Rubric for grading Quality Improvement Projects Modified from Standards for QI Reporting Excellence (SQUIRE2.0)

	Section or Item Description	
Notes to Reviewers	• The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare • The SQUIRE 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. SQUIRE may be adapted for reporting any of these. • Authors should consider every SQUIRE item, but it may be inappropriate or unnecessary to include every SQUIRE element in a particular manuscript. • The SQUIRE Glossary contains definitions of many of the key words in SQUIRE. • The Explanation and Elaboration document provides specific examples of well-written SQUIRE items, and an in-depth explanation of each item. • Please cite SQUIRE when it is used to write a manuscript.	
Title and Abstract		**Does the manuscript have this component? (Yes/No)**
1. Title	Does the title indicate that the manuscript concerns an initiative to	

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	improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare) ?	
2. Abstract	a. Does the abstract provide adequate information to aid in searching and indexing? b. Does the abstract summarize 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 ?	
Introduction	*Why did you start?*	
3. Problem Description	What is the nature and significance of the local problem ?	
4. Available knowledge	Is there a summary of what is currently known about the problem, including relevant previous studies?	
5. Rationale	Does the manuscript have nformal 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 ?	
6. Specific aims	Is the purpose of the project and of this report clearly stated?	
Methods	*What did you do?*	
7. Context	Are contextual elements considered important at the outset of introducing the intervention(s) ?	
8. Intervention(s)	Is there a description of the intervention(s) in sufficient detail that others could reproduce it b. Are the specifics of the team involved in the work described?	

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9. Study of the Intervention(s)	a. Is the approach chosen for assessing the impact of the intervention(s) described? b. Is the pproach used to establish whether the observed outcomes were due to the intervention(s) described?	
10. Measures	a. Are the measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability described? b. Dare the description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost described? c. Are the methods employed for assessing completeness and accuracy of data described?	
11. Analysis	a. Were qualitative and quantitative methods used to draw inferences from the data? b. Are methods for understanding variation within the data, including the effects of time as a variable considered?	
12. Ethical Considerations	Are the 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	
Results	*What did you find?*	
13. Results	a. Are the initial steps of the intervention(s) and their evolution over time (*e.g.*, time-line diagram, flow chart, or table), including	

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	modifications made to the intervention during the project described? b. Are details of the process measures and outcome described? c.Are the contextual elements that interacted with the intervention(s) described? d. Are the observed associations between outcomes, interventions, and relevant contextual elements described? e. Are the unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s) described? f. If applicable are the details about missing data described?	
Discussion	*What does it mean?*	
17. Conclusions	Are the following included in the discussion/conclusion section? a. Usefulness of the work b. Sustainability c. Potential for spread to other contexts d. Implications for practice and for further study in the field e. Suggested next steps	
Reviewers Comments:		

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For your information:

Table 2. Glossary of key terms used in SQUIRE 2.0. This Glossary provides the intended meaning of selected words and phrases as they are used in the SQUIRE 2.0 Guidelines. They may, and often do, have different meanings in other disciplines, situations, and settings.

Assumptions
Reasons for choosing the activities and tools used to bring about changes in healthcare services at the system level.

Context
Physical and sociocultural makeup of the local environment (for example, external environmental factors, organizational dynamics, collaboration, resources, leadership, and the like), and the interpretation of these factors ("sense-making") by the healthcare delivery professionals, patients, and caregivers that can affect the effectiveness and generalizability of intervention(s).

Ethical aspects
The value of system-level initiatives relative to their potential for harm, burden, and cost to the stakeholders. Potential harms particularly associated with efforts to improve the quality, safety, and value of healthcare services include opportunity costs, invasion of privacy, and staff distress resulting from disclosure of poor performance.

Generalizability
The likelihood that the intervention(s) in a particular report would produce similar results in other settings, situations, or environments (also referred to as external validity).

Healthcare improvement

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Any systematic effort intended to raise the quality, safety, and value of healthcare services, usually done at the system level. We encourage the use of this phrase rather than "quality improvement," which often refers to more narrowly defined approaches.

Inferences
The meaning of findings or data, as interpreted by the stakeholders in healthcare services – improvers, healthcare delivery professionals, and/or patients and families

Initiative
A broad term that can refer to organization-wide programs, narrowly focused projects, or the details of specific interventions (for example, planning, execution, and assessment)

Internal validity
Demonstrable, credible evidence for efficacy (meaningful impact or change) resulting from introduction of a specific intervention into a particular healthcare system.

Intervention(s)
The specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better. Complete description of an intervention includes its inputs, internal activities, and outputs (in the form of a logic model, for example), and the mechanism(s) by which these components are expected to produce changes in a system's performance.

Opportunity costs
Loss of the ability to perform other tasks or meet other responsibilities resulting from the diversion of resources needed to introduce, test, or sustain a particular improvement initiative

Problem
Meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patients, staff, or the system as a whole, or that prevents care from reaching its full potential

Process
The routines and other activities through which healthcare services are delivered

Rationale
Explanation of why particular intervention(s) were chosen and why it was expected to work, be sustainable, and be replicable elsewhere.

Systems
The interrelated structures, people, processes, and activities that together create healthcare services for and with individual patients and populations. For example, systems exist from the personal self-care system of a patient, to the individual provider-patient dyad system, to the microsystem, to the macrosystem, and all the way to the market/social/insurance system. These levels are nested within each other.

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Theory or theories

Any "reason-giving" account that asserts causal relationships between variables (causal theory) or that makes sense of an otherwise obscure process or situation (explanatory theory). Theories come in many forms, and serve different purposes in the phases of improvement work. It is important to be explicit and well-founded about any informal and formal theory (or theories) that are used.