MAINTENANCE OF CERTIFICATION (MOC) PORTFOLIO PROGRAM PROJECT APPLICATION

Please mail, email, or fax this completed application and any additional/supporting documentation to:

UAMS MOC Portfolio Program 4301 W. Markham St; Slot 525

Email: moc@uams.edu Fax: (501) 661-7968

You will receive an email confirming receipt of this document within 10 business days.

SECTION 1: GENERAL INFORMATION

The following information is required by the National MOC Portfolio Program; your MOC Part IV points cannot be awarded without it. Your data will be kept confidential, shared only between the UAMS MOC Portfolio Program and the National MOC Portfolio Program.

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Project Ti	tle:			
Lead Facu	ulty— First Name:	Middle Name	Last N	Name:
Departme	ent/Division:			
National I	Provider Identifier (NPI)#:		Date of Bir	rth:
Phone nu	mber:	E-mail ad	dress:	
ABMS Bo	ard(s):			
	#(s): (Contact your individual boa			
Name/rol	e of person who will attest to yo	ur participation in this	activity: (This person can	be in any of the following roles:
	ager, Department Chair, Division Ch		•	, , , , ,
		Role:		
SECTION	2: PROJECT INFORMATION -	Attach additional document	s as needed as part of your app	dication
	ovide a timeframe for your proje hree months is recommended by the		ur best estimate, but an <u>im</u>	<u>piementation period</u> of at least
C.	Start Date		End Date	
2. Pl	ease indicate which of the <u>Institu</u>	ute of Medicine quality	<u>dimensions</u> the project	addresses (more than one is
	possible): Safe		Patient-Centered	Efficient
	Effective		Timely	Equitable

READ THE FOLLOWING BEFORE YOU PROCEED:

- I. All UAMS MOC improvement projects are required to utilize an approved Improvement Science methodology and document their work in a format that is approved by the Associate Chief Medical Quality Officer. We encourage use of the pre-approved PDSA template, which is available on the UAMS MOC/QI website: http://medicine.uams.edu/files/2015/02/PDSA-Reporting1.pdf
- If you have *completed* your improvement project, in addition to this application, you will need to submit a II. completed PDSA form (or report using a pre-approved alternate method) and a completed Attestation Form that is signed by both you and your attestor.

	CLICK HERE FOR PDSA INSTRUCTIONS AND TEMPLATE	CLICK HERE FOR THE PDSA SCORING RUBRIC		
Ne	I am including a partially completed PDSA document with this application.			
Please explain: Read and consider each of the instructions below carefully. Your application will not be reviewed, and cannot be				
approved, unless all of the information below is provided in full. Add additional documentation as needed.				
4.	External Funding: Is there external (NON-UAMS) funding for this projection of the following: (a) exactly how much is being/has been received	ect? Yes□ No □		
	(b) the precise funding source(s), and			
	(c) exactly how these funds will be/have been used with regard to the p	roject.		
	Please note: pharma/medical device funds are prohibited for use in topic select honoraria. If your project has funding, we will need to see the budget.	ion, content development, intervention selection, or		
5.	Project Description: Describe what your project will improve.(1) How/why this topic was identified as a priority			
	(2) Patient population that will be impacted and how they will be in	npacted		
	(3) The impact on health/disease state(s) for the institution and be	yond		

(4) Any potential cost savings and/or waste reduction.
(5) What are the expected outcomes of the project?
Interventions: List your project intervention(s).
For each intervention, please address the following: (1) How each intervention addresses the goal of the project
(2) How each intervention will improve patient care
(3) Whether the proposed intervention has been shown effective at other locations.
(4) What evidence or best practices exist to support the selection of these interventions
(5) How are underlying/root causes addressed by the intervention
(6) List the team members involved in the implementation of the interventions and their SPECIFIC roles and responsibilities within that intervention
(7) When were/are interventions implemented
(8) What barriers do you anticipate or have you encountered and how would you or have you addressed them?
Measures: List each of the outcomes and process measures you will use in this project. Include numerators, denominators and exclusion criteria. NOTE: Measures used for your project must reflect the improvements you are trying to make and should be base on evidence or best practices. If that is not possible, provide rationale as to why/how these measures have been

6.

7.

selected/created.

<u>Data</u> :				
Provide each of the following:				
(1) the source from which your project data will come,				
(2) how the data arrives in the source location (e.g. hand-entered by you, report generate by EPIC, etc),				
(3) how you are ensured the data is objective.				
<u>Project data:</u> You must submit measures data a minimum of five (5) times during your project; once at baseline, at least once during the implementation period (which must be at least three months in length), and a minimum of three post-intervention data points.				
Select one of the following:				
For data collection, I will use/have used a UAMS approved tool. $\ \Box$				
For data collection, I will use/have used my own tool. \Box				
Please attach your data collection tool or guidance.				
Complete the following:				
I am including baseline data with this application. Yes \square No \square				
I am including interim (post-intervention) data with this application. Yes \square No \square				
I am including completion data with this application. Yes \square No \square				