

SQUIRE

SQUIRE stands for Standards for QQuality Improvement Reporting Excellence. It is a set of [guidelines](#) designed to help healthcare professionals report [quality improvement](#) (QI) projects in a clear, complete, and reproducible way.

□ Purpose

SQUIRE provides a structured framework for writing and publishing QI studies, ensuring that:

The context of the intervention is well described.

The methods used are transparent.

The results are meaningful and useful to others.

The work can be replicated or adapted in other settings.

□ What SQUIRE Is Not

It is not a [checklist](#) for how to do quality improvement.

It is not limited to one study type — it applies to many QI designs (e.g., Plan-Do-Study-Act cycles, pre/post studies, system redesigns).

□ Origins and Use

First released in 2008, updated to SQUIRE 2.0 in 2015.

Widely used in medical journals, hospitals, and academic health systems to standardize how improvement efforts are communicated.

□ In Short

SQUIRE = a guide to clearly explain how and why a quality improvement effort was done, and what it achieved.

Quality Improvement Studies

In a [Quality Improvement study](#), Shnayder et al. developed a streamlined approach to improve healthcare quality by enhancing the patient [admission](#) process to the [intensive care unit](#) (ICU). Guided

by the **SQUIRE** (**Standards for Quality Improvement Reporting Excellence**) guidelines, the departmental **initiative**, "Starting on the Right Foot," was implemented in 3 stages: **data collection** and **problem identification**, design and **implementation**, and regular **assessments**. To evaluate the impact of this intervention, they compared **satisfaction** rates before and after implementation. One year following the launch of the initiative, they observed a significant increase in satisfaction among patients' loved ones during ICU admissions. The average satisfaction rating rose from 51.5% before the intervention to 81.6% post-implementation ($p < .001$), underscoring the model's effectiveness in improving the overall critical care experience. This initiative demonstrates the value of a family-centered model that emphasizes **communication**, **empathy**, and collaboration, and they advocate for similar approaches to foster a more compassionate, patient-centered environment in healthcare settings. ¹⁾

1)
Shnayder B, Levi MR, Kelmer P, Cohen ZR, Ungar L. "Starting on the Right Foot": An Algorithmic Approach to Facilitate an Improved **ICU Admission** Process. Crit Care Nurs Q. 2025 Jul-Sep 01;48(3):274-280. doi: 10.1097/CNQ.0000000000000561. Epub 2025 May 21. PMID: 40423385.

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