Using evidence to improve the quality of specific health care

Paul Batalden, M.D.
Center for the Evaluative Clinical Sciences, Dartmouth
January 16, 2007

Assumptions

• We all want better health care.
• We would like to create that with the benefit of as much knowledge as possible.
• Improving the quality of health, health care is not as easy as it first seems.
“quality improvement”

The combined and unceasing efforts of everyone – health care professionals, patients and their families, researchers, payers, planners, educators – to make changes that will lead to better patient outcome, better system performance, and better professional development.
Bringing generalizable scientific evidence to specific contexts

Generalizable scientific evidence + Particular context → Measured performance improvement

- choosing best plan
- executing locally
- control for context
- inquire into particular identity
- balanced measures over time

Improving & Experiential Learning

Concrete experience

Testing implications of concepts in new situations

Formation of abstract concepts and generalizations

Observations and reflections

Notice

Make sense

Implications for setting, context

Anticipate requisite assessment

David Kolb
Summary so far...

• Quality improvement of health care means better patient outcome, better system performance and better professional development—by everyone.
• Designing and testing changes that link scientific evidence to specific contexts involves multiple knowledge-building systems.
• That linking is a form of experiential learning.

What do we need more knowledge about?
What might be foci of inquiry?

Better patient (population) outcome

Better system performance

Better professional development

Everyone

Measures?
Patient knowledge?
Variation?
Causes?

Competence?
Accreditation / certification / licensure?
Faculty / curricula development?
Professional school admission / selection?
Interprofessional cooperation?
Joy / creativity / pride?

Hiring / orientation?
Supervision?
Accountability?
Participation / commitment?
Recognition / reward?

Linking / leadership / supervisory development?
Leadership performance review?
Recognition / reward?

Linking / leadership?
Org. development?
Governance?
Financing?

Measures?
Options / methods?
Reliability / failure?
Standards?
How might we expect these efforts to be reported, shared?

- Systematic reviews—aggregated reports without formal combination of data, as in meta-analyses
- Controlled trials
- Case reports & narrative accounts of experiential learning
- Combined quantitative/qualitative reports (i.e., hybrids)
- Other

Summary

- The practice of health care is very local — “policy” is less so.
- Information and knowledge needs are both local and not, but may be different.
- Active research and knowledge development is needed—both locally and across local settings.