|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **General Information** | | | | | |
| 1. Project Title: | | | | | |
| 1. Physician Project Leader: | | | | | |
| Title: | | | | | |
| Phone Number: | | | | | |
| Email Address: | | | | | |
| 1. Project Funding Sources | | | | | |
| Grant  Internal | Pharma/Devise  Subscription | | | Other (specify): | |
| 1. **Project Team** | | | | | |
| Executive Coach: | | | | | |
| QI Tools Coach: | | | | | |
| Physician(s): | | | | | |
| Other Clinicians: | | | | | |
| 1. **Physician Participation** | | | | | |
| 1. **Attach** MOC-3 Team Member Signature Page to application. 2. How will training in the science of quality be delivered to the team members?   Content must incorporate the NCH IHI Model for Improvement and Key Driver Diagram.  Provide physician team members a copy of the *NCH QIE Key Terminology Guide™-****required***  QIE DVD’s/power point slides  Other (please specify) | | | | | |
| 1. Physicians certified by which ABMS board(s) *could* participate in this QI project? | | | | | |
| Allergy and Immunology (ABAI)  Anesthesiology (ABA)  Colon and Rectal Surgery (ABCRS)  Dermatology (ABD)  Emergency Medicine (ABEM)  Family Medicine (ABFM)  Internal Medicine (ABIM)  Medical Genetics (ABMG)  Neurological Surgery (ABNS)  Nuclear Medicine (ABNM)  Obstetrics and Gynecology (ABOG)  Ophthalmology (ABO)  Orthopaedic Surgery (ABOS) | | | Otolaryngology (ABOT)  Pathology (ABPath)  Pediatrics (ABP)  Physical Medicine and Rehabilitation (ABPMR)  Plastic Surgery (ABPS)  Preventive Medicine (ABPM)  Psychiatry and Neurology (ABPN)  Radiology (ABR)  Surgery (ABS)  Thoracic Surgery (ABTS)  Urology (ABU) | | |
| 1. Estimate how many physicians will participate (or have participated) in the QI effort for MOC Part IV Credit?   1-10  11-20  Other (specify) | | | | | |
| 1. **Stage of QI Project** | | | | | |
| 1. At the time of submission, what is the status of the project?   Design is complete but not yet initiated  Existing, preliminary results displayed in a run/control chart **(Attach results to date)**  Completed **(Attach MOC-5 Progress Report)** | | | | | |
| 1. Project Duration   Project start date:  Project end date:        Expected  Ongoing  Actual | | | | | |
| 1. Has the project been presented at a formal QI meeting?   QIE Final Presentations  QIP Committee  Departmental QI Review  Date:       Date:       Date: | | | | | |
| 1. **Design** | | | | | |
| 1. Briefly (c.100 words) indicate the scope of the problem and why this project is important to NCH quality and safety. | | | | | |
| 1. Which NCH Patient/Family-Centered Strategic Plan Columns are addressed by this quality improvement project? (Check all that apply. Corresponding IOM quality dimensions are in parentheses.) | | | | | |
| Keep Me Well (Effectiveness; Patient-Centeredness; Equity) | | Treat Me With Respect (Equity; Patient-Centeredness)  Do Not Harm Me (Safety) | | | Navigate My Care (Timeliness; Efficiency)  Heal Me/Cure Me (Effectiveness) |

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| --- | --- | --- | --- | --- |
| 1. Write the specific aim statement using the format below. Use this aim statement format in the key driver diagram (KDD).   a.) What will the project increase or decrease? (What project measure):  b.) In which group or population will the project affect:  c.) From a baseline of what & date collected? (Current performance level):  d.) To a goal of what? (The desired level of improvement):  e.) The goal will be completed by when? (Date to achieve improvement by):  f.) The goal will be sustained for how long? (Duration the improvement will be sustained**):**   1. QI tools below used to design the KDD (Check all that apply)   Process Map  Brainstorming Activity  Cause and Effect Diagram  Evidence Based/ Best Practice  Pareto Chart  Other (specify): | | | | |
| **VI Results** | | | | |
| 1. Are patient personal health information collected and used in the project?  Yes  No   If yes, how is patient information HIPAA Compliant? | | | | |
| 1. Reporting Level(s). (check all that apply)   Individual physician level  Practice/clinic/unit level  Aggregated across all participants | | | | |
| 1. How often do project participants meet to discuss results, reflect on interventions, and plan next steps? In what format are reports provided to **project participants**? Types of reports: run charts (required), control/Shewhart charts (preferred). | | | | |
|  | **Run Chart** | **Control Chart** | | **Other** |
| **Weekly** |  |  | |  |
| **Monthly** |  |  | |  |
| **Other** |  |  | |  |
| 1. What were the most successful intervention(s)? Describe the PDSA cycles completed to achieve success.   (List the intervention, objective of the PDSA cycles, and the results of the test of change below.) | | | | |
| Intervention:  Objective of PDSA:  PDSA Cycle Results: | | | Intervention:  Objective of PDSA:  PDSA Cycle Results: | |
| 1. Briefly describe any barriers the team identified and how they addressed or removed them. | | | | |
| 1. Do the results show an improvement? If yes, what is the next step to continue the gain? If not, what changes in the project are needed? | | | | |
| 1. Attach the NCH QI Progress Report MOC-5 for **completed** projects | | | | |

***Nationwide Children’s Hospital (NCH) is a Portfolio Sponsor approved by the Multi-Specialty MOC Portfolio Approval Program. This project meets or exceeds the standards and guidelines of the program. NCH approvals this project to be eligible for MOC Part IV credit. Note: this pathway to obtain MOC Part IV credit is not an approved pathway for all ABMS Member Boards. It is each physician’s responsibility to verify that they are eligible to receive MOC Part IV credit from their certifying Board(s). Equivalent credit from the participating ABMS Member Boards is given for meaningful participation in an approved QI project.***

**Signature of NCH Senior Quality Executive Date**

Richard J. Brilli, M.D., F.A.A.P., F.C.C.M., Chief Medical Officer

**Signature of NCH Portfolio Manager Date**

Richard E. McClead, Jr., MD, MHA, Medical Director, Quality Improvement Services

**MOC-1 Application Form MOC Part IV Credit**

**CHECK LIST**

**Please attach each of the following documents to the completed Application Form**

**MOC documents are located on the** [**NCH internet site**](http://www.nationwidechildrens.org/approved-maintenance-of-certification-moc-projects)

MOC-2 Leader Signature Page

MOC-3 Member Signature Page

MOC-5 NCH Progress Report ***(completed projects)***

Run chart or Control chart for each measure listed ***(existing projects)***

Key Driver Diagram

Data Plan for **EACH** measure listed

**Please return this form to Andy Bethune, QIE/MOC Coordinator**

**Andrew.Bethune@NationwideChildrens.org**