Texas Children's Global Health Network

Baylor College of Medicine

BAYLOR GLOBAL HEALTH

26TH NETWORK MEETING

Writing High-Quality Quality Improvement Abstracts

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Objectives

1. List the characteristics of a high-quality QI abstract.
2. Describe the content that should fit within each section of a QI abstract.
3. Explain the rubric that will be used to review the QI abstracts.
4. Identify and differentiate between primary authors and non-author contributors in scholarly publications

How to Structure Your Abstract

Is this your project?

Best suited for: Projects using quality improvement (QI) methods to improve systems, processes, or outcomes in healthcare delivery.
Quality Improvement Abstracts are designed for projects that apply systematic approaches to assess and enhance professional practice or service delivery. These projects often use iterative cycles of testing and evaluation (e.g., PDSA cycles), and aim to produce local or system-level improvements.

Use this category if:

- *Improving clinical or operational process, outcome, or system using recognized QI tools or frameworks.*
- *Tested a change idea and tracked results over time.*
- *Goal was to achieve local or institutional change, not to test a research hypothesis for generalizable knowledge.*

Network Meeting Structure for QI Abstracts

- ***Title***
- ***Purpose (Why did you start?)****: Briefly describe the care or service delivery problem being addressed, the local context, the desired improvement, and the aim statement. Include any relevant baseline data.*
- ***Methods (What did you do?)****: Outline the setting, how the problem was selected, team formation, planning and implementation of the intervention(s), and the data collected. Include how measures were defined and tracked.*
- ***Results (What did you find?)****: Describe what happened during implementation (sequence of events, PDSA cycles [how the interventions and implementation evolved]), number of participants at key points), and success of implementation. Present data as run charts when appropriate. Describe contextual factors that may have impacted results. (such as resources, staffing, organizational culture).*
- ***Discussion (What does it mean?)****: Summarize key findings, particularly strengths, compare to findings of others, limitations, next steps, including sustainability and spread.*

Title

- Summarize the essence of the abstract, including gaps in knowledge.
- Persuade the viewer to read it – invite the viewer to learn more!
- Should indicate that it is about an initiative to improve safety, value and/or quality in healthcare, and should describe the aim of the project and the context in which it occurred.
- Use terms which allow the reader to identify easily that the project is about healthcare improvement.
- Ensure your work will be found readily in a literature search.

Keywords for the title of a quality improvement initiative

- Quality,
- Safety,
- Evidence, Efficacy, Effectiveness,
- Interventions,
- Improvement,
- Outcomes,
- Processes,
- Value

Improving Functionality of Health Facility Quality Improvement Committees; Experiences from Bunyoro Region, Uganda

Ndawula Andrew, Jjuuko K Richard [1], Ssebunya Rogers[1], Betty Nsangi K[1], Birungi Denise[1], Dithan Kiragga[1].

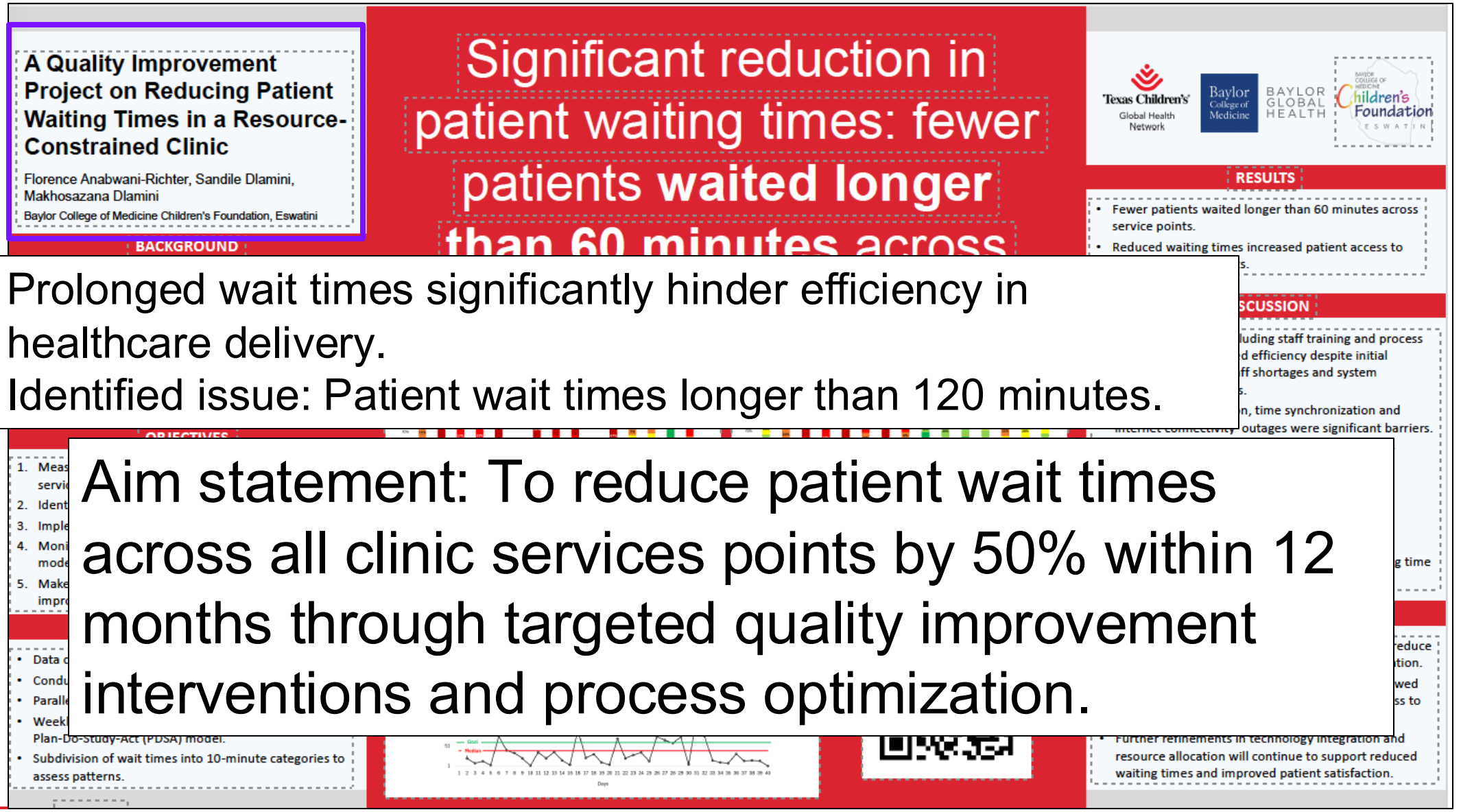
[1]Baylor Foundation Uganda.

- Clearly and succinctly describe the project?
- Indicates an initiative to improve healthcare?
- Includes the study design (QI, systematic review, etc.)?
- Avoids uninformative phrases (e.g. “A Study of…”)?
- Starts with the words that are the most important aspect of the study?

Purpose: Why did you start?

- Describe the problem.
- What is the local context?
- How do/did you want to improve?
- Aim statement.
- Relevant baseline data.

Make a good “sales pitch” to capture interest!



- Prolonged wait times significantly hinder efficiency in healthcare delivery.
- Identified issue: Patient wait times longer than 120 minutes.

Aim statement: To reduce patient wait times across all clinic services points by 50% within 12 months through targeted quality improvement interventions and process optimization.

Methods: What did you do?

- This is the most important part of the abstract! It is the recipe. There should be enough information to duplicate the project.
- Describe the setting. How was the problem selected?
- Team formation.
- How did you identify the gaps?
- How did you develop interventions and implementation strategies?
- How did you choose measures as well as collect and analyze data?
- Were there any ethical considerations?

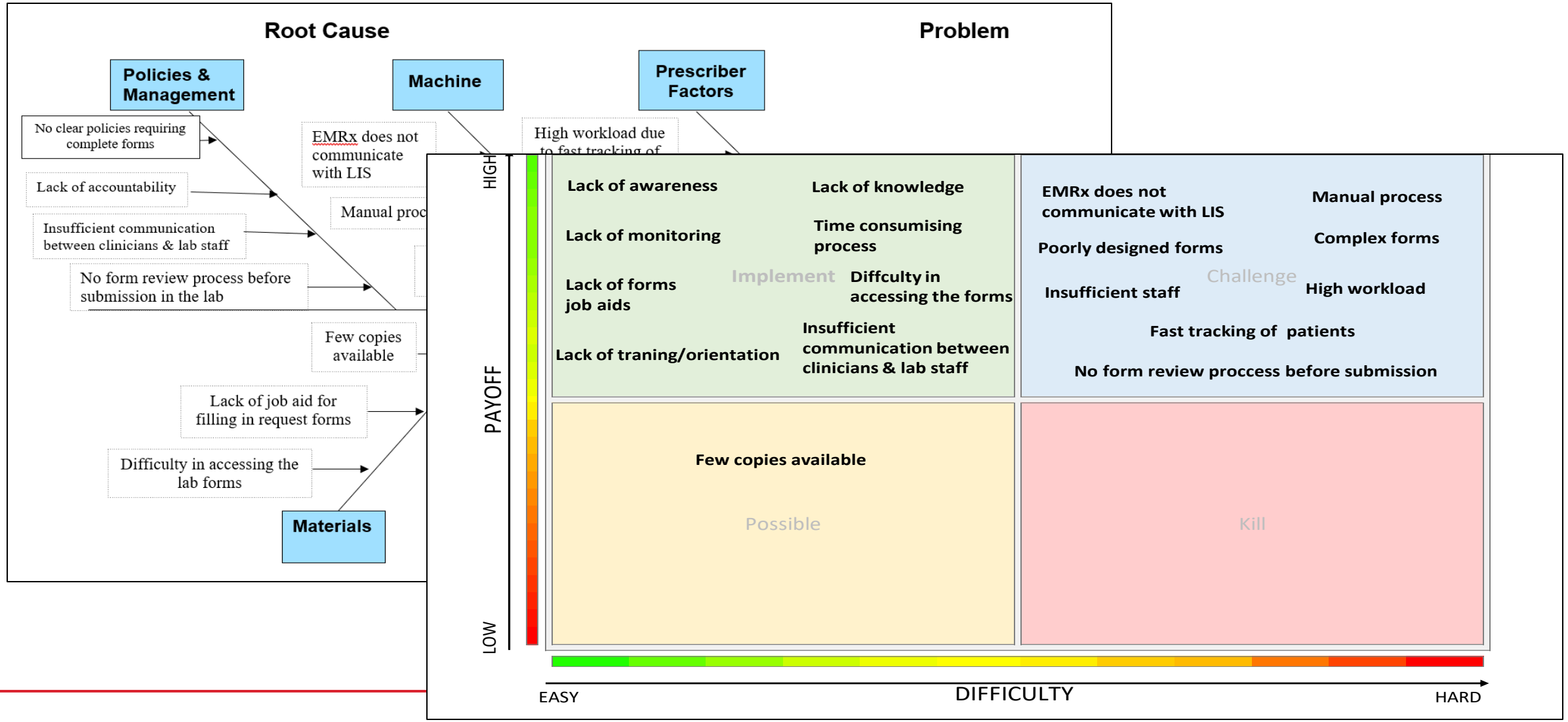
Methods

To Improve the Completeness of Laboratory Request Form Documentation and Conform to ISO 15189:2022 Standards.

Lindokuhle Dlamini, Florence Anabwani-Richter, Bhekisisa Mavimbela, Phepsile Lukhele

- Assessment:
  - Baseline data: 125 LRFs. 95% were incompletely filled. Of these LRFs, 90% had no documented facility name and code, 67% lacked a patient cell phone number, 38% had no clinical information and 23% had no national identity number.
  - Root cause analysis: Root cause analysis identified issues related to fast tracking of patients and staff knowledge gaps on LRFs.
- Intervention :
  - Comprehensive training sessions were held for physicians, nurses, and laboratory personnel.
  - A standardized checklist was introduced.
  - A pre-populated LRFs were developed as a job aid.
- Evaluation:
  - A random audit of 10 LRFs was conducted daily to monitor compliance and identify ongoing training needs.
  - Data were analyzed weekly.
  - Immediate feedback was provided to staff.

What tools did you use?



Results – What did you find?

- What happened? Sequence of events, number of participants.
- Success of implementation using measures. How will you display your data?
- How the intervention and implementation evolved (PDSA cycles)?
- Were there challenges that may have impacted the results, such as resource limitations, staffing, organizational culture?

Results

Improving infant prophylaxis coverage through continuous quality improvement (CQI) interventions for HIV-exposed infants at a remote site, in Mangochi Malawi

Lufinah Kadalinga, Sangwani Longwe, Victor Guzani, Rachael Manyeki, Linley Hauya, Amidu Kachinga, Carrie Cox, Katherine Simon, Elizabeth Wetzel

During the CQI period intervention (January 2023–May 2024), 180 of 205 infants were started on prophylaxis (88% coverage), an improvement from 57% coverage pre CQI initiation (January-December 2022) where only 84 out of 147 infants received prophylaxis. Of the 25 infants not started on prophylaxis, 9 were home deliveries who had not received prophylaxis at ANC, 5 mothers had interrupted treatment during pregnancy, and 11 were missed due to ARV stockout.

CQI Interventions implemented- PDSA Cycles

	Plan: Change Idea	Do: Implementation	Study: Observations	Act: Lessons carried forward
Cycle 1	Healthcare workers (HCWs) orientation on Clinical HIV guidelines (PMTCT protocols).	Utilized facility meeting held on monthly basis to re-orient HCWs on guidelines and availed guidelines at ART and maternal departments.	Providers began adhering to Clinical HIV guidelines (PMTCT protocols).	Continued mentorship and supervision for HCWs.
Cycle 2	Increased frequency of ppx health education talks from weekly to daily.	Adjusted facility rota to accommodate daily ppx health talks.	PWLHIV attended all maternal clinic visits and were adherent to ART.	Ppx health talks were adopted as a daily standard routine at facility for PWLHIV.
Cycle 3	Project lead was assigned to monitor facility ARV stock levels.	Facilitated re-allocation of ARV drugs from other facilities during low levels of supply.	Developed schedule to track stock levels.	Observed continuous availability of ARV drugs at the facility.

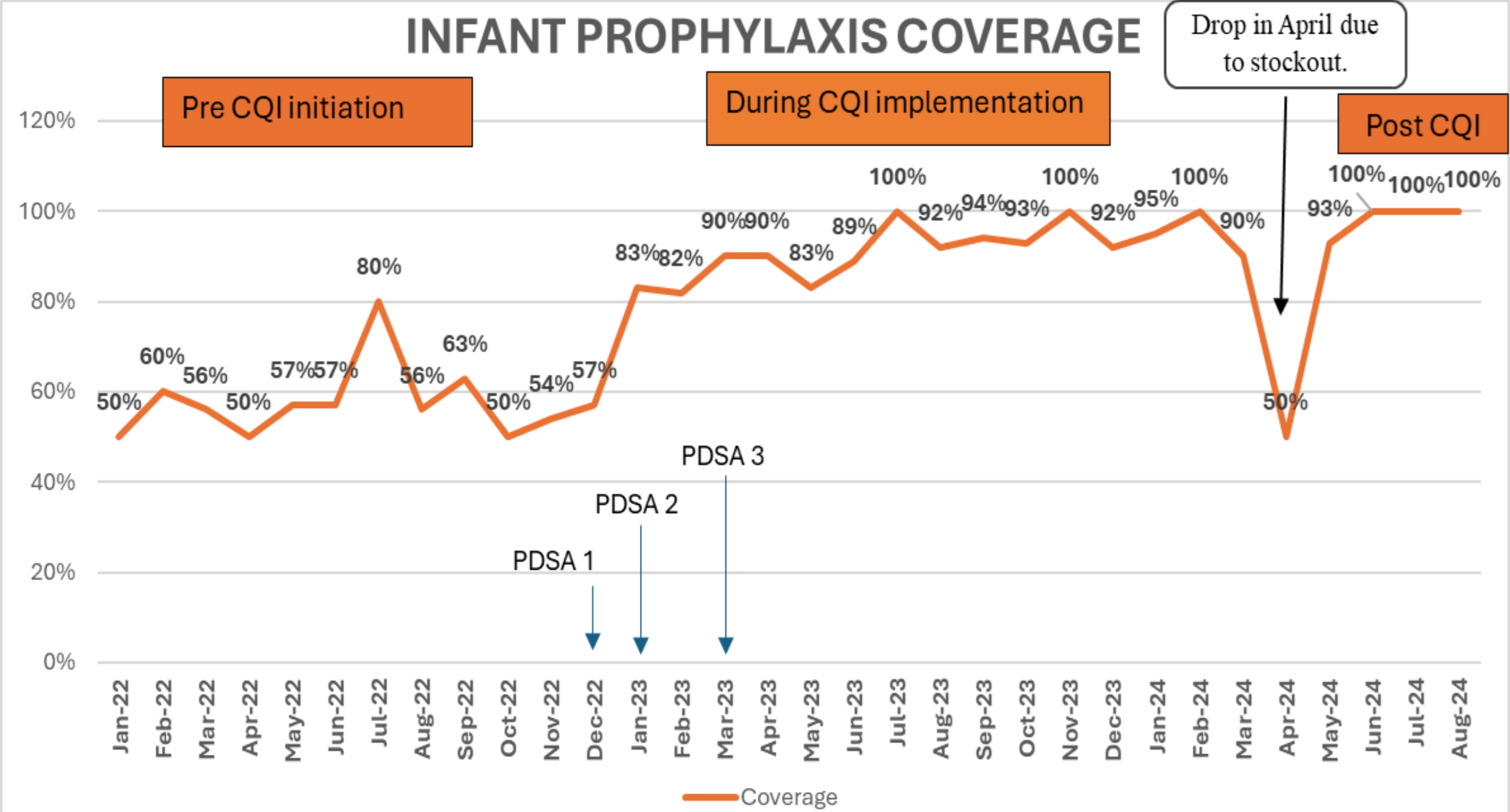


Figure 1: Infant prophylaxis coverage, January 2022 - August 2024

Conclusions/Discussion – What does it mean?

- States the primary take-home message.
- Summarizes strengths; addresses limitations.
- Conclusions align with purpose of the study.
- Significance of the findings contextualized for the audience.
- Identifies next steps.

Improving Functionality of Health Facility Quality Improvement Committees; Experiences from Bunyoro Region, Uganda.

Andrew Ndawula, Roger Ssebunya, Betty Nsangi, Denise Birungi, Dithan Kiragga
Baylor Foundation Uganda, Kampala, Uganda

Discussion

- Increasing need for efficiency in the HIV services requires functional Quality Management infrastructure for improvement in performance of HFs and patient care.
- National QI policies such as NQIF&SP for Uganda provide frameworks for development of Quality Management tools such as the standardized FQIC assessment tool which provide organizations, governments and HFs with methods of monitoring QIC functions and coaching.
- We have scaled up this methodology to support District QI Committees which are mandated to support FQICs.

A note on grammar

- Proofread your abstract for grammar! **And proofread again!!**
- Avoid jargon as much as possible.
- Spell out acronyms with first use.
- Use concise, clear language.
- Start with long draft and edit down!

What are reviewers looking for?

Criteria	1 (Poor)	2 (Fair)	3 (Moderate)	4 (Strong)	5 (Excellent)
Intervention Design & Implementation	No clear intervention or rationale	Weak design, minimal description	Intervention described, but lacks details	Well-described, minor gaps	Strong, well-executed intervention
Measurement & Evaluation	No clear evaluation method	Poorly defined measures			easurement h clear
Impact & Sustainability	No evidence of impact or sustainability	Minimal impact, unclear sustainability			t, sustainable nt
Network Relevance	Too narr applicab				vant; all Network arn from this
Innovation & Novelty	No new been pre				nal; significantly ibution
Writing Quality & Organization	Poorly w gramma confusing structure	spelling or organization	grammar or clarity issues	minor grammatical issues	larity and logical o grammatical errors

- 30-point scale
- 6 categories worth 5 points each

Note: The examples for these criteria apply to abstracts about QI projects. You may be describing preliminary work to begin a project. If that is the case, focus on how you will use QI methodology as much as is applicable.

Intervention design and implementation

1. Weak. No clear intervention or rationale.
   Such as: No systematic evaluation of problem, or root cause(s). No description of change ideas, development of intervention(s) or implementation plan.
2. Fair. Weak design, minimal description.
   Such as: Uses some elements of QI methodology and design, but with minimal description.
3. Moderate. Intervention described, but lacks details.
   Such as: QI process to arrive at interventions and implementation is described, but details are insufficient to replicate them.
4. Strong. Well-described, minor gaps.
   Such as: Well-described QI methodology including tools that were used to develop project. There are minor gaps.
5. Excellent. Strong, well-executed intervention.
   Such as: Strong, well-executed QI project plan with thorough description of development process and QI tools used.

Measurement and evaluation

1. Weak. No measures or evaluation included.
2. Fair. Measures are not suited to evaluate interventions or are poorly defined.
   Such as: Measures are too broad or not relevant to interventions.
3. Moderate. Some evaluation, but lacks rigor.
   Such as: Measures are appropriate but there is no data collection plan or measures maybe difficult to collect.
4. Strong. Strong evaluation, some limitations
   Such as: Measure are well defined but some categories are lacking (eg. no balance measures) or data collection plan does not take resource limitations into account.
5. Excellent: Excellent measurement strategy with clear outcomes
   Such as: Measures are well-chosen for relevance and availability. M and E team is involved in project development. Data collection plan is feasible with well-defined acoountabilities.

Impact and sustainability

1. Weak. No evidenc
2. Fair. Minimal impa

   Such as: Interventions … they were impractical or poorly
3. Moderate. Some i

   Such as: Interventions … ndily available to sustain ga
4. Strong. Demonstra

   Such as: Interventions … s strategies for sustainability.
5. Excellent. High imp

   Such as: Project used an iterative process to achieve its aim(s) and includes evidence of sustainability.

For projects in progress:

- May not have demonstrated improvement yet, but clear description of iterative process to overcome challenges.
- Sustained enthusiasm and participation in project.

Network relevance

1. Weak. Too narrow; limited applicability to other sites.
   Such as: Project has local relevance only. Approach cannot be applied to other sites.
2. Fair. Somewhat relevant; limited learning for others.
   Such as: Although project has limited relevance for other sites, there are some aspects of the methodology that may be helpful across the Network.
3. Moderate. Moderately relevant across Network sites.
   Such as: The project addresses issues that sometimes occur at other sites. Methodology may be applicable to similar issues at other sites.
4. Strong. Broadly relevant across multiple sites.
   Such as: The issues addressed by the project are common at other sites. Resources to employ methodology are typically available across the Network.
5. Excellent. Highly relevant; all Network sites can learn from this work.
   Such as: Project solves a common issue that occurs across the Network. Other sites should replicate the project.

Innovation and novelty

1. Weak. No new ideas, work has been presented previously.

   Such as: The project repeats interventions to address an issue that has been resolved.

2. Fair. Slightly innovative.

   Such as: The project uses a novel approach to address a minor, but recurring problem.

3. Moderate. Some new elements or perspectives.

   Such as: The project utilizes methodology that requires fewer resources to address a minor problem.

4. Strong. Clearly innovative, introduces a fresh approach.

   Such as: The project uses innovative interventions or implementation to address a stubborn, significant problem.

5. Excellent. Highly original; significantly novel contribution.

   Such as: The abstract identifies root cause(s) for a common problem that have not been previously described and uses novel methodology to affect significant, sustainable improvement.

Writing quality and organization

1. Weak. Poorly written; many grammar/spelling errors; confusing structure.
2. Fair. Weak writing; multiple issues with grammar/spelling and organization.
3. Moderate. Mostly clear, some grammar or clarity issues.
4. Strong. Clear, well-structured with minor grammatical errors.
5. Excellent. Excellent clarity and logical flow with no grammatical errors.

What you will get from reviewers

Program description abstracts

- If your abstract is about your QI program, it may be more suitable for consideration as a program description abstract.
- *Best suited for: Descriptions of innovative programs, activities, or initiatives that address specific needs in clinical care, public health, or health systems in unique or effective ways.*
- Sections
  - Background
  - Description
  - Evaluation and outcomes
  - Lessons learned
  - Next steps

2025 timeline for abstracts

16 May 2025: coaching requests due
**we will try to match QI abstracts with coaches who have QI expertise*

13 June 2025: **submission deadline**

25 August 2025: notification of acceptance

3-7 November 2025: Network Meeting in Johannesburg

Submit!!

- https://www.texaschildrens.org/NWM2025
- Designate abstract type: QI
- Select thematic category
- Oxford abstract sul
  - Navigate
  - Click "Cr
  - Select "Continue with email" for registration.
  - Enter your Foundation email and full name.
  - Create password with 8 characters, one number, one letter.
  - Re-enter password for confirmation.
  - Click "Create account" to finalize.
  - Fill out the submission form and submit your abstract.

Word limit: 450 words!!!

Select a Thematic Category

- **Clinical excellence** (e.g., Mental Health Integration in Patient Care, Health Literacy as a Foundation for Patient Empowerment, Innovations and Differentiated Service Delivery Models, Test-Treat-Link Strategies for Communicable Diseases, and Innovative Models for Chronic Disease Management) .
- **Technology and innovation** for health system strengthening.
- **Quality Improvement** Methodologies in Resource-Constrained Settings.
- **Doing More with Less** (e.g., Crisis Response Strategies and Adaptations and Healthcare Worker Resilience).
- **Education and Training** Innovations for Healthcare Workers.

Identifying the author team

- Engage co-authors or potential co-authors **early** in the writing process
- Ensure everyone will fulfill authorship criteria; if not, help them get there!
- “Nothing about us without us” – ensure engagement of investigators from sites where data are generated
- Executive Director approval

Who is considered an author?

- "The International Committee of Medical Journal Editors (ICMJE) recommends the following 4 criteria:
  - Substantial contributions to the conception or design of the work; OR the acquisition, analysis, OR interpretation of data for the work; **AND**
  - Drafting the work OR reviewing it critically for important intellectual content; **AND**
  - Final approval of the version to be published; **AND**
  - Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- An author should also be able to identify which co-authors are responsible for specific other parts of the work.
- Authors should have confidence in the integrity of the contributions of their co-authors."

https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Why does authorship matter?

- Grants credit for the work that was done.
- Indicates that those listed as authors are responsible and accountable for the abstract.
- Some journals will require the manuscript to include details on how each individual contributed to the study.

https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Avoid ghost authors and gift authors

- Ghost author: Someone who substantially contributed to the study and meets authorship criteria but does not appear on author list.
- Gift author: Someone who doesn't qualify as an author but is named as an author.

Non-Author Contributors

- Those who do not meet all 4 criteria for authorship may be acknowledged for their contributions to the study.
- Examples of contributions include:
  - Procurement of funding
  - Administrative support
  - Writing assistance
  - Technical editing
  - Language editing
  - Proofreading

https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

References

- Abstracts are not required to list references; however, authors should keep track of references used so they can be listed in an eventual manuscript
- Multiple citation styles – follow requirements for your target journal
- National Library of Medicine (NLM) style is used by the ICMJE
  - https://www.nlm.nih.gov/bsd/uniform_requirements.html

https://www.nlm.nih.gov/bsd/uniform_requirements.html

Get ready to Share your QI work at the Network Meeting!