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How to Publish a Quality Improvement Project



made a change in my hospital's policy and procedures. Can I publish the results of my quality improvement project?

The simple answer is, yes. But let's look at what is meant by quality improvement (QI). QI is a systematic approach employed to improve the quality of health care. It is a method where individuals work together to improve systems and processes.¹ The end result is improved patient outcomes. QI projects generally look at local or organizational problems or issues, but the results can be generalized to enhance understanding about new practices or systems of care² and therefore publication of these data is critical to achieving enhanced patient care globally. To ease the transition from project to published report, QI projects must be set up appropriately and adequately report findings so that readers can clearly understand the problem that was addressed, the interventions applied, and the results obtained.²

The *Journal of the Association for Vascular Access* information for authors states:

Clinical articles can also include quality improvement projects that describe a project that was carried out at the author's place of employment. The results of QI projects are not considered research manuscripts. However, QI projects should include evidence of Institutional Review Board review if human participants were involved, and should adhere to accepted scientific standards for data collection, including evidence of measurement reliability and validity.

One of the most widely used frameworks to guide the process of QI projects is Plan-Do-Study-Act. The Institute for Healthcare Improvement recommends using the Plan-Do-Study-Act cycles in conjunction with the Model for Improvement developed by Langley et al.³ The Model for Improvement consists of 3 questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

After these questions are explored it is suggested that the Plan-Do-Study-Act cycle be used to test your ideas (Figure). A useful model for presenting QI data is the Standards for Quality Improvement Reporting Excellence (SQUIRE).⁴ SQUIRE is a checklist that assists authors in preparing manuscripts for publication (Table). SQUIRE helps authors look at why the project was started, what was found, and how to report it.⁵ Although this method is useful for general research it includes some helpful additions specific to QI such as the local problem, what the intended improvement was, and who participated in the change, along with other specific information about the setting. All of these aspects provide context for the intervention.²

I hope that as a result of this summary you will view your projects as not only useful to your local institution, but also as having potential to affect outcomes globally and consider submitting your methods and results for publication.

Plan: State the aim and predict results, establish the baseline data, and outline how data will be collected

Do: Execute the plan and collect the data, paying close attention to problems or key observations.

Study: Analyze the data, considering what was learned and comparing with predictions.

Act: Take action and think about the changes that may need to be made.

Figure. The Plan-Do-Study-Act cycle.

Table. Standards for Quality Improvement Reporting Excellence⁴

Section	Guideline
Title and abstract	Did you provide clear and accurate information for finding, indexing, and scanning your article?
Title	a. Indicates the article concerns the improvement of quality b. States the specific aim of the intervention c. Specifies the study method used
Introduction: Why did you start?	Background Knowledge Provides a brief, nonselective summary of current knowledge of the care problem being addressed and characteristics of organizations in which it occurs Local problem Describes the nature and severity of the specific local problem or system dysfunction that was addressed Intended improvement a. Describes the specific aim (changes/improvements in care processes and patient outcomes) of the proposed intervention b. Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes, and why now (timing) Study question States precisely the primary improvement-related question and any secondary questions that the study of the intervention was designed to answer
Methods What did you do?	Ethical issues Describes ethical aspects of implementing and studying the improvement, such as privacy concerns, protection of participants' physical well-being, and potential author conflicts of interest, and how ethical concerns were addressed Setting Specifies how elements of the environment considered most likely to influence change/improvement in the involved site or sites were identified and characterized Planning the intervention a. Describes the intervention and its component parts in sufficient detail that others could reproduce it b. Indicates main factors that contributed to choice of the specific intervention (eg, analysis of causes of dysfunction and matching relevant improvement experience of others with the local situation) c. Outlines initial plans for how the intervention was to be implemented; for example, what was to be done (initial steps, functions to be accomplished by those steps, and how tests of change would be used to modify intervention) and by whom (intended roles, qualifications, and training of staff) Planning the study of the intervention a. Outlines plans for assessing how well the intervention was implemented (dose or intensity of exposure) b. Describes mechanisms by which intervention components were expected to cause changes, and plans for testing whether those mechanisms were effective c. Identifies the study design (eg, observational, quasiexperimental, experimental) chosen for measuring impact of the intervention on primary and secondary outcomes, if applicable
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