

Quality Improvement Scholarship

Recommendations & QI Scholarship

QI Scholarship

Generally, operational Quality Improvement (QI) or work to improve internal procedures does not require CHR approval.

However, you **MUST** seek CHR approval if:

- 1) You are collecting two or more patient identifiers (Protected Health Information, or PHI).
Ex: Name, Address, Medical Record Number, etc.
- 2) You have pre-defined plans to publish your results

If you do not seek CHR, and your QI project yields results that you did not plan on publishing, but you want to share with the academic/QI community, you **MUST** and can apply for retroactive CHR.

What is the CHR?

CHR is the Committee on Human Research, UCSF's Internal Review Board (IRB). An IRB is a committee, operating under Federal regulations, State laws, and institutional policy, that reviews research involving human subjects to ensure the ethical and equitable treatment of those subjects.

Resources

We recommend that you call the CHR group and ask to speak to the Analyst of the Day if you have questions.

Ph: 415-476-1814

Web: <http://www.research.ucsf.edu/chr/>

Categories of Review

Almost all research involving humans at UCSF will require CHR review and approval. The level of risk to human subjects is what determines the level of committee review. There are 3 categories of review: Exempt, Expedited, Expedited (no subject contact), and Full Committee. For more details on these categories- visit the CHR website.

Journals to consider for Scholarly QI Submissions

- Journal of Hospital Medicine
- The Joint Commission Journal on Quality & Safety
- Quality & Safety in Health Care
- Journal of Patient Safety
- Annals of Internal Medicine
- Journal of General Internal Medicine
- HealthLeaders
- Quality Management in Health Care

Abstracts & Posters relating to QI Activities

Society of Hospital Medicine:

Annual Meeting: April 8-11, 2010, Washington DC.

Proposals: **Abstracts due Monday December 7, 2009**

Society of General Internal Medicine:

Annual Meeting April 29-May 1, 2010, Minneapolis, MN

Criteria for submission can be found here: <http://www.sgim.org/index.cfm?pageId=357>

Institute for Health Care Improvement

Abstracts for scientific symposium: past date for 2010 meeting

Posterboards: Due October 16, 2009

SQUIRE Guidelines

Standards for QI Reporting

Title and Abstract

Did you provide clear and accurate information for finding, indexing, and scanning your paper?

1. Title

- a. Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of care)
- b. States the specific aim of the intervention
- c. Specifies the study method used (for example, "A qualitative study," or "A randomized cluster trial")

2. Abstract

- Summarizes precisely all key information from various sections of the text using the abstract format of the intended publication

Introduction

Why did you start?

3. Background Knowledge

- Provides a brief, non-selective summary of current knowledge of the care problem being addressed, and characteristics of organizations in which it occurs

4. Local problem

- Describes the nature and severity of the specific local problem or system dysfunction that was addressed

5. 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)

6. 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?

7. 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

8. Setting

- Specifies how elements of the environment considered most likely to influence change/improvement in the involved site or sites were identified and characterized

9. 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 (for example, analysis of causes of dysfunction; matching relevant improvement experience of others with the local situation)
- c. Outlines initial plans for how the intervention was to be implemented: e.g., what was to be done (initial steps; functions to be accomplished by those steps;

how tests of change would be used to modify intervention), and by whom (intended roles, qualifications, and training of staff)

10. 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 (for example, observational, quasi-experimental, experimental) chosen for measuring impact of the intervention on primary and secondary outcomes, if applicable
- d. Explains plans for implementing essential aspects of the chosen study design, as described in publication guidelines for specific designs, if applicable (see, for example, <http://www.equator-network.org>)
- e. Describes aspects of the study design that specifically concerned internal validity (integrity of the data) and external validity (generalizability)

11. Methods of evaluation

- a. Describes instruments and procedures (qualitative, quantitative, or mixed) used to assess a) the effectiveness of implementation, b) the contributions of intervention components and context factors to effectiveness of the intervention, and c) primary and secondary outcomes
- b. Reports efforts to validate and test reliability of assessment instruments
- c. Explains methods used to assure data quality and adequacy (for example, blinding; repeating measurements and data extraction; training in data collection; collection of sufficient baseline measurements)

12. Analysis

- a. Provides details of qualitative and quantitative (statistical) methods used to draw inferences from the data

- b. Aligns unit of analysis with level at which the intervention was implemented, if applicable
- c. Specifies degree of variability expected in implementation, change expected in primary outcome (effect size), and ability of study design (including size) to detect such effects
- d. Describes analytic methods used to demonstrate effects of time as a variable (for example, statistical process control)

Results

What did you find?

13a. Outcomes

Nature of setting and improvement intervention

- i. Characterizes relevant elements of setting or settings (for example, geography, physical resources, organizational culture, history of change efforts), and structures and patterns of care (for example, staffing, leadership) that provided context for the intervention
- ii. Explains the actual course of the intervention (for example, sequence of steps, events or phases; type and number of participants at key points), preferably using a time-line diagram or flow chart
- iii. Documents degree of success in implementing intervention components
- iv. Describes how and why the initial plan evolved, and the most important lessons learned from that evolution, particularly the effects of internal feedback from tests of change (reflexiveness)

13b. Outcomes

Changes in processes of care and patient outcomes associated with the intervention

- i. Presents data on changes observed in the care delivery process

- ii. Presents data on changes observed in measures of patient outcome (for example, morbidity, mortality, function, patient/staff satisfaction, service utilization, cost, care disparities)
- iii. Considers benefits, harms, unexpected results, problems, failures
- iv. Presents evidence regarding the strength of association between observed changes/improvements and intervention components/context factors
- v. Includes summary of missing data for intervention and outcomes

Discussion

What do the findings mean?

14. Summary

- a. Summarizes the most important successes and difficulties in implementing intervention components, and main changes observed in care delivery and clinical outcomes
- b. Highlights the study's particular strength

15. Relation to other evidence

- Compares and contrasts study results with relevant findings of others, drawing on broad review of the literature; use of a summary table may be helpful in building on existing evidence

16. Limitations

- a. Considers possible sources of confounding, bias, or imprecision in design, measurement, and analysis that might have affected study outcomes (internal validity)
- b. Explores factors that could affect generalizability (external validity), for example: representativeness of participants; effectiveness of implementation; dose-response effects; features of local care setting

- c. Addresses likelihood that observed gains may weaken over time, and describes plans, if any, for monitoring and maintaining improvement; explicitly states if such planning was not done
- d. Reviews efforts made to minimize and adjust for study limitations
- e. Assesses the effect of study limitations on interpretation and application of results

17. Interpretation

- a. Explores possible reasons for differences between observed and expected outcomes
- b. Draws inferences consistent with the strength of the data about causal mechanisms and size of observed changes, paying particular attention to components of the intervention and context factors that helped determine the intervention's effectiveness (or lack thereof), and types of settings in which this intervention is most likely to be effective
- c. Suggests steps that might be modified to improve future performance
- d. Reviews issues of opportunity cost and actual financial cost of the intervention

18. Conclusions

- a. Considers overall practical usefulness of the intervention
- b. Suggests implications of this report for further studies of improvement interventions

Making a Poster

Preparing the Presentation: Poster or Oral

(www.sgim.org and www.acponline.org have great tips on presentation)

Power-Point Slides are the Basis of the Presentation

Need a refresher on how to use the program? Library offers 1 hour courses.
Many design templates exist, check with your department or the SOM

Slide Tips

- Two simple slides are better than one complex slide. Two facts per slide.
- Spend ~1 minute per slide.
- Color: High contrasts between background and text. Best: Blue background and white/yellow letters. Avoid pastels and red.
- Maximums: 5-7 lines per slide, 42 characters or 7 words per line
- Text: Use 4-5 bullets rather than continuous prose
- Font: Avoid italics and do not use solely upper case. Rule of thumb: letter size should be 1/15 the height of the screen; or if lecturing in a big room, use 24-36-font (you may get by with 18). Arial and Verdana font are good types.
- Tables: Simplify data and retype.
- For a 2-column table-> use maximum of 5 rows.
- For a 3-column table-> use maximum of 3 rows.
- Bar graphs: Use a maximum of 8 separate bars, or 3 pairs if comparisons are made

Making the Presentation: the Nitty Gritty

Oral:

Check organization website for presentation requirements and recommendations.

General:

10 minutes presentation, 5 minute questions

Poster

Size: The board is 4 feet x 8 feet (this is the size allocated to you)
Recommended size 3x6

How to print it

Repro Graphics, UCSF

3 day turn around, approx total cost \$150-450

www.megaprint.com

~\$100, 24-hour turnaround, very easy

www.postersession.com

24 hour turnaround ~\$100

www.hueyrepro.com

~\$100, very helpful staff, will fed-ex to the meeting

www.postersession.com/prices.

http://www.makesigns.com/SciPosters_Home.aspx

Kinkos:

Local: you can email them a file, you check it in person, then they print it 24-48

hours ~\$150 and greater

Printing yourself:

Make a banner:

Powerpoint lets you do this, get this piece of it printed.

Print individual slides on glossy photo paper on a color printer (looks much nicer)

Poster board paper cut ½-1 inch larger than your slide

This will go behind your slide to make it stand out

DO NOT USE TAPE

Glue the slide to the construction paper

Use push pins or tacks to put it together at the conference

Transporting large pre-made posters can be a challenge. Consider Fed-Ex. Some Airlines allow poster tubes to be gate checked, but may not be allowed on the plane

Preparing for the Meeting

- Practice your presentation: in your head, out loud, and if possible, to an audience
- Anticipate questions—both poster and oral
- Be ready for technical difficulties
 - Backup slides
 - flashdrive (memory stick) or stored on the internet (email or yahoo briefcase)
- Dress professionally
- Show up early
- Take a deep breath! It gets easier after the first one ☺

SHM Abstract Information

SHM 2010 Research, Innovations, and Clinical Vignettes (RIV) Competition

Abstract Submission Guidelines

You will be able to submit your abstract starting on Monday, September 14th, 2009 at 9:00am EST. Please visit <http://shm2010riv.abstractcentral.com> for the online submission process.

Official Rules for the Competition

Eligibility: SHM is accepting abstract submissions in three categories: research, innovations, and clinical vignettes. Abstract submissions are eligible if they have not been published in a peer reviewed journal prior to December 31, 2009. Submissions presented at SHM regional meetings or other organizations' meetings (eg. SGIM, ACP) within the past year are eligible for submission.

SHM welcomes and encourages abstracts that demonstrate the use of SHM tools and QI resources. For more information on SHM resources, please visit www.hospitalmedicine.org, quality improvement resource rooms and tools. Abstracts that highlight an SHM-developed tool or resource room may not be eligible for the RIV competition but may be highlighted in another venue.

Author Eligibility: The primary author should be an SHM member in good standing. Co-authors or residents as primary authors need not be SHM members unless they are selected to present the poster at the Annual Meeting, at which time they will be expected to become an SHM member. If you have any questions or concerns, please contact education@hospitalmedicine.org.

Submission Deadline: Monday, December 7th, 2009, 10:00pm EST.

Abstract Selection: Abstracts will be blinded and reviewed by a panel of RIV judges. Each category of the competition (research, innovations, and clinical vignettes) will be reviewed separately. Although you may submit your abstract in one of the three categories (research, innovations and clinical vignettes), your abstract may be judged in a different category at the discretion of the RIV Committee. The judges will select the abstracts for participation in the RIV Poster Competition at the SHM 2010 Annual Meeting based on pre-defined criteria (see below for the criteria for the 3 categories). The SHM 2010 Annual Meeting RIV Poster Competition is during the reception on Friday, April 9th from 5:30-7:30pm. Please note that because of the number of submissions, not all posters at the reception will be reviewed by judges on-site - only a select number of posters in the 3 categories will be judged in person. Which posters will be judged will not be determined until the day of the poster competition.

Oral Presentations Selection: As part of the abstract selection process, a panel of RIV judges will select the best abstracts for oral presentation during the academic track on Saturday, April 10th, 2010 at the SHM Annual Meeting. All submitted abstracts are eligible to be

chosen for an oral presentation. Oral presentations will be approximately 15 minutes long, including time for questions and answers. In

order to help the RIV judges appropriately categorize potential presentations, you will be asked to define your abstract's areas of focus in the following areas:

- 1) Patient safety and quality improvement
- 2) Outcomes research
- 3) Communication and transitions of care
- 4) Translating research into practice
- 5) Adult clinical vignettes
- 6) Pediatric clinical vignettes

In addition, up to three abstracts will be selected for oral presentation during the April 10th Plenary Session of the SHM Annual Meeting. Individuals who participate in the oral presentations or the plenary session are NOT required to present at the poster session. If these individuals submit a poster, they will not be eligible to win the prize for the best poster in their category.

Invitation and instructions for oral and poster presentations will be provided upon notification of selection. Please note that dates and times are subject to change, we will notify abstract authors via email of any changes.

Notification of Results: All primary authors will be notified if abstracts are accepted for the poster or oral presentations via email by January 20th, 2010. Awards will be given at the Annual Meeting to the best poster(s) in each category. The cash prize for the best poster(s) in each category will be \$250. Judges will consider not only the quality of the initial abstract submission, but also the quality of the poster and presenting author's discussion of his/her work during the poster session.

Presenting Author's Availability: The presenting author (preferably the primary author) must be available to present his or her work at the SHM Annual Meeting, April 9-11, 2010 in Washington DC. Authors will be responsible for any associated costs including travel, meeting registration, and poster preparation. Please visit www.hospitalmedicine.org for registration and travel information.

Publication of Abstracts: Abstracts selected for the poster session will appear in an abstract booklet to be distributed at the Annual Meeting. Selected abstracts may also appear on the SHM Web site after the meeting.

For more details, visit

<http://www.hospitalmedicine.org/AM/Template.cfm?Section=Home&CONTENTID=23328&TEMPLATE=/CM/ContentDisplay.cfm>