

Is it Research or Quality Improvement (QI)?

It's not always easy to distinguish research from QI. The table below will assist with identifying the key differences between research and QI. If further support is required, contact your Health Authority Quality Department or Research Department.

	Research	Quality Improvement
What is the purpose of your project?	To generate new knowledge, generalizable to the wider population.	To improve internal processes, practices or systems.
What is my role?	As a researcher, you are objective and attempt to isolate and remove personal bias (or disclose it) to support scientific rigor.	As a Team Lead for QI, you are often a part of the system you are trying to improve. Your subjective experience may have assisted in defining the problem you are trying to solve.
What are you trying to accomplish?	To test a new practice, theory, intervention or device.	Bring about immediate positive change to a local practice setting.
How many participants will you include?	Typically, the research participants must reflect the total population that is being studied. (E.g. formal power analysis; interview saturation etc).	Will use a convenience sample of participants or data. Small sample, but large enough to observe change in specific measures.
How long do you anticipate your project will take?	It will take considerable time. Sometimes years to collect data, report results and publish findings.	It will be done quickly, through rapid cycles of iterative change.
What kind of tool/instrument will you use to collect data?	Valid & reliable instruments that measure concepts of interest.	Data collection tools that allow for easy recording of quick-cycle information.
How will you analyze data?	With inferential statistics, descriptive statistics or qualitative methodology that can compare & contrast qualitative data.	With descriptive statistics that demonstrate change/trends (e.g., control chart).
Will you be able to vary your protocol during the study?	Design is tightly controlled in order to limit the effect of confounding variables on the variables of interest – essential to determine causality.	Design is flexible and nimble. Design will often be adapted to respond to the data. Ability to adapt is central to the Plan Do Study Act (PDSA) cycle.
Who will most likely benefit from your project?	There may not be any benefit to the research participants in the study. The generated knowledge is meant to have future benefits to the research population.	If process changes are trialed and then adopted, those directly working in and/or receiving services from the system will benefit from the project.
Is Research ethics approval required?	Yes. Contact your facility Research Ethics Office if you are still uncertain if your project is research or QI.	No, but some institutions have QI ethics review processes.
What do you plan to do with your findings?	Findings will be applied as widely as possible to increase the body of scientific knowledge, both through publication and presentation.	Apply learning and change practice in my setting immediately. Share locally and consider trialing spread to other locations.

Adapted by Facility Engagement Oct 2018 from Fraser Health "Differentiation of Research, Quality Improvement and Program Evaluation", Department of Evaluation and Research Services, March, 4, 2014.