Large Project Quality Improvement (QI) Application
For American Board of Pediatrics (ABP) Part IV Maintenance of Certification (MOC₄) credit
Version 2 (March 2015)

Application Guidelines
Use this form to describe a large quality improvement project (11 or more physicians) that is seeking approval by the IU School of Medicine Department of Pediatrics Quality Improvement Portfolio Committee for an effective continuous improvement project and/or a Maintenance of Certification Part IV activity.

Instructions
Please read the FAQs for Project Leaders and the FAQs for Project Participants before completing application forms.

Form should be completed by the quality improvement Project Leader. Please be concise. All answers must be in normal (not bold) type. A complete submission package includes this application along with all supporting documents (bio, results charts, progress reports, etc.)

Submit this form and supporting documents to pedsMOC@iu.edu

Application Form for Large Team QI Project

Current Status of the Project. Circle/highlight one:

\[\text{Beginning} \quad \text{Ongoing, currently conducting tests of change} \quad \text{Completed}\]

Project Title:
Project Leader:
Project Leader’s Title:

Attach a brief bio of the quality improvement project leader highlighting experience and expertise relevant to quality improvement with this application.

Project Leader’s IU School of Medicine Department/Division (if applicable)
Phone:
Email:
Mailing Address:

Primary Project Contact for ABP if other than Project Leader
Name:
Title:
Phone:
Email:

Start date (or anticipated start date) of the project:
End date (or anticipated end date) of project:
Date of Application:

Project Description

1. **Briefly state the problem that the project addresses. Limit to 300 words or less.** Include the nature and severity of the problem, the gap between current practice and what is possible or ideal, and why you are working on this problem.

2. **What is the patient population addressed by the project?**

3. **What is the specific aim of the QI project?** Strong aims are *specific, measurable, achievable, realistic, and have a time frame*

4. **What are the secondary aims of the QI project?**

5. **Circle/highlight the Institute of Medicine Quality Dimensions that are addressed by the project.** All projects must address at least one.  
   - Safety  
   - Timeliness  
   - Effectiveness  
   - Equity  
   - Efficiency  
   - Patient-centered

6. **Describe the project’s intervention(s) or changes for improvement. Why were these interventions selected?**

7. **What are the two biggest barriers (known or anticipated) to implementing the interventions/changes and how will (or were) these barriers addressed?**

8. **What further planning is need to ensure the sustainability of this project (i.e, funding, institutional support, champions, etc)?**

Project Measurement

All projects should include several measurements. There should be a measure for each aim, as well as a measure of reliability in implementing interventions and data collection. Include balancing measures, if applicable.

There are three types of measures
- **Outcome measures** – how does the system impact the values of patients, payers, employees or the community? i.e. rate of adverse events, patient lab values
- **Process measures** – is the system working as planned? Are all eligible patients getting their flu vaccine, are all patients with diabetes getting their hemoglobin A1c level measured, how long do patients wait before being seen)
- **Balancing measures** – are the changes designed to improve one part of the system causing new problems in other parts of the system?

Fill out the following information for each measure you will collect or have collected.

**Measure Name:**

**Definition of Measure:**

Type of Quality Measure. Is this an outcome measure, process measure, or balancing measure?

**Improvement Target Value.** What is the project goal for improving this measure?

**Calculation.** How is the measure calculated or derived? Include numerator and denominator if relevant.

**Exclusions, if any:**

Data Source. Data source might be patient visit form, patient charts, EHR, registry, surveys, administrative data, patient interview, etc.

Collection Frequency. How often the data for this measure are collected.

Validation or Endorsement. Is the measure validated or endorsed by a national body such as NQF, or HEDIS?

Benchmark. What does the project use as a comparator or benchmark for the measure?

**Analysis and Reporting**

1. **Describe the project’s sampling strategy and why this strategy will be or was used.** Will data be collected of all patients or only a sample of patients?

2. **How often are data submitted by participants? Circle/highlight one:**
   - Monthly
   - Quarterly
   - Other (specify)

3. **What steps are being taken to ensure that data are accurate and complete?**

4. **At what level are data analyzed and reported? Circle/highlight all that apply:**
   - Individual physician level
   - Practice/clinic/unit level
   - Aggregated across all participants

5. **How often are results (performance feedback) provided to participants? Circle/highlight all that apply.**
   - Monthly
   - Quarterly
   - Other (specify)

6. **How will the data be presented to participants?** Using Run Charts and/or control charts is strongly encouraged. If an alternative method is being used, please explain why.

7. **Explain how the data obtained will be used to guide the improvement project.**

8. **What is the current state?** i.e. What are/were the current values for each of the project measures now/before starting the project?
9. If the project has already started, what are the results to date for each measure described above? Provide the most recent run chart for each measure without identifiers.

10. If you have already stated the project, please provide a brief interpretation of the results to date:

11. If the project has already started, please provide a brief synopsis of the interventions that were implemented and how they affected your measures, as well as adaptations to the interventions, and how the physicians participated. Additionally, briefly discuss the lessons learned and if there are things the team would do differently if you were to attempt this project again in a different setting.

Physician Participation

1. What is the physician’s role in implementing the intervention(s)?
   Collecting, submitting and analyzing data?
   Participation in team meetings?
   Modifying the intervention(s) based on the data?
   If physicians have different roles depending on subspecialty, unit or job, explain those different roles:

   Note: Project Leaders set requirements for the participants’ length of commitment to the project based on the nature and needs of the project. Consider requiring physicians to participate for adequate time to submit initial and ongoing data for meaningful analysis. For example, most ABP MOC-approved projects to date have required 9 – 12 months of participation. However, your project’s requirements may be shorter or longer.

2. How long does the project expect a physician to be actively involved to be considered a participant?
   Note: The IU School of Medicine Department of Pediatrics Quality Improvement Portfolio Committee encourages sustainable continuous quality improvement. Sustainability is improved when physicians commit to participating fully in the project for a minimum amount of time and commit to learning about quality improvement and/or patient safety. For general improvement projects this requirement can be set by the project leader. However, if the project is for MOC Part IV credit, the ABP requires that each physician participates in education about quality improvement and/or patient safety to meet the requirements.

3. Describe the QI education and training physicians must complete to qualify for MOC Part IV credit.

4. Is this project open to any pediatrician? If the project is restricted to a subset of pediatricians, please describe the restriction. E.g. all pediatricians working for the institution; all general pediatricians in Ohio; pediatric cardiologists in the US, etc.

5. Circle/highlight the estimated number of pediatricians that will participate in this effort?
   10 or fewer
   11 to 20
   21 – 30
   31 – 40
   41 – 50
   More than 50 (specify)
Physician Oversight and Management

1. Who is responsible for ensuring the project follows accepted quality improvement Methods?
   Name:
   Title:
   Phone:
   Email:

2. Indicate key stakeholders with an interest in and/or oversight of this project. Circle or highlight all that apply.
   Funder
   Senior leaders of the Institution
   Senior leaders of the Department/Division
   Expert/advisory/steering group
   Other (specify)

3. Provide the most recent progress report provided to key stakeholders. In what way, and how often, does the project leadership keep key stakeholders informed of progress and results?

4. Indicate any roles supporting this project in addition to the project leadership. Circle or highlight all that apply.
   QI expert
   QI coaches
   Data manager
   Data analyst
   Statistician
   Program coordinator/project manager
   Other (specify)

5. Does the project have an annual budget? If so, have all costs associated with the project been accounted for in the budget? Who will ensure that the cost of the project is meeting the projected budget?

6. Are there funding sources for the project? If so, please list.

7. Explain how the project is HIPAA compliant.

8. If a scholarly product is being considered, indicate the plan for IRB.

Note: Quality improvement for clinical application does not require IRB approval. When planning for publication or presentation beyond the local institution, an IRB application is recommended, usually with a request for exempt status.

Physician Attestation Processes For Projects Seeking MOC Part IV Credit only

Pediatricians seeking MOC credit must complete the ABP Attestation Form which is co-signed by the Project Leader or by a local leader, depending on the project’s structure. This co-signing leader is responsible for adjudicating any disputes with physicians who wish to claim credit for MOC. Because this process could affect a
physician’s certification status, the co-signing leaders should be physicians who are active participants in the approved projects.

**Please circle/highlight the best description below of the person who will co-sign physician attestations for this project:**

- Project leader who is a physician
- Project leader who is not a physician (explain)
- Local leader who is a physician
- Local leader who is not a physician (explain)

*Thank you for your interest in submitting a Quality Improvement project or Maintenance of Certification project. Please submit your completed application and all supporting documents to pedsMOC@iu.edu. Your project will be reviewed by at least two reviewers using an objective score sheet. Your project may also be reviewed by the entire committee at a monthly meeting. We will make every effort to complete the review and send you the results within 6 weeks of submission.*