

5th International Congress on

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Evidence-Based Management in hospitals: Urgent need of a structured framework

Hospital management still shows several limits, mainly due to extreme variability in approaches and methods

(1) Managers rarely assess strengths and weaknesses of their hospital in a logically structured sequence; they don't use clear criteria to prioritize their goals and actions on a regular basis, nor do they choose a management tool according to a scientific yardstick. Most times, they act following their personal experience, instinct or even taste.

(2) The tip of the iceberg of the "hospital management jungle" is represented by the clutter of quality management tools like: ISO certification, international accreditations, total quality management, lean management, process management, project management, clinical governance approaches (e.g., clinical pathways, risk management, health technology assessment, clinical audit, etc.). One could say that the common feature in the usage such tools is that, rather than being selected within a proper evidence-based framework where a given context and its determinants (definite resources, driving values, personnel motivation, organizational setting, work climate) have been carefully identified, they are cherry-picked following the latest fads.

(3) Evidence-based practices have become the mainstream in ordinary clinical activity to improve appropriateness and reduce clinical variability – interestingly enough, their adoption is frequently promoted or even imposed by hospital managers. Clinicians analyze signs and symptoms, propose examinations and make a diagnosis following an evidence-based sequence; they then apply a tailored treatment based on the best available evidence, thereby enhancing effectiveness and reducing waste of resources.

A normalization of the same kind has not yet occurred in day-to-day healthcare management, where idiosyncratic approaches and courses of action – not tolerated anymore at the clinical level – still prevail. (4, 5)

The goal of the workshop is to propose an evidence-based framework for assessing hospital problems, defining criteria to lay out priorities, choosing the best management tool to address specific weaknesses identified. (6, 7, 8)

Recent Publications

1. Rundall T. G. (2007), Evidence-Based Management. Hospital Health Network. Nov; 81(11):72
2. Guo R. et al. (2016). Study on hospital administrators' beliefs and attitudes toward the practice of Evidence-Based Management. Hosp Top. Jul-Dec; 94(3-4):62-66
3. Walshe K. (2009) Pseudoinnovation: the development and spread of healthcare quality improvement methodologies International Journal for Quality in Health Care, Volume 21, Issue 3, Pages 153–159
4. Rousseau D. M. (2006) Is there such a thing as "Evidence Based Management"? Academy of Management Review Vol. 31, No. 2, 256–269
5. Shortell S.M. et al. (2007) Improving Patient Care by Linking Evidence-Based Medicine and Evidence-Based Management JAMA. 298 (6):673-676
6. Jaana M. et al. (2014) Evidence-Based Health Care Management: what is the research evidence available for Health Care Managers? Evaluation & the Health Professions. Vol. 37(3) 314-334

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7. Guo R. et al. (2016), Assessment of evidence-based management training program: application of a logic model. Int J Manag Bus. 7(1): 57–74
8. Roberts J. P. et al. (2016) A design thinking framework for healthcare management and innovation. Healthc (Amst). Mar;4(1):11-4

Biography

Claudio Beltramello, MD, specialized in Public Health with Diplomas in Healthcare Management and in Business Administration, has a deep knowledge and wide experience in health care quality management. He has been working in the past 12 years as senior consultant and educator for several Italian hospitals and local health trusts. He also teaches hospital management at the Padova University Faculty of Medicine. Previously he operated as a healthcare manager at international level for the World Health Organization for 3 years and then later for a non-profit organization running health projects in poor Countries for 4 years. He speaks English, French and Portuguese as foreign languages.

Franco Pezzato, degree in Philosophy, works for a non-profit organization that provides primary health care services for the public sector in Italy. His main knowledge refers to the study and development of methodological frameworks in planning and implementing of social and healthcare projects. He often runs seminars. He has an excellent knowledge of English and German.

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