

7th Middle East Forum on Quality and Safety in Healthcare

So, You Want to Publish Your QI Work?

*Dr. Robert Lloyd, Vice President
Institute for Healthcare Improvement*

Session WS1
Friday 22 March 2019
10:00 - 1130



As part of our extensive program and with CPD hours awarded based on actual time spent learning, credit hours are offered based on attendance per session, requiring delegates to attend **a minimum of 80%** of a session to qualify for the allocated CPD hours.

- **Less than 80%** attendance per session = **0 CPD hours**
- **80% or higher** attendance per session = **full allotted CPD hours**

Total CPD hours for the forum are awarded based on the sum of CPD hours earned from all individual sessions.

Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

Objectives for this Session

After this session, you will be able to:

- Write “*gooder*” than you did when you came into this room.
- Apply several writing tips to your daily work.
- Discuss the importance of structuring your writing (outlining and planning before you write).
- Explain options for publishing.
- Practice writing!



Let's start with a simple question: What is "writing?"

Is writing noun or a verb?

**Is writing a physical activity
(i.e., putting pen to paper)?**

An end product?

A creative activity?

**A process of capturing ideas
and thoughts?**



Formal Definitions of Writing

Sources: Cambridge English Dictionary, Oxford Dictionary, Collins English Dictionary and Merriam-Webster Dictionary.

- The act or process of one who writes.
- The physical act or art of forming visible letters, symbols or characters by hand with a writing instrument and a surface such as paper (i.e., handwriting).
- The act or practice of literary or musical composition.
- The product of something written: such as letters or characters that serve as visible signs of ideas, words, or symbols.
- The activity or skill of writing, the activity or occupation of composing text for publication.
- The expression of an individual's experiences, thoughts, passions and ideas.
- Writing is something that has been written or printed. ... You can refer to any piece of written work as writing, especially when you are considering the style of language used in it.



Why is good writing important?

A study from *CollegeBoard*, a panel established by the *National Commission on Writing* in the US, indicates that blue chip businesses are spending as much as **\$3.1 billion on remedial writing training** annually. Of this budget, \$2.9 billion was spent on current employees, not new hires.

3/31/16, Inc.com

**There is a clear Business Case for Good Writing
(Poor Writing Skills Are Costing Businesses Billions)**



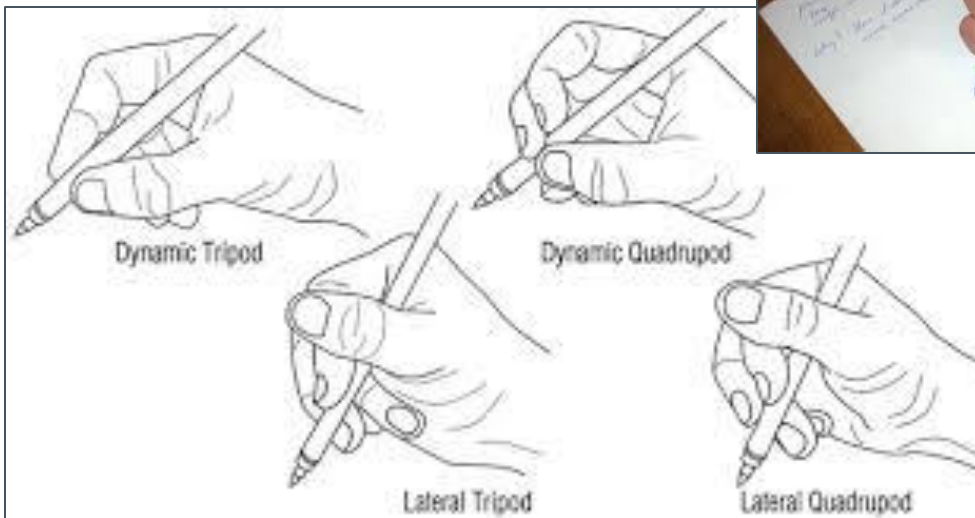
**Do you actually “write”
much any more?**

If so, how do you write?

**Do you write in cursive or
do you print?**

**How do you hold a writing
instrument?**

The way I write today,
I learned as a child
in school,
Where Mrs. Awer taught me
Cursive writing along with
the golden Rule.
For the younger generation
to “print” is the thing.
But to me, Cursive is more
flowing, adding a little
Zing.



Writing comes in many forms





The physical act of writing is quickly becoming a lost art but the art of creating and telling stories is not!

Dear Keyboarding,

You may be more popular than I, but your words are soon forgotten. When students use me to write, they remember information better and longer. I engage their brains in ways that you can only dream of. So don't write me off so easily (pun intended).

Still standing,
Cursive Writing



Sindhi (a) and Arabic (b) are examples of cursive writing

سائينم سدائين ڪرين مٿي سنڌ سڪار
دوست منادلدار عالم سڀ آباد ڪرين

(a)

يولد جميع الناس أحراراً متساوين في الكرامة والحقوق. وقد وهبوا
عقلاً وضميراً وعليهم أن يعامل بعضهم بعضاً بروح الإخاء.

(b)

This starts with an imaginary horizontal line called baseline. Both languages are cursive in nature in which letters are connected with each other in sub-words on the baseline. This is similar to Latin 'joined up' handwriting, which is also cursive. Arabic as well as Sindhi characters that can be joined are always joined in both handwritten and printed text.

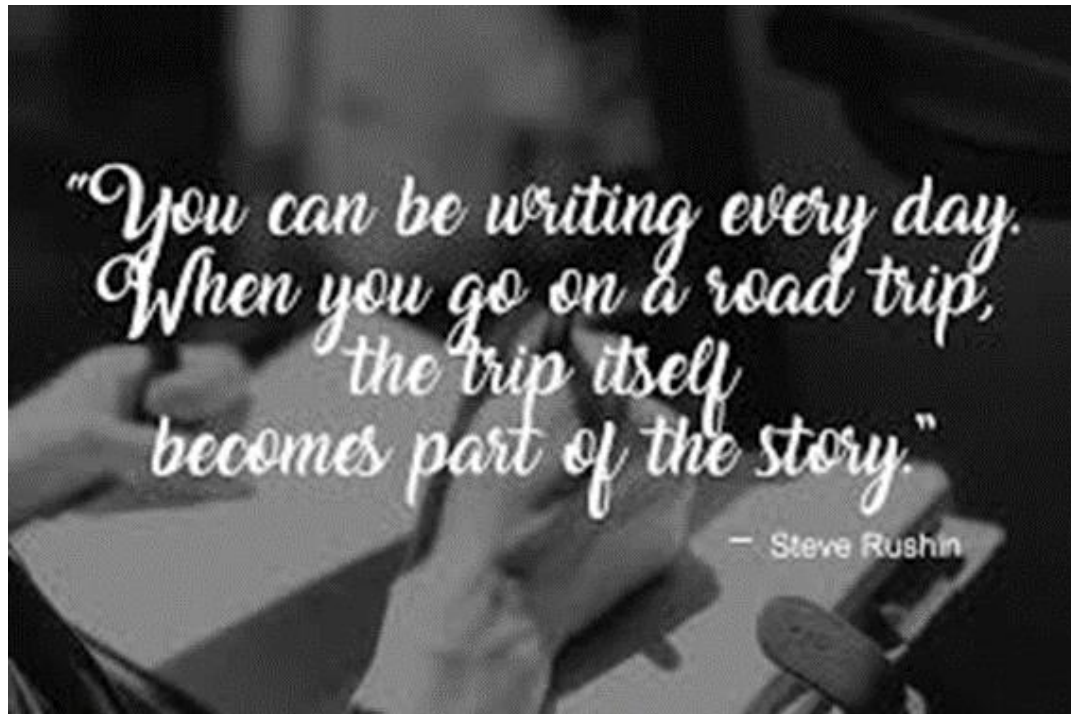


Writing should be fun!

How many of you write for fun?

For your family.?

Do you keep a diary?



Start with some personal writing

The 2000 Devon & Daddy Diary: The Joy of Having a Daughter!

Wednesday, January 19, 2000

I meant to start this file during the first year of your life but I am a little late!. I think I became so fascinated with watching you grow and experience life that I just let it all slip by. It has been wonderful. It is hard to put into words the absolute joy that you have brought to Mommy and me.

I have kept an ongoing diary to my daughter for 18 years. It is absolutely fun writing. I can say whatever is on my mind and in my heart. I cover current events, family history and my thoughts about having a daughter and a loving wife. You should try it.



So, let's write something!

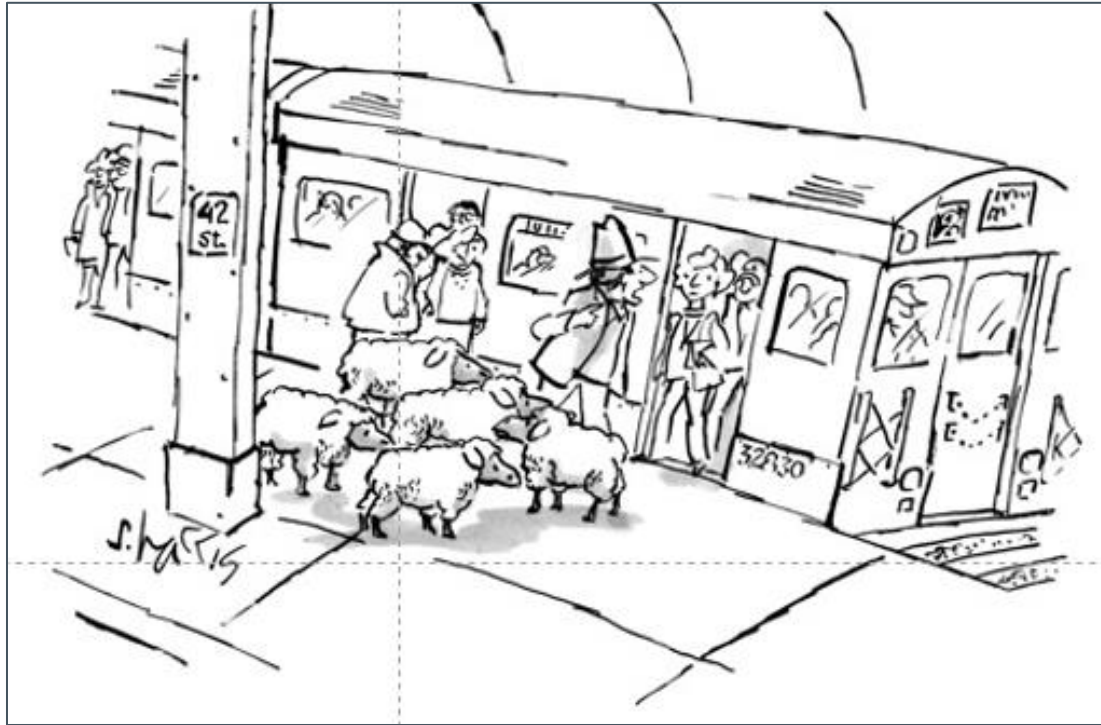


The New Yorker magazine caption contest.

Write a caption for this cartoon



Writing requires some creativity!



1. *“Come on!. Do you have any idea how long it took to get through the turnstiles?”* Mike Briddon, Cambridge Mass.
2. *“For your information, I have a client who has a lot of trouble sleeping.”* Richard Lee, Santa Monica, Calif.



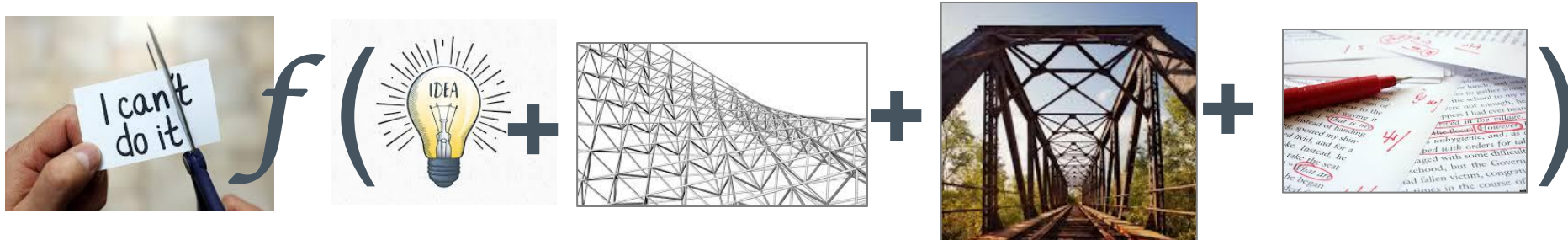
***But, many people, of all ages,
struggle with writing***



Why?



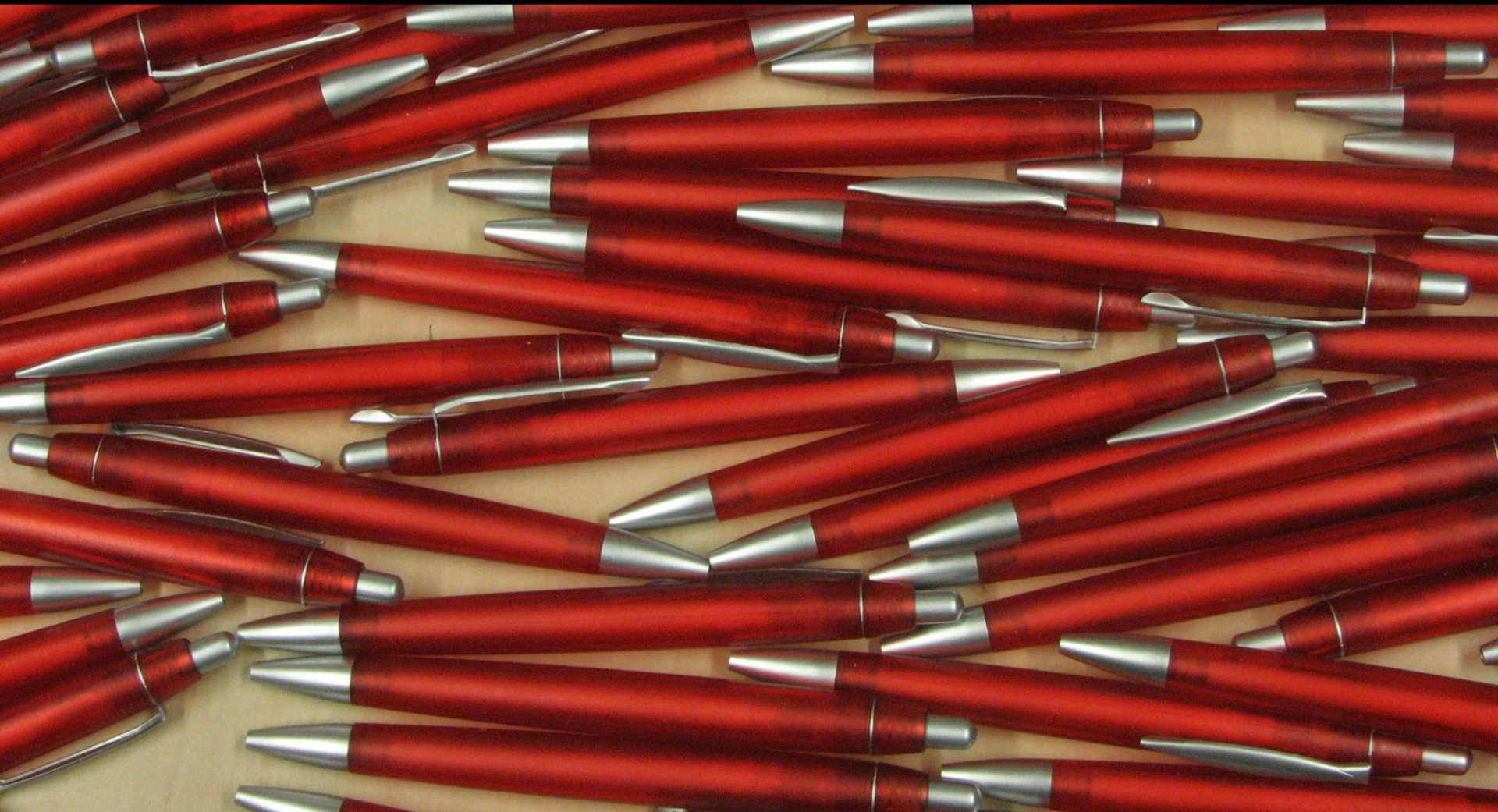
A Formula for Successful Writing



Successful Writing f (Ideas + Structure + Discipline + An Outside View)



Helpful Writing Tips



Seven Useful Writing Tips

1. Embrace the Rhythm of Writing
2. Write in the Active Voice, Not Passive
3. Be Efficient, Clear, and Concrete
4. Spend Time on Your Lead-In/Intro
5. Read! Read a lot of different styles!
6. Edit Your Self!
7. Create Structure



Tip #1

Embrace the Rhythm of Writing

- *If writing doesn't sound good to your ear, it's probably not good!*
- Three (sub) tips:
 1. **Read to yourself as you write something.**
 2. Keep it conversational.
 3. **Use short, punchy sentences.**
 - Instead of writing sentences that meander, slowly, through lots of different words and phrases, before settling finally, with a tiny mark of punctuation.
 - **Write crisp, clear sentences with a point.**



What is a “Container?”

How is this for clear writing?

“Container in relation to an investigational medicinal product, means the bottle, jar, beaker or other receptacle which contains the product or is to be used for the product or the product is or is to be contained in it, where any such receptacle is contained in another such receptacle, includes the former but does not include the latter receptacle.”

This is a very good example of bad writing!

*Department of Health definition of a container, in Medicines for Human Use
(Clinical Trials) Regulation Act*

Tip #2

Write in the Active Voice, Not Passive

- Hillary Clinton was endorsed by the Trucker's Union.
 - *The Trucker's Union endorsed Hillary Clinton.*
- The paper was submitted.
 - *By whom? Bob submitted the paper.*

**TIP: Don't back into sentences.
Think about the subject, verb,
object and modifiers!**



Tip #3

Be Efficient, Clear, and Concrete

- **Efficient:** You probably use a lot of extra words. Don't! Get to the point quickly.

- Avoid

"IF IT IS POSSIBLE TO
CUT A WORD OUT,
ALWAYS CUT IT OUT."



GEORGE ORWELL

- **Clear:** Clear

- Do

-

- **Concrete**

- Instead of “...implement a heterogenous measurement strategy ...”
- Use examples and stories in your writing.



Tip #4

Spend Time on Your Lead-In/Intro

*“I search for a lead. I guess I’ve always been a believer that if I’ve got two hours in which to do something, the best investment I can make is to **spend the first hour and 45 minutes of it getting a good lead**, because after that everything will come easily.”*

- N. Don Wycliff, *Chicago Tribune*

“If the first sentence doesn’t capture the reader’s attention, he or she isn’t going to read the second sentence ...”



Examples of Good Leads/Headlines ...

“When they heard the screams, no one suspected the rooster.” St. Petersburg Times, 2002

“Tom McNichol has fished a lot of strange things out of Boston's Charles River. Among the most unexpected are a portable toilet, a recliner, and a dead body.”
Christian Science Monitor, 2013

“Neuroscience Says Listening to This Song Reduces Anxiety by Up to 65 Percent” Good Company, 2018



You need to create ...



OF CURIOSITY...

**...WITH YOUR LEADS
OR TOPIC SENTENCES.**



Types of Lead-Ins

- **Summary:** “At 4 PM on Thursday, a fire erupted in the basement of the hospital ...”
- **Question:** “What does low-value health care look like?”
- **Contrast:** “We all have lots of priorities to balance in our daily work. That’s why we decided it was the right time to add another one.”
- **Direct Address:** “You need health insurance, right?”
- **Narrative:** “Dr. Jack Smith’s hands were drenched with sweat. He could hear his heart beat, as the review board stared at him. Was this the moment he’d lose his job?”
- **Direct Quotation:** “I don’t think that’s going to work.”



Tip #5

Read! Read a lot of different styles!



How many books are you reading right now?



Tip #6

Edit Your Self!

- **Edit yourself. You won't get it right the first time.**
 - ✓ You are your best critic!
 - ✓ Step away for an hour or, better yet, sleep on it.
- **Get someone you trust to give you honest feedback. Consider getting a writing buddy.**

- Some advice from Don Berwick:

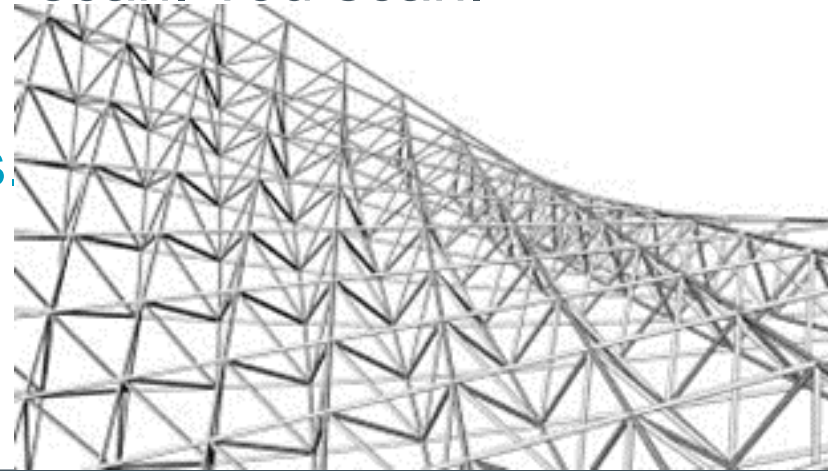
“I establish a full writing day. ... Then I just write it, beginning to end, in a single sitting. Then I re-visit it, and try to cut out maybe 30% of the words. Sometimes reading it out loud helps me to find waste. I try to implement the rules of “The Elements of Style” without compromise.”



Tip #7

Create Structure

1. Outline, outline, outline.
2. Find that compelling lead and then think chronologically.
3. Write short, punchy sentences to move the reader along.
4. Have one idea (a “nut graph”) you’re trying to get across.
5. Don’t be afraid of bullet points. I scan. You scan. We all scan.
6. Never leave the reader’s shoes.
7. Make clear, logical transitions.
8. End where you began.



We will return to this idea shortly



Now, let's talk about writing to be published

Bloggging

BLOG WRITING

Blogging Basics: 32 Useful Tips on How to Write Great Blog Content



Marvin Ford

COMMENTARY

A Matter of Time

Robert C. Lloyd, PhD
Harriet A. Goldmann, MD

Abstract The "time factor" in clinical research is a complex, multi-faceted issue. It is not simply a matter of how long it takes to conduct a study, but rather, it is a reflection of the underlying scientific and clinical challenges. This commentary explores the various dimensions of time in clinical research, from the time it takes to design a study to the time it takes to implement and evaluate a new intervention. It discusses the challenges of conducting clinical research in a world where the pace of scientific discovery is accelerating, and the need for innovative approaches to overcome these challenges.

Keywords: Clinical research, time, clinical trials, patient care, innovation, challenges, complexity, time pressure, time constraints, time management, time efficiency, time optimization, time allocation, time investment, time return, time value, time cost, time risk, time reward, time opportunity, time scarcity, time abundance, time flexibility, time rigidity, time adaptability, time inelasticity, time elasticity, time substitutability, time complementarity, time substitutability, time complementarity, time substitutability, time complementarity.

Introduction The drug caused adverse cardiovascular events when the 1.5 mg and 3 mg administration and the work to should have been informed. The structural nature of the study time factor was not only with the patient protocol and the time factor because the study failed to provide study an answer to the question: not the challenge. Furthermore, because many periods do not require researchers to offer patient health interventions after a trial has ended, these participants can wait a long time to realize any personal benefits. However, clinical trials that use new procedures or devices in treatment and technology, involving their testing, often by the time they are published.

Practical (Clinical) Time In contrast to the structured pace of clinical research, the patient's experience of time is frequently unstructured, but much closer to their personal and structural dimensions. The experience of illness is complex, learning to live with physical pain and dysfunction, adjusting the perspective on the role of an ill patient, and adapting to lifestyle changes, to changing emotional distress and a sense of loss.

Time Clinicians, who have a keen understanding of diagnostic and treatment processes, find the personal experience of illness difficult to predict or time. One physician, discussing the moment the female he kept was positive for cancer, shared himself the moment of his personal physician and sense of illness time into "reverse hole" for which he made backward decades into her past life, they walked forward to the present, they die "time" in each response between fluid, creative, and clinical. For radiologists, reading on health care professions, the personal perspective on time becomes even more dominant when they become sick. Many have the kind of understanding of the health care process of human biology that might mitigate their frustration when, for example, it takes "forever" to get a physician's appointment for prevention of colon polyps made the much debated question, based on a randomized clinical trial of colonoscopy, that an increased risk of thrombotic cardiovascular events did not become evident until patients had been taking the drug for at least 10 months. After an additional 3 years, a final analysis was published demonstrating that the perceived to be after stopping the drug. The controversy and litigation that ensued surrounding this trial did not exist in these structured, time-related findings, however, but in when the manuscript was published.

Navigating in the Turbulent Sea of Data: The Quality Measurement Journey

Robert C. Lloyd, PhD

Keywords: Quality measurement, Statistical process control, Improvement sequence

WHY ARE WE MEASURING?

In 1997, Solberg and colleagues¹ described what they called the 3 chance measurement. They wrote:

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E-mail address: rcl@ihi.org
Cite Published: 37 (2018) 101-122
doi:10.1093/imj/njy011
ISSN: 0959-9501

Abstract The "time factor" in clinical research is a complex, multi-faceted issue. It is not simply a matter of how long it takes to conduct a study, but rather, it is a reflection of the underlying scientific and clinical challenges. This commentary explores the various dimensions of time in clinical research, from the time it takes to design a study to the time it takes to implement and evaluate a new intervention. It discusses the challenges of conducting clinical research in a world where the pace of scientific discovery is accelerating, and the need for innovative approaches to overcome these challenges.

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WHY ARE WE MEASURING?

In 1992, Captain Eben Pierce fixed his friend Joshua Slocum (1844-1909) a ship that "wants some repairs." Slocum went to Fairhaven, Massachusetts, to find that the ship was a rickety, 63-foot, cypress schooner propped up in a field. It was broken as the ship. Slocum spent 13 months repairing this vessel and on April 24, 1895, at the age of 51 years, he cast off from Gloucester, Massachusetts, in the Spray. As he was about to set off on his voyage a group of people called out to him, "Where away and why alone?" Slocum covered 46,000 miles during his solo journey and landed back in Newport, Rhode Island, on June 27, 1898. His account of this journey, *Sailing Alone Around the World*, was published by the Century Co in 1900. On November 14, 1928, at the age of 65 years, he set out from Martha's Vineyard on another lone voyage to but was never heard from again.

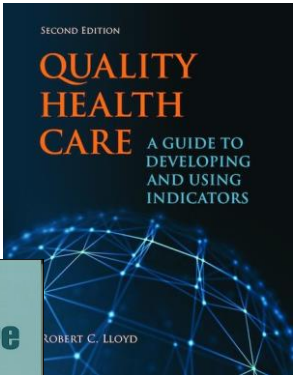
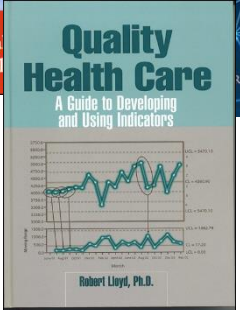
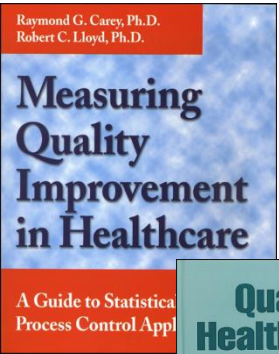
Like Joshua Slocum, we are also on a journey. We are not battling howling winds, or storms. But we are facing pressures and challenges of knowledge, experience, and our abilities. The primary question is: Is it a plan to guide your quality journey? Or are you adrift in a turbulent sea that your numbers meet the internal and external demands that are of your navigational skills? Or are you headed in the wrong direction as like Joshua Slocum, adrift alone in a turbulent sea? "Where away and why alone?"

Seven Propositions of the Science of Improvement: Exploring Foundations

Rocco J. Perla, EdD; Lloyd P. Provost, MS; Gareth J. Parry, PhD

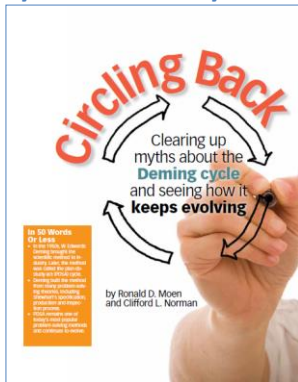
Context: The phrase "Science of Improvement" or "Improvement Science" is commonly used today by a range of people and professions to mean different things, creating confusion to those trying to learn about improvement. In this article, we briefly define health care are to be characterized under the canon of science, then health care professionals engaged in quality improvement work would benefit from a standard set of core principles, a standard lexicon, and an understanding of the evolution of the

Magazines



Books

History of the PDSA Cycle



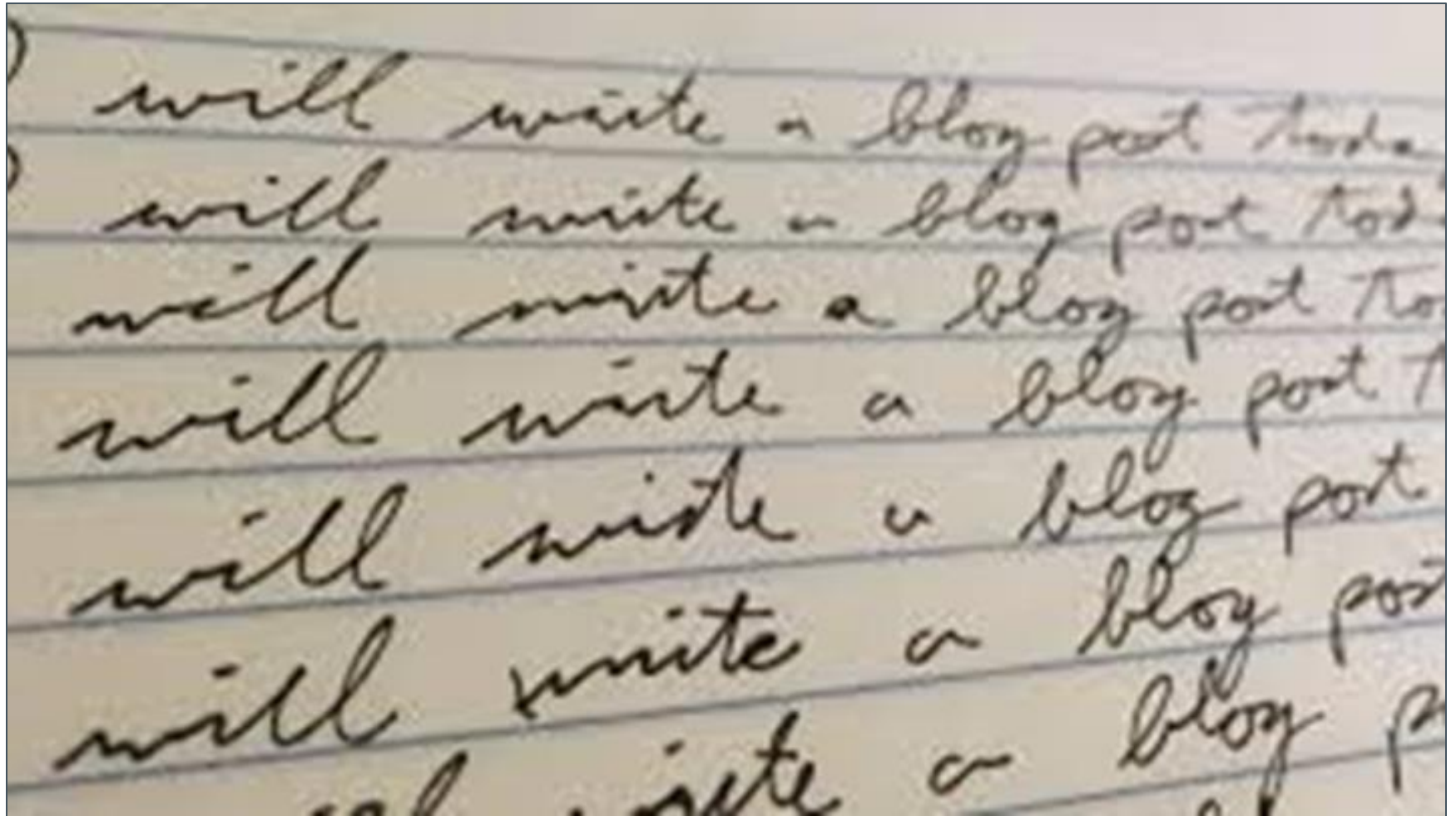
Quality Progress
November 2010
p. 22-28

Professional Journals

Academic articles



A good way to start publishing



Why write a blog to document your quality improvement journey?

What is your goal?

(Inspire action? Motivate? Inform?)

- Share lessons learned and accelerate spread.
- Demonstrate that a QI project or approach works.
- Encourage those most engaged.
- Inform leaders (and other key stakeholders) of progress.
- Impress (current or potential) funders.
- Garner public support.



What story does your audience need to hear?

- Make the case (a patient story)
- Build momentum (an improver story)
- Share early success (culture change, teamwork, communication, leadership, reliability, improvement capability)
- Disseminate results
- Offer a provocation to stimulate dialogue



What can blog posts do?

- Be more personal.
- Express an opinion.
- Share an experience.
- Describe what you care about.
- Start a movement (e.g., What Matters to You Day)



Writing with a Storytelling Framework

Write from the three perspectives and create a *Public Narrative*:

- Self
- Us
- Now

This is a storytelling framework originated by Marshall Ganz. He teaches at the Kennedy School of Government at Harvard University in the US. He is the community organizing expert who trained the volunteers for Barack Obama's original presidential campaign. If you watch almost any of President Obama's major speeches, he uses this storytelling framework.

**Think of this framework as a roadmap.
It will help to keep you on the right path.**

The Power of Stories: Public Narrative



Story of Self

- Start with a brief story about yourself.
- Sharing a personal perspective helps to engage your readers.
- No more than 1 or 2 paragraphs.



Story of Us

- Relate your story to the experiences of others.
- Describe common challenges.
- Make the story more universal.
- “Haven’t we all been there?”
- Consider using “we” and “us” more than “I” in this section.



Story of Now

- **Present improvement ideas, tips, or recommendations.**
- **Summarize the lessons you think can be most helpful to others.**

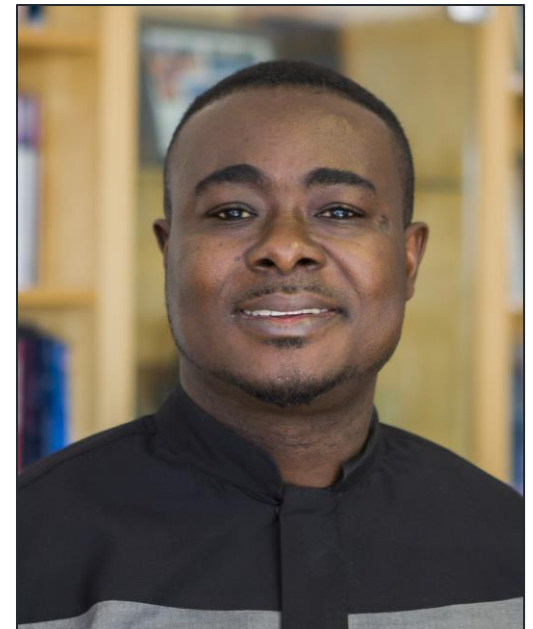


“As I prepared for my keynote address at the recent IHI Africa Forum, I thought about [how we need to distill improvement to its essentials] as I recalled my path into the world of QI. I remember that during my medical training in the Korle Bu Teaching Hospital in Ghana, I started practicing improvement even before I knew it was a science. A particular episode during my time working as a district medical practitioner is particularly striking.

One day, I diagnosed a child with severe malaria, admitted him to the ward, and articulated a very powerful management plan that I had learned during my training. After a few hours, I went to check on the child, and encountered for the first time what I later came to understand later — from my improvement science training — as a series of system failures.”

From [“Quality Improvement Lessons Without the Jargon”](#) by Sodzi Sodzi–Tettey

An IHI example



An IHI example



“Years ago, when I was an up and coming manager, I used to think that evidence was all I needed to get a leader’s attention. I assumed that if I could just show enough proof to support my way of thinking, I would convince a leader to agree to whatever I was proposing. Over time, I came to see that evidence is important, but insufficient.”

From “How to Speak So Leaders Will Listen” by Derek Feeley



Now it is your turn ...

Possible Titles:

- **Reducing Variation with Mass Customization**
- **Or, Standardizing through Mass Customization**
- **Or, Applying Mass Customization to Healthcare**

By Dr Robert Lloyd, Vice President/Senior Improvement Advisor, IHI

Ver 4 2/3/19 **Word Count 1576**

Over the years I have taken my family to a variety of manufacturing plants to learn about how things are made and assembled. I know what you are thinking, this guy really knows how to have fun! Well, contrary to what you may think, they have totally enjoyed these trips, especially ones to food processing plants like Hershey foods and Utz Pretzel and Potato Chip factories where you get plenty of free samples

This is one of the regular blogs I write for the IHI Website. Your challenge is to edit it and cut the word count from 1576 words to around 1000 which is roughly the limit for IHI blog publishing.



Possible Titles:

- Reducing Variation with Mass Customization
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Here's the final version that was published. How did you do in editing the initial draft?

What Health Care Can Learn from Making Motorcycles

By Robert Lloyd | Friday, February 8, 2019



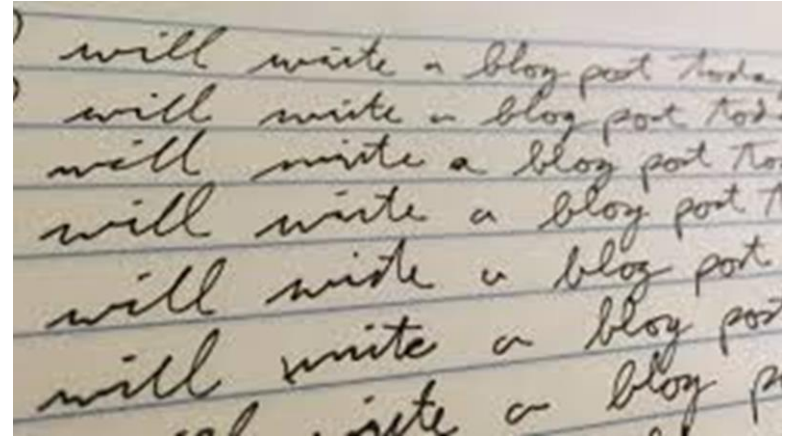
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The most memorable of all the sites has been the Harley-Davidson Motorcycle assembly plant in Lancaster, Pennsylvania, where you can get close to the assembly line and watch how the cycles are assembled. As we watched the cycle frames come down the line, I noticed a large bar code page hanging on each one. It specified the individual preferences of the person ordering the bike. Did they want it in purple, red, or blue? High handlebars or low? Fenders or no fenders?



A few final tips on writing a blog ...

- Open with a brief story.
- Aim for around 800-1000 words.
- Keep it practical.
- Use examples.
- Do not include footnotes. Instead, use hyperlinks, if needed.



Now, let's talk about a bigger challenge... writing to be published in these items

Magazines



COMMENTARY

A Matter of Time

Robert C. Lloyd, PhD
Howard A. Goldmann, MD

Abstract The time taken to develop a new drug is a complex process that is often misunderstood. This commentary discusses the challenges of drug development, including the time taken to understand the disease, the time taken to develop a drug, and the time taken to get the drug approved. It also discusses the importance of time in the development of a drug and the challenges of time in the development of a drug.

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Navigating in the Turbulent Sea of Data: The Quality Measurement Journey

Robert C. Lloyd, PhD

KEYWORDS

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- Statistical process control
- Improvement sequence

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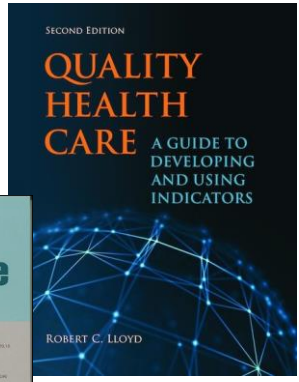
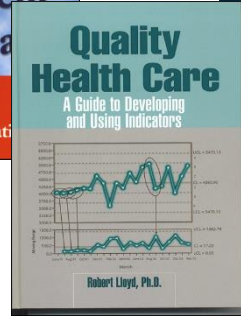
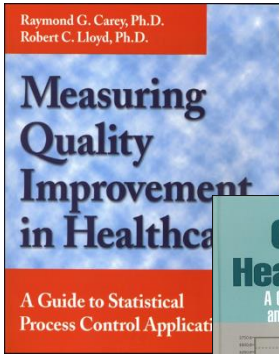
Institute for Healthcare Improvement, 200 University Road, 7th Floor, Cambridge, MA 02142, USA. E-mail address: rclloyd@ihi.org

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Seven Propositions of the Science of Improvement: Exploring Foundations

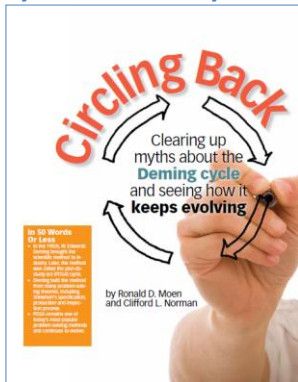
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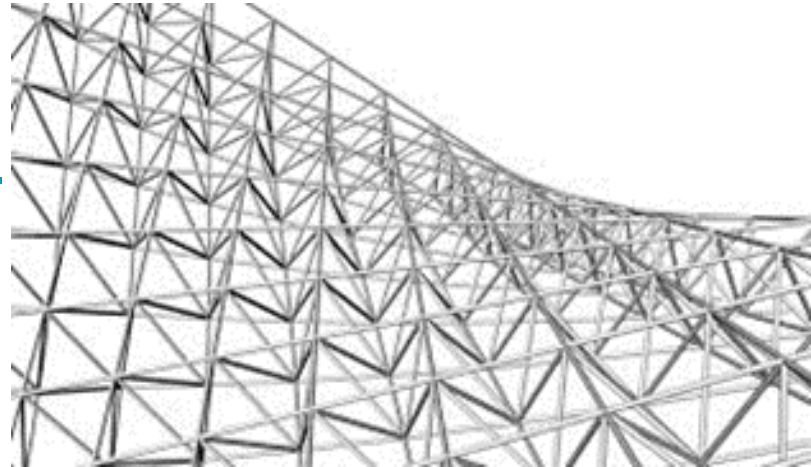
Professional Journals

Academic articles



Now Structure becomes even More Important!

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2. Find that compelling lead and then think chronologically.
3. Write short, punchy sentences to move the reader along.
4. Have one idea (a “nut graph”) you’re trying to get across.
5. Don’t be afraid of bullet points. I scan. You scan. We all scan.
6. Never leave the reader’s shoes.
7. Make clear, logical transitions.
8. End where you began.



IMRAD Outline

Title: (Including *WHAT, HOW, and WHERE*)

Introduction: *Why did you start?*

- Problem
- Prior research/work in this area
- Rationale: Why this intervention is expected to work
- Aim/objective of this project

Methods: *What did you do?*

- Context/Setting
- Intervention(s)
- Measures (and data collection plan)
- Data analysis
- Ethics

Results: *What did you find?*

- Modifications made to the intervention during the project
- Details of process measures and outcome measures
- Associations between interventions and outcomes
- Unintended consequences, data issues

Discussion: *What does it mean?*

- Key findings, related to Rationale and Aim (as stated in Introduction)
- Particular strengths of the project
- Interpretation (including comparison with others' results)
- Limitations
- Conclusions
- Remaining research questions & next steps

The IMRAD Outline to structure to a manuscript for journal publication

I = Introduction

M = Methods

R = Results

D = Discussion



Title

- Title should include WHAT, HOW, and WHERE

Introduction: *Why did you start?*

- Problem
- Prior research/work in this area
- Rationale: Why this idea or intervention is expected to work
- Aim and objectives of this project or research

Methods: *What did you do?*

- Context/Setting
- Intervention(s)
- Measures (and data collection plan)
- Data analysis (enumerative or analytic methods)
- Ethics

IMRD



Results: *What did you find?*

- Modifications made to the intervention during the project
- Details of process measures and outcome measures
- Associations between interventions and outcomes
- Unintended consequences, data issues

IMRD



Discussion: *What does it mean?*

- Key findings, related to Rationale and Aim (as stated in Introduction)
- Particular strengths of the project
- Interpretation (including comparison with others' results)
- Limitations
- Conclusions
- Remaining research questions and next steps



Use the SQUIRE Guidelines

(these will be posted after the session)

Supplement

Publication guidelines for quality improvement in health care: evolution of the SQUIRE project

F Davidoff,¹ P Batalden,² D Stevens,² G Ogrinc,² S Mooney for the SQUIRE development group

ABSTRACT

In 2005, draft guidelines were published for reporting studies of quality improvement interventions as the initial step in a consensus process for development of a more definitive version. This article contains the full revised version of the guidelines, which the authors refer to as SQUIRE (Standards for Quality Improvement Reporting Excellence). This paper also describes the consensus process, which included informal feedback from authors, editors and peer reviewers who used the guidelines; formal written commentaries; input from a group of publication guideline developers; ongoing review of the literature on the epistemology of improvement and methods for evaluating complex social programmes; a two-day meeting of stakeholders for critical discussion and debate of the guidelines' content and wording; and commentary on sequential versions of the guidelines from an expert consultant group. Finally, the authors consider the major differences between SQUIRE and the initial draft guidelines; limitations of and unresolved questions about SQUIRE; ancillary supporting documents and alternative versions that are under development; and plans for dissemination, testing and further development of SQUIRE.

published original reports of quality improvement projects provided full information on the individual guideline items we had identified,¹ individual guideline items were not addressed in 4–44% of those reports (Mooney S, Ogrinc unpublished).

Our initial draft guidelines were, of course, tested against the quality of improvement literature, since that draft was largely on the authors' personal experience improvement work, and was intended only initial step towards an established standard. Our initial draft guidelines were, of course, tested against the quality of improvement literature, since that draft was largely on the authors' personal experience improvement work, and was intended only initial step towards an established standard. Our initial draft guidelines were, of course, tested against the quality of improvement literature, since that draft was largely on the authors' personal experience improvement work, and was intended only initial step towards an established standard.

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Members of the SQUIRE development group who provided input during the development process and endorsed the SQUIRE guidelines are listed at the end of this article.

Accepted 1 August 2008

Standards for Quality Improvement Reporting Excellence)



SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process

Greg Ogrinc,^{1,2,3} Louise Davies,^{1,2,3} Daisy Goodman,^{1,2} Paul Batalden,^{2,3} Frank Davidoff,³ David Stevens^{3,4}

ABSTRACT

Since the publication of Standards for Quality Improvement Reporting Excellence (SQUIRE 1.0) guidelines in 2008, the science of the field has advanced considerably. In this manuscript, we describe the development of SQUIRE 2.0 and its key components. We undertook the revision between 2012 and 2015 using (1)

semistructured interviews and focus groups to evaluate SQUIRE 1.0 plus feedback from an international steering group, (2) two face-to-face consensus meetings to develop interim drafts and (3) pilot testing with authors and a public comment period. SQUIRE 2.0 emphasises the reporting of three key components of systematic efforts to improve the quality, value and safety of healthcare: the use of formal and informal theory in planning, implementing and evaluating improvement work; the context in which the work is done and the study of the intervention(s). SQUIRE 2.0 is intended for reporting the range of methods used to improve healthcare, recognising that they can be complex and multidimensional. It provides common ground to share these discoveries in the scholarly literature (<http://www.squire-statement.org>).

for numbered affiliations see end of article.

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This paper is being co-published in: *American Journal of Critical Care*, *American Journal of Medical Quality*, *Canadian Journal of Diabetes*, *Journal of Continuing Education in Nursing*, *Journal of American College of Surgeons*, *Journal of Surgical Research*, *Joint Commission Journal on Quality and Patient Safety*, *Journal of Nursing Care Quality*, *The Pennsylvania Journal of Health Care*, *Journal of Health Care Management*, *Journal of Medical Education*, and *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*.

Received 19 May 2015
Revised 11 July 2015
Accepted 17 July 2015

we will refer to as SQUIRE 1.0. The guidelines were developed in an effort to reduce uncertainty about the information deemed to be important in scholarly reports of healthcare improvement and to increase the completeness, precision and transparency of those reports.

In the intervening years, the reach of systematic efforts to improve the quality, safety and value of healthcare has grown. Health professionals' education worldwide now includes improvement as a standard competency.^{7–11} The science of the field also continues to advance through guidance on applying formal and informal theory in the development and interpretation of improvement programmes;¹² stronger ways to identify, assess and describe context;^{13–16} recommendations for clearer, more complete descriptions of interventions¹⁷ and development of initial guidance on how to study an intervention.¹⁸

In this setting, we have undertaken a revision of SQUIRE 1.0. When we began, it rapidly became apparent that a



Now it is your turn, again...

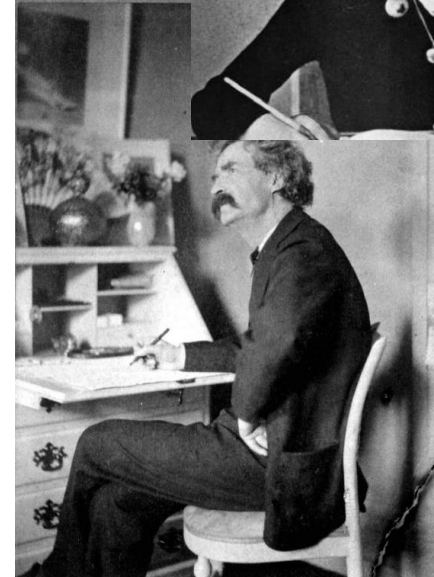
- Now that you are familiar with a few tips and ideas to improve your writing skills, take the next 15 minutes and write about a **time when your work in healthcare has influenced your personal life.**
- Use the **Six Useful Writing Tips** and the **Storytelling Framework** to guide your writing.
- **Don't Agonize! Let it flow!**

Now, exchange your story with the person next to you and share your thoughts.



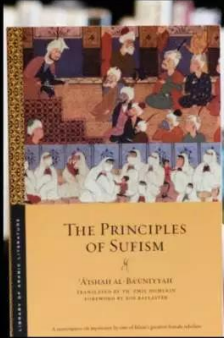
Thanks for joining me today.

Write on!



Major Writers

- Bukhari
- Tabari
- Masudi
- Ibn Khaldun*
- Ibn al-Athir
- Ibn Batuta



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Robert Lloyd, PhD., Vice President, Institute for Healthcare Improvement provides leadership in the areas of performance improvement strategies, statistical process control methods, development of strategic dashboards and capacity and capability building for quality improvement. He also serves as faculty for the IHI Improvement Advisor (IA) Professional Development programme and various IHI initiatives and demonstration projects in the US, Canada, the UK, Sweden, Denmark, Norway, Africa, the Middle East, Malaysia, Australia and New Zealand.

Dr. Lloyd is an internationally recognized speaker on quality improvement concepts, methods and tools. He also advises senior leadership teams on how to create the structures and processes that will make quality thinking part of daily work. He is the author of two leading books on measuring quality improvement in healthcare settings and numerous articles and chapters on quality measurement and improvement. He lives in Chicago, Illinois with his wife Gwenn, daughter Devon and their ever entertaining dog Cricket.

