

## ABMS PORTFOLIO PROGRAM NEW QI EFFORT NOTIFICATION

- 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
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- 7) \* QI Effort Start and [anticipated] End dates:

<b>Start Date:</b>	<b>End Date:</b>
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- 8) \* QI Effort Leader name, email and/or phone number:
  - a) Is the project leader a physician?    Yes    No

- 9) \* Select up to five relevant topics for this QI Effort:

- |                                   |   |
|-----------------------------------|---|
| Access To Care                    | Medical Home                            |
| Asthma                            | Obesity                                 |
| Burnout/Clinical Wellbeing        | Opioid Use                              |
| Cancer                            | Patient Centered Care                   |
| Cardiovascular                    | Patient Safety/ Harm Reduction          |
| Career Sustainability             | Prescriptions                           |
| CLABSI                            | Preventive Care                         |
| Communication (Patient-Clinician) | Procedural Skills                       |
| Compliance (Regulatory)           | Professionalism                         |
| Diabetes                          | Readmissions                            |
| Documentation                     | Resource Stewardship/Utilization/Value- |
| Efficiency/Timeliness Of Care     | Based Care                              |
| Hand Hygiene                      | Sepsis                                  |
| Health Literacy                   | Surgical Site Infections                |
| HIV                               | Teamwork/Team-Based Care                |
| Hypertension                      | Transitions Of Care                     |
| Immunizations/Vaccinations        | Other Indicate The Topic Area:          |
| Length Of Stay                    |   |

- 10) \* Select one or more medical specialties addressed as part of this QI Effort:  
- For Special Requirements for Select Boards [click here](#)

Anesthesiology

Dermatology

- *(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))*

Emergency Medicine

Family Medicine

- *(Is this QI Effort part of NCQA recognition?)*

Internal Medicine (including subspecialties)

Medical Genetics and Genomics

Obstetrics and Gynecology

Ophthalmology

Orthopaedic Surgery

- *(ABOS – In addition to Sponsors submitting completions to the Portfolio program, diplomates must claim credit on their MOC physician portal (self-report))*

Otolaryngology

Pathology

Pediatrics

Physical Medicine and Rehabilitation

Plastic Surgery

Preventive Medicine

Psychiatry and Neurology

Radiology

Surgery

- *(Does this QI Effort directly address a change to the clinical care a surgeon provides? ABS does not approve QI Efforts that do not address a change to the clinical care a surgeon provides.)*

Thoracic Surgery

Urology

- *(Does this QI Effort directly address a change to the clinical care an urologist provides? ABU does not approve QI Efforts that do not address a change to the clinical care an urologist provides.)*

- 11) \* Are you willing to share QI Effort-level descriptive information about this QI effort 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 Effort 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 Effort:
- 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 Effort 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 Effort, if known.

*NOTE:*

- *A patient outcome is not required though HIGHLY desirable.*

*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 Effort and describe how each will impact individual practice and patient care.

*NOTE:*

- *Interventions may be added, removed and/or modified to meet the needs 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)**

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.

**Please complete if applicable:**

1) Could/did other MD colleagues participate in this project?

- Yes  
No

If yes, how many?

**Team Members (MD, PA)**

Name	Degree/Credentials	Role in Project	Email Address

*Please attached a Word document with additional participants if necessary.*

2) Provide the numbers, as available, of other health care team members who have been or will be participating in this QI Effort:

<b>Resident Staff</b>	
<b>Nurses (APNP, NP, RN, LPN)</b>	
<b>Other</b>	

3) \* 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 effort

Supervise residents or fellows

Reflect on further improvements, barriers, etc.

4) \* Each individual participant in this QI Effort will... Check all that apply.

Verify and Attest to their individual participation

Meet with others involved with the QI Effort

Review Performance data not less than 3 times including a baseline, and prior to completion of activity for MOC purposes (post-PDSA 1, Post-PDSA 2)

Develop and or apply tools and interventions to individual/team practice.

Reflect on impact of the initiative on their practice or organizational role.

**Clear Form**

**Submit Form**