## RAPID CRITICAL APPRAISAL OF A QUALITY IMPROVEMENT PROJECT

## PROJECT DESCRIPTION/LEVEL OF STUDY

Project title:	Systematic review or meta-analysis of RCTs
Date:	RCT Level II  Controlled Trial without Level III
Reviewer(s) name(s):	Randomization  Case-Control and Cohort Study  Level IV
PICOT Question:	Systematic review or meta-synthesis of descriptive or qualitative studies  Descriptive or Qualitative Study,  Clinical Practice Guideline  Literature Review, QI or EBP Project  Expert Opinion  Level VII
Article citation (APA):	
Indicate the level of the study you are appraising:	
Recommendation for article inclusion in the body of evid	ence to answer your question:
GENERAL DESCRIPTION	OF STUDY
OVERVIEW	
1. Purpose of study/article/project:	
1. Design/Method:	
2. Sample:	
3. Setting:	
4. Data Collection:	

## **QUALITY OF STUDY** VALIDITY: Are the results of this study valid? 1. Was an improvement method clearly identified? ☐ Yes ☐ No ☐ Unknown What was the improvement method? 7 PDSA ☐ Lean Process CQL □ TQM Six Sigma Other: ☐ Yes ☐ No ☐ 2. Was the need for improvement clearly described? Unknown Was the current state of the process discussed? ☐ Yes ☐ No Was the intended impact of improvement predicted and outlined? \( \subseteq \text{Yes} \subseteq \text{No} \) 3. Were the stakeholders and organizational culture clearly ☐ Yes ☐ No ☐ Unknown described? Were the stakeholders involved in decisions to make changes? ☐ Yes ☐ No (e.g. champions, supporters, early adapters, clinicians, care givers, patients, process owners) 4. Were the project methods clearly described and appropriate ☐ Yes ☐ No ☐ Unknown for the aim? Was the setting clearly described and appropriate (e.g. unit, clinic)? ☐ Yes ☐ No Were the participants (e.g. clinicians, patients, groups) clearly described and appropriate? Yes No Was the aim of the improvement project specific, measurable, actionable, ☐ Yes ☐ No relevant, time bound (e.g. SMART)? 5. Was the planned improvement intervention (e.g. action plans) ☐ Yes ☐ No ☐ Unknown described in enough detail to be replicated?

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on ev			
	ternal Evidence: Published Research Published QI Reports Benchmarks QI data (Local Data)	Internal Evidence: ☐ Failure Mode and Effects Analysis (analysis o☐ Key Driver Analysis (Local Data) ☐ Pareto Analysis (Local Data)	of causes of dysfunction)
	utcome of interest?  Did the baseline data	ne data collected and reported for a indicate the need for improvement?   Yes No ole tools used for measurement of the outcome to be in	☐ Yes ☐ No ☐ Unknowmproved? ☐ Yes ☐ No
		ction planned and appropriate to project resulted in an improvement?	☐ Yes ☐ No ☐ Unknov
evalu	nate whether the QI	ons were made to the planned on, were they based on outcome data	
If ada improfrom	aptations/modifications/modifi	ons were made to the planned on, were they based on outcome data	Yes No Unknov

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12. Was •	there freedom from conflict of interest? Sponsor/funding agency Investigators	☐ Yes ☐ No ☐ Unknown
13. Was	the date range of the cited literature current?  What date ranges were included? ? to  o If older literature was included, why was it included?	☐ Yes ☐ No ☐ Unknown
RELIABILIT	Y: Are these valid study reports important?	
14. Were •	the statistical analysis methods appropriate?  What was the unit of analysis (e.g. clinician, clinician group, care area, pro	☐ Yes ☐ No ☐ Unknown ocess, etc.)?
•	What was measured?	
•	Were the statistical analysis methods clearly described? ☐ Yes ☐ No If multiple improvement interventions were used, was statistical analysis conducted on each intervention?	☐ Yes ☐ No
15. What	were the main results of the study? Were results of the small tests of change or pilot studies reported?  How large was the main improvement intervention effect?	s 🗌 No
•	Statistical Significance (p value) Confidence Interval and/or Standard Deviations How precise was the intervention/treatment?  o Narrow? Wide? Effect size	

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•	the results clinically significant? Were the following reported: NNT, NNH, OR, RR? ☐ Yes ☐ No	
17. Were •	the lessons learned discussed?  Were benefits/harms, costs, unexpected results, problems, or failures  reported or discussed?	☐ Yes ☐ No ☐ Unkno Yes ☐ No
	the successful improvement interventions implemented other clinicians or care groups (i.e. spread)?	☐ Yes ☐ No ☐ Unkno
time l	the improvement interventions studied over a period of ong enough to determine sustainability (e.g. long term effects, on, institutionalization)?	☐ Yes ☐ No ☐ Unkno
time le attrition	ong enough to determine sustainability (e.g. long term effects, on, institutionalization)?  ITY/TRANSFERABILITY: Can I apply these valid, important study resulte results be applied to my improvement issue of interest?	ults?
time le attrition de la constitución de la constitu	ong enough to determine sustainability (e.g. long term effects, on, institutionalization)?  ITY/TRANSFERABILITY: Can I apply these valid, important study resu	☐ Yes ☐ No ☐ Unknov

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STRENGTH OF STUDY			
Level of evidence: I, II, III, IV, V, VI, VII	(Circle one)		
Quality of evidence: High   Medium   Low	(Circle one)		
STRENGTH = LEVEL + QUALITY			
	clusion in the body of evidence to answer your question blace article on evaluation & synthesis tables)		
☐ Do NOT include this article in the body of evi			
Additional Comments:			