Journal of
Nurse Anesthesiology
& Perioperative Practice

General Guidelines for Quality Improvement Manuscripts

The Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) represent the preferred reporting framework for Quality Improvement (QI) manuscripts submitted to JNAPP and should guide all submissions.

Unlike traditional research, which seeks to generate new and generalizable knowledge, quality improvement initiatives aim to improve care delivery, patient outcomes, safety, efficiency, and healthcare systems within a specific clinical environment. Authors should emphasize both the intervention and the context in which the intervention occurred.

General Content Expected for Quality Improvement Projects

- **Project Design**: Clearly describe the problem being addressed, the rationale for intervention, and the local context.
- **Stakeholder Engagement**: Identify key stakeholders involved in project development, implementation, and evaluation.
- **Intervention Description**: Provide sufficient detail for readers to understand and potentially replicate the intervention.
- **Measures**: Include process, outcome, and balancing measures whenever feasible.
- **Iterative Improvement**: Describe Plan-Do-Study-Act (PDSA) cycles or other iterative improvement methods used during implementation.
- **Sustainability**: Discuss plans for sustaining improvements and any evidence of continued impact after implementation.

General Guidelines for Manuscript Development

I. Title, Keywords, and Abstract

- **Title**: Must identify the manuscript as a Quality Improvement project
- **Keywords**: Provide 3-5 keywords identifying the clinical topic, intervention, and practice setting.
- **Abstract**: Provide a structured summary including background, local problem, intervention, methods, results, and conclusions.

II. Introduction & Background

- **Problem Description**: Clearly define the local problem or performance gap.

- **Available Knowledge**: Summarize the evidence supporting the intervention. Consider an evidence synthesis table for brevity.
- **Rationale**: Explain why the intervention was expected to improve outcomes.
- **Specific Aim**: State measurable project objectives.

III. Methods

- **Context**: Describe the organizational, clinical, and operational environment.
- **Intervention**: Describe the intervention in sufficient detail for replication.
- **Study of the intervention (s)**: Approaches to assess impact of the intervention and to establish whether outcomes were due to the intervention.
- **Measures**: Identify outcome, process, and balancing measures.
- **Analysis**: Describe methods used to evaluate project outcomes.
- **Ethical Considerations**: State whether the project was reviewed by an IRB or determined to be quality improvement. If the institution requires an IRB waiver process for QI, please describe this.

IV. Results

- **Intervention Implementation**: Describe project execution and modifications over time.
- **Outcome Data**: Present results using tables, figures, run charts, or control charts when appropriate.
- **Unexpected Findings**: Report unintended consequences or lessons learned.

V. Discussion

- **Summary**: Summarize key findings.
- **Interpretation**: Explain observed outcomes within the context of the intervention and setting.
- **Sustainability**: Discuss the likelihood of sustained improvement.
- **Transferability**: Address what aspects may be applicable to other settings and what may be context-specific.
- **Limitations**: Discuss project limitations and threats to validity.
- **Conclusions**: Focus on implications for practice improvement and future quality initiatives.

VI. Manuscript Formatting (AMA Style)

JNAPP utilizes The AMA Manual of Style

- **Citations:** Use superscript Arabic numerals (e.g., Evidence suggests...[1]).
- **Reference List:** List references in numerical order as they appear in the text.
- **Tables:** Number tables sequentially (Table 1, Table 2). Use brief, descriptive titles above the table and define all abbreviations in a footnote.
- **Length**
  JNAPP does not impose strict word limits for most manuscript categories. Authors should use the length necessary to adequately address all required reporting elements while maintaining clarity, focus, and readability.

  Manuscripts should be sufficiently detailed to provide readers with a complete understanding of the topic, methods, findings, and implications for practice. At the same time, authors should avoid unnecessary repetition, excessive background information, or discussion that does not contribute meaningfully to the manuscript's objectives.

  The Editorial Board values concise, high-quality scholarship. Submissions should be comprehensive enough to ensure transparency and reproducibility, yet streamlined enough to maintain reader engagement and emphasize the most important clinical, educational, systems, or policy insights.

Final Note to Authors

High-quality quality improvement manuscripts are not simply descriptions of a project—they are tools for **improving care delivery**, enhancing **patient outcomes**, strengthening **healthcare systems**, and sharing **implementation lessons** with the broader perioperative community. Submissions should move beyond reporting what was done and provide **meaningful insights** into why an intervention succeeded, failed, or evolved over time.

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JNAPP will give preference to manuscripts that address:

- Clinical Excellence
    - How did the intervention improve patient care, safety, outcomes, or reliability?
- Education
    - What should clinicians, educators, trainees, or leaders learn from the implementation process?
- Systems
    - How did the project affect workflow, quality, efficiency, patient safety, resource utilization, or healthcare delivery?
- Equity
    - How did the initiative impact access to care, health disparities, workforce development, resource allocation, or equitable perioperative practice?
- Interprofessional Practice
    - What lessons were learned through collaboration among the perioperative professions?

Authors are encouraged to conclude their manuscript with clear implications for practice improvement, implementation, sustainability, systems redesign, and future quality initiatives.