

## RESEARCH PRIORITIES

*To focus and speed the work of testing improvement strategies, Research Priorities, were set. These were based on environmental scans, literature reviews, major health care organizations' priorities, and a survey of stakeholders. The Research Priorities reflect consensus on the most important and urgent gaps in improvement knowledge, according to clinical and academic scholars, leaders, and change agents in healthcare settings. The priorities inform decisions about the scope and focus of the work of the Improvement Science Research Network.*

### Coordination and Transitions of Care

**This category emphasizes strategies for improving care processes in specific clinical conditions, to ensure good care coordination and transitions of care.**

**Priority Topics:** Evaluate strategies and methods to ensure coordination and continuity of care across transitions in given clinical populations; test and refine methods of handoffs and other strategies to ensure safe, effective, and efficient transitions in given clinical populations.

**Examples of Improvement Strategies and Research Issues:** Interprofessional team performance, medication reconciliation, discharge for prevention of early readmission, patient-centered care, and measurement of targeted outcomes.

### High-Performing Clinical Systems and Microsystems Approaches to Improvement

**This category emphasizes structure and process in clinical care and health care as complex adaptive systems.**

**Priority Topics:** Determine effectiveness and efficiency of various methods and models for integrating and sustaining best practices in improving care processes and patient outcomes; investigate strategies to engage frontline providers in improving quality and patient safety; evaluate strategies for preventing targeted patient safety incidents; establish reliable quality indicators to measure the impact of improvement and isolate nursing care impact on outcomes.

**Examples of Improvement Strategies and Research Issues:** Frontline provider engagement; unit-based quality teams; factors related to uptake, adoption, and implementation; sustaining improvement and improvement processes; academic-practice partnership; and informatics solutions.

### Evidence-Based Quality Improvement and Best Practice

**This category emphasizes closing the gap between knowledge and practice through transforming knowledge and designating and implementing best practices.**

**Priority Topics:** Evaluate strategies and impact of employing evidence-based practice in clinical care of process and outcomes improvement; determine gaps and bridge gaps between knowledge and practice; transform evidence for practice through conducting systematic reviews, developing practice guidelines, and integrating practice into clinical decision making; and develop new research methods in evidence-based quality improvement, including comparative effectiveness research and practice-based evidence.

**Examples of Improvement Strategies and Research Issues:** Development and appraisal of clinical practice guidelines, adoption and spread of best practices, customization of best practices, institutional elements in adoption, defining best practice in absence of evidence, consumerism in evidence-based practice, and technology-based integration.

### Learning Organizations and Culture of Quality and Safety

**This category emphasizes human factors and other aspects of a system related to organizational culture and commitment to quality and safety.**

**Priority Topics:** Investigate strategies for creating organizational environments, processes that support cultures fully linked to maintaining quality, and patient safety in order to maximize patient outcomes; determine effective approaches to developing organizational climates for change, innovation, and organizational learning.

**Examples of Improvement Strategies and Research Issues:** Professional practice environments, protecting strategy from culture, shared decision making and governance, patient-centered models, leadership to instill values and beliefs for culture of patient safety, and organizational design (e.g., omit first-order failures).