

Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0)
September 15, 2015

Text Section and Item Name	Section or Item Description
Notes to authors	<ul style="list-style-type: none"> • The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare • The SQUIRE guidelines are intended for reports that describe <u>system</u> level work to improve the quality, safety, and value of healthcare, and used methods to establish that observed outcomes were due to the <u>intervention(s)</u>. • 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	
Title page 1. Title	Indicate that the manuscript concerns an <u>initiative</u> to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)
Abstract 2. Abstract	<ol style="list-style-type: none"> a. Provide adequate information to aid in searching and indexing b. 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 <u>problem</u>, methods, interventions, results, conclusions
Introduction	
Page 3 3. <u>Problem Description</u>	<i>Why did you start?</i> Nature and significance of the local <u>problem</u>
Page 3 4. Available knowledge	Summary of what is currently known about the <u>problem</u> , including relevant previous studies

Page 3	5. <u>Rationale</u>	Informal or formal frameworks, models, concepts, and/or <u>theories</u> used to explain the <u>problem</u> , any reasons or <u>assumptions</u> that were used to develop the <u>intervention(s)</u> , and reasons why the <u>intervention(s)</u> was expected to work
Page 3	6. Specific aims	Purpose of the project and of this report
	Methods	<i>What did you do?</i>
Page 4-6	7. <u>Context</u>	Contextual elements considered important at the outset of introducing the <u>intervention(s)</u>
Page 4-6	8. <u>Intervention(s)</u>	a. Description of the <u>intervention(s)</u> in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
Page 6-7	9. Study of the Intervention(s)	a. Approach chosen for assessing the impact of the <u>intervention(s)</u> b. Approach used to establish whether the observed outcomes were due to the <u>intervention(s)</u>
Page 6-7	10. Measures	a. Measures chosen for studying <u>processes</u> and outcomes of the <u>intervention(s)</u> , including rationale for choosing them, their operational definitions, and their validity and reliability b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost c. Methods employed for assessing completeness and accuracy of data
Page 6-7	11. Analysis	a. Qualitative and quantitative methods used to draw <u>inferences</u> from the data b. Methods for understanding variation within the data, including the effects of time as a variable
Page 4-7	12. Ethical Considerations	<u>Ethical aspects</u> of implementing and studying the <u>intervention(s)</u> and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
	Results	<i>What did you find?</i>
Page 7	13. Results	a. Initial steps of the <u>intervention(s)</u> and their evolution over time (e.g., time-line diagram, flow chart, or table), including modifications made to the intervention during the project b. Details of the <u>process</u> measures and outcome c. Contextual elements that interacted with the <u>intervention(s)</u> d. Observed associations between outcomes, interventions, and relevant contextual elements e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the <u>intervention(s)</u> . f. Details about missing data
	Discussion	<i>What does it mean?</i>
Page 8-10	14. Summary	a. Key findings, including relevance to the <u>rationale</u> and specific aims b. Particular strengths of the project

Page 8-10	15. Interpretation	<ul style="list-style-type: none"> a. Nature of the association between the intervention(s) and the outcomes b. Comparison of results with findings from other publications c. Impact of the project on people and systems d. Reasons for any differences between observed and anticipated outcomes, including the influence of context e. Costs and strategic trade-offs, including opportunity costs
Page 8-10	16. Limitations	<ul style="list-style-type: none"> a. Limits to the generalizability of the work b. Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis c. Efforts made to minimize and adjust for limitations
Page 8-10	17. Conclusions	<ul style="list-style-type: none"> 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
Other information		
Page 11	18. Funding	Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting