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Supplemental information

**From quality improvement to equality
improvement projects: A scoping
review and framework**

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Supplementary Materials

Study identification and inclusion criteria

A comprehensive literature search was performed using the entire PubMed database combining keywords evaluating 'quality improvement', 'bias', and 'health equity'. This was conducted without time limits or additional filters up to the 15th of November, 2022. Studies that primarily aimed to identify or improve health disparities, particularly demographic groups, were included. Studies that reported disaggregated outcomes, but the study's primary aim was not fixated on health disparity, were excluded. All reviews and other grey literature were also excluded. The complete search strategy, PRISMA diagram, and list of included papers can be found in the Supplementary text below.

Study selection and data extraction

Abstracts were screened by one author (JG), and full texts were screened by two authors (JG and MG) so that each text was screened twice independently. Disagreements that emerged from this independent screening were resolved by an external third party (LAC). Included studies were then split into health equity audits, studies that identified disparities but did not apply an intervention or repeat the audit cycle to improve such disparity, and EQIPs, defined as those that did. The proportion of health equity audits to EQIPs was then calculated, and study characteristics were subsequently systematically extracted from the full EQIP texts into a predefined spreadsheet. Data were systematically extracted from each study into a predesigned spreadsheet and analyzed post hoc using pivot tables. No formal quantitative synthesis was performed due to heterogeneity in study design and the total number of studies included.

Study selection

We identified 1330 abstracts during this period, all of which were screened (Supplementary File 2). After the abstract and full-text screening, 189 studies were included in the final analysis; a complete list of studies can be found in Supplementary File 3.

Of this cohort, 149 studies reported health equity audits that merely reported a disparity yet failed to document an intervention, follow-up audit, or EQIP. The remaining 40 represent studies that actively attempted to reduce health disparity.

Framework creation

Key lessons were then extracted by one author (JG) into a spreadsheet that were then aggregated into common themes by the group. This cohort's characteristics and lessons are those displayed in Table 1 and the following analysis.

Search strategy

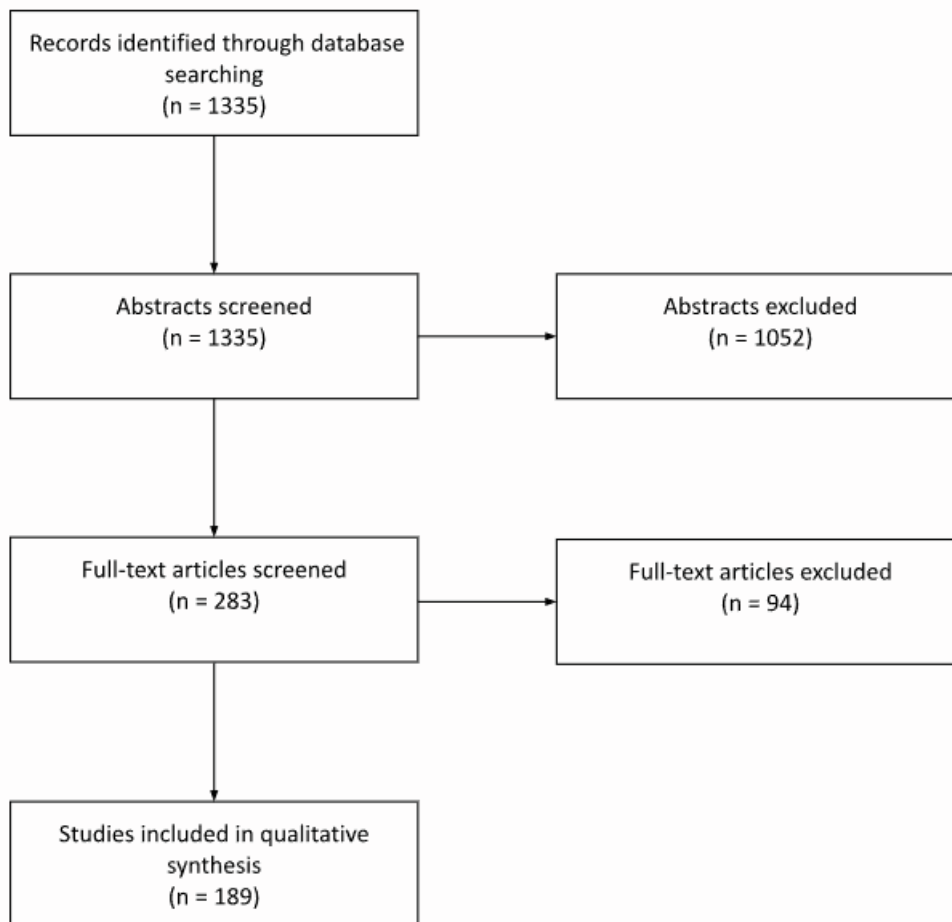
PubMed search performed on 15/11/22

| Search number | Query | Results | Time |
|---------------|---|---------|----------|
| 3 | ((health equity) OR (Disparity)) AND ((Quality improvement project) OR (Audit)) | 1,330 | 04:11:58 |
| 2 | (Quality improvement project) OR (Audit) | 81,658 | 04:10:27 |
| 1 | (health equity) OR (Disparity) | 175,814 | 04:10:00 |

List of included studies and Data.

https://docs.google.com/spreadsheets/d/1fnKrq2TE6bb9b4T_k5KYisaEilEasJhfxTkO447cWQ/edit?usp=sharing

PRISMA Diagram



Study Characteristics.

| Supplementary File. Characteristics of EQIP studies (N= 40) | |
|--|-----------------|
| Characteristic | Value, n |
| Region | |
| National | 6 |
| Regional | 14 |
| Institutional | 20 |
| Country | |
| USA | 25 |
| UK | 4 |
| Australia | 4 |
| Canada | 2 |
| China | 1 |
| Cambodia | 1 |
| Guatemala | 1 |
| Israel | 1 |
| Italy | 1 |
| Setting | |
| Inpatient | 14 |
| Outpatient | 23 |
| Public health | 3 |
| Disparity group | |
| Race/Ethnicity | 26 |
| Sex | 7 |
| Socioeconomic status | 7 |
| Language | 4 |
| Gender minorities & LGBTQ | 2 |