Getting Published

QI publication with BMJ Open Quality

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Editor-in-Chief BMJ Open Quality

Session overview

Why Publish?

Where to publish

Overview of BMJ Open Quality

Content for publication

Avoiding common pitfalls

Q&A

Why publication is important

- Using published evidence enables learning from existing work
- Publishing helps to spread successful improvement interventions

  Or,

- Prevents wasted effort on reproducing interventions that don’t work
- Promotes approaches such as patient & public involvement in QI
- Provides recognition for QI work

Where to submit your work

Quality improvement is quite a niche area

Different format and ‘rules’ from clinical research

Growing number of journals

Leading journal: **BMJ Quality and Safety**

‘Sister journal’ - BMJ Open Quality

International Journal of Healthcare Quality

Sister journal - IJHQ Communications

Choosing a journal - consider

- The focus of the journal
- What the journal has published before
- Audience
- Impact factor
- Reach
- Open access
- Processing time
- Rejection rate

BMJ Quality & Safety

- Impact Factor 5.9
- Citescore 9.8
- Research, opinion, debate
- Acceptance rate 9%
- Triple anonymised review
- Some Open Access articles
- Online and print

BMJ Open Quality

Focused on quality improvement

Impact factor 1.3

Citescore 2.2

Acceptance rate 61%

Single anonymised peer review

Fully Open Access

Online only

BMJ Open Quality

BMJ Open Quality is a peer reviewed, Open Access journal covering all content in healthcare improvement work.

Impact Factor: 1.3

Citescore: 2.2

All metrics >>

BMJ Open Quality adheres to the highest possible industry standards concerning publication ethics. To read the journal's detailed guidelines please see our policies.

Our website provides resources to support you in your quality improvement work such as templates to help you run and write up quality improvement projects.

BMJ Open Quality uses continuous publication online to ensure timely, up-to-date knowledge is available worldwide. The journal adheres to a rigorous and transparent peer review process and papers are considered on the basis of methodological soundness rather than priority or novelty.

BMJ Open Quality is the open access companion journal to BMJ Quality & Safety. The journal adheres to the highest possible industry standards concerning publication ethics.

We are expanding our Editorial Team. Applications are open for Associate Editor Vacancies. Click here for further information.

Latest Articles

QUALITY IMPROVEMENT PROGRAMME:

Right approach: improvement in cleaning and disinfection of medical equipment in use – Sheikh Shakhbout Medical City (SSMC) experience

21 April 2025

QUALITY IMPROVEMENT REPORT:

Ending PJ paralysis for hospitalised patients: a quality improvement initiative

21 April 2025

US Institutions

If you're based in the US, and interested in discussing an institutional Open Quality subscription to support your residency programme, please contact us to discuss these resources by emailing **ussales@bmj.com**.

Find out more about all our resources to support residency programmes.

South Asia Edition

The South Asia Editions, in partnership with NQOCN, highlights research related to

BMJ Open Quality publishing remit

- Publication of well-written, useful QI reports
- Other research and reports on quality, safety, value of care
- All papers peer reviewed
- Open access model is funded by Article Publishing Charges (APC): £1,705 for a QI Report, and most other types of paper
- Systematic review £2,275

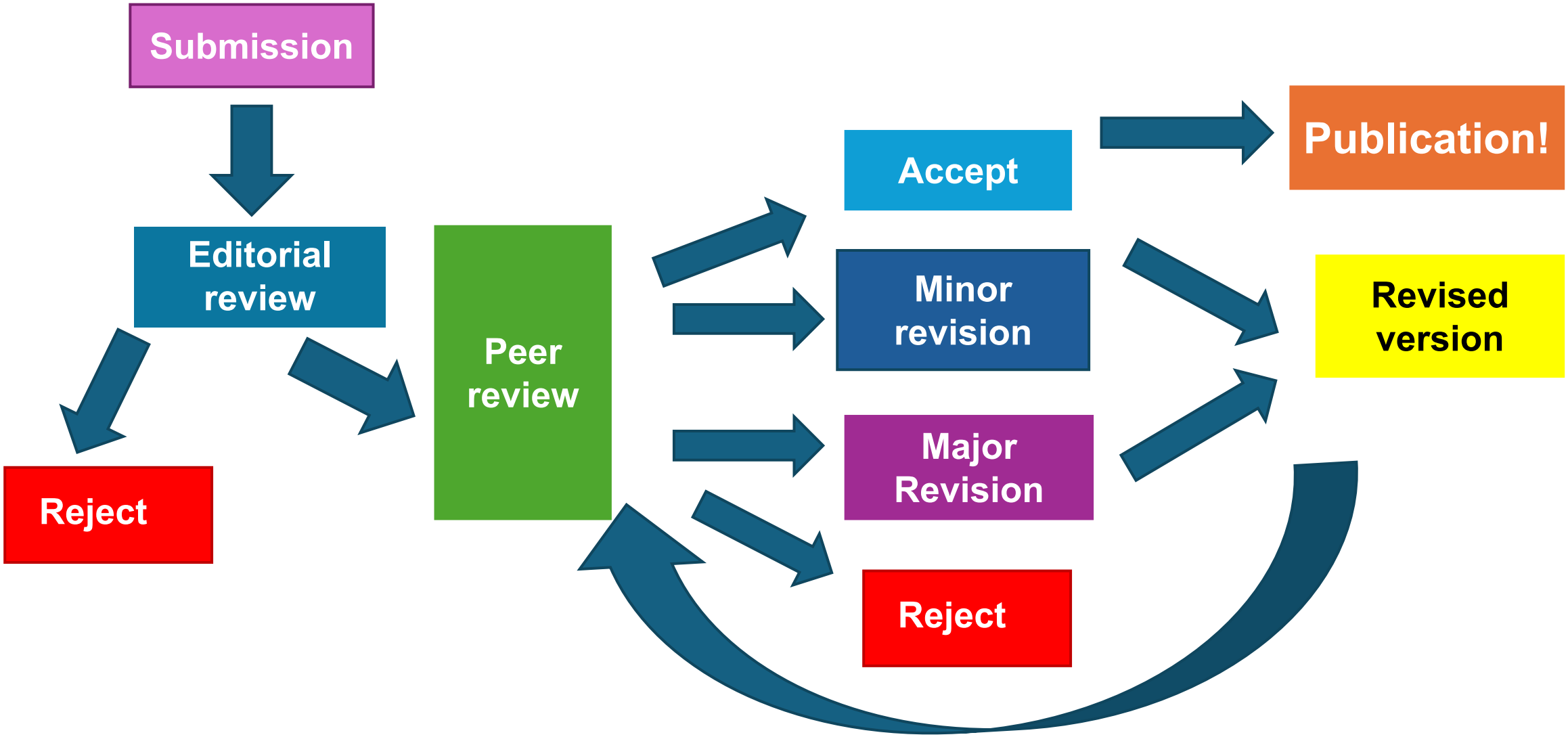
BMJ Open Quality – article types

- Quality improvement report
- Original research
- Systematic review
- Review
- Research and reporting methodology
- Short report
- Quality education report
- Commentary

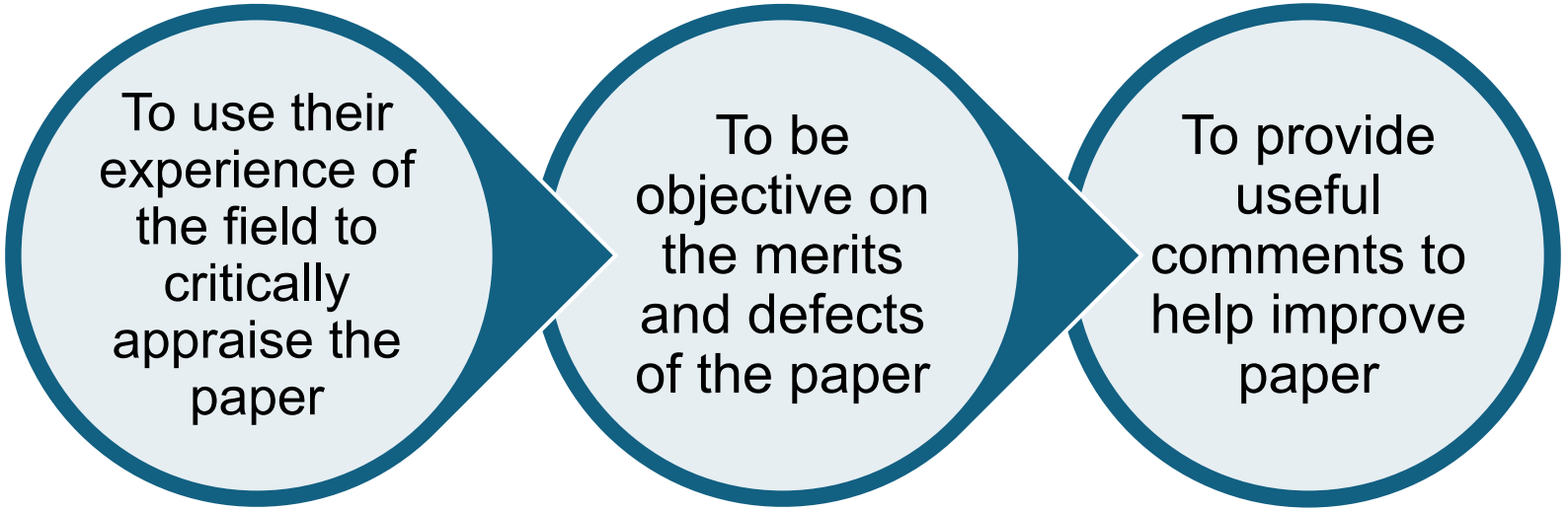
BMJ Open Quality does not publish:

- Audit reports
- Evaluations of clinical education (other than QI & patient safety education)
- Clinical research

The publishing process



Role of peer review



Peer review is crucial to help editors in their publishing decisions

How do journals make ‘Accept’ decisions?

- Paper is right fit for the journal
- Authors present a coherent well-written narrative
- Findings add to the field
- Paper likely to be useful for practitioners
- Corrections and improvements highlighted by reviewers have been addressed

Exercise: Getting ready to write

You and your team have completed a QI project that has generated interesting learning that you are keen to publish - what will you need for your write up?

Consider:

- Information
- People
- Data
- Other resources

The basics for a QI project write-up:

- Authorship group – not a solo mission
- Records of project plans, project meetings, learning log etc.
- Fishbone, driver diagrams used to plan project
- Data records for your measures
- Key references of published work on the issue

Plus, as relevant:

- Evaluation records from training
- Survey results and the questionnaire used
- Example tools, such as checklists

Carving out the time to write it!

Preparation for write-up

During the project

- Have a project plan
- Regular project meetings with some action notes
- Keep an improvement **journal**
  - Capture information as you go along
  - Record the project adjustments

On completion

- Agree significance of findings in project team
- Develop a clear message that matters to patients & practitioners

Involve others

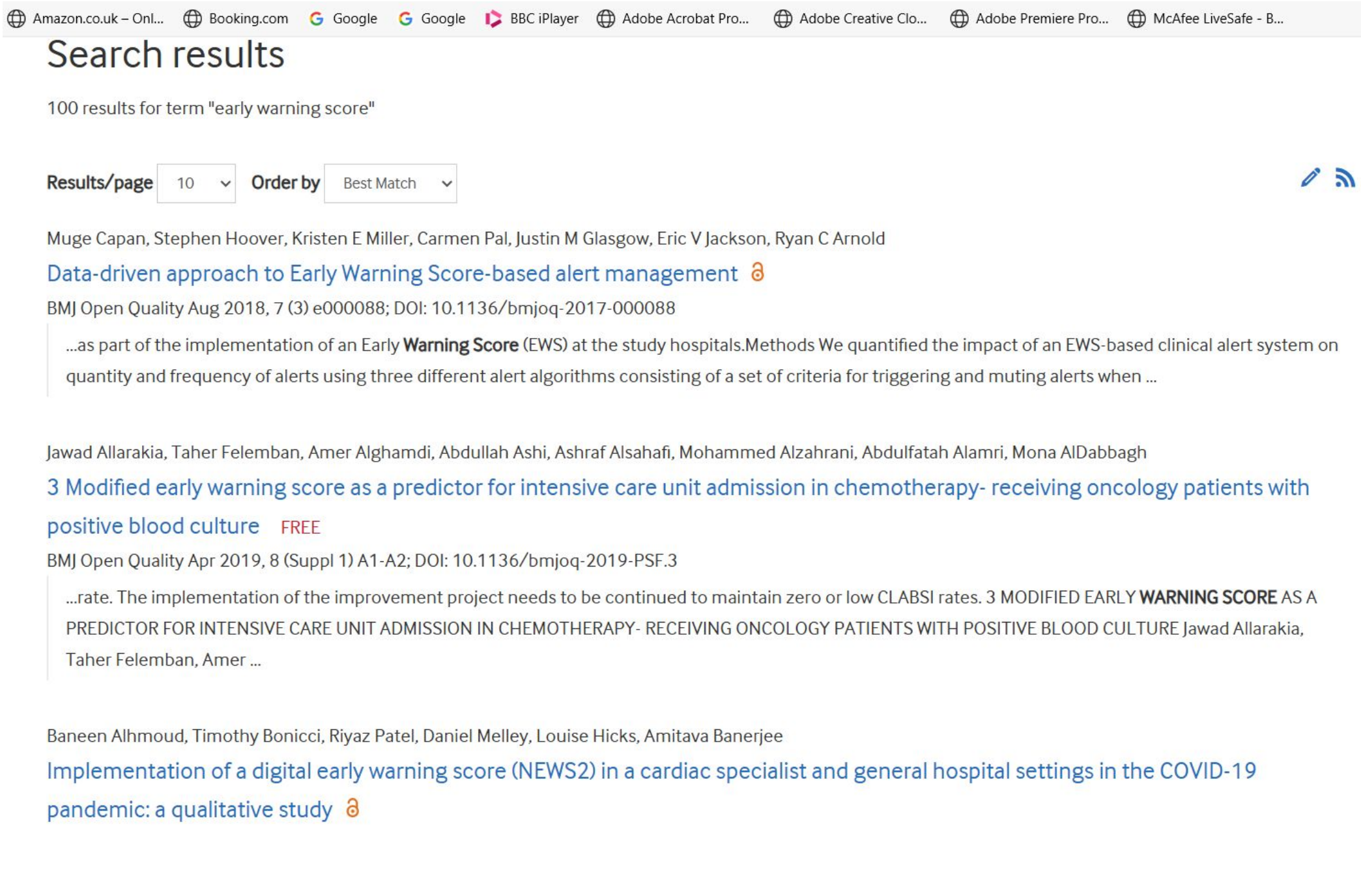
- Include patients and carers whenever possible
- Perspectives from across the improvement team
- Views on the impact across departments/ care sectors

BMJ Journals require a statement on patient involvement

Read before you write

- Articles on improvement methods
- Quality Improvement reports
- Studies of similar work

Use search function on BMJOQ to find existing reports of projects on ‘Early Warning Scores’



BMJ Quality & Safety

NARRATIVE REVIEW

OPEN ACCESS

How to study improvement interventions: a brief overview of possible study types

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ABSTRACT

Improvement (defined broadly as purposive efforts to secure positive change) has become an increasingly important activity and field of inquiry within healthcare. This article offers an overview of possible methods for the study of improvement interventions. The choice of available designs is wide, but debates continue about how far improvement efforts can be simultaneously practical (aimed at producing change) and scientific (aimed at producing new knowledge), and whether the distinction between the practical and the scientific is a real and useful one. Quality improvement projects tend to be applied and, in some senses, self-evaluating. They are not necessarily directed at generating new knowledge, but reports of such projects if well conducted and cautious in their inferences may be of considerable value. They can be distinguished heuristically from research studies, which are motivated by and set out explicitly to test a hypothesis, or otherwise generate new knowledge, and from formal evaluations of improvement projects. We discuss variants of trial designs, quasi-experimental designs, systematic reviews, programme evaluations, process evaluations, qualitative

increasingly important focus of activity within healthcare.[1] How improvement interventions can best be studied, however, has remained contested; as with most new fields, many of the key terms, concepts and techniques currently escape consensus. In a rapidly evolving field, and with the task of designing, testing, implementing and evaluating quality improvement interventions, as well as producing generalisable knowledge growing in complexity,[2] it is helpful to characterise the kinds of study designs that can be used to study improvement interventions. This is the task to which this paper is directed; it is intended to offer an introductory overview and bibliography, particularly for those new to the field. It is based on a narrative literature review[3] using English language articles selected through a systematic search strategy (box 1) and reflection based on our experience in the field.

STUDYING IMPROVEMENT IN HEALTHCARE

We begin by noting that a significant

Reporting bias

Papers tend to get written up when the improvement is ‘successful’
We can learn a lot from what didn’t work so well

Content bias

Reports over-focus on results:

“We achieved 14% reduction of X!”

Little information on methods and the experience of implementation:

“How we planned and adapted what we did to achieve 14% reduction of X”

What we look for in an improvement report

Reports on improvement work need not only **results** but also:

- information on the context
- how the initiative was designed
- detail on the core components
- data used to measure the change
- challenges overcome along the way and how overcome
- what the team would do differently in the future

BMJ Open Quality - Reasons for rejections

Focus of paper

- Not focussed on quality improvement and application of methods
  - Clinical focus NOT QI
  - Audit reports with no reporting of QI to address the audit results

Lacks interest/relevance to journal audience

- Too focused on a narrow aspect of clinical delivery – not generalisable knowledge
- Not sufficiently important to patients or practitioners

Format of paper

- Lack of narrative about the implementation
- Incomplete or inappropriate statistics

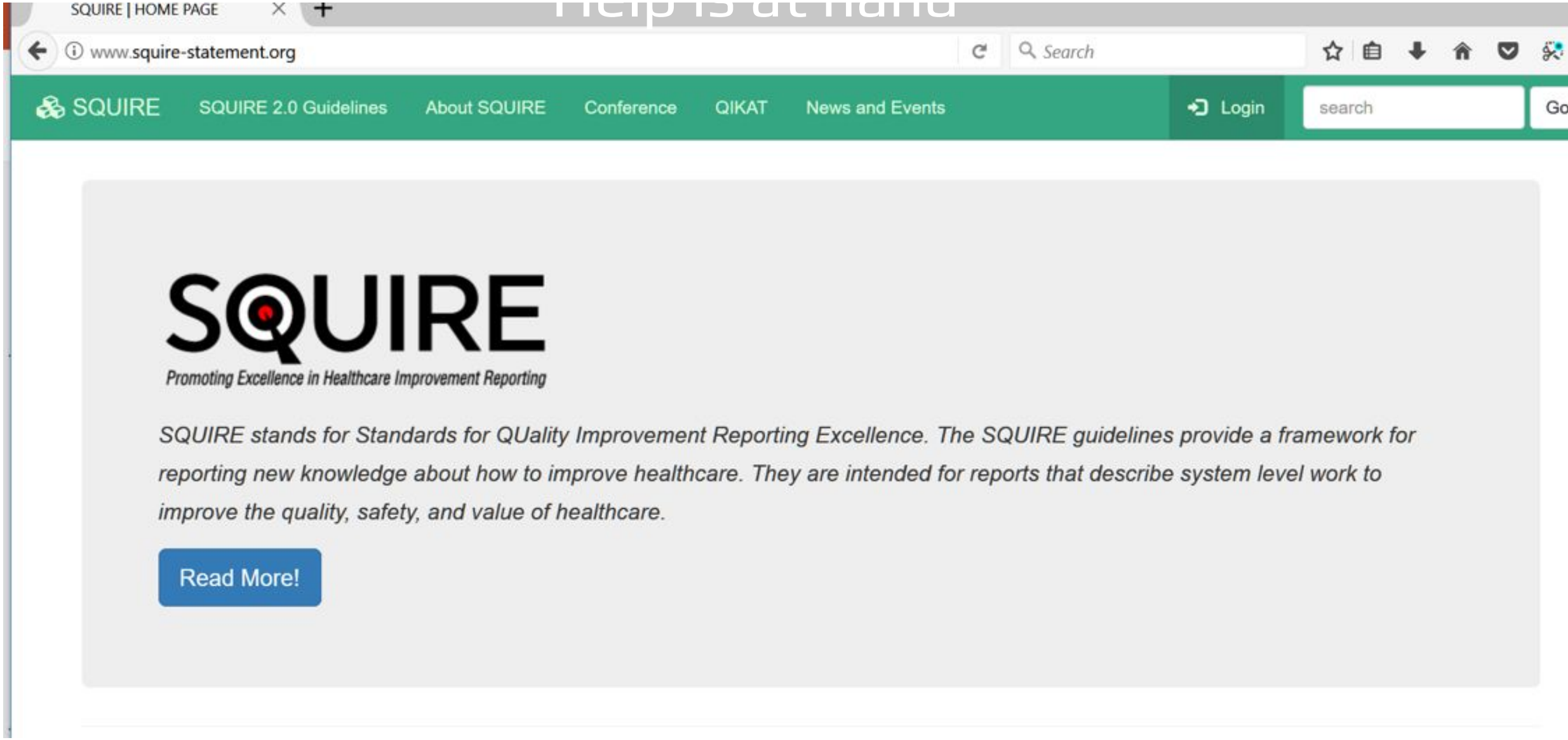
Findings

- Over-interpretation of results

Credibility and replication

- Reports often lack important details about key components of intervention and the institutional context
  - ***Readers can't know if it's worth trying in their setting***
- No information on barriers to implementation
  - ***No improvement effort works immediately, this absence decreases credibility***

QI reports in SQUIRE format



Revised Standards for Quality Improvement Reporting Excellence

SQUIRE 2.0

Notes to Authors

- 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

1. Title	Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)

SQUIRE 2.0

NOTES TO AUTHORS

TITLE AND ABSTRACT

INTRODUCTION

METHODS

RESULTS

DISCUSSION

OTHER INFORMATION

SHORTCUTS

SQUIRE 2.0 E&E

SQUIRE 2.0 PDF

SQUIRE Guidelines

Based around four fundamental questions:

Why did you start?

What did you do?

What did you find?

What does it mean?

Format of the SQUIRE guidelines

Introduction	Methods	Results	Discussion
Why did you start? • Problem definition • Available knowledge • Rationale • Aims	***What did you do?*** • Context • Intervention • **Study of the intervention** • Measures • Analysis • Ethical considerations	***What did you find?*** • Evolution & modification • Data for process measure and outcomes • Missing data • Unintended consequences	***What does it mean?*** • Summary • Interpretation • Limitations • Conclusions

Abstract

Needs to summarise all the key information - hard to do in 300 words

- Aims - ideally SMART

- Methods – detail on your approach to QI
- Results – headlines only
- Conclusion – don’t over-write it

Describing the project

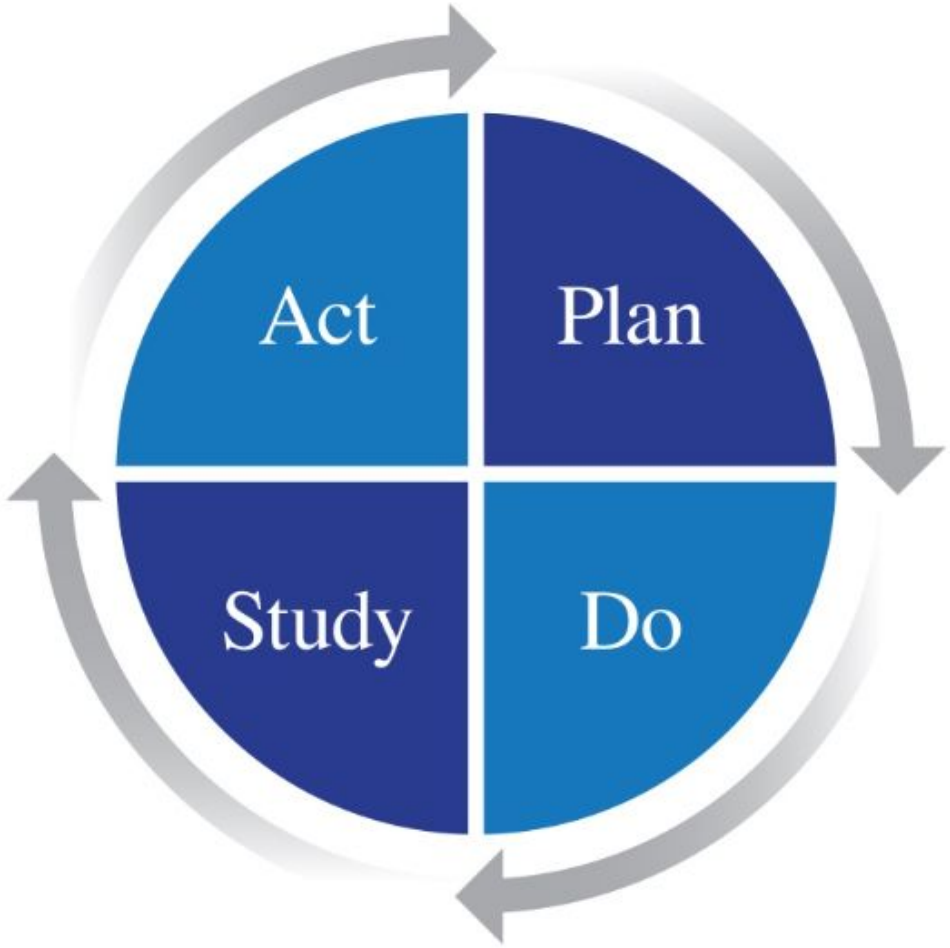
- Do include background and context
- Explain the rationale for your improvement approach
- How you planned the work
- Who was involved
- Do include information on challenges and how they were overcome

These are the most important sections for the narrative of your project

QI Methods

- Don’t describe the method as ‘PDSA’ unless it has been applied with fidelity
- Not necessary to have used PDSA method to get published
- If it was a phased implementation of a planned intervention without small tests of change – describe it as that!

The deceptive simplicity of the PDSA Cycle



PDSA – Simple in theory, surprisingly difficult in practice:

- Hard to get people together for the ‘Plan’ stage
- Used retrospectively, rather than with fidelity in real time
- Attempts to tackle process improvement reveal more complex organisational issues
- No measurement of how the new system works

The missing ‘S’ step

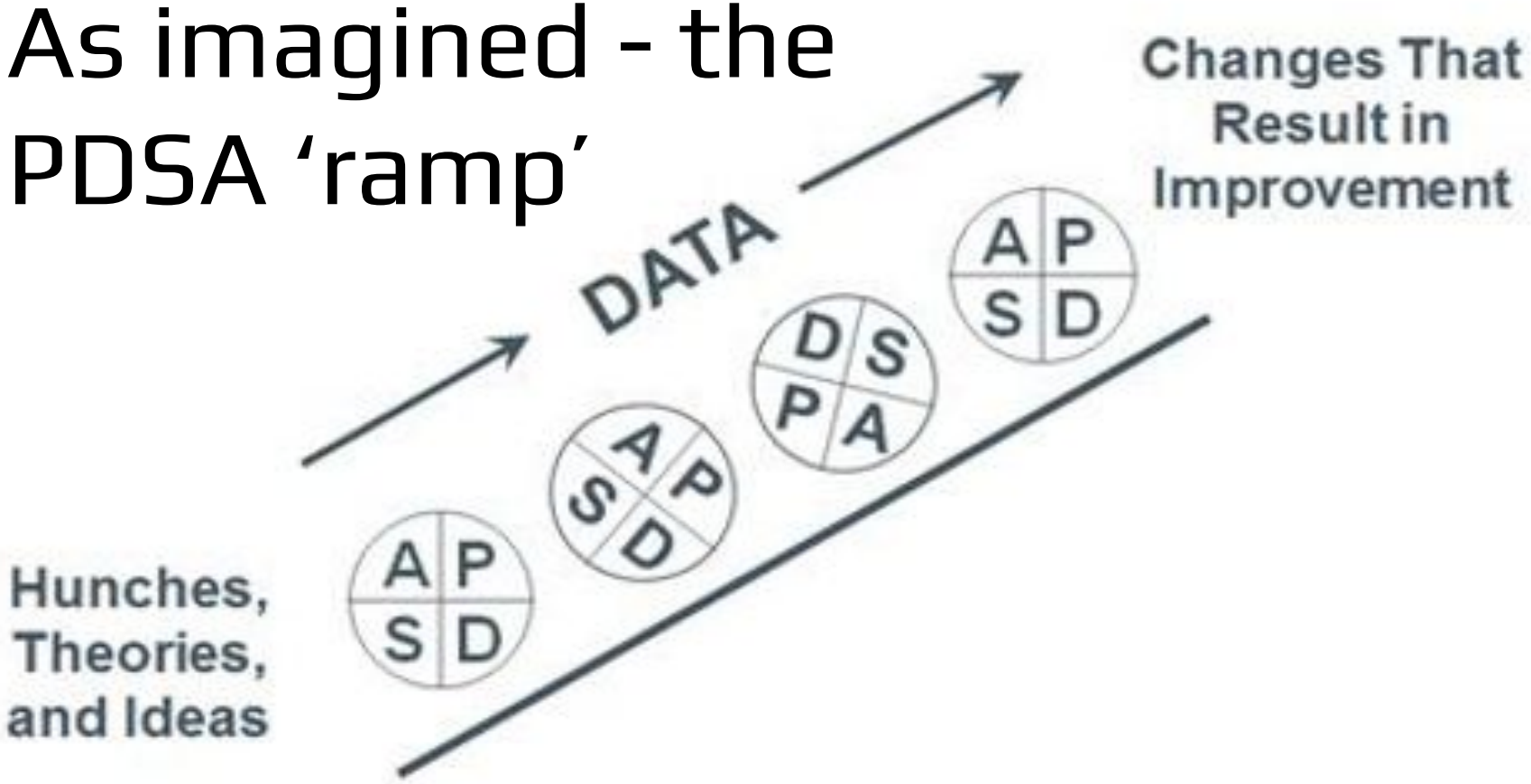
PDSAs are often carried out with too little attention to the ‘Study’ stage

Data for measures are not recorded or not available

‘PDSA –Light’ some ‘planning and doing’ but no consistent ‘study’ or response to data studied in future ‘act’ steps

Documentation see as quality assurance, rather than integral to the method

As imagined - the PDSA ‘ramp’



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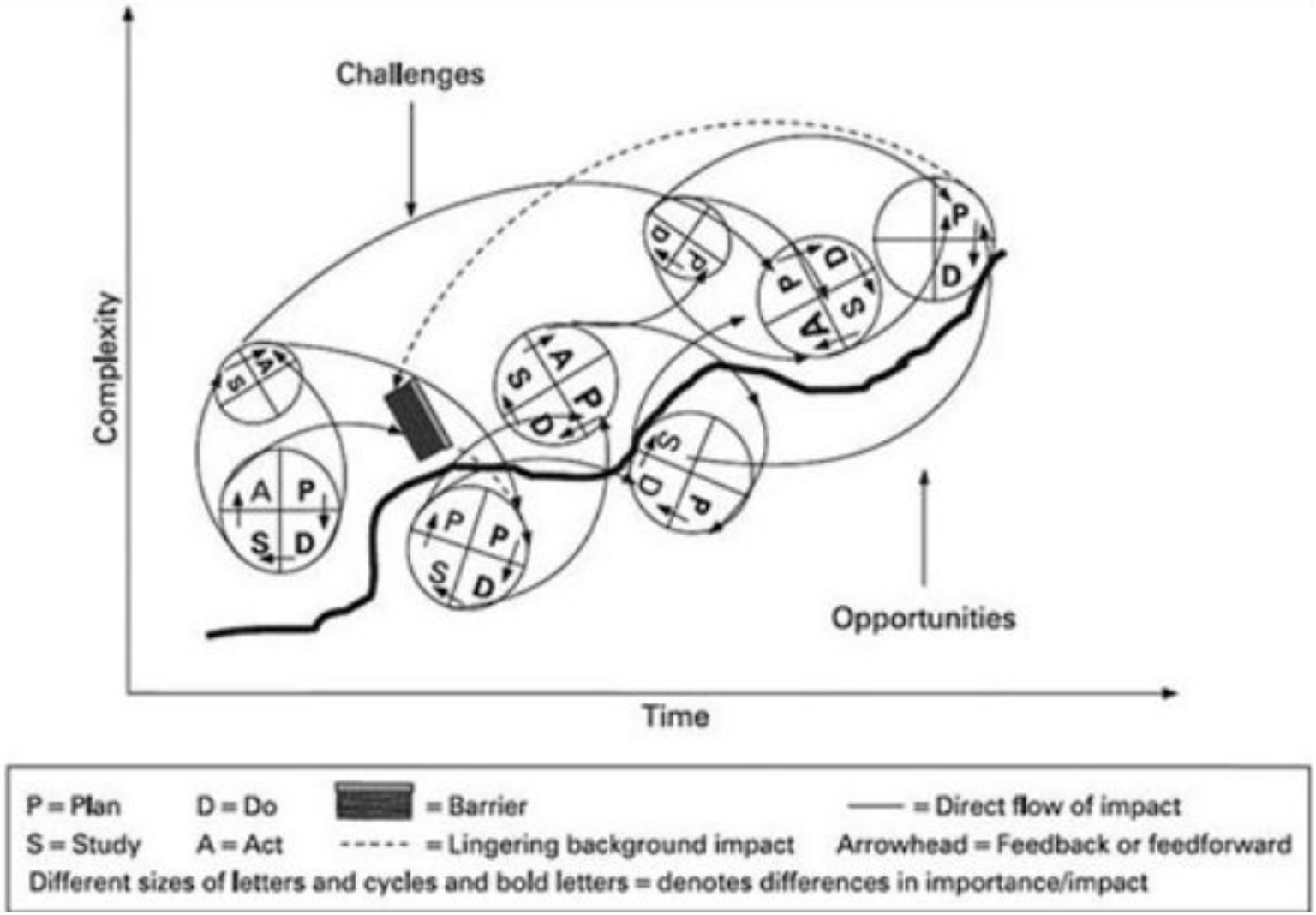

The reality: PDSA in practice

Be wary of using ‘P’ values to analyse your results

Most improvement projects don’t yield very reliable data

Most QI projects have small data sets - likely to be underpowered for robust statistical analysis

Even with good data and expertise in applying the statistical method statistical ‘non-significance’ does NOT automatically equate to ‘no effect’

‘Scientists rise up against statistical significance’

A ‘P’ value is a statistic with a distribution primarily determined by the sample size, the reliability and sensitivity of the measure, the quality of the design and analytic procedures, the fidelity of the research protocol and, in general, the quality of the research.

Amrhein, Greenland, McShane, Nature 2019

Exercise: Review this abstract to give some advice to the authors

Background: Surgical site infections (SSI) represent a significant source of morbidity during bowel cancer surgery. The use of the correct antibiotic has been shown to significantly reduce the incidence of SSI in this patient population. We thus elected to perform a quality (QI) project to reduce SSI rates by ensuring all patients received appropriate antibiotic prophylaxis (AP).

Methods: We collected baseline retrospective data on a historical cohort of patients undergoing bowel cancer surgery from April 1, 2022 to March 31, 2023. We then launched our QI project on May 1, 2023, consisting of a multidisciplinary team creation and numerous outreach activities. The project had two PDSA (plan, do, study, act) cycles and ran until December 2024.

Patient and public involvement: N/A

Results: Baseline cohort data included 87 patients with 32% receiving appropriate AP and 39% developing an SSI. During phase one of our quality improvement project (May 1, 2023 - August 31, 2024), 64 patients underwent surgery, 90.7% received AP, and 27.8% developed an SSI. Those who had undergone colorectal surgery had a higher SSI rate (46.9% vs 4.4%). We thus added a second SSI reduction measure to colorectal patients: the ringed wound protector. During the second phase of our QI project (September 1, 2023 - December 2024), 58 patients underwent surgery, 98.0% received AP, and 65.0% had a wound protector placed. SSI rates in this group were 9.8%

Conclusion: We describe a unique QI project whereby we hugely increased the rates of correct antibiotic dosing in patients undergoing bowel cancer surgery to 98.0%. While appropriate AP reduced SSI rates, our initiative to use a ringed wound protector in patients at high risk further dramatically reduced rates of SSI. Thus, the project was very successful in reducing SSIs and improving outcomes for patients. We recommend adoption of appropriate AP and the use of ringed wound protectors as a highly effective strategy to reduce SSI rates in bowel cancer surgical patients across health systems.

Tips for submission

- Check journal policies and advice to authors before submission
- Write in plain English - avoid Latin tags and NHS jargon
- Demonstrate meaningful patient involvement (including in write-up!)
- Check the required format, what goes in supplementary files, permissions and conflict of interest statements
- Be honest about previous submissions/rejections

Work on your abstract

- It's what reviewers read first – many 'reject' decisions are made on this basis
- Don't rush it - review and fine tune
- Ensure all key information is included
- Make it interesting!

Q & A