

ABMS PORTFOLIO PROGRAM NEW QI ACTIVITY FORM

- 1) * Title of Project:
- 2) * Your Name:
- 3) * Email address:
- 4) * Phone Number:
- 5) * Clinical Leader (if different) or Department Chair:
- 6) * Check if this project explicitly addresses:
 Reduction of Harm (patient safety) Cost of Care
- 7) * QI activity Start and [anticipated] End dates:

Start Date: **End Date:**
- 8) * QI activity Leader name, email and/or phone number:
 - a) Is the project leader a physician? Yes No
- 9) * If applicable, select up to five relevant topics for this QI activity:

<input type="checkbox"/> Access To Care	<input type="checkbox"/> Medical Home
<input type="checkbox"/> Asthma	<input type="checkbox"/> Obesity
<input type="checkbox"/> Burnout/Clinical Wellbeing	<input type="checkbox"/> Opioid Use
<input type="checkbox"/> Cancer	<input type="checkbox"/> Prescriptions
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Preventive Care
<input type="checkbox"/> CLABSI	<input type="checkbox"/> Readmissions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Resource Stewardship/Utilization/Value-Based Care
<input type="checkbox"/> Documentation	<input type="checkbox"/> Sepsis
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/> Surgical Site Infections
<input type="checkbox"/> Health Literacy	<input type="checkbox"/> Teamwork/Team-Based Care
<input type="checkbox"/> HIV	<input type="checkbox"/> Transitions Of Care
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other Indicate The Topic Area
<input type="checkbox"/> Immunizations/Vaccinations	
<input type="checkbox"/> Length Of Stay	

10) * Select one or more medical specialties addressed as part of this QI activity:

- | | |
|--|---|
| <input type="checkbox"/> Anesthesiology <ul style="list-style-type: none">• <i>(How long does an individual participate?)</i> | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Dermatology <ul style="list-style-type: none">• <i>(ABD – In addition to Sponsors submitting completions to the Portfolio program, diplomates must claim credit on their MOC tables through their physician portal (self-report))</i> | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Physical Medicine and Rehabilitation |
| <input type="checkbox"/> Internal Medicine (including subspecialties) | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Medical Genetics and Genomics | <input type="checkbox"/> Psychiatry and Neurology |
| <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgery <ul style="list-style-type: none">• <i>(Does this QI activity directly address a change to the clinical care a surgeon provides?)</i>• <i>(ABS does not approve QI Efforts that do not address a change to the clinical care a surgeon provides.)</i> |
| | <input type="checkbox"/> Thoracic Surgery |
| | <input type="checkbox"/> Urology <ul style="list-style-type: none">• <i>(Does this QI Effort directly address a change to the clinical care an urologist provides?)</i>• <i>(ABU does not approve QI Efforts that do not address a change to the clinical care an urologist provides.)</i> |

- 11) * Are you willing to share QI activity-level descriptive information about this QI activity with other Portfolio Sponsors (Aim Statement, Metrics, Interventions, etc.)?
- Yes
 No
- 12) * May we use the title of your project and your name as the Project/Clinical Leader on the D-H MOC website?
- Yes
 No
- 13) * How is the QI activity funded?
- Grant
- Internal
- Industry (Pharma or Medical Device manufacturer) funding (see [ACCME Standards](#))
- Describe how the pharma or device funding is used and identify the organizations providing this funding.
- Other
- Describe the source of the funding.
- 14) * Select the methodology that most closely represents the methodology being used in this QI activity:
- A3
- Continuous Quality Improvement (CQI)
- IHI Collaborative Model
- LEAN
- Model for Improvement (PDSA/PDCA)
- Six Sigma (DMAIC)
- Total Quality Management (TQM)
- Other
- Indicate the type of methodology used:

DEFINE

- 15) * Provide a one-sentence AIM statement for this QI activity below.

EXAMPLE AIM STATEMENT: We will *[improve, increase, decrease]* the *[number, amount, percent]* of *[the process/outcome]* from *[baseline measure]* to *[goal measure]* by *[date]*.

16) * Add a row for each measure used in the QI activity, if known.

Target rates and benchmarks may or may not be the same as the goal listed in the aim statement.

Target Population	Measure Title	Measure Type	Measure Source	Numerator	Denominator	Baseline Rate	Target Rate	Benchmark and Source (as available)
<i>Include all inclusionary and exclusionary criteria</i>		<i>Outcome, Process, Balancing</i>	<i>HEDIS, PCPI, Medicare 5*, internal, USPSTF, etc.</i>			<i>Individual, clinic, practice, organization</i>	<i>Individual, clinic, practice, organization</i>	<i>This can be from the literature</i>
E.G.; Adults 18+ without documented hypertension	E.G.; High blood pressure in adults: Screening	E.G.; Process	E.G.; USPSTF	E.G.; Patients with documented screening	E.G.; Patients seen in the last 12 months	E.G.; 62%	E.G.; 80%	E.G.; 92.6% per Healthy People 2020

Please attached a Word document with additional measures if necessary.

17) * Describe the types of interventions and tools used in the QI activity and describe how each will impact individual practice and patient care.

NOTE:

- Interventions may be added, removed and/or modified to meet the need of the individual practice as QI Efforts progress.*

Intervention/Tool Type and Description	How will this impact individual practice?	How will this impact patient care?

Please attached a Word document with additional interventions if necessary.

REVIEW: PDSA Cycle #1 measure and review of data.

- 1) * Was the improvement plan successfully implemented?
 Yes No

- 2) Was the target goal set appropriately?

- 3) Were the measures the correct ones?

- 4) Did you make modifications to the intervention(s) or measure(s)?

ADJUST/IMPROVE IF NECESSARY (PDSA Cycle #2) OPTIONAL

Please describe any changes to the project

Please describe post adjustment measures or results

SUMMARY

Please describe plans and owners for sustainability and improvements

Please attach a run chart or other graphic representation of your PDSA results, if available.

Please complete if applicable:

- 1) * Will Physicians do the following? Choose all that apply
 - Provide Patient Care
 - Be involved in concept, design, oversight of implementation overall assess/eval and evolution of QI activity
 - Supervise residents or fellows
 - Reflect on further improvements, barriers, etc.

- 2) * Each individual participant in this QI activity will... Check all that apply.
 1. Identify and/or acknowledge a gap in outcomes or in care delivery.
 2. Identify and/or review data related to the gap.
 3. Identify or acknowledge appropriate interventions designed to improve the gap. OR participate in the planning and selection of interventions designed to improve the gap.
 4. Implement interventions for a timeframe appropriate to addressing the gap, OR monitor and manage implementation of interventions for a timeframe appropriate to addressing the gap.
 5. Review post-intervention data related to the gap.
 6. Reflect on outcomes to determine whether the interventions resulted in improvement. If no improvement occurs after an intervention, please reflect on why no improvement occurred.

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