URMC Malpractice Premium Differential Program Application (Updated October 2020)

To qualify for the next year 2021 (January – December) 15% premium differential, the physician must:

- be insured for professional liability through the University of Rochester and MCIC successfully complete the qualifying risk management education activities listed between Jan 2020 & Dec 2020; and
- complete and submit this application by the deadline, including any required certificates.

Please check which of the following activities that you have completed, fill in your identification information below, sign the attestation, and submit this directly to us or through your Department Administrator:

	uired for 2020 qualification:
	Completed an online URMC High Reliability course (do not do same course as last year). Check one:
	☐ Target Zero Harm: High Reliability Essentials Date:, 2020, or
	□ Disclosure and Just Culture: Supporting our Patients and our Colleagues Date:
DT T	
	US one of the following activities:
1)	Participated in a URMC TeamSTEPPS Course – either a General or Office Practice Fundamentals course or online course.
	□ SMH Date:, 2020
	□ HH Date:, <u>2020</u>
	☐ TS 2.0 Online Date:, 2020 *** Submit certificate with application.
2)	Participated in the riigh Renability for Providers: Avoiding Harm from Diagnostic Error course.
	Date:, 2020
3)	Participated in the Risk Management Seminar
	Date: , 2020 Participated in a URMC "Teaching for Quality (Te4Q)" Faculty Development Program:
4)	Participated in a URMC "Teaching for Quality (Te4Q)" Faculty Development Program:
	☐ Te4Q program: No program in 2020.
5)	Participated in a completed URMC-sponsored ABMS Portfolio Program MOC Part IV approved quality improvement effort (not
	the same as individual Board MOC)
	□ Dates: 2020
6)	Participated in the URMC Rochester Improvement Science Education (Expanded Patient Safety) Certificate Course and received
- /	a certificate by attending at least 8 of 11 sessions:
	☐ February 2020 – Dec 2020
7)	Participated a URMC Fundamentals of Quality Improvement course (Part I or Part II)
.,	Date: 2020
8)	Participated in a URMC PFCC advanced training program - either individual coaching or sufficient attendance at PFCC face-to-
	programs
1440	Date(s): 2020 *** Submit certificate with application
9)	Date(s):
sessi	ions. eRecord Power Series sessions can count towards this qualification.
	Date(s): 2020 *** Submit certificate +/- CMF with application
10)	Participated in a one or two day URMC Crucial Conversations Course
10)	Date(s):
11)	Date(s): , 2020 *** Submit certificate with application. Participated in a UR Pursuing Excellence leadership program (none in 2020)
11)	Dates: 2020
12)]	Dates:
	D D-4 2020
13)	Participated in an approved service specific risk management seminar or series education program *** Submit certificate with
application.	
аррі	[] Anesthesiology ASA program [] RQI (each year up to 2 years) [] Geriatrics [] Orthopaedics
	[] Hospital Medicine [] Imaging Backstop participation [] Palliative Care ACT program [] Primary Care Network
	[] SIMORS OR crisis simulation [] Bias Reduction in Internal Medicine (BRIM) [] GCH Error Prevention Training
	[] Multidisciplinary Complex Spine Surgery Conference
	Date(s): , 2020
14)	For those practicing Obstetrics: completion of the annually assigned APS OB Relias/GNOSIS course and 1 Obstetrics simulation
17)	Completed [] OB Relias/GNOSIS Course, and
	Completed multidisciplinary Obstetrics simulation during 2020
15)	For Neonatologists: participation in 6 CME Fellows conferences and 1 Obstetrics simulation
13)	□ Completed 6 CME Fellows conferences during 2020, and
	Completed multidisciplinary Obstetrics simulation during 2020
	SMH Date:, 2020 or HH Date:, 2020
1()	SMH Date:, 2020 or HH Date:, 2020
	Successful completion during 2020 of an equivalent face to face (not online) program of patient safety or risk management
	cation, with approval based on submission of the program's agenda, and confirmed through receipt of at least 4 hours of safety or
risk	management related AMA Category 1 CME credits or equivalent. (Attach copy of agenda and copy of CME credit certificate).
	Program name:
Nam	ne (print or type): Department:
I attest that I personally fully participated in the above checked activity:	
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Sign	nature: Date:

Please submit this form directly (by intramural mail or a scanned copy via email) or to your Department Administrator for submission to: Heidi Poltorak, Directors Office, Box 612, to be received no later than January 5, 2021.