تحقیق جایگاه راهنماهای بالینی در ارائه خدمات سلامت

فاطمه بهرامنژاد* محمدعلی چراگی

دامنه بصرفیر

*دانشجوی دکتری تخصصی پرستاری دانشکده پرستاری و مامایی، دانشگاه علوم پزشکی تهران، تهران، ایران
e-mail: bahrainmezhad@razi.tums.ac.ir

**دانشیار گروه آموزشی پرستاری مراقبت‌های بهداشتی دانشکده پرستاری و مامایی، دانشگاه علوم پزشکی تهران، تهران، ایران
راهکارها می‌پردازد. تدوین و عملیات سازی راهنماهای بالینی ملی، می‌تواند منجر به تغییر رفتار و عملکرد بالینی در سطح کلیان شده و به ارتقای کیفیت خدمات سالماتی کمک کند. با توجه به لزوم بومی‌سازی و تدوین راهنماهای بالینی در کشور ما، براساس سن تحویل نماز سالمات جمهوری اسلامی ایران می‌بیند بر کلیات اصولی ایرانی پیشرفت بندی‌های مربوط به ویژه بند (د) 13 و 37 و همچنین برنامه پنجم توسیعه کشور به ویژه بند (د) ماه 23 در زمینه تدوین راهنماهای بالینی در قالب نظام درمانی کشور و اهداف کلان دسترسی عادل به خدمات جامع و آزاد و بهبود وضعیت و هدف راهبردی شماره 75 وزارت بهداشت، درمان و آموزش پزشکی مبتنی بر افتاری استفاده از راهنماهای بالینی، توصیه استانداردهای خدمات و مرکز‌های سالمات و ایجاد نظام ارایه مراقبت سالمات مبتنی بر شواهد؛ وجود یک برنامه منسجم و ساختار یافته، باید منظور اموری اجتناب‌ناپذیر است. البته به نظر میرسد که در کشورهای در حال توسعه، همچون کشور ما، بهتر است کم او، در این مسیر، تطبیق راهنماهای بالینی باشد. چرا که تدوین یک راهنما بالینی علاوه بر این که نیازمند افراد صاحب‌نظر با دانش و مهارت لازم در حیطه موردنظر است، مستلزم پشتیبانی غنی از مطالعات اپیدمیولوژیک، کارآزمایی‌های بالینی، مطالعات موری و متا‌آنالیز‌های نیز است.

منابع


Realization of Clinical Guidelines in Providing Health Services

Fatemeh Bahramnezhad* (MSc.) - Mohammad Ali Cheraghi** (Ph.D).
Letter to Editor

Difficulty in transferring knowledge to clinical practice or knowledge translation has been identified as one of the main barriers for utilizing research in medical sciences. It is estimated that up to 40% of patients do not receive treatment consistent with the best scientific evidence and 20% of health care are not needed or are harmful. The best approach to evidence-based care is the development and implementation of clinical guidelines (1).

Variety of clinical evidence may affect patient care outcomes, and the clinical guidelines can help health professionals to provide the appropriate and effective health care. That does not mean that the guidelines can be considered a replacement for professional judgment. Clinical guidelines provide a framework for clinical judgment, patient preferences and exceptions (2, 3). The guidelines make it possible to obtain a clear understanding of the decision-making models for all stakeholders about riddles and great dilemmas of health (4). Clinical guidelines can lead to improve the quality of health, and reduce unnecessary, harmful or wasteful interventions. These guidelines may provide effective recommendations for the management of patients by healthcare providers and develop standards to evaluate the clinical practice of health professionals. Also, guidelines may have effective and useful content to educate healthcare providers and help patients and their families to make informed decisions (5). Guidelines lead clinicians and nurses to ask the question about what and why they are doing and select the best treatment option with the least insistence on patient, in order to make the best clinical recommendation. Therefore, using evidence-based guidelines leads to improve standards of health care, clinical outcomes, and even health economic outcomes (6). Changes in performance help to save costs without reducing the therapeutic benefits. Thus, clinical guidelines are an

* Ph.D Student in Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
e-mail: bahramnezhad@razi.tums.ac.ir
** Dept. of Critical Care Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
integral part of clinical governance helping clinicians and nurses to develop, monitor, measure, and improve the standards (7).

The development of clinical guidelines is the most important component of community-based approach to evidence-based health services delivery. They supply the best solution by collecting and synthesizing the best evidence and integrating it into the local problems. Therefore, developing and implementing the national clinical guidelines can lead to change in clinical behavior and performance in the macro-level and help to promote the quality of health services.

Given the necessity of localization and development of clinical guidelines in the country according to the healthcare reform plan in the Islamic Republic of Iran based on the articles 36, 45, 56, and 73 of the Islamic-Iranian model of progress; and also the Fifth Development Plan, particularly paragraph (D) of article 32 regarding the development of clinical guidelines in the healthcare system; the goals of equitable access to comprehensive, continuous and high-quality services; and the Ministry of Health and Medical Education’s strategic objective No. 75 on the increased use of clinical guidelines, the development of standards in health care services and evidence-based health care delivery system, it is inevitable to develop a structured and integrated program.

It appears that in developing countries such as Iran, the first step in this path is clinical guideline adaptation because the development of clinical guideline needs the experts with the knowledge and skills, and also, the rich background of the epidemiological studies, clinical trials, review studies and meta-analyses.

Please cite this article as: