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| Maintenance of Certification Part IV Program (MOCAP)  Project Design and Outcomes Form  **SECTION A: General Information**  Project submitted before October 1, 2018 will be reviewed for MOC credit in calendar year 2018.  Projects submitted after that date will be reviewed for MOC credit in calendar year 2019. |

**1. Project Title:** (Limit to 50 characters)

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

**3. Project Leader(s) (up to two)**

Name       Email       Phone

**4. Timeframe**

**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 employed or contracted by UCSF (e.g., Moffit-Long, Mt. Zion, Mission Bay)

Physicians in UCSF’s health system or network (e.g., Children’s Hospital Oakland, SFGH, VA)

Physicians affiliated with UCSF (e.g., Private Practice that supervises students/house staff)

If affiliated, please describe the affiliation:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Physicians |  | Fellows |  |
| Physician’s Assistants |  | Nurses |  |
| Residents |  | Other Allied Health |  |

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

|  |  |  |
| --- | --- | --- |
| LPPI | Moffit-Long | Mount Zion |
| VA | SFGH | Children’s Hospital Oakland |
| Mission Bay | Other – Please describe: | |

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

Internal

Non-commercial grant

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

Other – Please describe:

**9. Which Institute of Medicine Quality Dimensions are addressed? (check all that apply)**

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

**10. Which of the following ACGME/ABMS competencies are addressed? (check all that apply)**

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

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

|  |  |  |
| --- | --- | --- |
| 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: | | |

**12. Select Medical specialties addressed as part of this quality improvement effort:**

|  |  |  |
| --- | --- | --- |
| Allergy and Immunology | Obstetrics and Gynecology | Plastic Surgery |
| Anesthesiology | Orthopaedic Surgery | Preventive Medicine |
| Dermatology | Otolaryngology | Psychiatry and Neurology |
| Emergency Medicine | Ophthalmology | Radiology |
| Family Medicine | Pathology | Surgery |
| Internal Medicine | Pediatrics | Thoracic Surgery |
| Medical Genetics | Physical Medicine and Rehabilitation | Other – Describe: |

**13. Select the methodology that most closely represents the methods used in this QI effort**:

|  |  |  |
| --- | --- | --- |
| Continuous Quality Improvement (CQI) | Model for Improvement (PDSA/PDCA) | LEAN |
| IHI Collaborative Model | Six Sigma (DMAIC) | Other – Please describe: |

**SECTION B: Plan**

**1. Describe the problem. What are the underlying causes of the problem? What happens, when, how often/how much, to whom does it happen?**

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

**3. Provide aim statement. 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.**

**Example** – “We will increase the rates in high blood pressure screening of adult patients from 62% to 80% by June 30, 2016.”

**Recommended Aim Statement Template** – We will [improve, increase, decrease] the [number, amount, percent] of [the process] from [baseline measure] to [goal measure] by [date].

**4. Quality improvement cycles / Presentations to faculty**. **(At least 3 presentations/meetings with project faculty are required.)**

**First presentation/meeting**

·        Review and analyze baseline data, identify underlying problem and cause

·        Discuss planned intervention(s)

**Second presentation/meeting**

·        Review and analyze post-intervention data

·        Identify adjustments to current interventions or need for new interventions

**Third (and subsequent) presentation/meeting**

·        Review and analyze post-intervention data

·        Reflect on results, barriers to success, and ways to sustain best practices changes.

·        Identify adjustments to current interventions or need for new interventions

**First presentation/meeting Date**:

**Second presentation/meeting Date**:

**Third (and subsequent) presentation/meeting Date**:

**Provide more presentation/meeting dates if necessary**:

**5. Describe each intervention or planned intervention. Most cycles have at least one intervention. (Please insert more rows if necessary)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Intervention** | **How will this impact individual practice?** | **How will this impact patient care?** | **Date implemented** |
| *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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| **SECTION C: Quality Measures** (At least one measure should directly support the aim statement.) |

**1. Measure Name**:         
  
**2. Measure Type**:  Outcome  Process  Balancing

**3. Measure Source**:

|  |  |
| --- | --- |
| 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:**

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

**6. What is the baseline rate?**       **7. What is the target rate?**

**8. How did you choose your target rate? Also, was it based on a nationally endorsed benchmark?**

If additional measures are being tracked, please provide the information for each additional measure. Measure questions above can be copied and pasted here:

**SECTION D: Physician Participation for MOC IV Qualification**

To be elibigle for MOC IV, a physician must attest that they have participated in at least two cycles of the QI effort, met with others involved in the effort, and reviewed baseline and post-intervention data from two cycles.

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

Involvement in the conceptualization, design, implementation and assessment/evaluation.

Provision of direct patient care as an individual or a member of the care delivery team.

Supervised residents or fellows throughout the entire initiative.

Reviewed project data at least 3 times - at baseline, and post-intervention after at least 2 cycles.

Apply tools and interventions to individual/team practice.

Other – Please describe:

**2. Please describe how project data was shared with participating faculty. Include how often data was shared.** (Example – Quarterly QI meetings, Monthly faculty meetings, Weekly interdisciplinary rounds, etc. You can also reference Section B, Question 4 above.)

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| **SECTION E: Outcomes and Lessons Learned (Note: This section is not required to determine MOC Part IV eligibility. You may not be able to complete this section at this time. This section is not required for preliminary review. If you have any project data or run chart, please include it with your submission.** |

**1. Attach results for the QI effort showing data over time.**  **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.](http://ucsfcme.com/mocap/TempFiles/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 that were learned as a result of the QI Effort.**

**5. Describe any best practices that came out of the QI Effort.**

**6. Describe any plans for spreading improvements, best practices, key lessons.**

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

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| **SECTION F: 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 Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:

**(Please note: Your initials can be used as an electronic signature.)**

Submit completed Project Design form to the UCSF MOCAP Program Manager joey.bernal@ucsf.edu.