The librarian was aware of many of the quality issues within the institution, as the quality and safety staff were among the most active users of library services. Knowledge of the issues was not the problem—it was getting the issues to the CME staff in an actionable way.

One day, the librarian was in an unrelated informal meeting with ECHN’s Patient Safety Officer, Risk Manager and a QI Manager. She asked them:

**In the area of quality and safety of patient care, where do you see the biggest gaps between what healthcare providers know or do, and what they should know or do?**

They immediately gave numerous examples. ECHN’s librarian started with two initial practice gaps for which education of the clinical staff was important. One related to a larger initiative within the hospital, another to a newly-developed protocol that had grown out of peer review of a safety event.

The next day, on MEDLIB-L (a medical librarians’ online discussion list) the librarian saw a mention of a recent article, discussing a method of finding practice gaps for CME\(^1\). It recommended that librarians analyze each practice gap before submitting to the Dept. of CME. ECHN’s Library Director read it and communicated with the author, a fellow librarian. Although the system in place at Marshfield Clinic, the author’s workplace, was different from that of ECHN, methods described were very much adaptable to ECHN’s existing structures.

ECHN’s librarian developed a brief summary for each topic, including: background; an analysis of the gap in terms of knowledge, performance or patient outcomes; corresponding potential objectives; relevant evidence-based medicine resources; suggested presenters; and in-house contacts for further information on each topic. The QIC very favorably received this report, with a helpful suggestion for a simpler outcome measure for one topic. This method has now become standard practice, and the QI-CME connection is stronger than ever.

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