

Using evidence to improve the quality of specific health care

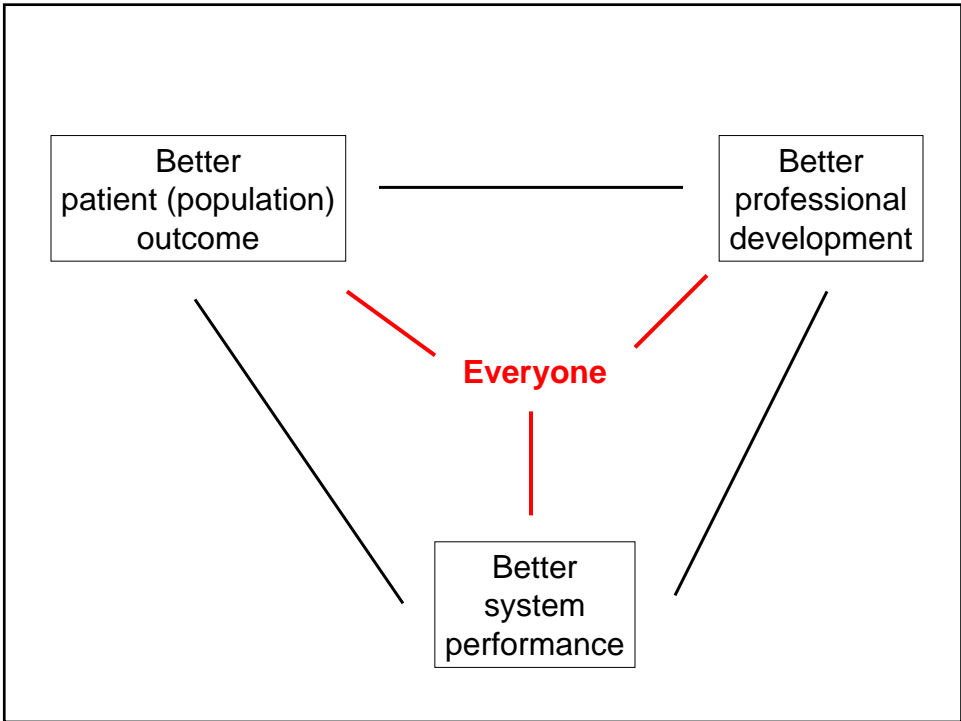
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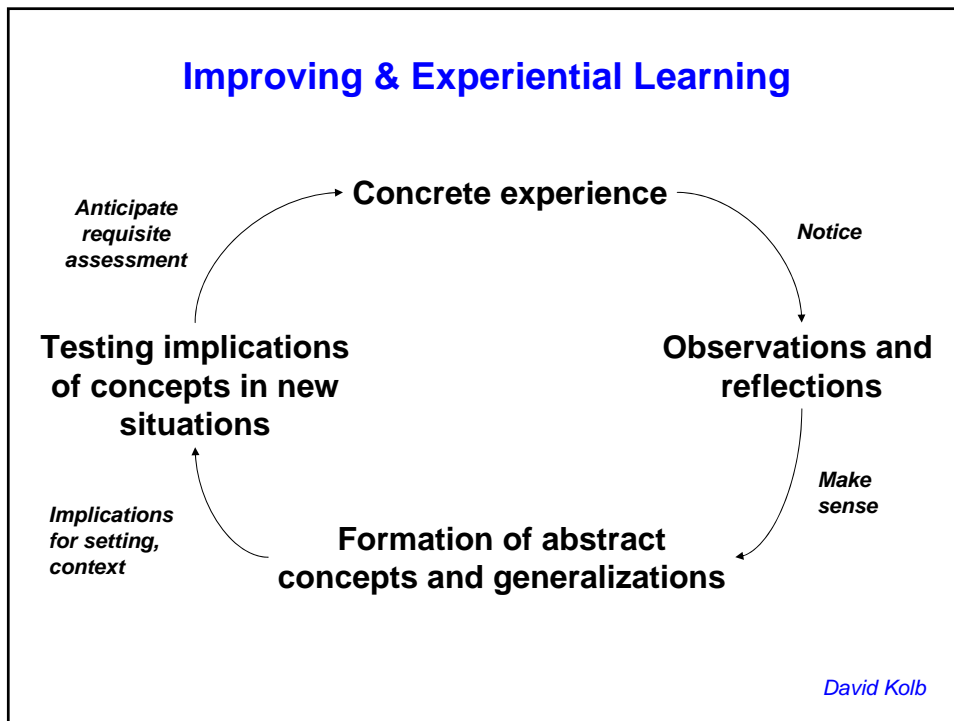
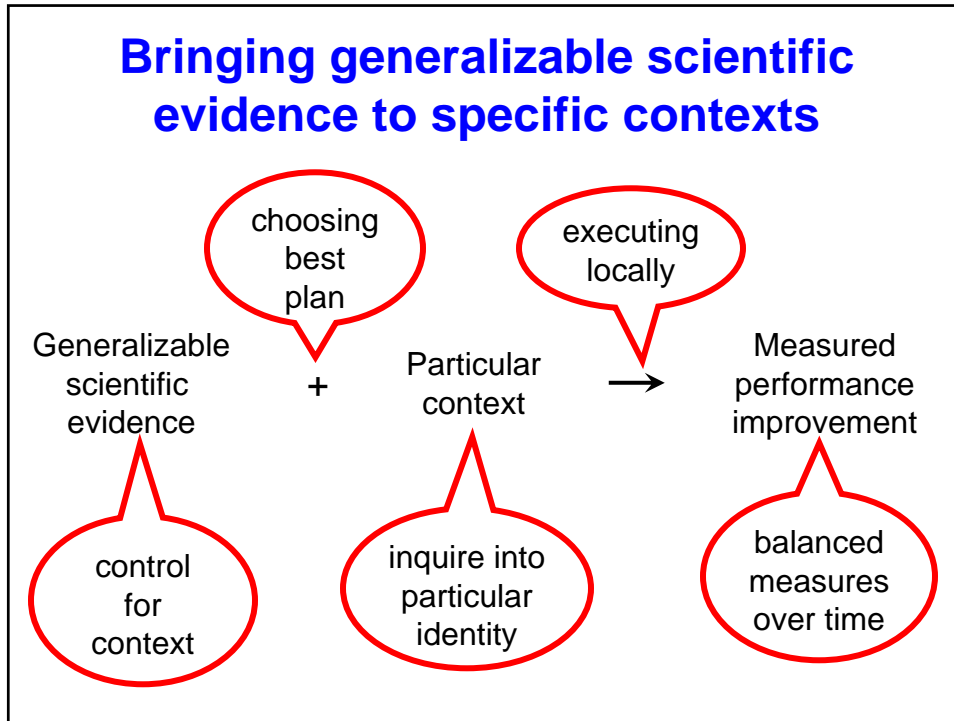
Assumptions

- **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.

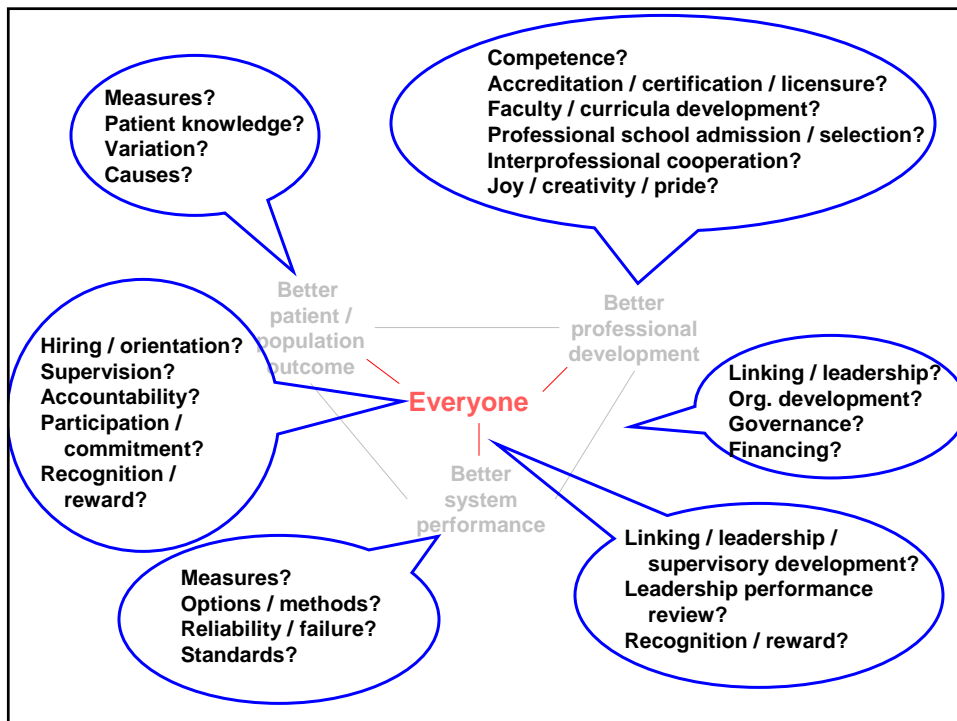
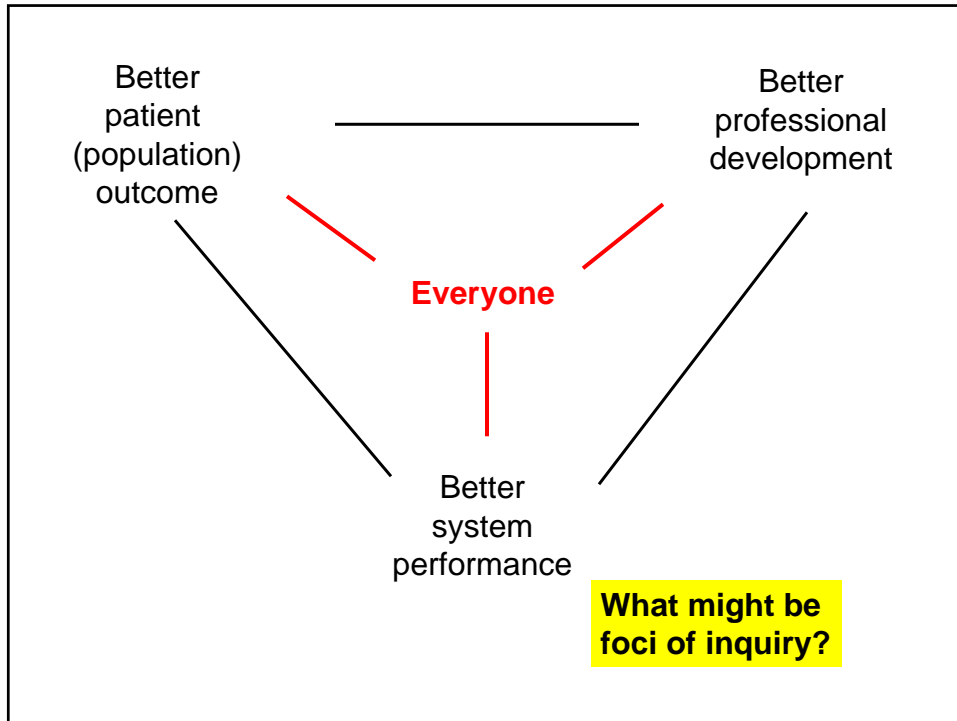




Summary so far...

- **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?



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.**