

QI Project Application Form

Project Leaders are responsible for completing this application form. This application takes approximately 15-30 minutes to complete if you have the information on hand. When completed save the application form and email to the MOC Portfolio Administrator: Taylor Oglesby tloglesby@etch.com. Applications for completed projects and the project fee must be submitted by December 1 to allow time for processing in time for the December 21 MOC cycle deadline. Upon submission, you will be contacted within 1 week by a member of the MOC Oversight Task Force with any follow up questions or information regarding next steps.

1. Leading an MOC-approved project requires several steps. Go to <http://bit.ly/LeadMOC> to review the process.
 I have read and accept the responsibilities associated with leading an MOC-approved project.
2. A \$50 small group QI project application fee is required with each initial application. Go to <http://bit.ly/MOCfee> to submit your application fee.
 I have submitted the application fee.
 I will submit the application fee. I understand that submitting the fee is required before the application will be reviewed/processed.
3. MOC project participation at ETCH requires completion of the Institute for Healthcare Improvement (IHI) Open School Online Course: QI 102: How to Improve with the Model for Improvement. Go to <http://bit.ly/QIbasics> for instructions on accessing this *FREE* online course.
 I have already submitted my certificate of completion.
 I will attach my certificate of completion to this application.
 I will email my certificate of completion to the MOC Project Administrator later. I understand that submitting my certificate of completion is required for project participation.
4. Please provide the following demographic information for the Project Leader.
First Name
Last Name
Degree and Credentials
Email Address
Phone Number
Practice/Organization
Affiliation
5. Would you like to be added to the CME mailing list?
 Yes
 No

6. Project Title (a brief title for your project) *e.g., Better Otitis Management at 123 Pediatrics*

7. Status of the quality improvement effort at the time of submission.

Not Yet Started

Completed

Ongoing

8. Start date of the quality improvement effort (or anticipated)

MM DD YYYY
Date / /

9. End date of the quality improvement effort (or anticipated)

MM DD YYYY
Date / /

10. Will this project accept additional participants?

Yes No

If yes, please indicate an enrollment cut-off date.

Quality Improvement Project Description

11. What problem (gap in quality) did the project address?

e.g. Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased frequency of flu among our pediatric patients.

12. Which core competencies does the project address (select all that apply)?

More information about the core competencies is available on the ABP website

Patient Care

Interpersonal and Communication Skills

Medical Knowledge

Professionalism

Practice-based Learning and Improvement

Systems-based Practice

Aim Statement

What did the project aim to accomplish?

An aim statement should state a clear, quantified goal set within a specific time frame. Each aim should address:

1. *What did you try to change?*

2. *What was your improvement goal?*

3. *What was the time frame for this to be accomplished?*

13. Label each aim with a numbered bullet.

e.g.

1. *Decrease ED LOS through increased utilization of RT driven asthma protocol 20% by October 2018.*
2. *Decrease 30 day return visit rate for acute exacerbation 20% by October 2018.*

Measures

List the measures used to evaluate progress.

Measures are directly related to the aim statement, showing whether a project's changes are resulting in improvement. Each measure should include:

1. *Measure Name*
2. *Measure Type*
3. *Measure Calculation*
4. *Data Source*
5. *Measure Goal*
6. *Collection Frequency*

14. Label each measure with a numbered bullet.

e.g.

1. *Managed on Protocol (Process Measure): Increase monthly percentage by 10% the number of patients over 4 with a DC diagnosis of asthma managed with the asthma protocol as per EHR.*
2. *30 Day Re-encounter Rate (Outcome Measure): Decrease percentage of 30 day return visits by 10% for acute exacerbation as per EHR.*

15. How are results captured and displayed over time?

For more information on measurement tools refer to IHI Open School, QI 104: Interpreting Data: Run Charts, Control Charts, and Other Measurement Tools

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Run Chart | <input type="checkbox"/> Scatter Plot |
| <input type="checkbox"/> Control Chart | <input type="checkbox"/> Data Table |
| <input type="checkbox"/> Histogram | <input type="checkbox"/> Narrative |
| <input type="checkbox"/> Pareto Chart | |
| <input type="checkbox"/> Other (please specify) | |

16. How will you use the data to drive improvement throughout this project?

17. Is feedback given to the participating physicians at least monthly?

- Yes No

If no, please describe.

18. Describe the interventions implemented or will be implemented that directly related to achieving the aim of this project.
19. What are the specific requirements for meaningful physician participation in the quality improvement effort?
Physician Meaningful Participation is defined by the ABP as involving both an active role in the project, and participation over an appropriate period of time. The ABP approves QI projects in which pediatricians are active participants in implementing change.
Active Role: for MOC purposes, means the pediatrician must:
- Be intellectually engaged in planning and executing the project.
 - Participate in implementing the project's interventions (the changes designed to improve care).
 - Review data in keeping with the project's measurement plan.
 - Collaborate actively by attending team meetings, whether in person or virtually.

MOC Oversight Task Force

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