

Instructions: Please use this form as a DRAFT of your Project Proposal prior to applying for ABMS MOC Part IV Portfolio Sponsorship using the online form.

1. QI Effort Title: _____

2. QI Effort Start Date: _____

[Anticipated] End date: _____

3. QI leader name: *[Standard B1]*

• QI leader email: _____

• QI leader phone number: _____

4. The oversight relationship between the Portfolio Sponsor and the participating Individuals is such that: *[Standard B1]*

The individuals are employed or contracted by the Sponsor

The individuals are in the Sponsors' health system or network

The individuals are members of the Sponsor society/collaborative/association

The individuals have other oversight arrangements with the Sponsor

Provide the numbers, as available, of health care providers who are participating in this QI Effort (regardless of claiming MOC Part IV through the Portfolio Program). *[Standard C2, C3]*

• Practicing Physicians _____

• Residents/Fellows _____

• Physicians' Assistants _____

• Nurses (APNP, NP, RN, LPN) _____

• Other Allied Health _____

5. Does this project explicitly address: *[Standard 82, and Triple Aim]*

Reduction of Harm (patient safety)

Cost of Care

6. Choose two of the six Institute of Medicine quality dimensions the QI Effort addresses: *[Standard B2]*

- Safety
- Effectiveness
- Equity
- Efficiency
- Timeliness
- Patient-Centeredness

7. Choose two of the following ACGME/ABMS competencies the QI Effort addresses (Practice Based-Learning and Improvement, and Systems-based practice are both assumed for every QI Effort submitted through the Portfolio Program): *[Standard B2]*

- Communication/Interpersonal Skills
- Professionalism
- Patient Care and Procedural Skills
- Medical Knowledge

8. Select one or more relevant topics for this quality improvement effort: *[Standard C1]*

- | | |
|--|---|
| <input type="checkbox"/> Access to care | <input type="checkbox"/> Immunizations/Vaccinations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Length of stay |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Medical home |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Choosing Wisely/High Value
Care/Cost of care | <input type="checkbox"/> Patient safety |
| <input type="checkbox"/> CLABSI | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Preventive care |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Readmissions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Resource stewardship/utilization |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Satisfaction |
| <input type="checkbox"/> Efficiency | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Hand hygiene | <input type="checkbox"/> Surgical site infections |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Transitions of care |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other _____ |

9. Select one or more medical specialties addressed as part of this quality improvement effort: [Standard C1, C3]

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Dermatology
- American Board of Emergency Medicine
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Medical Genetics and Genomics
- American Board of Obstetrics and Gynecology
- American Board of Ophthalmology
- American Board of Orthopaedic Surgery
- American Board of Otolaryngology
- American Board of Pathology
- American Board of Pediatrics
- American Board of Physical Medicine and Rehabilitation
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Surgery
- American Board of Thoracic Surgery
- American Board of Urology
- National Commission on Certification of Physician Assistants

10. Are you willing to share project-level descriptive information about this QI effort with other Portfolio Sponsors (Aim Statement, Metrics, Interventions, etc.)?

- Yes
- No

11. How is the quality Improvement effort funded? [Standard B8]

- Grant
- Internal
- Subscription
- Industry (Pharma or Medical Device manufacturer) funding
- Other _____

12. Select the methodology that most closely represents the methodology being used in this quality Improvement effort: [Standard: A3, B5]

- A3
- Continuous Quality Improvement (CQI)
- IHI Collaborative Model
- LEAN
- Model for Improvement (PDSA/PDCA)
- Six Sigma (DMAIC)
- Total Quality Management (TQM)
- Other

13. What is the specific aim of the quality improvement effort? The Aim Statement should include: (1) a specific and measureable improvement goal, (2) a specific target population, and (3) a specific target date/time period. [Standard: B3, C1, C2]

EXAMPLE AIM STATEMENT:

We will [improve, increase, decrease] **the** [number, amount, percent] **of** [the process/outcome] **from** [baseline measure] **to** [goal measure] **by** [date].

14. Add a row for each measure used in the QI Effort, if known. [Standard: B4, B6, C1]

NOTES: You must at least complete, at a minimum, the patient population at this point. It is desirable, though not required, to have at least one outcome, process and balancing measure.

- Patient Population _____
- Measure Title _____
- Measure Type _____
- Measure Source _____
- Numerator _____
- Denominator _____
- Baseline Rate _____
- Target Rate _____
- Benchmark and source (as available) _____

15. Describe the types of interventions and tools that are being, were, or will be used by participants In the QI Effort and describe how each is expected to impact individual practice and patient care, if known. [Standard: B7]

- **NOTES: You must complete, at a minimum, the impact on patient care and individual practice at this point. If you do not know interventions/tools at this point, indicate "Unknown at this time".**
 - **Intervention/Tool Type and Description*** _____
 - **How will this impact individual practice?** _____
 - **How will this impact patient care?** _____

16. Indicate the requirements for an individual to meaningfully participate in this QI Effort CHECK ALL REQUIREMENTS THAT APPLY TO THIS QI EFFORT [Standard B7, B6, B7, C1, C2, C3]

- Involvement in the conceptualization, design, implementation and assessment/evaluation: or Provision of direct patient care as an individual or a member of the care delivery team; or Supervising residents or fellows throughout the entire initiative.**
- Review performance data not less than 3 times including at baseline, and prior to completion of activity for MOC purposes (Post-PDSA 1, Post-PDSA2)**
- Apply tools and Interventions to individual/team practice.**
- Reflect on impact of the initiative on their practice or organizational role**
- Attest to both meeting/working with others involved in the improve activities; AND Personal completion of all meaningful participation requirements of this QI effort.**
- Other requirements specific to the QI effort**

Optional Information

Attach any relevant files regarding the quality improvement effort that you wish to share with the Portfolio Program reviewers

Submit

Please email this form and any attachments to:

WinthropCME@nyulangone.org