THE AMERICAN BOARD *of* PEDIATRICS
Certifying excellence in pediatrics – for a healthier tomorrow

Small Group QI Project (1-10) physicians-Completed project

* **Is this a Group Activity?**

* **QI Project Title (a brief title for your project)**
  e.g. Better Otitis Management at 123 Pediatrics

* **Where do you work?**

Instructions

Helpful Hint: Reviewing this Checklist will help you gather all the necessary information you will need to easily and quickly complete your application!This application saves your entries as you go.

Please note: An application processing fee of $75 per project will be required via credit/debit card payment upon submission. Allow up to 10 business days for initial review of your project's compliance with the ABP's quality improvement standards for MOC credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 25 MOC Part 4 points. **Only one application may be submitted and processed at a time.**

*Fees are subject to change.
If you have a group code the processing fee has already been paid. Once you join the group, simply scroll down directly to the Physician Attestation section to complete and submit.

MOC credit is awarded as of the completion date of your project. To benefit your current MOC requirements, your credit date must fall within your MOC cycle dates. Please visit your ABP Portfolio to review your MOC cycle dates prior to submission.

	Name:

	ABP ID:

	Email Address:

Requirements

	* **My institution is a Portfolio Sponsor.** **(view Portfolio Sponsor list here, login required)**

	* **The project sought to improve a known gap in quality, not research solely for acquiring new knowledge.**

	* **The project had quantified goals within a specific time frame.**

	* **Measures were used to track the progress of this QI project.**

	* **I can upload 3 points of de-identified aggregate data over time.**

	* **I participated in this QI project's planning, execution, data review, implementation of changes, and team meetings.**

	* **I have previously received MOC credit for the work presented in this application.**

Quality Improvement Project Description

	* **When did the project begin?** *Dates should be provided in mm/dd/yyyy format.*

* When was the project completed or when was the most recent cycle of improvement finished?
(if approved credit will be awarded on this date)
Dates should be provided in mm/dd/yyyy format.

* What problem (gap in quality) did the project address?
e.g. Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased frequency of flu among our pediatric patients.

* What did the project aim to accomplish?
An aim statement should state a clear, quantified goal set within a specific time frame. It states what you tried to change, by how much, and by when. For more information about forming an aim statement, visit our [QI Guide.](#)

A: What did you try to change?
e.g. We aimed to improve our practice's influenza vaccination rate

* B: What was your improvement goal?
e.g. Improving our rate to 85% compliance

* C: What was the time frame for this to be accomplished?
e.g. 9 months

Example Project: Improving Vaccination Compliance
Example Measures Table:

* Measure Name	Influenza vaccination compliance
* Goal	85%
* Unit of Measurement	Rate of compliance status
* Data Source	EHR
* Collection Frequency	Monthly

* List the measures used to evaluate progress.

Measures are directly related to the aim statement, showing whether a project's changes are resulting in improvement. Visit our [QI Guide](#) for information on choosing measures.
Click "Add Row" below to describe each measure used in your project.

Measure Name:	
Goal:	
Unit of Measurement:	
Data Source:	
Collection Frequency:	

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* What interventions or changes were made? Describe the tools used and/or changes implemented in this project.
e.g. Education for our clinical staff on importance of this vaccine, added compliance check in patient's EHR, utilized pamphlets on this vaccine in well patient visits.

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* Attach the project's de-identified aggregate data over time. There must be at least 3 points of measurement such as Pre/Post/Sustain cycles.
Files containing personal identifying information will be deleted and the incomplete application returned for de-identified aggregate data.
Visit our [QI Guide](#) for examples of data reported over time.

Select "Choose a File" to browse for your document.

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* Has your project been presented at a national scientific meeting or published in a journal?

The American Board of Pediatrics is interested in better understanding how racial and ethnic disparities are being addressed through quality improvement. Please help us by answering a few additional questions about your QI work.

If you are interested in learning more about why we are asking about race/ethnicity or what else the ABP is doing to address the impact of racism on child health, there are several links below that provide additional information and resources.

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* Were the data for this project stratified by race/ethnicity?
e.g. Were vaccination rates compared by race/ethnicity?
Why are we asking this question?

The 2020 Annual Report highlights the **American Board of Pediatrics' commitment to Diversity and Inclusion.**

Additional Information
You may submit up to 5 additional files/tools used in this project, such as Key Driver Diagrams, Root Cause Analysis, Pareto Charts, etc.

Physician Attestation

* **I satisfied meaningful participation requirements during my current MOC cycle.**

* **I was intellectually engaged in planning and executing the project.**

* **I was involved in the changes implemented during the project.**

* **I regularly reviewed data in keeping with the project's measurement plan.**

* **I participated in team meetings for the project.**

* **I understand that credit will be awarded on the date the project was completed or its most recent cycle of improvement if approved.**

* **How were you personally involved in collecting and analyzing this project's data?**

* **Describe how you were personally involved in implementing interventions in this project?**

* **How did you consider diversity, equity, and inclusion in your project?**

* What did you learn from this experience?

* What challenges did you encounter?

Please note:

Submission of this application alone does NOT guarantee MOC credit. Allow up to 10 business days for the initial review for compliance with the ABP's standards for credit approval. An application processing fee of $75 will be required via credit/debit card payment upon submission. If you have a group code the processing fee has already been paid.

Updates may be requested during the review process. An email from info@mymocam.com will notify you if updates have been requested. **To prevent any notifications from going to spam, please add info@mymocam.com to your address book.** Applications will remain open for 60 days for the submitting physician to provide the requested information. If no updates are provided within the 60-day window, the application will permanently close automatically. Due to system requirements, a closed application cannot be reopened.

Approved small group QI projects are awarded 25 MOC Part 4 Points.
*Fees are subject to change.

* Submission of Project for Review