Project Leader Application: Department of Pediatrics MOC

Project requirements

1. Have leadership at the project level that is capable of ensuring physician adherence to the participation criteria
2. Impact one or more Institute of Medicine quality dimensions (safety, effectiveness, timeliness, equity, efficiency, or patient-centeredness) or be directly linked to nationally- or locally- reported measures (such as USNWR, LeapFrog, Pillar Goals, Rebate Goals)
3. Follows a standard QI methodology (IHI Model for Improvement, lean principles, etc.)
4. Have a specific, measurable, relevant, and time-bound aim for improvement (outlined in a SMART aim statement)
5. Include at least 2 specific interventions that can be tested
6. Allow for measurement at least monthly over the duration of the project and data should be at the smallest unit available (provider-level, clinic level, etc.)
7. Must include at least 6 months of documented physician involvement
8. Projects must have measures that can be plotted on a simple run chart or control chart (time on x-axis, measure on y-axis)
9. Comply with HIPAA and other regulatory standards as applicable
10. Must be approved by the Department of Pediatrics Quality Committee (including inpatient and outpatient medical directors for quality and safety and others with formal QI training) and Division director
11. Must provide data at least quarterly to the Quality Committee.
12. Must be ongoing, MOC credit will not be awarded for projects that are completed

Project Leader Requirements

1. Lead the project with the help of a QI coach if desired
2. Document attendance for team members who are coming to meetings
3. Collect data, annotate interventions, and create run chart/control chart in order to track progress and provide the quarterly data to Quality Committee.
4. Ask for help from Quality Committee if significant obstacles are encountered during project.
5. Attest other participants’ participation in the project.

Participant Requirements

1. Get formal approval to join an approved MOC project from leader
2. Fill out participation application and have signed by project leader to formalize your desire to participate
3. Notify Quality Committee coordinator of your plan to join the project and submit application
4. Attend at least 3 team meetings over the course of a minimum of 6 months
5. Develop (with the team) at least 2 tests of change over the course of your participation including PDSA planning
6. Have attestation form signed Project Leader at the end of project attesting to your participation
7. Must be a current VUMC employee for MOC credit to be awarded

**Project Materials should be sent to Rosalia Gaudino at Rosalia.m.gaudino@vumc.org**

## *MOC Project Title*:

Date of Application:      

## *MOC Project Leader and Title:*

1. Phone Number:
2. Mailing Address:
3. Email Address:
4. Project Leader QI training (e.g., IHI Open School, Cincinnati I2S2, Lean Leader Training, Workshops, etc)
5. Project Leader QI experience:
6. NPI Number:
7. ABP Number (NOT AAP Number):

## *Project Team*

1. Division/Department leader(s) supporting this project:
2. Are they aware of this application?
3. Physicians with plans to participate (Name, Division, Expected Role):
4. Other Key Team Members (RNs, RTs, etc):
5. How many participants do you anticipate to seek MOC credit from this project on an annual basis?

## *QI Project*

1. Is this an **ongoing** improvement effort/project? (Please note that ***completed projects will not be approved.***)Yes No
2. Timelines:

When will the QI project period start and stop?       -      (mm/dd/yyyy)- (mm/dd/yyyy)

When will participants begin and end their activity?       -      ( mm/dd/yyyy)- (mm/dd/yyyy)

What period of time will be used to measure improvement?       -      ( mm/dd/yyyy)- (mm/dd/yyyy)

1. What is the estimated number of patients per year that will be affected by this effort?

## *Design*

1. **What is in need of improvement and why is it in need of improvement?** What problem currently exists? Is there baseline data demonstrating the magnitude of the problem? What are the suspected causes of the problem? (300 words or less)
2. **What is the SMART (specific, measurable, actionable, relevant, time-bound) aim of the MOC project?** One sentence stating what the project is trying to accomplish for whom (patient population/setting), by how much (a numerical goal) and by when (date).  *Example 1: “By July 1, 2014, attending and resident physicians will obtain 90% compliance with hand hygiene observations at both Children’s Hospital and all pediatric outpatient facilities.”*

*Example 2: “Through the 2013-2014 influenza season (9/1/13 to 5/1/14), the Division of General Pediatrics will document offering influenza vaccine to 90% of all vaccine-eligible patients seen in clinic Monday-Saturday.”*

*Example 3: “By July 31, 2014, the Division of Pediatric Allergy, Immunology, and Pulmonary Medicine will document an Asthma Control Test for 90% of patients 4 years old and older with a known diagnosis of asthma at all of its clinical sites.”*

1. **What “change(s)” (actions or interventions) do you hypothesize will result in improvement?** Limit to 3 interventions.More interventions can be added at a later date. For newly developed projects, we suggest that you start with the interventions that are reliable and ready for implementation.*For example, we will add a new order to the order set for the pathway recommended empiric antibiotic.*
2. **How long will physicians be expected to participate in this MOC project (in months)?***The initial expectation for participation must be at least 6 months.*
3. **What required activities must the participants do to receive MOC credit for this project?** Please note that the minimum criteria are that participants must attend 3 team meetings in which they evaluate a run chart that indicates whether their intervention is leading to an improvement. This typically includes an initial meeting to review baseline data and two subsequent ones to evaluate the effect of the interventions.
4. **Which nationally- or locally-reported measures does this project address (US News & World Report, LeapFrog, Solutions for Patient Safety, Pillar Goals, Rebate Goals)?**
5. **Which Institute of Medicine Quality Dimensions are addressed by the project?** Check all that apply.

**Safety** – Patients should not be harmed by the care that is intended to help them

**Effectiveness** – Care should be based on scientific knowledge and offered to all who could benefit and not to those who will not benefit

**Patient-centered** – Care should be respectful of and responsive to individual patient preferences, needs and values

**Timely** – Waits and harmful delays in care should be reduced for those who receive care and those who give care

**Efficient** – Care should be given without wasting equipment, supplies, ideas or energy

**Equitable** – Care should not vary in quality because of patient characteristics such as gender, ethnicity, geographic location or socio-economic status

## *Measures*

1. Identify at least one type of measure for the QI project (process **OR** outcome). For each measure, provide the (a) numerator, (b) denominator, (c) data source (d) person responsible for data collection (e) collection frequency and (f) method for displaying data.

**Outcome Measure** (What will change?) *For example, we will decrease Hospital Length of Stay from a baseline of 36 hours to 24 hours.*

Numerator:

Denominator:

Data source:

Person responsible for collecting the data:

Collection frequency:

Attach run chart with baseline data if possible:

**Process Measure** (How do you know that the right things are being done to reach the desired outcomes?) *For example, order set use (bundled recommendations) will increase from a baseline of 20% to 80%.*

Numerator:

Denominator:

Data source:

Person responsible for collecting the data:

Collection frequency:

Attach run chart with baseline data:

1. **Balancing Measure** (How do you know that your interventions are not causing unintended negative consequences?) *For example, are patients waiting longer to be seen or has LOS increased?* Please list what you will follow as a balancing measure.

## *Relevant Topics and Subspecialties*

From the list of Relevant Topics appended at the end up this application, please choose at least one but no more than 3 that your project involves.

From the list of Relevant Subspecialties below, please list any subspecialties for which your project may be relevant.

**This application has been reviewed and recommended by the Vanderbilt Department of Pediatrics Quality Committee**

**Signature of Committee Leader Date**



