



Martin Fangmeyer
Wolfgang Sissolak



gemeinsam
gut entscheiden

CHOOSING WISELY AUSTRIA



Cochrane
Österreich



Wir versichern, dass in Bezug auf den Inhalt des Vortrags keine Interessenskonflikte bestehen, die sich aus einem Beschäftigungsverhältnis, einer Beratungstätigkeit oder Zuwendungen für Forschungsvorhaben, Vorträge oder andere Tätigkeiten ergeben.

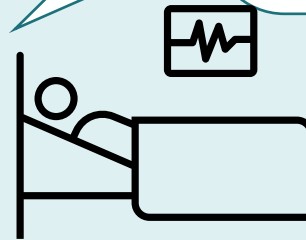
Sollen wir nicht gleich einen Venenzugang legen? Nur zur Sicherheit.

Können Sie den Harnkatheter noch belassen? Es ist so mühsam auf das Klo zu gehen.

Ihre Kollegin war viel netter und hilfsbereiter – die hat mir mehr geholfen.

Sollen wir die Patientin nicht auf eine Wechseldruckmatratze legen? Nur zur Sicherheit.


Könnten Sie bitte meinem Papa die Bettseitenteile geben? Zu Hause hat er sie auch immer.





Choosing Wisely

An initiative of the ABIM Foundation



AMERICAN ACADEMY OF NURSING
Transforming Health Policy and Practice through Nursing Knowledge

Twenty-Five Things Nurses and Patients Should Question

- 1

Don't automatically initiate continuous electronic fetal heart rate (FHR) monitoring during labor for women without risk factors; consider intermittent auscultation (IA) first.

Continuous electronic FHR monitoring during labor, a routine procedure in many hospitals, is associated with an increase in cesarean and instrumental births without improving Apgar score, NICU admission or intrapartum fetal death rates. IA allows women more freedom of movement during labor, enhancing their ability to cope with labor pain and utilize gravity to promote labor progress. Upright positions and walking have been associated with shorter duration of first stage labor, fewer cesareans and reduced epidural use.
- 2

Don't let older adults lie in bed or only get up to a chair during their hospital stay.

Up to 65% of older adults who are independent in their ability to walk will lose their ability to walk during a hospital stay. Walking during the hospital stay is critical for maintaining functional ability in older adults. Loss of walking independence increases the length of hospital stay, the need for rehabilitation services, new nursing home placement, risk for falls both during and after discharge from the hospital, places higher demands on caregivers and increases the risk of death for older adults. Bed rest or limited walking (only sitting up in a chair) during a hospital stay causes deconditioning and is one of the primary factors for loss of walking independence in hospitalized older adults. Older adults who walk during their hospital stay are able to walk farther by discharge, are discharged from the hospital sooner, have improvement in their ability to independently perform basic activities of daily living, and have a faster recovery rate after surgery.
- 3

Don't use physical restraints with an older hospitalized patient.

Restraints cause more problems than they solve, including serious complications and even death. Physical restraints are most often applied when behavioral expressions of distress and/or a change in medical status occur. These situations require immediate assessment and attention, not restraint. Safe, quality care without restraints can be achieved when multidisciplinary teams and/or geriatric nurse experts help staff anticipate, identify and address problems; family members or other caregivers are consulted about the patient's usual routine, behavior and care; systematic observation and assessment measures and early discontinuation of invasive treatment devices are implemented; staff are educated about restraints and the organizational culture and structure support restraint-free care.
- 4

Don't wake the patient for routine care unless the patient's condition or care specifically requires it.

Studies show sleep deprivation negatively affects breathing, circulation, immune status, hormonal function and metabolism. Sleep deprivation also impacts the ability to perform physical activities and can lead to delirium, depression and other psychiatric impairments. Multiple environmental factors affect a hospitalized person's ability for normal sleep. Factors include noise, patient care activities and patient-related factors such as pain, medication and co-existing health conditions.
- 5

Don't place or maintain an indwelling urinary catheter in a patient unless there is a specific indication to do so.

Catheter-associated urinary tract infections (CAUTIs) are among the most common health care-associated infections in the United States. Most CAUTIs are related to urinary catheters so the infections can largely be prevented by reduced use of indwelling urinary catheters and catheter removal as soon as possible. CAUTIs are responsible for an increase in U.S. health care costs and can lead to more serious complications in hospitalized patients.

- ✓

Pflegeinterventionen vermeiden, die keinen Nutzen haben oder sogar Schaden anrichten
- ✓

Evidenz in die Praxis bringen
- ✓

Pflege „nach Hausbrauch“ vermeiden

<https://www.choosingwisely.org/societies/american-academy-of-nursing/>

- ✓ beruflich Pflegende
- ✓ Pflegende Angehörige
- ✓ zu Pflegende
- ✓ andere Gesundheitsberufe
- ✓ ...

Choosing Wisely

Pool an
Empfehlungen
aus
verschiedenen
Bereichen



Ö. Gesundheits- und Kranken- pflegeverband

ExpertInnen
wählen die
wichtigsten
Themen aus
ODER
entwickeln
neue
Themen



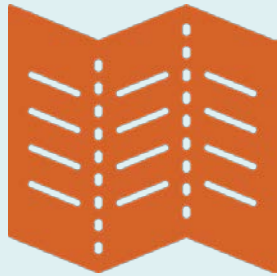
Gemeinsam gut entscheiden

Überprüfung
der Evidenz

Top 5-Listen

Erste Top 5 Liste Gesundheits- und Krankenpflege

1. Verzichte bei der Pflege von **Demenzkranken**, die Verhaltensauffälligkeiten und psychische Symptome zeigen, auf körperliche oder chemische **Zwangsmaßnahmen**.
2. **Wecke** ältere Menschen nachts **nicht** für routinemäßige Pflegehandlungen.
3. Vermeide **bewegungseinschränkende Maßnahmen** bei älteren Menschen.
4. Lass ältere Erwachsene während ihres Krankenhausaufenthalts nicht **im Bett liegen** und nicht nur auf einen Stuhl sitzen.
5. Gehe nicht von einer **Demenzdiagnose** bei einem älteren Erwachsenen aus, die/der sich mit einem veränderten mentalen Status und/oder Verwirrungssymptomen vorstellt.



Broschüren, Folder
und Poster



Pressearbeit,
Publikationen
und [Website](#)



Vorträge und
Fortbildungen

Was kann das Pflegemanagement damit machen?

- Qualitätsteam Pflege
- Aufbereitung für die Station
- in die Teams bringen
- Vorgaben: Standards, SOP...
- Patient*innen-Information

Methodenpapier Gemeinsam Gut Entscheiden

[https://gemeinsam-gut-entscheiden.at/wp-content/uploads/GGE_Handbuch - Methoden V1.0 final 2020 03 12.pdf](https://gemeinsam-gut-entscheiden.at/wp-content/uploads/GGE_Handbuch_-_Methoden_V1.0_final_2020_03_12.pdf)

Broschüren von Gemeinsam Gut Entscheiden

[https://gemeinsam-gut-entscheiden.at/wp-content/uploads/GGE_Handbuch - Methoden V1.0 final 2020 03 12.pdf](https://gemeinsam-gut-entscheiden.at/wp-content/uploads/GGE_Handbuch_-_Methoden_V1.0_final_2020_03_12.pdf)

Exemplarische Literatur:

Resnick B, Fick DM. The Choosing Wisely[®] campaign and nurses role in dissemination. *Geriatr Nurs*. 2013 May-Jun;34(3):179-80. doi: 10.1016/j.gerinurse.2013.04.009. PMID: 23726089.

Eskes AM, Chaboyer W, Nieuwenhoven P, Vermeulen H. What not to do: Choosing wisely in nursing care. *Int J Nurs Stud*. 2020 Jan;101:103420. doi: 10.1016/j.ijnurstu.2019.103420. Epub 2019 Sep 17. PMID: 31630805.



gemeinsam
gut entscheiden