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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, 2019 will be reviewed for MOC credit in calendar year 2019.  Projects submitted after that date will be reviewed for MOC credit in calendar year 2020. |

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

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

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

Name       Email       Phone

**4. Timeframe (at least one PDSA cycle must occur in 2019 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 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.**

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

**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

Non-commercial grant

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

Other – Please describe:

**9. 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: | | |

**10. We are able to work with the following boards to grant MOC credit for eligible QI projects. Please select which specialty board MOC program you are seeking MOC credit for. (Check all that apply) American Board of:**

|  |  |  |
| --- | --- | --- |
| 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 | Urology |
| Obstetrics and Gynecology | Plastic Surgery | National Commission on Certification of Physician Assistants |

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

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| --- | --- | --- |
| 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?** Be specific.

**3. Provide an aim statement that includes:** (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%, on July 1, 2018, to 80% by June 30, 2019.”

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

(Required) I confirm that the project aim statement mentions (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].”

**5. Describe each intervention or planned intervention. You must list at least two with this application. (Please insert more rows if necessary)**

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| --- | --- | --- | --- |
| **Describe Intervention** | **How will this impact individual practice?** | **How will this impact patient care?** | **Date implemented or Date planned for implementation** |
| *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:** 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 -**

**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?**

**9. Attach results for the QI effort showing data over time. Please provide reason if you do not have one at this 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)

\* 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 Engagement Requirements**

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. To earn MOC4 credit, physician participants must be engaged PROSPECTIVELY through at least two quality improvement cycles. At least 3 presentations to project faculty are required. Provide dates below. If the project is in-process, please provide planned dates.

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

* 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.

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

* Review and analyze post-intervention data
* Discuss implications and interventions/next steps
* Identify adjustments to current interventions or need for new interventions

**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 E: Outcomes and Lessons Learned (Note: This section is not required for preliminary review.)** |

**1. Attach results for the QI effort showing data over time for at least 2 cycles 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.](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.)**

Email this form as a Word Document to the UCSF MOCAP Program Manager joey.bernal@ucsf.edu.