

ABR Individual PQI Template for the UCSF National Quality Forum Measure

American Board of Radiology

MOC Part 4: Practice Quality Improvement (PQI)

Individual Participant PDSA (Plan-Do-Study-ACT) Checklist & Summary Record

This optional form contains the structural elements for Individual PQI project process record keeping. Separate recording of the data elements of a project should be attached to this form. DO NOT SEND this form to the ABR unless requested to do so during an audit. This form is appropriate for Individual PQI efforts.

Start Date	
Name	

BASELINE PDSA CYCLE (Cycle #1)

(In Cycle #1, a topic is selected, and baseline data gathered to compare with post improvement plan data in Cycle #2)

Step 1: PLAN. Identify and Describe the Project (Self-Designed)

Select a topic (area of interest). This should address part of your practice that you would like to improve, or an observed gap in service or patient care:	
Define a measurement to be obtained:	
Establish a desired measurement target/goal. What do you want the measurement to be in order to achieve an appropriate standard of performance and/or patient care?	
Estimate the predicted baseline measurement result: What do you think the measurement <i>will</i> be? Do you think your protocols are on par with published dose reference levels?	
Anatomic Region (choose one or more):	<input type="checkbox"/> Head <input type="checkbox"/> Abdomen/pelvis <input type="checkbox"/> Chest <input type="checkbox"/> lumbar spine
Equipment name/manufacturer/model:	
Patient age group:	<input type="checkbox"/> Infant (0-1 years) <input type="checkbox"/> Toddler (2-5 years) <input type="checkbox"/> Child (6-10 years) <input type="checkbox"/> Adolescent (11-18 years) <input type="checkbox"/> Adult (>18 years)

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Step 2: DO. Baseline Measurement Summary

- Baseline measurement value calculated: Refer to the UCSF NQF Baseline Report.
- Complete the table below:

# of Scans	Patient age group	Anatomic Area	Equipment Name	Equipment Type

Step 3: STUDY. Baseline Data Analysis

How did the baseline measurement results compare to the predicted measurement results?	
How did the results compare to the desired target goal?	
If Baseline results <i>did not</i> meet the target, cite potential contributing factors and/or root causes:	
1.	
2.	
3.	
4.	
5.	

- Proceed to Step 4.
- If the baseline results unexpectedly **did** meet or exceed the desired goal, complete Steps 9 and 10 as appropriate. Then return to Step 1 to select a new project and begin a new PDSA process.

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Step 4: ACT. Improvement Plan Development

Discuss and adopt actions to address contributing factors and/or root causes:	
1.	
2.	
3.	
4.	
5.	
Based on these findings, construct an improvement plan and process by which to implement the plan. Determine an appropriate time interval after plan implementation to allow for the plan to have its desired effect. Then proceed with re-measurement to assess improvement in Cycle #2.	

	Improvement Plan Steps	Starting Date:	Re-measure Date:
1.			
2.			
3.			
4.			
5.			

POST-IMPROVEMENT PLAN PDSA CYCLE (Cycle #2)

(In Cycle #2, re-measurement is performed after implementation of the improvement plan developed in Cycle #1)

Step 5: PLAN.

Determine that the improvement plan constructed in Cycle #1 has been successfully implemented. Do you want to submit the same number of scans by anatomic region/age group/equipment as the first submittal to the NQF or do you want to focus on a single anatomic area, or CT scanner?
Establish a new goal for optimizing the dose by anatomic area or equipment:
Estimate predicted measurement result <i>AFTER</i> implementation of the improvement plan. What do you think the measurement <i>will</i> be?

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Step 6: DO. Repeat Measurement Summary

- Number of data points collected (complete the table below):

# of Scans	Patient age group	Anatomic Area	Equipment Name	Equipment Type

Re-measurement value obtained:
Refer to the UCSF NQF Post-Implementation Report (attach a copy)

Step 7: STUDY: Re-measurement Data Analysis

How did the measurement results compare to the predicted results? Review the UCSF NQF Report and compare these measurements to the original report:	
How did the measurement results compare to the desired target goal? Was the target goal (doses below a selected dose reference level) obtained?	
If the results did not meet the target:	
1. Re-evaluate the improvement plan by determining any problems with the plan’s design or its implementation, including issues preventing root causes from being addressed effectively:	
1.	
2.	
3.	
4.	
5.	
2. Has the target/goal been set too high? Is an adjustment in order?	
3. Is the measure a correct one?	
4. Are modifications to the improvement plan warranted?	

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Step 8: ACT. PROJECT DECISION POINT

Has the individual project met its performance goal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes," adopt the improved practice process as a standard and proceed to a new PQI project. If "No," proceed with additional PDSA cycle(s) as needed to adjust the improvement plan or the measurement target/goal. Continue the existing project either until the goal is met or an end-point is otherwise determined. <i>(Any improvement identified through this process is an indication of success, and in some cases, the magnitude of improvement in the project measure achieved may be all that can be reasonably expected).</i></p>		

Step 9: Participant Self-Reflection Statement

<p><i>This brief narrative completes the quality improvement process. Records your reflections on the project, improvements in quality and/or safety as a result of the project, and its overall value to the practice or patient care.</i></p>

Step 10: PQI Participant Must Attest to Project Completion on His or Her ABR Personal Database (PDB) at www.abronline.org