Association between knowledge of evidence-based practice and quality of care

This study in Israel used a selection of quality measures from electronic medical records relating to diabetes and coronary heart disease to explore any association between the quality of care shown by these measures and the physicians’ knowledge and practice of evidence-based medicine, as assessed by a questionnaire. The results showed a modest correlation between the two and the authors suggest this might indicate a need to change the focus of teaching about evidence-based medicine.


Benefits of experience in developing countries

This study explores the associations between doctors’ early career experience in developing countries and their performance in general practice at a later stage. The authors found better practice hygiene, more collaboration with hospitals and better organisational skills amongst GPs with developing country experience. These GPs also spent less time in consultation and their practices scored lower in service and availability.

The authors discuss these differences and comment that experience in developing countries appears to be as valuable as home experience with regard to later performance.


Best practice in palliative care

The authors of this paper analyse official documents setting out policies and guidelines in end-of-life and palliative care to identify a model of best practice in this area. Their analysis suggests that the wide-ranging variables in terms of settings and cultural and family sensitivities are barriers to the production of an integrated best practice model.


Blended learning as an educational intervention

This German study based in 166 general practices compares the effectiveness of quality circles, with and without additional ‘blended learning’, in enhancing
the implementation of new knowledge into practice in the area of dementia management.

### Commissioning for quality

The NHS Confederation Primary Care Trust Network has published a discussion paper drawing upon previous discussions from a 2009 workshop involving Network members. The workshop aimed to take a broad view of the role of commissioners in improving and maintaining quality standards and this paper sets out the findings. [www.nhsconfed.org/Publications/Documents/PCTN_issue_6_Commissioning_for_quality.pdf](www.nhsconfed.org/Publications/Documents/PCTN_issue_6_Commissioning_for_quality.pdf)

### Electronic guideline-based implementation systems

This systematic review investigates the effectiveness of guideline-based electronic decision support systems, compared to that of distribution of paper copies, in enabling the implementation of evidence-based practice. The systems reported in the literature included those providing reminders in preventive care, systems providing real-time support during consultations and others used for drug dosing. The authors found little evidence to support the use of electronic guideline systems and discuss the implications of their findings. Heselmans A, van de Velde S, Donceel P, Aertgeerts B and Ramaekers D. Effectiveness of electronic guideline-based implementation systems in ambulatory care settings – a systematic review. *Implementation Science* 2009;4:82.

### General practitioner workload and adherence to guidelines

Does a heavy workload erect barriers to the improvement of quality of care? This study of Dutch general practitioners examined the association between workload and adherence to guideline recommendations. The authors reported an association, not between workload and adherence to guidelines, but relating to the time required for adherence to particular recommendations. Those requiring less investment of time, and also saving time, were ‘significantly more often adhered to’.
van den Berg MJ, de Bakker DH, Spreeuwenberg P et al. Labour intensity of guidelines may have a greater effect on adherence than GPs’ workload. *BMC Family Practice* 2009;10:74.

### Quality buckets

Cape Cod Healthcare provides primary and secondary healthcare services to its populations. The Quality Bucket is a quality improvement tool, developed for use across the organisation, which facilitates the efficient and cost-effective collection and organisation of data required for compliance with mandates at both national and regional levels. Gryboski A, van Tilburg J and Butterick J. Quality buckets: an innovative tool for complying with healthcare mandates. *Journal for Healthcare Quality* 2009;31:3–47.

### Quality domains across sectors

This paper reviews the quality domains used across the health, social services and education sectors to provide a guide to the development and use of performance measurement frameworks for services provided to both adults and children. Klassen A, Miller A, Anderson N, Shen J, Schiariti V and O’Donnell M. Performance measurement and improvement frameworks in health, education and social services systems: a systematic review. *International Journal for Quality in Health Care* 2010; 22:39–43.

### Quality improvement in a programme of care for chronic heart failure

This study, based on 19 general practices in the Netherlands, evaluated the feasibility and impact of a programme aimed at improving the quality of care for patients with chronic heart failure. The programme included educational and organisational interventions which were shown to have a ‘moderate impact’ on the primary care of this patient group.

**Review of depression screening in primary care**

The authors of this systematic review of studies looking at the benefits and harms of screening for depression in adult patients in primary care, and those of subsequent treatment and medication, found that screening programmes without 'substantial' depression care support were unlikely to improve outcomes and also highlighted the importance of close monitoring of people taking antidepressants, particularly those aged under thirty.


**Structured registration programmes for quality assessment**

This study, based in Dutch general practice, compared data from a structured registration programme for diabetes care (which included a patient’s medical history, demography information and outcomes) with data recorded in an electronic medical record, in order to assess whether the use of data from such programmes in quality assessment could be justified. The authors found the structured registration programme data’s comparability with electronic medical record data to be acceptable, rendering such data valid for research and assessment purposes.


**Sustainability of quality improvement initiatives**

Little research has been undertaken into the sustainability of collaborative quality improvement initiatives which have been implemented across multiple sites in primary care. This American study proposes a 'Sustainability Pyramid Model' which is comprised of those characteristics of primary care practices seen to be critical in ensuring sustainability.


**Team care for hypertension**

The authors of this systematic review of 37 studies involving either nurse or pharmacist interventions aimed at improving blood pressure control reported an association between team-based care and improved control. They identified components of care relating to healthcare organisation which they suggest should be considered when implementing guidelines in hypertension.


**Team performance and quality**

This review of the effectiveness of different types of healthcare teams, published by the Health Foundation, looked at a range of determinants. The authors report that greater clinical expertise may improve care appropriateness, though not necessarily its outcomes. They found ‘limited evidence’ for the inclusion of a team member with a coordinating role and that costs involved in achieving improvements ‘remained unclear’. The authors discuss the findings, and their implications, in detail.


**Theory-driven quality improvement in falls prevention**

Against a background of difficulties in implementing quality improvement programmes requiring behaviour change on the part of health professionals, this American study examined whether basing a programme to prevent falls in the community on theory would enable its successful implementation. The theory used
to drive the programme included leadership meetings to agree on priorities, focus groups and workgroup meetings.


**REFERENCE**


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