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| Maintenance of Certification Part 4 Approval Program (MOCAP)Project Design and Outcomes Form**SECTION A: General Information**Project submitted before October 1, 2024 will be reviewed for MOC credit in calendar year 2024.  Projects submitted after that date will be reviewed for MOC credit in calendar year 2025.  |

**1. Project Title**:

**2. Department(s) and Division(s):**

**3. Project Leader:** (list up to two)

Name Email

**4. Timeframe (at least one PDSA cycle must occur in 2023 to qualify for MOC4 credit)**

 **Date physicians began participating:**

**End date** (If project is ongoing please indicate ‘ongoing’):

**5. What relationship(s) do participants of this project have with UCSF?**

[ ]  Physicians in UCSF’s health system or network (e.g., Parnassus, Mt. Zion, Mission Bay, Benioff Children’s Oakland and San Francisco, ZSFG, VA, and UCSF-Fresno)

**[ ]** Physicians affiliated with UCSF (e.g., Volunteer Clinical Preceptors, w/o Salary Faculty)

[ ]  Other – Please describe:

**6. Indicate the approximate # of care team members participating in this QI Effort.**

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| --- | --- | --- | --- |
| Physicians |  | Fellows |  |
| Physician Assistants |  | Nurses |  |
| Residents  |  | Other Professionals |  |

**7. What is/are the location(s)/setting(s) for this project?**

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| --- | --- | --- |
| [ ]  Parnassus | [ ]  Mission Bay  | [ ]  Mount Zion |
| [ ]  SFVA | [ ]  ZSFG | [ ]  Benioff Children’s Hospital Oakland |
| [ ]  Other – Please describe:  |

**8. How is the project funded?**

 [ ]  Internal Funding

 [ ]  Non-commercial grant

[ ]  Industry funding **(not eligible for MOC)**

[ ]  Other – Please describe:

**9. Select one or more relevant topics for this quality improvement effort:**

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| --- | --- | --- |
| [ ]  Access to care  | [ ]  Efficiency  | [ ]  Patient Safety |
| [ ]  Asthma | [ ]  Hand hygiene | [ ]  Prescriptions |
| [ ]  Cancer | [ ]  Health Literacy | [ ]  Preventive care |
| [ ]  Cardiovascular | [ ]  HIV | [ ]  Readmissions |
| [ ]  CLABSI | [ ]  Hypertension | [ ]  Satisfaction |
| [ ]  Communication | [ ]  Immunizations/Vaccinations | [ ]  Sepsis |
| [ ]  Compliance | [ ]  Length of stay | [ ]  Surgical site infections |
| [ ]  Diabetes | [ ]  Medical home | [ ]  Teamwork |
| [ ]  Documentation | [ ]  Obesity | [ ]  Transitions of care |
| [ ]  Other – Please describe:  |

**10. We are able to work with the following specialty boards to grant MOC credit for eligible QI projects. Please select all specialty boards MOC program you are seeking MOC credit for.**

**American Board of:**

|  |  |  |
| --- | --- | --- |
| [ ]  Anesthesiology | [ ]  Otolaryngology | [ ]  Radiology |
| [ ]  Dermatology | [ ]  Ophthalmology  | [ ]  Surgery |
| [ ]  Emergency Medicine | [ ]  Pathology | [ ]  Thoracic Surgery |
| [ ]  Family Medicine | [ ]  Pediatrics | [ ]  Urology |
| [ ]  Internal Medicine | [ ]  Physical Medicine and Rehabilitation | [ ]  National Commission on Certification of Physician Assistants |
| [ ]  Medical Genetics | [ ]  Preventive Medicine |  |
| [ ]  Obstetrics and Gynecology | [ ]  Psychiatry and Neurology |

**Please note**: The following boards are not participating in our program and do not allow us to award MOC4 credit.  Members of these boards may choose to submit quality improvement efforts to individual specialty boards for MOC4 credit. Non-Participating Boards: American Board of Allergy and Immunology, American Board of Colon and Rectal Surgery, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Orthopaedic Surgery, American Board of Plastic Surgery.

**SECTION B: Problem and Background**

**1. Describe the problem by answering the following questions.** What are the underlying causes of the problem? What happens, when, how often/how much?

**2. What is the specific patient population for this quality improvement effort?** Be specific.

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| **SECTION C: Quality Measure**  |

**1. Measure Name**:

**2. Measure Type**: [ ]  Outcome [ ]  Process [ ]  Balancing

 **3. Measure Source**:

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| --- | --- |
| [ ]  Chart review | [ ]  Prospective at point of care |
| [ ]  Electronic Health Record | [ ]  Patient Survey (Please attach to application) |

**4. Patient Population for this measure :**

**5. Measure Calculation:** Specify the numerator and denominator. For example - If the project aim is to increase discharge naloxone prescribing from 9% to 25% for any person who receives opioids from his/her inpatient team upon discharge, your measure numerator would be “# of patients who received opioids who also received naloxone” and denominator would be “# of patients who received opioids.”

**Numerator description -**
**Denominator description -**

**6a. What is the baseline rate?**       **6b. Date baseline was measured:**

**7a. What is the target rate?**       **7b. Date you expect to achive target rate:**

**8. Using the information above, provide your aim statement**. It must include (1) a specific and measureable improvement goal, (2) a specific target population, and (3) a specific target date/time period. Only one main aim statement is required for MOC credit. \* See example and template below.

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| **Example** – “We will increase the rates in high blood pressure screening of adult patients from 62%, on July 1, 2019, to 80% by June 30, 2020.”**Aim Statement Template** – We will [improve, increase, decrease] the [number, amount, percent] of [the process] from [baseline rate] to [target rate] by [date]. |

**Use the template to provide your aim here** -

[ ]  **(Required)** I confirm that the project aim statement includes (1) a specific and measureable goal, (2) a specific target population, and (3) a specific target date/time period – “from [baseline measure] to [goal measure] by [date].”

(OPTIONAL) Only one quality measure is required, but if you would like to provide additional measures, please provide below. Quality measure questions above can be copied and pasted below.

**SECTION D: Annotated Run Chart**

**Attach an annotated run-chart for your measure over time. If you cannot provide at the time of submission, please provide a reason.** [Please download this spreadsheet to see an example.](https://moc.ucsf.edu/sites/g/files/tkssra4601/f/00RunchartWithAnnotations.xlsx)

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Replace this example graphic with your annotated run-chart.

**SECTION E: Interventions**

**Describe interventions or planned interventions for at least one cycle of improvement.**

You must list at least one intervention. This section helps the review board to understand your PDSA or quality improvement cycles and how your interventions impacted the aim statement indicated above.

**EXAMPLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Intervention** | **How will this impact individual practice?** | **How will this impact patient care?** | **Implentation or planned implementation Date**  |
| *e.g., We have a checklist that prints from our EMR for adult PCP visits; we worked with IT to have hypertension screening added to that* | *e.g.,Will lengthen physician visit time for every patient who screens.* | *e.g.,This change ensures that every patient 18+ who is seen at least annually is screened for hypertension regardless of the type of visit* | *12/12/2015* |

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| **Cycle 1 Interventions AFTER baseline data was measured and analyzed. (REQUIRED)** |
| **Describe Intervention(s)** | **How will this impact individual practice?** | **How will this impact patient care?** | **Implentation or planned implementation Date**  |
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| **Cycle 2 Interventions AFTER remeasurement and analysis of data. (OPTIONAL)** |
| **Describe Intervention(s)** | **How will this impact individual practice?** | **How will this impact patient care?** | **Implentation or planned implementation Date**  |
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**SECTION F: Physician Engagement Requirements**

To be elibigle for MOC IV, a physician must attest that they have participated in at least ONE cycle of the QI effort. Engagement requires that participants prospectively review baseline and post-intervention data, are informed of the interventions, and are given an opportunity to provide feedback.

1. Indicate how physicians meaningfully participated in the QI effort. **Check all that apply.**

[ ]  Provide patient care

[ ]  Be involved in concept, design, oversight of implementation of QI effort

[ ]  Supervised residents or fellows

[ ]  Reflect on further improvements, barriers, etc.

2. To earn MOC4 credit, physician participants must be engaged PROSPECTIVELY through at least one PDSA or quality improvement cycle. Provide dates below. If the project is in-process, please provide planned dates.

**First presentation/meeting – Provide Date:**

* Review and analyze baseline data, identify underlying problem and cause
* Discuss interventions/next steps
* From this point to the next meeting/presentation is considered one cycle.

**Second presentation/meeting - Provide Date:**

* Review and analyze post-intervention data
* Discuss implications and interventions/next steps
* From this point to the next meeting/presentation is considered another cycle.

**Describe how project data was shared with participating faculty.** (Example – Quarterly QI meetings, Monthly faculty meetings, Weekly interdisciplinary rounds, etc.

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| **SECTION G: Outcomes and Lessons Learned (Note: This section should be completed after at least 1 PDSA cycle)** |

**1. Attach final results (if different from Section D) for the QI effort showing data over time for at least 1 cycle of improvement.**  **Note:** The attached file should contain an annotated run chart showing the impact of the QI effort over time. [Please visit this link for an example.](https://moc.ucsf.edu/sites/g/files/tkssra4601/f/00RunchartWithAnnotations.xlsx)

**2. Was the aim achieved?** [ ]  Yes [ ]  No

**3. Describe any barriers to change that were encountered and how they were addressed.**

**4. Describe key lessons and best practices that were learned as a result of the QI Effort.**

**5. Describe any plans for sustaining the changes that were made.**

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| **SECTION H: Project Leader Electronic Signature** |

 **[ ]** As a Project Leader(s), I (we) will verify that physicians, who will be claiming credit, have meaningfully participated in this project as described above. I (we) will work with MOCAP to process the physician participation form.

Project Lead Initials:Date:

Email this electronically **as a Word Document** (Please do not scan and send) to the UCSF MOCAP Staff Lead joey.bernal@ucsf.edu.