

# Advanced research methods: evidence- based practice essay sample

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According to Kennedy, Bakir & Brauer (2012) measuring health systems quality is rapidly becoming a priority for the government, the public in addition to the private sector. Surgical complications continue to be on the rise in both adult and pediatric populations and health system improvements within our government have become a priority to ensure a safer environment for our patients. Surgical complications are said to cost the public billions of dollars; in 2004 alone it was noted to have cost Canadians 19.8 billion dollars for both intentional and unintentional surgical injuries (2012). Quality Indicators have mandated the evolution of surgical performances over the past decade, adult surgical procedures have been the main focus, however; the shift has been moving towards pediatric surgical procedures in more recent years (2012).

“ Quality Indicators refer to clear, measurable items related to outcomes” (2012). The Quality Indicators established and supported by the Agency for Healthcare Research and Quality are one response towards the need for multidimensional, accessible quality measures that can be used to gauge performance in health care. The Quality Indicators are evidence based and can be used to distinguish discrepancies in the quality of care provided to individuals at both an outpatient and inpatient facility (Hughes, 2008). In the study conducted by Kennedy, Bakir & Brauer, (2012) there were discussions of a quality indicator program and its implementation, however at that time there was a disconnect between the agency responsible for implementation and the ability to have an actual working program in place. Literature Review

The objective of the study was to ascertain existing evidenced based indicators of quality of care in pediatric orthopaedics (2012). For this study <https://assignbuster.com/advanced-research-methods-evidence-based-practice-essay-sample/>

five separate search engines using MEDLINE, Cochrane Database of Systematic Reviews, CENTRAL and The Journal of Orthopaedics Databases were utilized and selection was made using a stepwise method; first by title, then abstract and the finally full text review. Thirteen articles out of a total 604 were selected for inclusion for the study and only those with relevant terms such as quality indicators in orthopaedic surgery or any form of orthopaedic surgical specialty were used. However, there are several major weaknesses and limitations indicated in the study which include, the small number of available research articles related to the topic, most of the literature available is aimed towards the adult population and the literature reviewed was mainly retrospective articles and not a mixture of both peer and non peer reviewed articles (Kennedy, Bakir & Brauer, 2012).

The literature reviews were presented in a table format; the study design, objectives, quality indicators and references were provided within the chart. All the information was easy to follow, engaging and offered enough information to guide readers into the viewpoint that journal offered.

Research evidence is ranked by type of design or research methodology that would provide the most reliable findings and answers the research question with the least margin of error; level V evidence uses evidence from systematic reviews of descriptive and quantitative studies; the journals reviewed in this study consist of descriptive, retrospective, survey studies, systematic and panel review signifying a strong likelihood of this systematic research review being level V evidence (Melnyk, & Overholt, 2011).

It was concluded (2012), mortality was the most common indicator cited among the articles reviewed (six out of the 13 articles reviewed), postoperative complications was the second highest cited quality indicator within the research review, this was noted to be among 5 out of the 13 articles reviewed. Following these indicators reoperation and readmission rates were the next highest among the literature. “ Cox & Clark (1997) reported 42 out 398 (12. 1% of fractures) were readmitted in connection with their previous surgical procedure” whereas Beal et al. reported a 32. 1 % remittance rate in their study (Kennedy, Bakir & Brauer, 2012). Barriers with implementation of a pediatric pilot program that would address pediatric mortality and perioperative morbidity have also been reported through the Children’s National Surgical Quality Improvement Program (2012).

## Conclusion

In healthcare, like any profession that provides a service to the public it is imperative there be a governing body that holds the individual to a higher standard of care; and when professionals waver from this standard to ensure there are consequences. Facilities where procedures are performed should also be held to a higher standard and be accountable for their actions and the actions of those they employ. If there are no standards by which we are measured then there would be no reason to excel, average would be okay. It is because of these quality indicators and quality measures professionals are pushed to the next level, research continues, evidenced based practices exist, and the practice of medicine has prevailed to the level where it is today.

## References

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