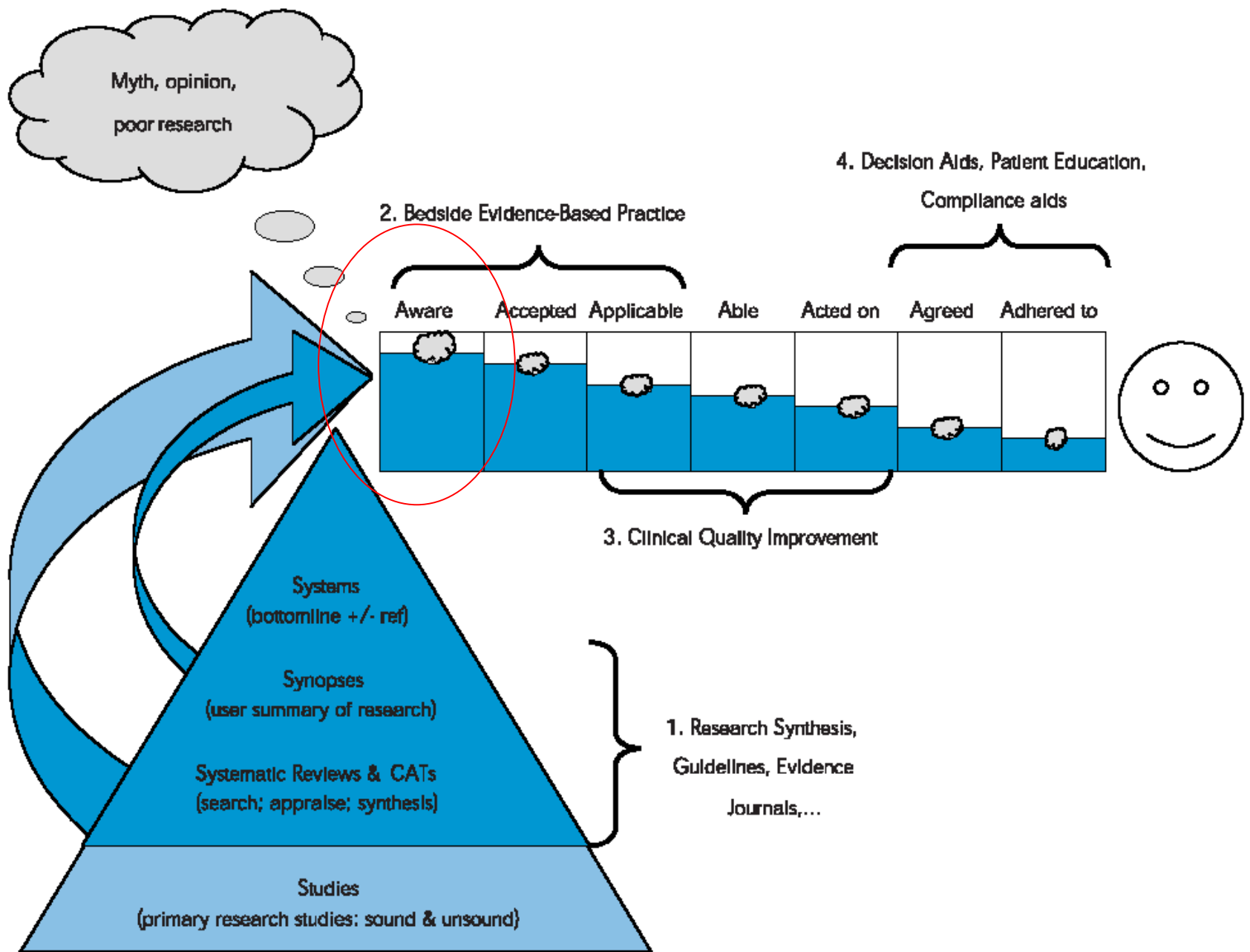
2005;8;36-38 *Evid. Based Nurs.* Paul Glasziou and Brian Haynes



The research-to-practice pipeline. New research, enters practice both directly or is reviewed, summarised, and systematised (delay) before entering practice. Different knowledge translation disciplines focus on different parts of the pipeline (1–4).



The research-to-practice pipeline. New research, of varying soundness, is added to the expanding pool and enters practice both directly or is reviewed, summarised, and systematised (delay) before entering practice, with leakage occurring at each of several stages between awareness and patient outcome. Different knowledge translation disciplines focus on different parts of the pipeline (1-4).



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Interventi organizzativi a livello sistemico

- 1. Definire e declinare gli obiettivi e chiarire il target**
- 2. Definire i processi e gli indicatori**
- 3. Definire gli strumenti per implementare**
 - a) Facoltativi (CME + PDCA)**
 - b) Obbligatoriosi (Accreditamento e certificazione)**
- 4. Garantire le risorse e la organizzazione necessarie**
- 5. Verificare la implementazione (Indicatori)**

Interventi organizzativi a livello sistemico

Strumenti per implementare

Fornire la informazione dove serve (point of care)

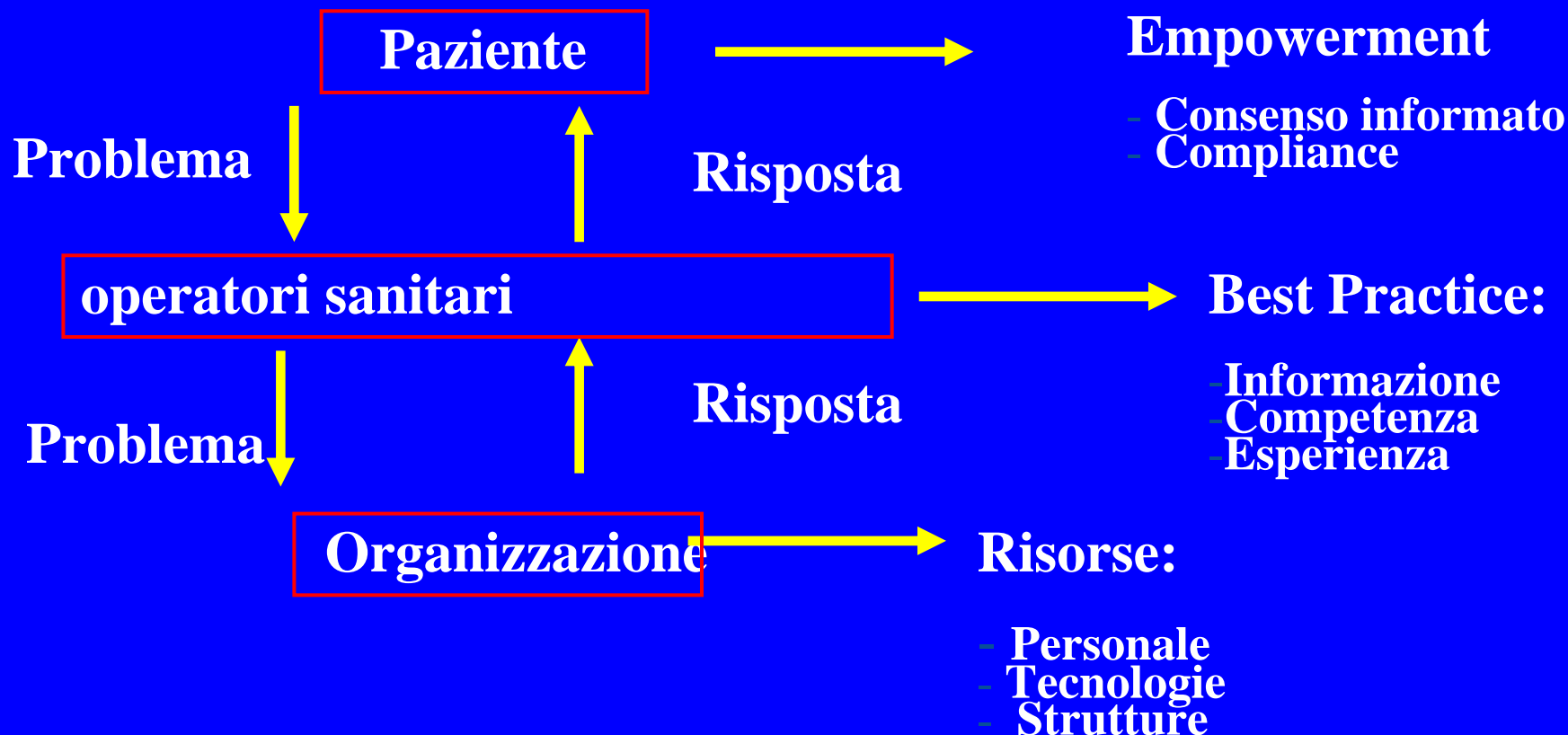
Tablet / Phone

- **Ex ante (percorsi diagnostici terapeutici)**
- **Ex post (Indicatori)**
- **Ex ante e ex post (Checklist)**

Risorse (Organizzazione)

Interventi organizzativi a livello sistemico

Processi e attori



Interventi organizzativi a livello sistemico

Processo decisionale

Paziente

Professionisti sanitari

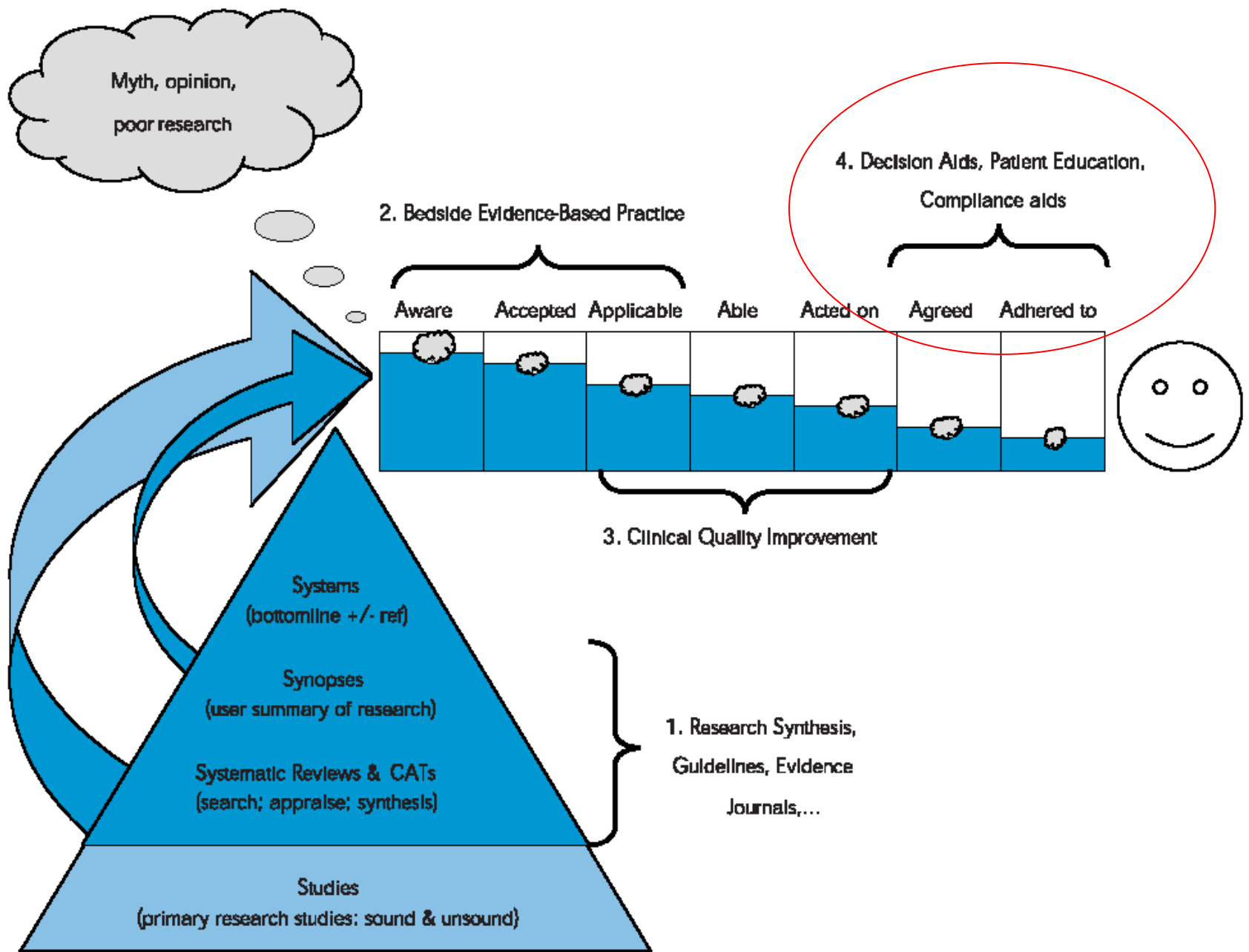
Organizzazione

Dati / Sapere

Esperienza

Supporti decisionali

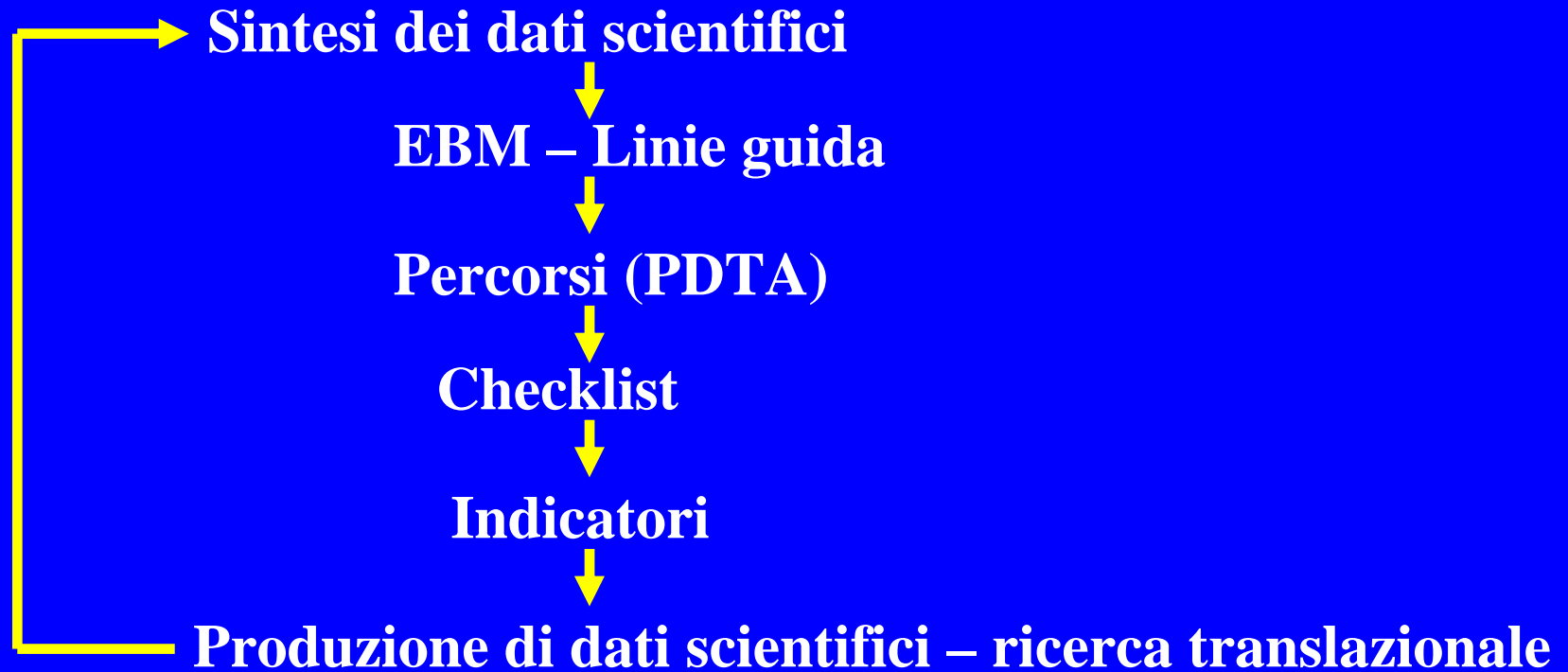
- Intelligenza artificiale
- Sistemi di esperti
- Modelling
- Social Network



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Interventi organizzativi a livello sistemico

Strumenti



Vision

” Do more good than harm,
without wasting resources“

Mission

1. Do the right things
2. Do the right things right
3. Do the right things right to the right patient
4. Do the right things right to the right patient in the right moment

Muir Gray JA. Evidence-based Health Care (2001)

CHANGING EQUATION

There will not be a barrier to changing if:



where:

A=

B=

C=

D=

CHANGING EQUATION

There will not be a barrier to changing if:

$$A+B+C>D$$

where:

A= dissatisfaction for actual situation

B= vision of a better future

C= first step acceptable

D= cost of change for individual



Grazie!