Evidence-Based Quality Improvement: The First Six Years of a Hospital-Based Health Technology Assessment Center

Julia G. Lavenberg, PhD, RN
Center for Evidence-based Practice (CEP), University of Pennsylvania Health System
Matthew D. Mitchell, Brian Leas, Kendal Williams, Craig A. Umscheid

Problem: There is a need to strengthen the quality and safety of patient care by bringing evidence to bear on clinical practice and, in the process, reduce unnecessary variations in care and maximize the value of each dollar invested in patient care.

Evidence: Health Technology Assessment (HTA), a systematic interdisciplinary process based on scientific evidence, can inform policy and practice. HTA centers in Canada and Europe primarily work on national health questions, but HTA centers can also support hospital-level decisions.

Strategy/Practice Change: Our academic medical center created a Center for Evidence-based Practice (CEP) in 2006 for the specific purpose of gathering scientific evidence and applying it to decisions regarding clinical practice, formularies, and purchases. CEP is staffed by two hospitalist co-directors, three HTA analysts, physician and nurse liaisons, medical librarians, a health economist and a biostatistician (total: 5.5 full time equivalents). Clinical leaders and administrators alike may request a report. Reports first review existing guidelines and systematic reviews; primary studies are retrieved and analyzed when previously published reviews offer insufficient evidence. Local utilization and cost data are incorporated so reports are tailored to our medical center’s needs.

Evaluation: Details of all projects are entered into a single database that serves both administrative and research functions. Impact data (e.g., presentations to decision-makers, incorporation of reports into computerized clinical decision support systems, publication in HTA database or peer-reviewed journal) is also captured.

Results: More than 180 reports have been completed to date. The median length of time from project opening to circulation of the first draft of the report is 4 weeks. Initially, the majority of requests for reports came from Chief Medical Officers and Purchasing Committees. Now, more than half of report requests come from clinical departments.

Recommendations/Lessons Learned: An evidence-based practice center within an academic medical center can enhance the quality and safety of patient care, educate clinicians and support a culture of evidence-based decision-making.

ACE has published this as received and with permission from the author(s).
Bibliography:


