

Valley Preferred Quality Improvement Project

Be a part of our health care quality success!

QI projects let you follow your instincts and propose a better way.

A physician's clinical experiences are some of the best sources of knowledge. You know firsthand ways in which tests, procedures, operations, and other aspects of care delivery can be done more efficiently or produce better outcomes. Valley Preferred created the Quality Improvement Project program so you can develop these ideas, share them with others, and put them into practice. The program is part of the participation component of Achieving Clinical Excellence® (ACE), and as such, rewards those who take part.

QI Project Steps

- Identify areas for improvement
- Submit proposal (see "How to Get Started")
- Establish goals, conduct research, measure outcomes, interpret findings, document project
- Make presentation in PowerPoint format to the Care Management Committee (CMC)

Previous QI Examples

- Achieving Clinical Excellence: Total Joint Arthroplasty Pathway
- Sepsis: Measurement and Mortality
- Development of an Initial Screening Assessment for Observation Patients to Reduce Unnecessary Physical Therapy Consultations
- Primary Care Pain Management
- Post-Operative Management of Orthostatic Hypotension

QI Project Incentives

- Rewards are paid to identified team leads (must be physician or APC).
- Only one lead per practice.
- All collaborating project leads are eligible to receive the incentive.
- Incentive is paid at each phase of the project

		Physicians	APC
Phase 1	Proposal Approval	\$1,000	\$500
Phase 2	Research & Development	\$1,500	\$750
Phase 3	Completion	\$3,500	\$1,750
CMC Presentation		\$300	\$150

How to Get Started:

- **Project Submission Form** - contact Physician Advocacy Liaison (PAL) Wayne Stephens at wayne_t.stephensii@lvhn.org to receive the form.
- **Review approval requirements** on back of this sheet.

Valley Preferred approves **8-10 QI projects each year**. Start thinking about how you can make care delivery and efficiency better!

Requirements for Quality Improvement Project Approval

Title:

Name the project. The name should address care the Physician/APC can influence in one or more of the IOM quality STEEEP dimensions (safety, timeliness, effectiveness, equity, efficiency and/or patient-centeredness).

Project Team:

May include physicians and APC's. Incentive reimbursement is offered for Meaningful Participation.

Meaningful Participation: demonstration of having an active role in a QI effort over a period of time in which providers implement interventions related to the QI effort. The provider(s) are responsible for data collection and submitting, reviewing and interpreting data.

Practice/Division/Department:

Please list your practice/division/department as well as any applicable medical specialties or sub-specialties participating in the QI Project.

Statement of Clinical Problem:

Provides a brief summary of current knowledge of the care problem and characteristics of organizations in which the problem occurs. Include the nature and severity of the specific local problem or system dysfunction being addressed.

Study Question:

States precisely the primary improvement-related question and any secondary questions that the study of the intervention is designed to answer: A brief SMART (Specific, Measurable, Achievable, Realistic, and Timely) statement with an identified time frame.

Intended Improvement:

Identifies changes/improvements in care processes and patient outcomes of the proposed intervention. Specifies who (champions, supporters) and what (events, observations) triggered the decision to make changes, and why now (timing).

Methods of Evaluation:

Describes instruments and procedures (qualitative, quantitative, or mixed) used to assess the effectiveness of implementation. Explain how results reporting will be documented and methods used to assure data quality and adequacy (i.e. blinding; repeating measurements and data extraction; collection of sufficient baseline measurements).

Funding/Personnel:

Describes funding sources, if any, and role of funding organization in design, implementation, interpretation, and publication of study. Include personnel resources needed in addition to project team.

** Requirements for QI approval are adapted from SQUIRE Guidelines*

Contact Wayne Stephens, Physician Advocacy Liaison, for additional information about Quality Improvement Projects

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