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**QI Notification for ABMS Multi-Specialty Portfolio Program (Portfolio Program TM) MOC Credit**

1. Name of MOC Requestor:

2. Email:

3. Phone number:

4. QI Project Title:

5. Start date of QI Project:

6. Anticipated end date of QI Project

7. Are you the project leader?

Yes

No (please fill in information for the leader below)

Project Leader Name:

Project Leader Email Address:

Project Leader Phone Number:

8. Select up to 5 relevant topics for this quality improvement effort:

Access to care

Asthma

Burnout/clinician wellbeing

Cancer

Cardiovascular

Career Sustainability

Choosing Wisely/High Value Care/ Cost of care

CLABSI

Communication (patient-clinician)

Compliance (regulatory)

Diabetes

Documentation

Efficiency/ timeliness of care

Hand hygiene

Health Literacy

HIV

Hypertension

Immunizations/vaccinations

Length of stay

Medical home

Obesity

Opioid Use

Patient Centered Care

Patient safety/harm reduction

Prescriptions

Preventive care

Procedural Skills

Professionalism

Provider Resilience

Readmissions

Resource stewardship/utilization/ value /cost of care

Satisfaction

Sepsis

Surgical site infections

Teamwork/ team-based care

Transitions of care

9. Select one or more medical specialties addressed as part of this quality improvement effort:

 American Board of Anesthesiology

American Board of Dermatology

American Board of Emergency Medicine

American Board of Family Medicine

American Board of Internal Medicine

American Board of Medical Genetics/and Genomics

American Board of Obstetrics and Gynecology

American Board of Ophthalmology

American Board of Orthopaedic Surgery

American Board of Otolaryngology

American Board of Pathology

American Board of Pediatrics

American Board of Physical Medicine and Rehabilitation

American Board of Plastic Surgery

American Board of Preventive Medicine

American Board of Psychiatry and Neurology

American Board of Radiology

American Board of Surgery

American Board of Thoracic Surgery

American Board of Urology

National Commission on Certification of Physician Assistants

10. How is the quality improvement effort funded?

Grant

Internal

Industry (Pharma or Medical Device manufacturer) funding

Subscription

Other

11. 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

12. Project AIM Statement (*An aim statement should state a clear, quantified goal set within a specific time frame.  It states what you tried to change, a specific target population, by how much, and by when.):*

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13. Describe the types of interventions and tools that are being, will, or were used by participants in the QI Effort and describe how each is expected to impact individual practice and patient care, if known.

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| --- | --- |
| Intervention/Tool Type and Description (Multiple tools may or can be used) |  |
| How will this impact individual practice? |  |
| How will this impact patient care? |  |

***If you have any questions when completing this form please email MOC@childrensomaha.org***