

**Glossary to accompany short version of SQUIRE Guidelines
(Standards for Quality Improvement Reporting Excellence)
Version 3.4.1 – 10/4/08**

GLOSSARY:

Technical and relatively unfamiliar words and phrases in the short version of SQUIRE are included here, grouped under the guideline items in which they appear; items in the short version whose language is self-explanatory have been omitted

<i>Text section: Item number and name</i>	<i>Description or definition of term</i>
<u>Title and abstract</u>	<i>Did you provide clear and accurate information for finding, indexing, and scanning your paper?</i>
1. Title	<u>Quality</u> : broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of care <u>Study method</u> : the specific, structured approach for collecting and analyzing data, for example: “A qualitative study,” or “A randomized cluster trial”
<u>Introduction</u>	<i>Why did you start?</i>
3. Background knowledge	<u>Care problem</u> : the characteristics of both the failure or dysfunction itself, and the organizations or settings in which it occurs
4. Local problem	<u>Nature and severity</u> : the dimensions or scale of the problem/opportunity, or the ways the problem was locally recognizable
5. Intended improvement	<u>Specific aim</u> : the changes/improvements in both processes of care and patient (clinical) outcomes expected from the planned intervention <u>Who</u> : the champions, leaders, supporters, and owners of the intervention process <u>What</u> : the events and observations that triggered the decision to intervene <u>Why now</u> : the factors that determined the timing of the decision to intervene
6. Study question	<u>Primary question</u> : the central focus of the evaluation, usually <i>did</i> the intervention work, and if so, for whom, by what mechanism, and under what circumstances? <u>Secondary question</u> : related and interesting but more peripheral foci of the Evaluation
<u>Methods</u>	<i>What did you do?</i>
7. Ethical issues	<u>Ethical aspects</u> : these generally include privacy concerns and protection of participants’ physical well-being; potential author conflicts of interest; the question whether a specific project is improvement or research; and the question of need for independent, prior ethics review
8. Setting	<u>Local care environment</u> : local factors – for example, physical resources, staffing, organizational mission, structure and culture, finances, leadership, history of change – that influence both the way improvements are implemented and their degree of effectiveness; these are the main determinants of generalizability (external validity)
9. Planning the intervention	<u>Choice of the intervention</u> : contributing factors could include analysis of specific nature and causes of the dysfunction; suitability of the intervention for the specific setting; strength of published evidence for effectiveness; feasibility; “trialability;” visibility <u>What was to be done</u> : specific initial steps that were planned for putting the changes into place; what those steps were designed to accomplish; how results from tests of change would be used to modify intervention <u>By whom</u> : intended roles, qualifications, and training of staff involved in implementing the improvement

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10. Planning the study of the intervention	<p><u>How well</u>: the dose or intensity of exposure to the intervention</p> <p><u>Mechanisms</u>: drivers of performance change, for example, reminders (clinical guidelines, order sets); incentives (financial, public recognition); social conformity (public disclosure of performance); power (control of information, resources); convenience (simplification), and the like</p> <p><u>Testing mechanisms</u>: approaches for gathering evidence on why an intervention worked – for example, case studies and narrative techniques to determine the populations and settings in which the intervention does or doesn't work); studying the effects of leaving out a specific intervention component; dose effects</p> <p><u>Study design</u>: the structure of the specific method(s) chosen for gathering evidence on whether an intervention was effective</p> <p><u>Essential aspects of study design</u>: some elements of study design are more critical than others; guidance on the essential aspects of various designs is available in publication guidelines (see www.equator-network.org)</p> <p><u>Internal validity</u>: the degree to which study results can be attributed to the variable of interest, by minimizing bias, confounding, or other sources of distortion in the data</p> <p><u>External validity</u>: the extent to which the study results provide a correct and proper basis for generalization to a larger target population</p>
11. Methods of evaluation	<p><u>Instruments and procedures</u>: includes qualitative, quantitative, or mixed methods for collecting data</p> <p><u>Validation of instruments</u>: determination of accuracy (reflection of true values), precision (repeatability)</p> <p><u>Assuring data quality and adequacy</u>: methods might include blinding of observers and participants; repeating measurements and data extraction; training in data collection; collection of sufficient baseline measurements</p>
12. Analysis	<p><u>Analytic methods</u>: Ways of detecting presence and size of effects, degree of uncertainty in assessment</p> <p><u>Power</u>: the ability of the study to detect changes in process and outcome that actually result from the intervention (sensitivity), largely a function of study size, and measurement precision</p> <p><u>Time as a variable</u>: techniques for recording, analyzing, and presenting these effects might include time series and statistical process control</p>
Results	<i>What did you find?</i>
13. Outcomes	<p>a) Nature of setting and improvement intervention</p> <p><u>Elements of the setting(s)</u>: description of the relevant local context factors actually found</p> <p><u>Structures and patterns of care</u>: initial organization (staffing, leadership), care processes and procedures</p> <p><u>Actual course of the intervention</u>: the sequence of steps, events, or phases involved in implementing the intervention, and the type and number of participants at key points; a time-line diagram, time-ordered table, or flow chart can be helpful in presenting this information</p> <p><u>Important lessons</u>: how and why the initial plan changed over time, particularly what was learned through internal feedback from tests of change (reflexiveness)</p> <p>b) Changes in processes of care and patient outcomes associated with the intervention</p> <p><u>Processes of care</u>: new sequences and patterns of care, organizational structures, staffing patterns, clinical tools resulting from the intervention; performance measures for these new processes might include reliability/dependability, failure rate, timeliness, resource cost, re-work</p>

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	<p>requirements</p> <p><u>Patient outcomes</u>: these might include morbidity, mortality, function, patient/staff satisfaction, service utilization, cost, care disparities</p>
<u>Discussion</u>	<i>What do the findings mean?</i>
15. Relation to other evidence	<u>Findings of others</u> : implies the need to draw on broad review of the literature; use of a summary table may be helpful in building on existing evidence
16. Limitations	<p><u>Confounding</u>: misinterpretation of the effects of one factor by confusing it with the effects of another</p> <p><u>Bias</u>: psychological factors (for example, preconceptions, conflicts of interest) that impair impartial interpretations; technical factors (for example, improper sampling) that skew quantitative results from their true value</p> <p><u>Imprecision</u>: mechanical and technical inaccuracies in definition, collection, or analysis of data</p>