Writing a successful Quality Improvement Abstract.

Network Meeting 2026

21st May 2026

Richard Jjuuko Kyakuwa

Sue Torrey

Objectives

List the characteristics of a high-quality QI abstract.

Describe the content that should fit within each section of a QI abstract.

Explain the rubric (Scoring Guide) that will be used to review the QI abstracts.

Identify and differentiate between primary authors and non-author contributors in scholarly publications

Network Meeting Structure for QI Abstracts

- ***Title***
- ***Purpose/Introduction (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.*

SQUIRE Guidelines 2.0

SQUIRE stands for Standards for QUality Improvement Reporting Excellence. The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare. They are intended for reports that describe system level work to improve the quality, safety, and value of healthcare.

Read More!

http://www.squire-statement.org/

SQUIRE Guidelines

- Provide a framework/standards for **reporting new knowledge** about how to improve healthcare.
- Used to 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).
- Can be adapted to many approaches.
- Authors should consider every SQUIRE item, **but** may not need to include every SQUIRE element in a particular manuscript.
  - ***And certainly, won't have space to include all in an abstract!***

SQUIRE – Title & Abstract

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)
2. Abstract	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 problem, methods, interventions, results, conclusions

Title

- Summarize the essence of the abstract, including gaps in knowledge.
- Persuade the viewer to read it!
- Describe the aim of the project (what) and the context (where) in which it occurred, and target (who).
- Use terms to identify it as about healthcare.
- It is about an initiative to improve safety, value and/or quality (how).
- Ensure your work will be found readily in a literature search.

Quality Improvement Title 1

Enhancing comfort and support for paediatric cancer patients and their guardians through clean and safe hospital environments: a quality improvement initiative at Kamuzu Central Hospital, Malawi

What? **Who?** **Where?** **How?**

Baylor Foundation Uganda

Memory T. Sabantini, Florence Chilu, Sellina Lemon, Tabitha Chimtengo, Jessie Simkonde.
Baylor Foundation Malawi

Quality Improvement Title 2

Enhancing HIV screening in pregnant women across 17 quality improvement (QI) supported LGAs: a scalable QI model for PMTCT in Jigawa State, Nigeria

What? Who? Where? How?

Baylor Foundation Uganda

S.J. Abdullahi[1], O. Ogundare[1], R. Abba[1], C. Anoke[1], P. David Gbado[1], R. Atteh Omolade[2], T. Ilori[2], M. Abdulwahab[3], S. Magaji[1]

Purpose/Introduction: Why did you start?

3. Problem Description	Nature and significance of the local problem
4. Available knowledge	Summary of what is currently known about the problem, including relevant previous studies
5. Rationale	Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	Purpose of the project and of this report

Purpose/Introduction: Why did you start?

Should speak to:

- What was the topic?
- **What is the Quality Problem**/Gap { Current Practice and Expected Performance}

  " If there is no Gap- It's not worth studying."
- **Why is it Important beyond your local institution?** {What prior QI strategies have worked or not worked to address this gap}
- What is your Aim **(SMART)**

Purpose/Introduction: Why did you start?

Should speak to:

- What was the topic?
- **What is**
  Expecte
  " If th
- **Why is it Important beyond your local institution?** {What prior QI strategies have worked or not worked to address this gap}
- What is your Aim **(SMART)**

Make a good "sales pitch" to capture interest!

Purpose Example

HIV testing at initial antenatal care (ANC1) is essential for preventing mother-to-child transmission (PMTCT).

In Jigawa state, Nigeria, where HIV prevalence is 0.3%, average HIV testing coverage among pregnant women during ANC1 in 17 QI projects supported LGAs was just 37% from January to March 2024, posing significant challenges to PMTCT efforts.

This study evaluates the impact of a Quality Improvement approach in addressing poor testing to 90% in low-resource communities by December 2024.

Baylor Foundation Uganda

S.J. Abdullahi1, O. Ogundare1, R. Abba1, C. Anoke1, P. David Gbado1, R. Atteh Omolade2, T. Ilori2, M. Abdulwahab3, S. Magaji1

Methods

Methods	*What did you do?*
7. Context	Contextual elements considered important at the outset of introducing the intervention(s)
8. Intervention(s)	a. Description of the intervention(s) in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
9. Study of the Intervention(s)	a. Approach chosen for assessing the impact of the intervention(s) b. Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	a. Measures chosen for studying processes and outcomes of the intervention(s), 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
11. Analysis	a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data, including the effects of time as a variable
12. Ethical Considerations	Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest

Methods: What did you do?

Most Important Section of your Work- Readers understand how they can translate your reported innovation/intervention into their own Setting

Address:

1) Context (Setting, Participants) Teaming (QIT, WITs)
2) Measures
3) Detailed description of the intervention **(Step-by-step of what you did)**
4) Use Tools such as Flow charts, fishbone diagrams, 5 Whys analysis, Pareto charts, and driver diagrams to identify clear root causes of the problem- **"For QI the devil is in the details."**
5) **Demonstrate iterative testing**/ refining and implementation of interventions. Clearly articulate the linkage between the problem and the proposed solution
6) Describe at least 2 PDSA cycles or more

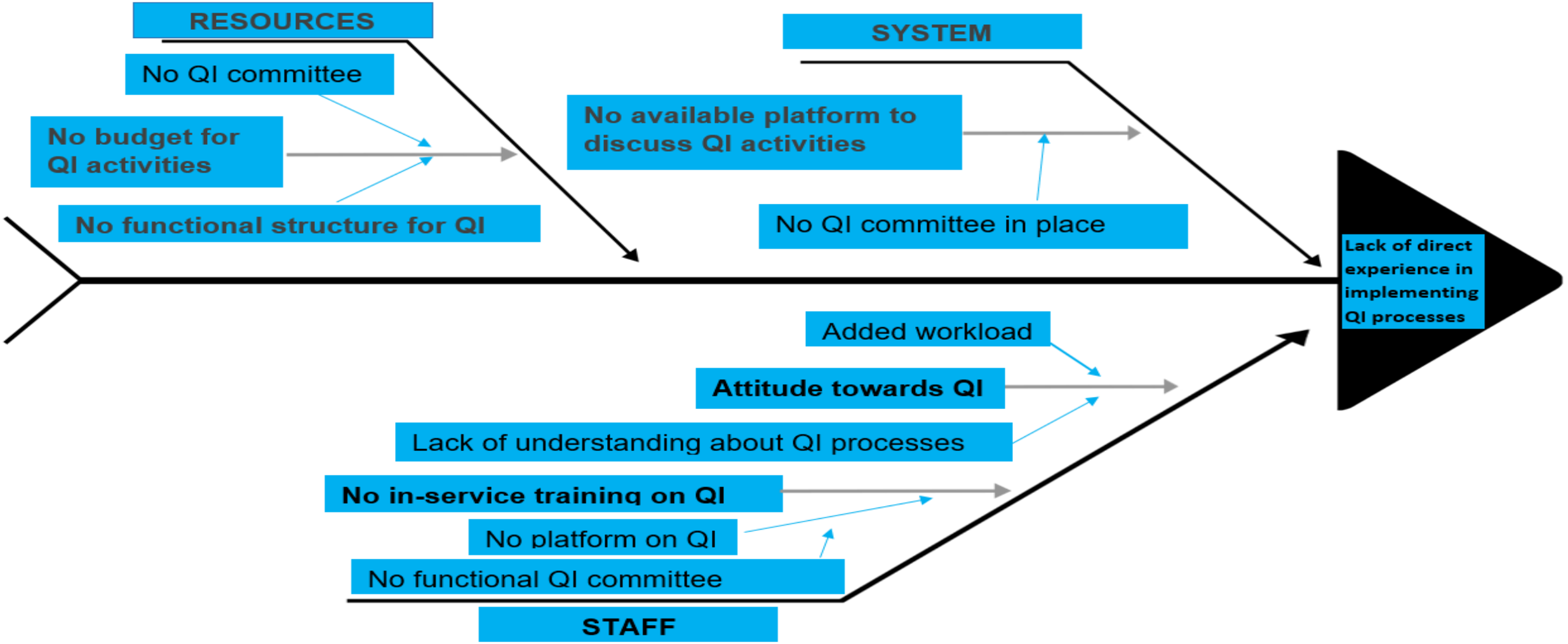
Example of a Methods section

A QI training facilitated by Jhpiego, a multidisciplinary team comprising a midwife, facility manager, lab technician, and Ward Development Committee chairman, was established at the LGA. Trained in the WHO Point of Care QI methodology, the team aimed to achieve 90% HIV testing coverage for first antenatal care (ANC1) attendees by December 2024. Utilizing the Plan-Do-Study-Act cycle, they identified challenges—including interrupted kit supplies, poor inventory management, complex client flows, and inadequate staff coordination—using Fishbone diagrams, flow charts, and the 5 Whys. Interventions such as securing alternative procurement channels via the Basic Health Care Provision Fund (BHCPF) or Drug Revolving Fund (DRF), role reassignment, weekly inventory reporting, and prompt requisitions at 70% stock depletion were tested in 3–4 cycles. Monthly data from PMTCT registers, analysed via the National HMIS and monitored with run charts, guided the scaling up of successful strategies across 17 LGAs, supported by on-site coaching to ensure sustained improvements.

Baylor Foundation Uganda

S.J. Abdullahi[1], O. Ogundare[1], R. Abba[1], C. Anoke[1], P. David Gbado[1], R. Atteh Omolade[2], T. Ilori[2], M. Abdulwahab[3], S. Magaji[1]

Root Cause



Siniketiwe Diamini, Thobile Bhembe, Thembela Mavuso, Phindile Simelane, Wandile Mabaso, Sandile Dlamini, Sarah Perry, Rebecca Jones Munger, Baylor Foundation Eswatini

Key Driver Diagram

SPECIFIC AIMs

Global Aim: Reduce early inpatient mortality rate by 35% over 18 months

Phase 1 AIM: Increase appropriate triage and assessment of all patients seen in U5 to 100% within 6 months.

What changes can we make that will result in an improvement?

PRIMARY DRIVERS

- Providers Understand ETAT
- Nursing leadership investment in accountability
- Standardized Triage process
- Clear Documentation of ETAT/Triage
- Patient flow that facilitates triage and treatment
- Adequate and reliable equipment for assessment and treatment
- Appropriate Handover of admitted patients

CHANGE STRATEGIES/INTERVENTIONS

- Train all U5 providers
- Ongoing in-service mentorship
- Repeat trainings for interns
- Regular M&M conferences/case discussions/feedback

- Dedicated triage person
- Implement formal process map for triage
- Define and assign specific roles of the team and cross-train roles

- Use stamp on admissions page
- Develop form or box for clear documentation of interventions
- Attach PEWS-RL page on every admission packet; fill in for E and P patients

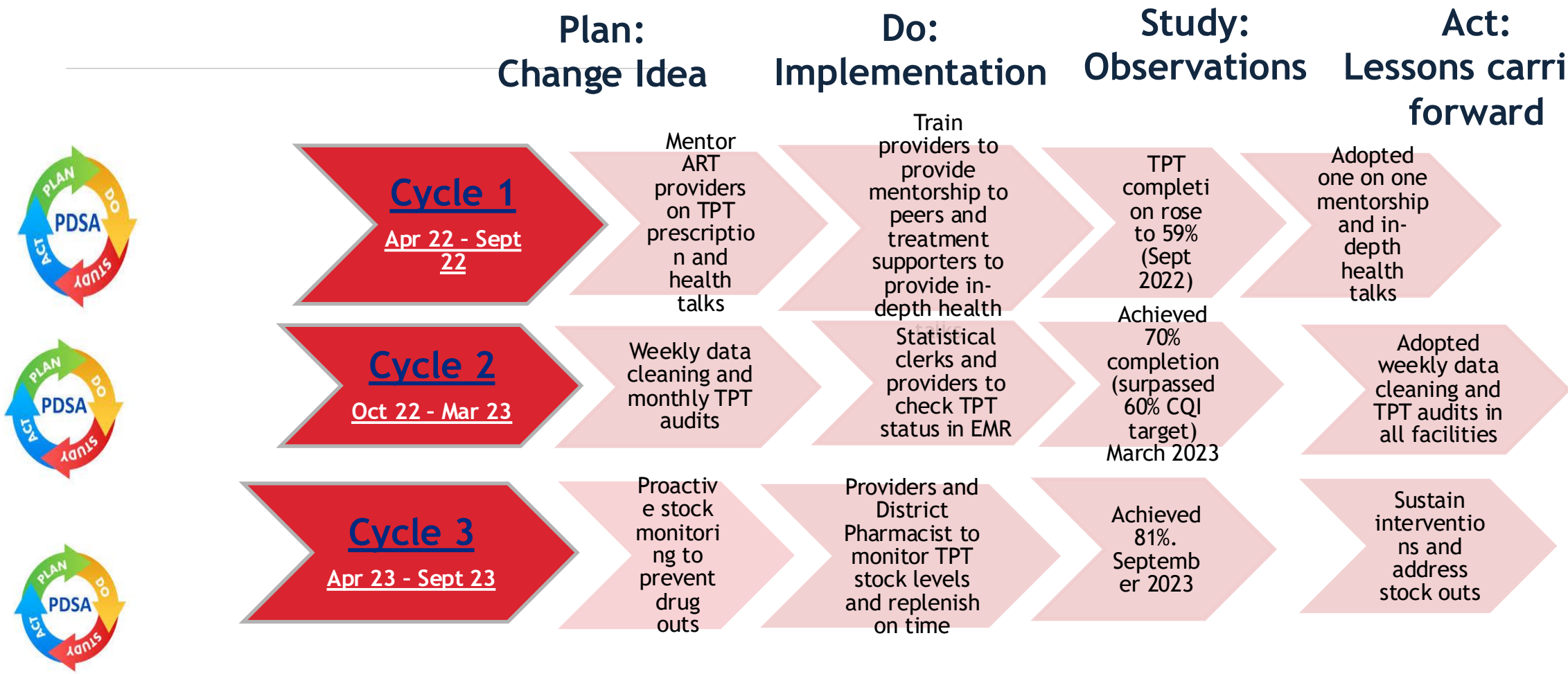
- Reorganize U5 (such as utilize back room for resuscitations/acute interventions (E&P patients) for more space

- Investigate whether backup power for U5 is available to keep O2 flowing and what happens to O2 when power comes back on; backup O2 cylinder in U5;
- Wall clock for manual HR and RR counting.
- Investigate what VS monitoring resources we currently have and secure them.
- Develop process for tracking and maintaining equipment.

Implement process for handover from U5 (SBAR vs IPASS)

Dr. Mercy Kumwenda, Dr. Elizabeth Davis, Baylor Foundation Malawi

Fig 3: CQI Interventions Implemented - PDSA Cycles



Baylor Foundation Uganda

Benjamin Jere[1], Felix Joshua[1], Andrew Sulani[1] Alick Gwedeza[1], Francis Moyo[1], Robert Majoni[1], Gift Kaunda[1], Harold Mwareya [3], Alex Kabwinja[1], Elizabeth Wetzel[1,2], Carrie M Cox[1,2], Katherine R Simon[1,2], Baylor Foundation Malawi

Results

13. Results

a. Initial steps of the intervention(s) 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 process measures and outcome
c. Contextual elements that interacted with the intervention(s)
d. Observed associations between outcomes, interventions, and relevant contextual elements
e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s).
f. Details about missing data

Results: What did you find?

- Use tools such as **Timeline diagrams, Run charts, Flow charts,** and Tables to demonstrate the initial steps of the interventions/modifications and their evolution over time
- Details of the process and outcome measures
- Contextual elements that interacted with the intervention(s)
- Observed associations between outcomes, interventions, and relevant contextual elements
- **Unintended consequences** such as unexpected benefits, problems, failures, or costs associated with the intervention(s)
- Details about missing data

Results 2

- HIV testing coverage for ANC1 improved from 37% in March to 82% in November 2024, identifying 16 positive cases placed on treatment. Sustained gains through monthly performance reviews, inventory management, and real-time data collection.

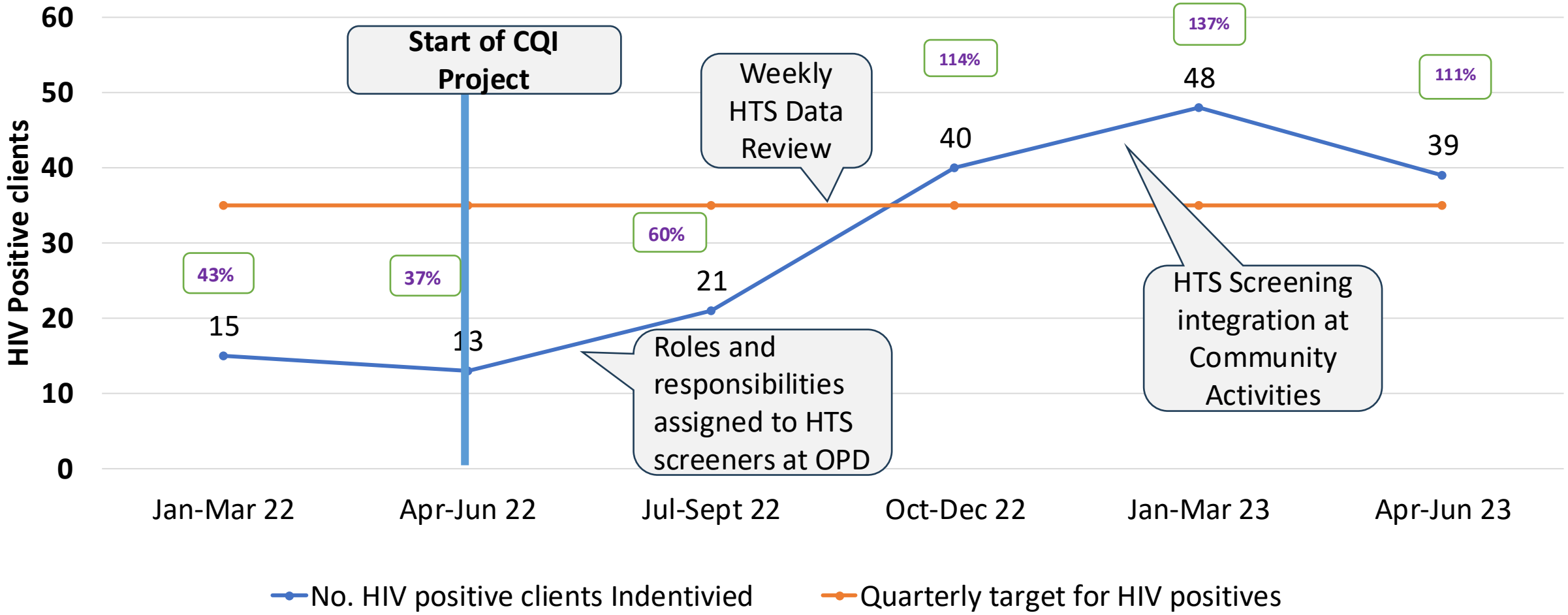
Results

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.

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

Results

Graph Showing % HIV-positive clients identified against the quarterly target at Mukuju HCIV from Jan-March 22 to Apr-Jun 2023 (Qtly-Target 35)



Nathan Okiror[1], Rhona Barusya[1], Daniel Esogu1, Winnie Akobye[1], Jagire Onyango[3], Richard Jjuuko[2], Rogers N. Ssebunya[2], Alex Mugume[1], Dithan Kiragga[2], Baylor Foundation Uganda

Discussion

14. Summary	a. Key findings, including relevance to the rationale and specific aims b. Particular strengths of the project
15. Interpretation	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
16. Limitations	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
17. Conclusions	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

Discussion: What do your results mean?

Key findings, including relevance to the rationale and specific aims

Particular strengths of the project

Interpretation

- Nature of the association between the intervention(s) and the outcomes
- Comparison of results with findings from other publications
- Impact of the project on people and systems
- Reasons for any differences between observed and anticipated outcomes, including the influence of context
- Costs and strategic trade-offs, including opportunity cost

Discussions/Next Steps

QI demonstrated the potential for targeted improvements in HIV testing and case findings, where service providers identify key barriers to care and propose solutions. This model has the potential for scalable, context-specific improvements in PMTCT programmes and can be replicated in similar settings.

Discussion/Next steps

Integrating PLHIV networks into facility-based service delivery, supported by routine data, can effectively improve client retention. Key enablers were peer leadership, facility ownership, and improved EMR data use.

Limitations included initial inconsistencies in data use and varying peer engagement capacity across sites. Moving forward, we plan to digitalize peer follow-up tools, strengthen community-facility feedback loops, and expand the model to other high-priority regions.

Antony Kugonza, Aston M, Richard JK, Deborah M, Esther N, Ronald O, Emma T, Calvin E, Betty N, Albert M, Denise B, Dithan Kirgga, Baylor Foundation Uganda

A QI Intervention with Negative Results

A well-conducted QI intervention with Negative Results is important to be disseminated

- Learning for Other teams
- Others can build on what is already known
- Efficient- No resource wastage to do a failed intervention

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 in a QI abstract?

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	Some evaluation, but lacks rigor	Strong evaluation, some limitations	Excellent measurement strategy with clear outcomes
Impact & Sustainability	No evidence of impact or sustainability	Minimal impact, unclear sustainability	Some impact shown, sustainability unclear	Demonstrates clear impact & future application	High-impact, sustainable improvement
Network Relevance	Too narrow; limited applicability to other sites	Somewhat relevant; limited learning for others	Moderately relevant across Network sites	Broadly relevant across multiple sites	Highly relevant; all Network sites can learn from this work
Innovation & Novelty	No new ideas, work has been presented previously	Slightly innovative	Some new elements or perspectives	Clearly innovative, introduces a fresh approach	Highly original; significantly novel contribution
Writing Quality & Organization	Poorly written; many grammar/ spelling errors; confusing structure	Weak writing; multiple issues with grammar/ spelling or organization	Mostly clear, some grammar or clarity issues	Clear, well-structured with minor grammatical issues	Excellent clarity and logical flow with no grammatical errors

What are reviewers looking for in a QI abstract?

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Writing Quality & Organization	Poorly wr grammar confusing structure	organization	or clarity issues	minor grammatical issues	rity and logical 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 evidence of impact or sustainability.
2. Fair. Minimal impact, unclear sustainability.

   Such as: Interventions chosen have not resulted in improvement either because they were impractical or poorly implemented.
3. Moderate. Some impact shown, sustainability unclear.

   Such as: Interventions resulted in some improvement, but resources are not readily available to sustain gains.
4. Strong. Demonstrates clear impact and future application.

   Such as: Interventions resulted in considerable improvement. Abstract identifies strategies for sustainability.
5. Excellent. High impact, sustainable improvement.

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

Impact and sustainability

1. Weak. No evidence of impact or sustainability
2. Fair. Minimal impa
   Such as: Interventions they were impractical or poorly i
3. Moderate. Some i
   Such as: Interventions dily 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

Submit!!

- https://www.texaschildrens.org/NWM2026

- Designate abstract type: QI
- Select thematic category
- Oxford abstract submission platform
    - Navigate to Oxford Abstracts via submission link on NWM 2025 landing page.
    - Click "Create an account" to register.
    - 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.

Submit!!

- https://www.texaschildrens.org/NWM2026

- Designate abstract type: QI
- Select thematic category
- Oxford abstract sub
    - Navigate
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    - Enter you
    - 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: 400 words!!!

Limit to 2 tables or figures

Select a Thematic Category

- **Advancing Self Reliance through Sustainable and Innovative Health Systems**
  - This track highlights clinical, programmatic, and financing innovations that improve efficiency, resilience, and sustainability of health systems—such as differentiated service delivery models, task shifting, community-owned approaches, innovative financing mechanisms, and strategies to navigate funding disruptions while maintaining equitable, high-quality access to care.
- **Integrating priority health services into Primary Health Care to advance outcomes**
  - This track focuses on experiences integrating priority disease and population health services into primary health care platforms to improve access, clinical outcomes, continuity of care, efficiency, and system performance across diverse settings. The focus will include health care integration of HIV, TB, SHR with NCD services into primary care models, transitioning vertical programs into primary health care or government-led models, building a fit-for-purpose workforce to support new models, clinical policies to address equitable access, as well as strategies to engage diverse community stakeholders in primary healthcare decision-making processes.
- **Strengthening Global Health Security through Preparedness, Response, and Innovation**
  - This track focuses on enhancing preparedness, prevention, early detection, and response to emerging and re-emerging public health threats, including the use of data-driven and technological innovations to strengthen immunization, surveillance, and laboratory systems to support early detection and safe response and strengthen health system resilience.
- **Clinical and Programmatic Innovations to Drive Quality of Care**
  - This track highlights clinical, operational, and programmatic innovations that measurably improve the quality, safety, and patient-centeredness of care across all services delivered within the Network. These include approaches across a wide range of clinical and programmatic areas such as HIV, TB, SRH, maternal and newborn health, small and sick newborn care, sickle cell disease, and childhood cancer. Technology enabled innovations to improve care delivery, patient experience, or provider performance, such as digital and data enabled tools, AI supported decision aids, mobile health applications, point of care technologies or monitoring devices, or digital dashboards would also be featured in this track.

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

2026 timeline for abstracts

18 May 2026: coaching requests due
https://app.oxfordabstracts.com/stages/81860/submitter
**we will try to match QI abstracts with coaches who have QI expertise*

22 June 2026: **submission deadline**

26 August 2026: notification of acceptance

9-13 November 2026: Network Meeting in Johannesburg

“If you want to go fast, go alone. If you want to go far, go together.”

— African Proverb