QI SHORT REPORT A short format for quality improvement in an abbreviated SQUIRE 2.0 format

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Summary (80 words)

The Future Healthcare Journal's new 'QI short report' format is a way for you to share your quality improvement work concisely with a wide audience. Here two of our associate editors offer some tips and guidance on how to structure your report for this format while making sure you communicate all the key points readers will need to share your learning and use it in their own clinical practice or research.

KEYWORDS: quality improvement, QI, short format, concise, SQUIRE 2.0

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Introduction (200 words)

(Before you begin, remember that the peer review process will often involve multiprofessional reviewers and patient representatives. When planning your project or write-up, why not ask a non-clinical member of the public or patient to get involved? It will help you to focus on what matters to patients.)

Start by describing in 60 words why you started this: was it personal experience, an adverse incident report, comments/complaints by patients/staff or results from a local or national audit?

Next, in 60 words, outline available knowledge and rationale. Give some background on what research has shown already about this topic and the characteristics of successful interventions. You could mention relevant healthcare policy, local strategy or other context: what are your assumptions and why do you think this project is important?

Context is everything in QI. In 50 words describe who is on your team, what your unit looks like and what is different from other services. This helps readers decide whether your project and the learning apply to their service.

Finish with a SMART aim. Summarise this in 30 words, using the SMART format: be very Specific, Measurable (it needs a metric), Achievable, Realistic and Timely (over what period should this happen).

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Method (200 words)

In 100 words explain who did what and where, when and why they did it. How did you investigate what was happening, and decide what interventions or changes to try? What did you try to change: the pathway, the documentation, the equipment, the workflow? Did you need to adapt the intervention(s) when you tested them? Sometimes a graphic or photo makes it easier to explain what your intervention looked like. If the intervention is well described someone else should be able to do pick up this report and start doing something fairly similar – sometimes describing your intervention to someone who was not involved and asking that person to explain it to someone else gives you a good feeling whether your description can be understood by others.

How did you measure the effects of the changes you were making? Describe the measures you used in 100 words. Did you aim to affect safety, efficiency, effectiveness, timeliness, equitability or patient-centredness with your intervention? What were the set of outcome, process and balancing measures you used? How did you capture the measures – how often, and in how many patients? How did you ensure that your sample was representative of your service?

Results (300 words)

This is the longest section in the report with 300 words, plus charts. It needs to describe your learning of what worked and what didn't work when running the QI project, as well as the measurement results. Did you manage to measure what you tried to measure? How many patients did not want to participate in the intervention? Are any measurements missing? Describe your population: how many female and male patients, how old were they, how sick were they, what other conditions did they suffer with that might have affected the result?

Improvement is all about change and change needs to be measured over time. This means that we would expect you to measure your chosen metric multiple times over a period of time; for example, correct completion of anticoagulation prescription could probably be measured weekly in 10 patients and then plotted over 3 to 6 months to show that the change you achieved was not just by chance but was due to your work and was sustained. We particularly want to see graphics of run charts or statistical process control charts as a way to illustrate the impact of the work. Qualitative measures (surveys, interviews, focus group narrative) of staff and patient experience are equally important. We particularly welcome a focus on patient-centredness by patient reported experience or outcome measures.

(If you have more extensive data to share that doesn't fit into the concise format, but might be useful to researchers who want to go more deeply into your work, it can be shared as supplementary material.)

Don't forget that QI projects often don't succeed. This can still be important learning if you can tease out why things did not work out, and a good reason for publication so you can share this learning with other readers.

Discussion (150 words)

There are a number of aspects that might be worth discussing here, but you have only 150 words. This will mean using short statements. What was your most important finding or learning? Not all improvement succeeds, and you might state the important thing that did not work. List the limitations of your project and the caveats that should be considered when considering the results. Did anything unexpected surprise you when carrying out the work or analysing the results?

How does your learning differ from other authors' work (referring back to the background you gave in the first section)? What does your work mean for clinicians: how might it affect their day-to-day practice? What does it mean for researchers: what is the question that you have not been able to resolve and that might be investigated further by future work? What might be needed to sustain any improvements?

Conclusion (50 words)

Summarise in a few sentences the problem you tried to improve, what you tried to change, and the main learning for others from your work. State what should happen next.

We look forward to receiving your QI short report submissions – do contact us on **FHJ@rcplondon.ac.uk** if you have questions!

References (7-10 Max)

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3 Ogrinc G, Davies L, Goodman D *et al*. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. *BMJ Qual Saf* 2016;25:986–992.
4 Goodman D, Ogrinc G, Davies L *et al*. Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature. *BMJ Qual Saf* 2016;25:e7.

Fig 1. (a) Run charts or (b) statistical process charts can help you illustrate change over time.