QI Effort Form and Review Request

UU CME Office University of Utah

Directions: Fill out the information below to the best of your ability and send the form to our MOC email (moc@hsc.utah.edu) to officially start the MOC review process. Use the “QI Project’s title Submission” as your email subject line.

Please reach out if you need assistance filling it out, we are happy to walk you through the process, or if you have questions. We look forward to your project(s)

1) QI Effort Title: Create a clear and specific title. If it is part of a multisite project, then include the site(s) in the name:

2) MOC Lead name, title, and email (Project lead and contact, does not have to be a physician):

3) Participants/QI Team Physicians and PAs (include titles, can be updated as project progresses):

4) Please indicate what other non-physician or non-PA participants are included in this QI effort, including titles (RNs, MAs, EMT, Etc), if approved for PI CME, please update with a list of names for PI CME credit:

5) What ABMS board(s) should be made aware of this project? Select all that apply. i.e., what boards do your participants belong to? If only PI-CME please, then select PI-CME**.
   *If a board is missing, check to see if that board is participating in the ABMS MOC Portfolio Program, **See PI-CME statements at the end of this form

| ☐ Anesthesiology | ☐ Ophthalmology | ☐ Radiology |
| ☐ Dermatology | ☐ Otolaryngology | ☐ Surgery |
| ☐ Emergency Medicine | ☐ Pathology | ☐ Thoracic Surgery |
| ☐ Family Medicine | ☐ Pediatrics | ☐ Urology |
| ☐ Internal Medicine | ☐ Physical Medicine & Rehabilitation | ☐ NCCPA (Physician Assistants) |
| ☐ Medical Genetics & Genomics | ☐ Preventive Medicine | ☐ PI-CME |
| ☐ Obstetrics & Gynecology | ☐ Psychiatry and Neurology |

6) Select up to 5 relevant topics for this QI project:

| Disease States and Patient Care Process |
| ☐ Access to Care | ☐ Asthma | ☐ Burnout/clinical wellbeing |
| ☐ Cancer | ☐ Cardiovascular | ☐ Career Sustainability |
| ☐ Choosing Wisely/High Value Care/Cost of Care | ☐ CLABSI | ☐ Communication (patient-clinician) |
| ☐ Compliance (Regulatory) | ☐ Diabetes | ☐ Documentation |
| ☐ Efficiency/Timeliness of Care | ☐ Hand Hygiene | ☐ Health Literacy |
| ☐ HIV | ☐ Hypertension | ☐ Immunizations/vaccinations |
| ☐ Length of stay | ☐ Medical Home | ☐ Obesity |
| ☐ Opioid Use | ☐ Patient Centered Care | ☐ Patient safety/harm |
| ☐ Prescriptions | ☐ Preventive Care | ☐ Procedural skills |
| ☐ Professionalism | ☐ Provider Resilience | ☐ Readmissions |
| ☐ Resource stewardship; utilization; value and/or cost of care | ☐ Satisfaction | ☐ Sepsis |
| ☐ Surgical site infections | ☐ Teamwork/Team-Based | ☐ Transitions of Care |
| ☐ Indicate other topic area: Click or tap here to enter text. | |

7) Does all funding for this QI project come from the organization (internal) budget? If no, please list the additional funding type(s) and provide the source name(s): Grant, Subscription, Industry (pharma or medical), other.

8) Will this QI project be financially supported by funds or in-kind products from an ACCME-defined ineligible company? An ACCME-defined ineligible company is a company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does NOT consider providers of clinical service directly to patients to be ineligible companies (ex. Intermountain). The University, NIH, or other government entities are also NOT considered an ACCME-defined ineligible company. If yes, we will be in contact you about managing this support moving forward with the project. (If you have questions about this, please contact us at moc@hsc.utah.edu)

YES/NO/UNSURE:

**QI Activity specifics**

9) Start date: Anticipated end date:

10) **Project introduction: The Challenge**—Why is it important and why you are working on it now? How does the problem impact patients? Be specific about your patient population.

11) **QI effort Goal(s) and Measure(s)** Provide: a one sentence statement for each aim of this project (Must include affected population, baseline, and target range).
SMART Goals: Specific, Measurable, Attainable, Relevant, and Time-bound. Use a mix of outcomes, processes, and balancing goals, as appropriate.

**EXAMPLE AIM STATEMENTS:**

- We will [improve, increase, decrease] the [number, amount, percent] of [the process, outcome] from [baseline, measure] to [goal measure] by [date].
- Outcome: Reduce the urinary tract infection rate in adult patients on CVMU from 43% to 10% by 11/1/2022
- Process: Increase the number of Foley catheters removed within 48 hours in stable adult pts on CVMU from 5% to 80% by 11/1/2022.
- Balancing: Maintain readmission rates in adult patients on CVMU from 15% to 15% by 11/1/2022.
- Multisite: Improve quality process by increasing documented adherence to screening recommendations for mental health disorders in children 0-18 years of age, that are seen in participating practices from 51.7% to 80% by 11/30/2022.

11a) Aim Statement(s)—one sentence for each aim/measure/goal of the project:

11b) Activity measures and Benchmarks (For each measure as stated in goals) 1 measure required:

*Ex) Measure title: Increasing HPV Immunization in Adolescents
Patient Population: Children ages 9-18 at ACME Clinic
Measure Type: (Outcome, Process, Balancing): Outcome
Measure source: (Internal, HEDIS, CAHPS, CMS, Vizient, etc.): Internal
Numerator: Children ages 9-18 at ACME Clinic receiving HPV Vaccinations
Denominator: Children ages 9-18 seen at ACME Clinic
Baseline Rate: 55%
Target Rate: 65%
Benchmark & Source (optional): CDC Guidelines on HPV vaccination

Measure title:
Patient Population:
Measure Type: (Outcome, Process, Balancing)
Measure source: (Internal, HEDIS, CAHPS, CMS, Vizient, etc.)
Numerator:
Denominator:
Baseline Rate:
Target Rate:
Benchmark & Source (optional):

(Copy and paste above text for each additional measure)

12) Baseline analysis and root cause analysis: Describe where and why the problem or area of improvement exists, identified causes to be addressed, and other pertinent information to support and demonstrate understanding of the before intervention process, by addressing the points below:
• What did you use to analyze the root of the issue to know that you had a problem to improve? (e.g., 5 Whys, fishbone diagram, process map, Process (Gemba) walk, voice of the customer analysis)
• How did you evaluate the problem? What were you measuring and how did you collect this data (e.g., histograms, bar charts, run charts, control charts)?
• What barriers are encountered?

13) Improvement Design: Summarize changes to your improved process/workflow design. Be specific on:
• How you communicated and supported the improved design
• The provider’s/physician’s role in the effort
• Tools used (see next part (13a) for further breakdown of QI tools).

SUMMARY:

13a) Implemented Tools: Please list tools used to implement the improvement effort.
EX) Communication campaign, meetings, education, visual reminders (posters, pamphlets, reminder notes at scheduling desks and/or workstations), forcing functions (barcode scans, EMR order set)/computer automated tools (automated work template, registry, automated work orders), manual tools (workflow templates, checklists, nursing white board),

TOOLS:

14) Attach any materials used for the project (e.g., workflows, work templates used, posters, brochures, checklists, QI effort meeting PowerPoint slides or meeting notes, scientific poster, etc.) to the end of the form or include them in your submission email to moc@hsc.utah.edu

15) Monitor Progress (to be updated as the project goes, corresponds to answers in 11a above):

15a) Data points required:

Frequency of measurement(s) (e.g., weekly, monthly, bimonthly, quarterly, etc.):

Goal 1 Baseline:
Post-implementation and reflection data point 1:
Post-implementation and reflection data point 2:

(Copy and paste above text for each goal or additional data points)

16) Summary and next steps (How did things go and what are you going to try next?):

Version X
PROJECT PARTICIPATION EXPECTATIONS

The University of Utah CME Office requires individuals to attest to the two minimum participation requirements below to earn credit. By submitting this form, you confirm to meeting project participation expectations.

Minimum Duration: An involvement period of at least 2 cycles of post-intervention data review.

Meaningful Participation: The following criteria are required for meeting the meaningful participation requirement for MOC/CME credit:

- Provided direct or consultative care to patients and/or oversaw clinical delivery activities that provided opportunities for improvement - Identified a gap(s) in outcomes, or in care delivery
- Reviewed data related to the gap(s)
- Participated in the selection and/or implementation of intervention(s) designed to improve the gap(s)
- Demonstrated participation in the planned intervention(s) for a timeframe appropriate to addressing the gap(s)
- Reviewed data and reflected on outcomes to determine whether the intervention(s) resulted in improvement.

PI-CME:

Projects may also be eligible to earn *AMA PRA Category 1 credit(s)™* if we have been notified of the project early enough in the process.

**Accreditation:** The University Of Utah School Of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**AMA Credit:** The University of Utah School of Medicine designates this PI-CME activity for a maximum of 20 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure:** None of the speakers or planners or anyone in control of content for this accredited continuing educational activity have any relevant financial relationships since the content does not relate to any products or services of an ACCME-defined ineligible company; therefore, there are no relevant financial relationships to disclose or mitigate.