

**Research and reporting methodology****Revised Standards for Quality Improvement Reporting Excellence (SQIRE 2.0)**  
publication guidelines**Notes to authors**

- ▶ The SQIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare.
- ▶ The SQIRE guidelines are intended for reports that describe system level work to improve the quality, safety and value of healthcare, and used methods to establish that observed outcomes were due to the intervention(s).
- ▶ A range of approaches exists for improving healthcare. SQIRE may be adapted for reporting any of these.
- ▶ Authors should consider every SQIRE item, but it may be inappropriate or unnecessary to include every SQIRE element in a particular manuscript.
- ▶ The SQIRE glossary contains definitions of many of the key words in SQIRE.
- ▶ The explanation and elaboration document provides specific examples of well-written SQIRE items and an in-depth explanation of each item.
- ▶ Please cite SQIRE when it is used to write a manuscript.

<b>Text section and item name</b>	<b>Page/line no(s). info is located</b>
<b>Title and abstract</b>	
<b>1. Title</b>	Page One
Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centredness, timeliness, cost, efficiency and equity of healthcare).	
<b>2. Abstract</b>	Page Two
a. Provide adequate information to aid in searching and indexing.	Page One
b. Summarise all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions.	Page Two
<b>Introduction: Why did you start?</b>	
<b>3. Problem description</b> - Nature and significance of the local problem.	Page Five
<b>4. Available knowledge</b> - Summary of what is currently known about the problem, including relevant previous studies.	Page Five
<b>5. Rationale</b> - Informal or formal frameworks, models, concepts and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s) and reasons why the intervention(s) was expected to work	Page Five
<b>6. Specific aims</b> - Purpose of the project and of this report.	Page Five and Six
<b>Methods: What did you do?</b>	
<b>7. Context</b> - Contextual elements considered important at the outset of introducing the intervention(s).	Page Six and Seven

<b>8. Intervention(s)</b>	
a. Description of the intervention(s) in sufficient detail that others could reproduce it.	Page six-ten
b. Specifics of the team involved in the work.	Page six
<b>9. Study of the intervention(s)</b>	
a. Approach chosen for assessing the impact of the intervention(s).	Page seven- nine
b. Approach used to establish whether the observed outcomes were due to the intervention(s).	Page Seven - nine
<b>10. Measures</b>	
a. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions and their validity and reliability.	Page seven-ten
b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency and cost.	Page seven-ten
c. Methods employed for assessing completeness and accuracy of data.	Page seven-ten
<b>11. Analysis</b>	
a. Qualitative and quantitative methods used to draw inferences from the data.	Page ten- eleven
b. Methods for understanding variation within the data, including the effects of time as a variable.	Page ten- eleven
<b>12. Ethical considerations</b> - Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest.	Page seven
<b>Results: What did you find?</b>	
<b>13. Results</b>	
a. Initial steps of the intervention(s) and their evolution over time (eg, time-line diagram, flow chart or table), including modifications made to the intervention during the project.	Page eleven- fourteen
b. Details of the process measures and outcomes.	Page eleven- fourteen
c. Contextual elements that interacted with the intervention(s).	Page eleven- fourteen
d. Observed associations between outcomes, interventions and relevant contextual elements.	Page eleven- fourteen
e. Unintended consequences such as unexpected benefits, problems, failures or costs associated with the intervention(s).	Page eleven- fourteen
f. Details about missing data.	n/a
<b>Discussion: What does it mean?</b>	
<b>14. Summary</b>	
a. Key findings, including relevance to the rationale and specific aims.	Page fourteen- sixteen
b. Particular strengths of the project.	Page fourteen- sixteen
<b>15. Interpretation</b>	
a. Nature of the association between the intervention(s) and the outcomes.	Page fourteen- sixteen
b. Comparison of results with findings from other publications.	Page fourteen-

	sixteen
c. Impact of the project on people and systems.	Page fourteen-sixteen
d. Reasons for any differences between observed and anticipated outcomes, including the influence of context.	Page fourteen-sixteen
e. Costs and strategic trade-offs, including opportunity costs.	n/a
<b>16. Limitations</b>	
a. Limits to the generalisability of the work.	Page sixteen
b. Factors that might have limited internal validity such as confounding, bias or imprecision in the design, methods, measurement or analysis.	Page sixteen
c. Efforts made to minimise and adjust for limitations.	Page sixteen
<b>Conclusions</b>	
a. Usefulness of the work.	Page sixteen
b. Sustainability.	Page fourteen
c. Potential for spread to other contexts.	Page fourteen
d. Implications for practice and for further study in the field.	Page fourteen-sixteen
e. Suggested next steps.	Page fifteen
<b>Other information</b>	
<b>18. Funding</b> - Sources of funding that supported this work. Role, if any, of the funding organisation in the design, implementation, interpretation and reporting.	Page seventeen

Ogrinc G, et al. *BMJ Qual Saf* 2015;0:1–7. doi:10.1136/bmjqs-2015-004411

Downloaded from <http://qualitysafety.bmj.com/> on January 2, 2017