

Access to knowledge that matters

Could a National Network of Health Libraries be the answer?

Call it the power of the Post-It.

“General practitioners can overuse radiological tests [such as x-rays], particularly for lumbar spine and knee radiographs.” So say scientists from the UK and Canada in research designed to decrease unnecessary testing. Happily, the scientists found success in an extremely simple concept.

Radiographs are sent to radiologists who report the findings to practitioners. In this study a short educational reminder of medical guidelines for deciding when testing is advisable was added to each report. Result? Unnecessary radiographs decreased by 20% with no loss in quality of practitioner decision-making. In other words, needed x-rays were still ordered, but the orders for unnecessary x-rays were significantly reduced.

It did not matter whether notes were attached by hand or electronically. Unnecessary referrals were reduced as soon as the reminder notes appeared. Referral reductions were maintained as long as the notes continued.

Not only was this good news in the world of radiography, but as the researchers noted, this straight-forward solution could easily be applied in other services and settings to reduce ex-

cessive health care efforts and costs.



Four years later and these seemingly easy-to-implement findings have yet to make significant national or international impact. Millions of dollars as well as patient and professional time have been lost on unnecessary procedures when a simple informational note could have made the difference. “Any department of radiology that takes referrals from primary care could deliver this intervention,” declare the researchers. But there is “consistent evidence of failure to translate research findings into clinical practice,” say two of the research team, Martin Eccles and Jeremy Grimshaw. Why?

Start Spreading the Word

“There are a lot of health professionals with absolutely no access at all to library services or materials such as books and journals, in print or electronic,” explains Jessie McGowan, senior information scientist at the Institute of Population Health in Ottawa. That means that they have inadequate access to important health care research findings. The problem is that Canada, unlike some other countries, has no national medical library that is freely acces-

sible to all health care providers.

It is a problem that McGowan and her colleagues at the Canadian Cochrane Collaboration, Drs. Jeremy Grimshaw and Peter Tugwell, and others are working to solve by creating the *National Network of Health Libraries* (NNHL).

Taking advantage of the electronic and web-based resources available today, the NNHL will combat inequalities in access to health care research by joining together “the many initiatives that [individual] provincial health departments, universities, associations, and regional partners have made to deliver health care information.” The NNHL can tear down the financial, institutional, and geographical barriers to ensure that everyone who needs the information can get it. Similar efforts have seen success in other countries, such as the US with their *National Network of Libraries of Medicine*.

The development of the NNHL is currently backed by the membership of the CHLA, including the Health Canada Libraries, the Canadian Institute of Scientific and Technical Information, the Association of Canadian Medical Colleges

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Libraries, and L'Association ASTED. The US National Library of Medicine has also pledged their support. More information about the NNHL efforts and how to support them can be found online at www.chla-absc.ca/nnlh/vision.html.



Both the Post-It study and the

NNHL are prime examples of knowledge mobilisation. The NNHL shows how research findings can be transmitted far and wide to all health care professionals. The Post-It study shows how educational reminders can be transmitted in a simple note on a report to practitioners. But the study also conveys an im-

portant and much needed message to knowledge mobilisers. To claim evidence of knowledge mobilisation one must measure its impact. To learn why this study was selected to inaugurate our Knowledge Mobilisation Impact discussion board read the **Commentary**.

by Julie Hachey

COMMENTARY

In praise of evidence-based knowledge mobilisation

by Kathleen Bloom

Emphasis is increasingly being placed on getting research findings into the hands of those who can deliver evidence-based policy and practice. At CCKM, this is what we mean when we say “knowledge mobilisation.”

But at this early stage of enthusiasm for knowledge mobilisation, there is one important step that, ironically, often gets left out of the equation: evidence of impact. In other words, evidence-based knowledge mobilisation goes beyond just telling someone about research findings, evidence-based knowledge mobilisation is founded on research that shows that the message made a difference.

The study we featured provides a perfect example of how evidence-based knowledge mobilisation can be achieved. In response to the overuse of radiological tests (i.e., x-rays and other imaging procedures) by

general practitioners, researchers mobilised guidelines about referrals for radiographs using written reminders.

But the researchers didn't just mobilise this knowledge, they measured the impact of educational reminder messages on referral reduction. Using the research method of randomized controlled trials, they tested the educational guidelines message against a message that contained only the number of past referrals. The researchers demonstrated scientifically that the educational reminder was capable of reducing unnecessary referrals by 20%.

As a result, these researchers enhanced evidence-based practice with evidence-based knowledge mobilisation. And as a bonus they set a standard to which we in knowledge mobilisation can aspire.



If you know another example of research that tested the impact of knowledge mobilisation in any discipline of social and health science, please let us know at cckm@cckm.ca. We will feature examples on our website. If you are interested in joining a CCKM e-Community for discussions about developing knowledge mobilisation measures of impact, please contact kbloom@cckm.ca.

Eccles, M., Steen, N., Grimshaw, J., Thomas, L., McNamee, P., Soutter, J., Wilsdon, J., Matowe, L., Needham, G., Gilbert, F., & Bond, S. (2001). Effect of audit and feedback, and reminder messages on primary-care radiology referrals: A randomised trial. *The Lancet*, 357, 1406-1409.

Ramsay, C. R., Eccles, M., Grimshaw, J. M., & Steen, N. (2003). Assessing the long-term effect of educational reminder messages on primary care radiology referrals. *Clinical Radiology*, 58, 319-321.