

## *Using Evidence in Healthcare Management*

### HOPE Agora 2020 Theme Guidance

#### CONTENT

An important part of the HOPE Exchange Programme is to facilitate the exchange of knowledge and expertise between healthcare professionals in a European context. In pursuance of this the HOPE Exchange Programme terminates with the HOPE Agora. This closing conference is considered an integral part of the HOPE Exchange Programme giving the participants the possibility to show and to discuss their observations and conclusions.

Every year, as a part of the HOPE Agora, the participants of the HOPE Exchange programme as a group give a presentation of their experiences in the host country on a specific theme identifying up to three good practices. The theme for HOPE Agora 2020 is “Using Evidence in Healthcare Management”. It directly follows and builds on the previous HOPE Agora 2019 which topic was “Evidence-Informed Decision-making in Healthcare Management”.

Since the establishment of the term “evidence-based medicine” in the 1980s, the call for a more systematic use of evidence has spread to other areas, such as health policymaking and management. This approach means that policy-making and managerial decisions should be based on best available knowledge and not on beliefs and long-established practices.

For the purposes of the HOPE Agora 2020, the broadest possible understanding of the term “evidence” will be used. Such an understanding includes findings from scientific publications, ranging from randomized control trials to case reports. It also includes local evidence, which is the contextual information necessary to take a decision. Examples of such contextual information are analysis of locally available data, gathering information from stakeholders and considering the cultural, political, administrative and other settings which may influence a decision.

The use of evidence in management should not be perceived as a rigid, one-size-fits-all solution, but rather a way of thinking about how to make decisions at three levels: national/regional; top management level of hospital and healthcare services; unit/department level.

Examples at national/regional level are: shifting tasks from physicians to nurses and other healthcare professionals; the processes used in health technology assessment.

Examples of top management decisions could be in : investment choices in new equipment, such as robots for assisted surgery or PET scanners; organizational practices such as using performance measures to foster improvements in quality of care.

Many more examples also on unit/department level are available in the report of the HOPE Agora 2019 ([http://www.hope.be/hope\\_agora\\_2019/](http://www.hope.be/hope_agora_2019/)).

In order to identify the up-to-three good practices, the participants are invited to check from where evidence is coming, within which process they are used and with which results.

The following questions should help HOPE Exchange participants to cover those three steps.

### *Sources of evidence*

What is the experience of organizations in making use of scientific literature as the bases for healthcare management? How was the literature reviewed and by whom?

Is it an established activity within the healthcare organization? How did the idea arise?

Does the healthcare organization make regular use of local data sources for decision-making? Which ones are used?

Are population data used regularly by the organization to support decision-making? Are electronic health-records regularly used for decision-making?

Are patients regularly involved in decisions regarding the administration of a hospital? Is the local community or are local authorities consulted before decisions are taken?

### *How data analysis is performed*

Is there a system to perform regular analysis of data based on the various possible data sources?

Do organizations have experiences in participating in research on healthcare management? Were the research findings of such collaborations useful to the participating organization?

Is there an established process to regularly pilot organizational innovations?

Do healthcare organizations have experiences in conducting expert workshops to aid managerial decision-making?

Are qualitative analysis performed to aid decision-making?

### *Outputs of the use of evidence in healthcare management*

What do organizational performance assessment look like? By whom are they used and how? Do these assessments have any impact?

Are change management processes explicitly planned and employed? Do these processes draw from the body of knowledge about change management?

Is strategic planning of organizations informed by evidence?

## PRESENTATIONS

**Participants in the HOPE exchange programme are asked to give three good practices examples of the use of evidence in healthcare management, based on what they have encountered during their stay in their host country,**

In most receiving countries, there will be participants of different nationalities and professional backgrounds. The process of identifying and reaching consensus on practical examples will then be an important, if not the most important, element. The process of producing the end result is at least as important as the content of the PowerPoint presentation.

The PowerPoint presentation for each country should focus on practical examples, stimulating factors/initiatives and barriers that the participants have come across at national, regional, healthcare and/or ward levels. The participants are asked not to include a description of the health care system of the country in which they have stayed.

One of the major objectives of the exchange is to identify elements in the healthcare system they visited that the HOPE participants find inspiring or worth considering when looking at the challenges that they face at home in their own country. Participants are not asked to assess the health system in the country in which they have stayed. Rather, they are invited to reflect on what they would like to see implemented in their own country, region, institution or ward, or what they could learn from their host country. The task is oriented, as all the exchange is, on what to bring back home.

### Working process

#### Step 1

Participants will individually identify examples.

#### Step 2

They will exchange what they have found with other participants staying in the same country. If they do not meet before the end of the programme, national coordinators will organise this exchange by internet.

#### Step 3

Participants will have to choose together up to three practical examples.

#### Step 4

Participants will prepare a PowerPoint presentation of up to three practical examples. The participants are also invited to explain the reasons behind their choice.

### Presentations

- The presentations at the final conference are supposed to be 12 minutes long, and should be delivered to the organisers at the latest 14.00 on Friday 5 June. The presentation should not go below the time limit, nor exceed it.
- Presentations should be made in PowerPoint ONLY. Any sound effects and movies should be incorporated in the PowerPoint file.
- Diagrams and graphics are welcomed where appropriate or necessary to explain an idea or to visualise a process.



## Copyright

**Presentations must stand-alone (as a pdf-file) as they will be used for publishing on the website. This must be considered when using special effects or in respect to copyright restrictions.**

- Preferably, use only your own photographs as illustrations within the presentation.
- It is strongly recommended to only download images from websites that offer images free of royalties for commercial use (e.g. [www.pixabay.com](http://www.pixabay.com)).
- The absence of a copyright notice does not mean that an image or illustration may be freely used. If in doubt, assume you cannot use it.
- In case copyright images are being used within the presentation, proof of purchase stating the intended use of those images must be provided to HOPE.
- The names of all participants in a country should be mentioned on the presentation. They will be held personally responsible in case of copyright infringements.

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