**UR Medicine Maintenance of Certification Part IV Credit Quality Improvement Effort:**

**MOC Part IV Effort Application Form**

The Effort Lead(s) must complete the MOC Part IV Credit Application Form to submit their QI effort for review with the UR Medicine MOC Program. The UR Medicine MOC Quality Efforts Review Board will review the documentation in applications to determine that the effort has been carried out with appropriate QI methods and expected engagement of participating physicians. See the [MOC Part IV Effort Approval Criteria](http://sharepoint.mc.rochester.edu/sites/QS/MOC%20Site%20Documents/MOC%20Effort%20Approval%20criteria.V1.150413.pdf) for full details. The review process will take approximately 2-4 weeks.

Approval for MOC Part IV credit for participating physicians may be granted at the conclusion of the effort. For long-term efforts, please consult the URMedicine MOC Program manager to determine when an effort is eligible for MOC Part IV credit. **Only one application form per effort is necessary**, despite the number of participating physicians. **Please submit a Physician Attestation Form for each participating physician**, including effort lead(s). Questions and/or completed forms should be sent to the UR Medicine MOC Program manager, Pat Reagan Webster at [MOCURMedicine@URMC.Rochester.edu](mailto:MOCURMedicine@URMC.Rochester.edu)

**Date:**Click here to enter a date.

**Title of QI Effort:**

Click here to enter text.

**I. EFFORT PERSONNEL**

**A. QI Effort Lead(s):**

Name and Title: Click here to enter text.

Department/Specialty: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Name and Title: Click here to enter text.

Department/Specialty: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

**II. EFFORT DESCRIPTION**

**A. Duration of Effort:**

Effort Start Date: Click here to enter a date.

Effort End Date: Click here to enter a date.

(if complete)

Check if on-going

**B. Funding Resources:** [Check all that apply]

Internal Sources, please list:

Click here to enter text.

External Sources, please list:

Click here to enter text.

Other, please explain (if no funding, select this option):

Click here to enter text.

**NOTE: COMMERCIAL FUNDING SOURCES ARE NOT ACCEPTABLE FOR UR Medicine MOC PART IV CREDIT EFFORTS**

**C. What is the identified problem(s) in quality or safety that resulted in the development of this effort?**

Click here to enter text.

**D. What is the effort aim(s) regarding the problem in quality?** (**For example, “we will increase hand hygiene compliance from a baseline of 75% in 2017 to 95% by December 2018).**

Click here to enter text.

**E. Is the effort associated with any larger UR Medicine initiatives or national initiatives?**

Click here to enter text.

**F. What patient population does this effort address? What is the approximate sample size?**

Click here to enter text.

**G. Which Institute of Medicine Quality Dimension(s) of Patient Care is/are addressed?**

[Check all that apply]

Safety Equity Timeliness

Effectiveness Efficiency Patient-Centeredness

**H. How many of each of the following do you expect will participate in this effort?**

Practicing Physicians Click here to enter text.

APP Click here to enter text.

Residents/FellowsClick here to enter text.

Nurses Click here to enter text.

Pharmacists Click here to enter text.

Other Allied Health Professionals Click here to enter text.

**III. EFFORT MEASURES, DATA, AND PLANNED INTERVENTIONS**

**A. Measures of Performance:**

**1. What quality measures will be used** (e.g., outcome, process, and/or balancing measures)**? If rate or %, what are the numerator and denominator** (e.g., # of patients readmitted/# of patients eligible discharged)**?**

Click here to enter text.

**2. What will be the source of data for the measures? What methods will be used to collect the data?**

Click here to enter text.

**3. How will the data be analyzed over time** (e.g., simple comparison of means, statistical tests)**?**

Click here to enter text.

**B. Planned Interventions:**

1. **What interventions are you considering?**

Click or tap here to enter text.

1. **How will these interventions affect your practice?**

Click or tap here to enter text.

**IV: REFLECTION STATEMENTS**

Each physician involved in the effort must submit a [Physician Attestation Form](http://sites.mc.rochester.edu/media/405228/moc-part-iv-physician-attestation-form.docx). This form will include a description of the QI effort detailing how it is directly related to the physician’s practice, and a reflection statement describing the change that was performed in his/her practice affecting the way care is delivered.

**Effort Lead Signature: Date:**

**Effort Lead Signature: Date:**

Please scan the completed form and email to [MOCURMedicine@URMC.Rochester.edu](mailto:MOCURMedicine@URMC.Rochester.edu) or send the completed form through intramural mail to Pat Reagan Webster, Box 612.