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| **Project Title:** |  | |
| **Project Lead:** | Name:  Email:  Phone Number: | |
| **Project Team/**  **Expected Stakeholders:** |  | |
| **Problem Statement:**  (1-2 sentence description of the  problem being addressed.  Why is this important to the  department / organization?) |  | |
| **What is the**  **specific aim of the quality improvement effort?**  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 AIM STATEMENT: We will [improve, increase, decrease] the [number, amount, percent] of [the process/outcome] from [baseline measure] to [goal measure] by [date]. |  | |
| **Select the methodology that most closely represents the methodology being used in this quality improvement effort** | A3  Continuous Quality Improvement (CQI)  IHI Collaborative Model  LEAN  Model for Improvement (PDSA/PDCA)  Six Sigma (DMAIC)  Total Quality Management (TQM)  Other: | |
| **How is the QI effort funded?** | Grant  Internal  Industry (Pharma or Medical Device manufacturer) funding  o Describe how the pharma or device funding is used and identify the organizations providing this funding:  Subscription  Other: | |
| **Measures:**  (What outcomes will you  track to know you  successfully met your goal?)  NOTES:  -You must at least complete, at a minimum, the patient population.  -It is desirable, though not required, to have at least one outcome, process and balancing measure. | Measure 1:  Patient population:  Measure title:  Measure source:  Frequency at which this data will be collected/updated:  Numerator:  Denominator:  Baseline rate:  Target rate:  Benchmark and source (as available):  Measure 2: (as applicable)  Copy and paste the above categories for all additional measures to be tracked | |
| **Describe the types of interventions and tools that are being, were, or will be used by participants in the QI Effort and describe how each is expected to impact individual practice and patient care, if known.**  NOTES:  You must complete, at a minimum, the impact on patient care and individual practice at this point. If you do not know interventions/tools at this point, indicate "Unknown at this time". | Intervention Tool/Type and Description:  How will this impact individual practice?  How will this impact patient care? | |
| **Quarterly Milestones:**  (Utilize PDSA cycles) | Q1 |  |
| Q2 |  |
| Q3 |  |
| Q4 |  |
| **What Institute of Medicine (IOM) quality dimension(s) does this project relate to & how will the project influence care in each relating category?**  IOM Quality Dimensions: Safety, Effectiveness, Timeliness, Equity, Efficiency, Patient-Centeredness |  | |
| **What ACGME/ABMS competenc(ies) does this project relate to & how?**  Competencies: Practice-based Learning and Improvement, Patient Care and Procedural Skills, Systems-based Practice, Medical Knowledge, Interpersonal and Communication Skills, Professionalism |  | |
| **Will Physicians do the following? Choose all that apply** | Provide Patient Care  Be involved in concept, design, oversight of implementation overall assess/eval and evolution of QI effort  Supervise residents or fellows  Reflect on further improvements, barriers, etc. | |
| **Each individual participant in this QI Effort will...**  **Check all that apply.** | Verify and Attest to their individual participation  Meet with others involved with the QI Effort  Review Performance data not less than 3 times including a baseline, and prior to completion of activity for MOC purposes (post-PDSA 1, Post-PDSA 2)  Develop and or apply tools and interventions to individual/team practice.  Reflect on impact of the initiative on their practice or organizational role. | |