**Valley Preferred Quality Improvement Program**

**Project Application**

**Introduction**

The Application must be submitted to the Valley Preferred Quality Improvement (QI) Program for approval.

**Logic Diagram – not required, but a tool to assist you in your planning.**

* This tool is for the personal use of the project leader.
* The diagram presents a framework for describing the steps in planning an improvement cycle.
* Project leaders should use the diagram to identify the key information at each step in order to present the requested information on the application.

A plan for improvement will eventually be developed and described for a QI project with data-guided improvement:

* Plan for interventions developed from reviewing baseline data
* Plan for adjustments developed from reviewing intervention data

The elements for planning an improvement project are:

* Problem: Identifying the problem to address
* Goal: Developing general goals and specific aims
* Causes: Identifying the major underlying/root causes of the problem
* Interventions/countermeasures: Identifying interventions/countermeasures that address each cause
* Operational plans: Identifying operational plans and who will be involved in implementing the interventions/countermeasures

**The Application**

* Use information drafted from the Logic Diagram and/or your planning to complete the Application.

**Timeline – at the end of the application**

* The timeline helps the project leader identify the expected time frames and dates for each project activity across an improvement effort.
* Project leaders should use the timeline to identify the key dates for each activity

**Logic Diagram**

What are the problem, What are the major What are interventions What are Operational

the general goal, and causes of the (countermeasures) that plans to implement

the specific aim problem? \* address major causes? the inventions?

**Intervention #1**

**Operational Steps #1**

**Cause #1**

**Problem**

**General Goal**

**Measures**

**Baseline data** (current performance related to problem and general goal)

**Specific Aim** (Aim is measurable target in a timeframe)

**Cause #4**

**Some approaches to identifying major causes:**

* Consider categories of causes, e.g. people, materials, equipment, method, environment
* Consider steps in workflow, e.g. SIPOC: suppliers, inputs, processes, controls
* Within important categories and steps, to identify underlying root causes – Ask Why 5 Times

**Some common causes, and interventions that address them:**

* People are not aware, don’t understand - Educate about evidence for and importance of the goal
* People believe performance is OK - Feedback of data on actual performance and the problem
* People forget or do not have time - Standard roles, processes, and reminders for reliability and efficiency

**Operational Steps #1**

**Intervention #3**

**Intervention #2**

**Cause #3**

**Cause #2**

**QI Project Application**

*Basic components of an eligible project are outlined below. Briefly highlight plans for each step.*

* *To check boxes, hover pointer over the box and click (usual “left” click).*

|  |  |
| --- | --- |
|  | **1. Date** *(this version)***:** |
|  | **2. Project Team\*:**  a. Project leader:  b. Clinical sponsor who oversees project leader regarding the project (qualifies for part IV credit):  c. Planning team members (qualifies for part IV credit):  *\*All Project Team members will be required to complete a conflict of interest disclosure prior to project initiation.* *The Valley Preferred QI Program follows ACCME guidance and reserves the right to determine that a project is ineligible due to a conflict of interest, including any perceived conflict of interest.* |
|  | **3. Title of QI project:**  **4. How will the QI effort be funded?** *(Check all that apply.)*  Internal institutional funds (e.g., regular pay/work, specially allocated)  Grant/gift from pharmaceutical or medical device manufacturer  Grant/gift from other source (e.g., government, insurance company)  Subscription payments by participants  Other source *(describe)*: |
|  | **5. Approximate number of participants:**   |  |  |  |  | | --- | --- | --- | --- | | Participants | Primary Specialty | Subspecialty, if any | Number | | Practicing physicians |  |  |  | | Residents/Fellows |  |  |  | | Physicians’ Assistants |  |  |  | | Nurse Practitioners |  |  |  | | Nurses |  |  |  | | Other APCs (please define) |  |  |  | |
|  | **6. Are you applying for MOC Part IV/Improvement credit for your participants?**  Yes  No  **If “Yes”, do individuals desiring MOC participate in all of the following?**  a. Review of baseline data, identifying underlying causes, and planning intervention.  b. Implementing intervention.  c. Review of post-intervention data, considering underlying causes, and planning changes.  d. Implementing further intervention/adjustments.  e. Review of post-adjustment data, considering underlying causes, and planning changes.  Yes  No  **7. Are you applying for performance improvement CME (PI-CME)?** \*If you would like nurse practitioner participants to receive credits, you must apply for PI-CME. In order to qualify, you must: a. Have your application approved  b. Have all participants enrolled prior to starting intervention  c. Review baseline data with all participants PRIOR to starting intervention  Yes  No  **8. Are you applying for the Achieving Clinical Excellence (ACE) Quality Improvement Project Incentive?** The ACE QI Incentive is a financial incentive program for the leader of a project which totals up to $5000/$2500 for physicians/advanced practice clinicians. NOTE: this incentive total is subject to change. Please remember this incentive is only for the physician/APC project lead, or up to 2 physician/APC project leads, each from different specialties/practices, who significantly contributed to project leadership. To ensure that your project is eligible for this incentive you must wait for approval of this MOC QI project application before implementing your project intervention. Retroactive QI projects are not eligible for this incentive.  Yes  No  **9. Are you planning to present this QI project and its results in a:**  Yes  No Formal report to clinical leaders?  Yes  No Presentation (verbal or poster) at a regional or national meeting?  Yes  No Manuscript for publication?  If you are planning on a presentation or manuscript for publication, you will need to fill out an Institutional Review Board Application. This can be accessed at (must be on LVHN network/remote access): <http://irb.content.lvh.com/irb-submissions-eirb/>  **10. Patient population involved** *(e.g., age, medical condition, where seen/treated)***:** |
| ***PLAN*** | **11. Problem with patient care (“gap” between desired state and current state - BE CONCISE AND CLEAR)**  a. What is occurring now and why is this a concern (costs/harms)?    b. What should be occurring and why should it occur (benefits of doing this)?    **12.** **What is your project goal? Make an Aim Statement.**  **(This is your project boiled down to 1 sentence!)**  *Your Aim Statement needs to include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period.*  *For example: “ We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”*  **13.** **Key Stakeholders: who are the key stakeholders, beyond your project team (Question #2), who are essential to make your project successful? How will you engage successfully with each of them throughout the project?** |
|  | **14. Measure(s). For each performance measure, list:**   * **Measure Name** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)* * **How it is calculated** *(denominator and numerator)***:**   Measure 1   * **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)***:** * **Measure components** – *describe the:*   Denominator *(e.g., for percent, often the number of patients eligible for the measure)*:  Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*:  *d.* How will you determine performance targets (e.g., regional or national benchmarks?)   * **The source of the measure is:**   An external organization/agency, which is *(name the source, e.g., HEDIS)*:  Internal to our organization   * **This is a measure of:**   Process – activities of delivering health care to patients  Outcome – health state of a patient resulting from health care |
| *(Data 1)* | **15. Baseline performance**  a. What is your plan for getting your baseline data in a timely manner (who/what/when/how) ?  b. What period of time are you using for your baseline data set?  c. Insert or attach an example of a table or figure that will be used to present the results. *(It should display the time periods, the measures, and places to enter the sample sizes and results.*  Run charts are an excellent way to display QI data! 🡪 [Click here for a quick how-to-guide](https://www.oahhs.org/assets/documents/files/how-to-make-a-run-chart-using.pdf) |
|  | **16. Review baseline results, identify causes, and plan interventions**  a. Who is involved (e.g., by profession or role)?  b. How will they meet(e.g., clinic staff meeting)?  c. On approximately what date will the review of baseline data and planning occur? |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **17. Baseline root causes and planned interventions to address each cause.**  *Example:*   |  |  | | --- | --- | | ***Common Causes*** | ***Common Relevant Interventions*** | | *Individuals: Are not aware of, don’t understand.* | *Education about evidence and importance of goal.* | | *Individuals: Believe performance is OK.* | *Feedback of performance data.* | | *Individuals: Cannot remember.* | *Checklists, reminders.* | | *Team: Individuals vary in how work is done.* | *Develop standard work processes.* | | *Workload: Not enough time.* | *Reallocate roles and work, review work priorities.* | | *Suppliers: Problems with provided information/materials.* | *Work with suppliers to address problems there.* |   *For the baseline results, list the root causes for the problems that the project can address and the planned interventions to address each cause.*   |  |  | | --- | --- | | **Cause(s) of Baseline Results** | **Planned Intervention(s) to Address** | |  |  | |  |  | |  |  | |  |  | |
| ***DO*** | **18. First Cycle Intervention** *–* What are the dates of the intervention (beginning/ending)? |
| ***CHECK*** | **19. First Cycle Intervention performance**  a. When will you analyze data from the first cycle intervention (beginning/ending dates)? |
| ***ADJUST –***  ***REPLAN*** | **20. Review first cycle intervention results, identify causes, and plan second cycle interventions**     1. On approximately what date will you review first cycle intervention data with participants, and planning occur? 2. How will you meet? |
| ***REPLAN*** | **21. First Cycle results (You do not need to fill this out now, but will perform after first cycle) - root causes and planned interventions to address each cause.**  *Example:*   |  |  | | --- | --- | | ***Common Causes*** | ***Common Relevant Interventions*** | | *Individuals: Are not aware of, don’t understand.* | *Education about evidence and importance of goal.* | | *Individuals: Believe performance is OK.* | *Feedback of performance data.* | | *Individuals: Cannot remember.* | *Checklists, reminders.* | | *Team: Individuals vary in how work is done.* | *Develop standard work processes.* | | *Workload: Not enough time.* | *Reallocate roles and work, review work priorities.* | | *Suppliers: Problems with provided information/materials.* | *Work with suppliers to address problems there.* |   *For the baseline results, list the root causes for the problems that the project can address and the planned interventions to address each cause.*   |  |  | | --- | --- | | **Cause(s) of Baseline Results** | **Planned Intervention(s) to Address** | | TBD | TBD | |  |  | |  |  | |  |  | |
| ***REDO*** | **22. Second Cycle Intervention** *–* What are the dates of the intervention (beginning/ending)? |
| ***RECHECK*** | **23. Second Cycle Intervention performance**  a. When will you analyze data from the intervention (beginning/ending dates)? |
| ***READJUST-PLAN*** | **24. Review Second cycle intervention results, identify causes, and plan for future.**     1. On approximately what date will you review intervention data with participants, and planning occur? 2. How will you meet? |

**Timeline Draft for QI Project**

*Key activities in a QI project are listed below.*

*If questions, contact either:*

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| --- | --- | --- | --- | --- | --- |
|  | **Name:** **Date:** | | | | |
|  | **Title of QI project:** | | | | |
| **STAGE** | | **ACTIVITY** | | **DATE(S)** |
|  | | **\*\*\*NOTE: FOR THIS SECTION, ONLY ENTER DATES,**  **NO INFORMATION** | |  |
| *PLAN* | | When did you define the problem *–* *approximate beginning and ending dates* | |  |
|  | | When will you perform baseline data measurement *– beginning and ending dates* | |  |
|  | |  |
|  | | When is the Participant Enrollment Window *–* *beginning and ending dates*  *(must be completed prior to review of baseline data with all participants)*  When will you review baseline results, identify underlying causes, and likely interventions *– date(s) of meeting(s)/discussion* | |  |
|  | |  | |  |
| *DO* | | Intervention – when is your first cycle? *– beginning and ending dates of intervention*  *(at least 2 weeks AFTER end of participant enrollment window above)* | |  |
|  | |  | |  |
| *CHECK* | | Data measurement - when you will analyze data from first intervention? – *beginning and ending dates* | |  |
|  | | Data analysis – when will your analysis from the first cycle be available? *– date* | |  |
|  | |  | |  |
| *ADJUST – REPLAN* | | When will you review intervention results, identify underlying causes, and changes  *– date(s) of meeting(s)/discussion* | |  |
|  | |  |
|  | |  | |  |
| *REDO* | | Implement second cycle interventions – when is your second cycle? *– beginning and ending dates* | |  |
|  | |  | |  |
| *RECHECK* | | Data measurement - when you will analyze data from second intervention? *beginning and ending dates* | |  |
|  | | Data Analysis *–* when will your analysis from the first cycle be available?  *date* | |  |
|  | |  | |  |
| *READJUST PLAN* | | When will you review second cycle results, identify underlying causes, and further likely changes *– date(s) of meeting(s)/discussion* | |  |

**Report Out (once project interventions are complete):**

1. What were the first cycle intervention results?
2. What were the second cycle intervention results?
3. **Summary Statement:** Please briefly describe the meaning of the experience and outcomes of your project.