QI Project Application for Part IV MOC Eligibility

Complete the following project description to apply for UMHS approval for participating physicians to be eligible to receive Part IV MOC credit through the Multi-Specialty Part IV MOC Pilot program, currently including ABAI, ABFP, ABIM, ABPeds, and ABPM&R. Projects must at least be completely designed and may be underway or completed after 12/31/10. Individual physicians must complete their participation after 12/31/10 as well as meet their Board’s requirements regarding time frames for Part IV completion.

This form has seven sections. The introductory section asks for basic operational information. The next four sections ask about the project’s activities organized within a basic sequential Plan–Do–Check–Act (Adjust) outline. The following section asks how physicians participate in the project. The last section asks about the relationship of this project to other UMHS institutional QI initiatives. The form has questions in bold font and answers (generally immediately below the questions should be in regular font. To check boxes electronically, either put an “X” in front of a box or copy and paste “✓” over the blank box.

For further information and to submit completed applications, contact either:
Terry Kowalenko, MD, UMHS Part IV Program Lead, 763-936-3168, terryk@med.umich.edu
R. Van Harrison, PhD, UMHS Part IV Program Co-Lead, 763-1425, rvh@umich.edu

A. Introduction

1. Date: October 2, 2011, updated March 13, 2012

2. Title of QI project: Improving Chemotherapy Informed Consent Process for Adult Patients

3. Time frame
   a. At what stage is the project?
      - [ ] Design is complete, but not yet initiated
      - [✓] Initiated and now ongoing *
      - [ ] Completed (after 12/31/10) *

   * For projects that have results available (initiated or completed), also complete and attach to this application an Annual Project Results Report for a UMHS Approved Part IV QI Project.

   b. Time period
      (1). Date physicians begin participating (may be in design phase): October, 2011
      (2). End date: ☐ actual __________ [✓] expected 12/15/11 ☐ ongoing

4. QI project leader [responsible for attesting to the participation of physicians in the project]:
   a. Name: David C. Smith, M.D.
   b. Title: Professor of Internal Medicine, Clinical Quality Committee Chair for Division of Hematology/Oncology
   c. Institutional/organizational unit/affiliation: Division of Hematology/Oncology
   d. Phone number: 936-6884
   e. Email address: dcsmith@umich.edu
   f. Mailing address: 1500 E. Medical Center Dr., 7302 Cancer Center

5. What specialties and/or subspecialties are involved in this project?
   Hematology and oncology

6. Will the funding and resources for the project come only from internal UMHS sources?
   - [✓] Yes, only internal UMHS sources
   - [ ] No, funding and/or resources will come in part from sources outside UMHS, which are: ________________________________________________________________
The Multi-Specialty Part IV MOC Program requires that projects engage in change efforts over time, including at least three cycles of data collection with feedback to physicians and review of project results. Some projects may have only three cycles while others, particularly those involving rapid cycle improvement, may have several more cycles. The items below are intended to provide some flexibility in describing project methods. If the items do not allow you to reasonably describe the methods of your specific project, please contact the UMHS Part IV MOC Program office.

B. Plan

7. General goal

   a. Problem/need. What is the “gap” in quality that resulted in the development of this project? Why is this project being undertaken? All 9 components of informed consent are not consistently obtained and documented with the required documentation elements according to UMHS policy and the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification standards.

   b. Project aim. What aspects of the problem does this project aim to improve? To ensure required Informed Consent documentation elements (9 total), per UM policy, are documented prior to the administration of all IV chemotherapy and biologics.

8. Patient population. What patient population does this project address. Non-research, adult, competent patients receiving IV chemotherapy and biologics.

9. Targeted causes. What are the primary underlying/root causes for the problem (see 6.a) that the project can address?

   1. Missing Documentation Elements
      a. No documentation template available
      b. Required documentation elements not known to all providers including mid-level providers and fellows.

   2. Additional Information Not Distributed to Patient at Time of Discussion
      a. Information not readily available to providers
      b. Providers prefer information other than MicroMedics Care Notes
      c. Clinic process varies by provider
      d. Providers assumed Skills Lab referral after the consent obtained met requirement

10. What is the experimental design for the project?

    ☒ Pre-post comparisons (baseline period plus two or more follow-up measurement periods)
    ☐ Pre-post comparisons with control group
    ☐ Other: _____________________________

11. Baseline measures of performance:

    a. What measures of quality are used? What are the numerator and denominator?
       % of appropriate informed consent documentation/chemotherapy administration

    b. Are the measures nationally endorsed? If not, why were they chosen?
       Yes – ACSO QOPI

    c. What is the source of data for the measure (e.g., medical records, billings, patient surveys)?
       Medical records
d. How reliable are the data being collected for the purpose of this project? Moderately accurate (manual audit of patient medical records)

e. How are data analyzed, at what units of analysis are they reported (e.g., individual physician, clinic or health center, specialty or department), and to whom are they reported?
  Analyzed by clinical service (Hematology/Oncology). In 2012 will investigate data analysis on an individual physician level.

f. When did/will the baseline data reporting occur?
March, 2011

12. Specific performance objectives

a. What is the overall performance level(s) at baseline?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Patients to Receive initial IV Chemotherapy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Baseline: March, 2011</td>
<td>30</td>
</tr>
</tbody>
</table>

b. What are the targets for future performance on the measures?
  100% compliance for creation of Informed Consent documentation. 80% compliance for completion of all 9 documentation elements.

c. How were the performance targets determined, e.g., regional or national benchmarks?
  UMHS standards of patient consent (62-10-000/62-10-001)

13. Which Institute of Medicine Quality Dimensions are addressed? [Check all that apply.]
  - Safety
  - Equity
  - Effectiveness
  - Efficiency
  - Timeliness
  - Patient-Centeredness

C. Do

14. Intervention(s).

a. Describe the interventions implemented as part of the project.
  1. Create documentation templates with required elements and make available to providers
  2. Define chemo therapies patients need to receive at/prior to time of consent including prior to skills lab
  3. Training materials, FAQs, job aids and team room resources will be developed to support documentation
  4. Present initiative at various meetings: Team Leaders, Faculty, NP/PAs, Fellows

b. How do the interventions address underlying/root causes (see #8)?
  1. Will ensure documentation of informed consent for all patients initiating chemotherapy
  2. Will ensure all elements are documented
  3. Will ensure patients receive necessary information at time of consent

15. Who is involved in carrying out the intervention(s) and what are their roles?
  1. Jane Severson, Cancer Center Quality
2. Susanne Pryce, Risk Management
3. T. Jackson, Health Information Management
4. David C. Smith, Division of Hematology/Oncology physician

16. When will/did the intervention(s) occur? October, 2011

D. Check

17. Post-intervention performance measurement. Is this data collection to follow the same procedures as the initial collection of data described in #10: population, measure(s), and data source(s)?

☐ Yes  ☐ No – If no, describe how this data collection

18. Data collection following the intervention.

a. The collection of performance data following the intervention either:
   Has occurred: November, 2011

b. What is post-intervention performance level?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Patients to Receive initial IV Chemotherapy</th>
<th>% with Informed Consent Document (all elements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: March, 2011</td>
<td>30</td>
<td>20%</td>
</tr>
<tr>
<td>Post-intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wk 10/31/11</td>
<td>12</td>
<td>42%</td>
</tr>
<tr>
<td>Wk 11/07/11</td>
<td>16</td>
<td>50%</td>
</tr>
<tr>
<td>Wk 11/21/11</td>
<td>29</td>
<td>52%</td>
</tr>
</tbody>
</table>

E. Act/Adjust

19. Following the collection of post-intervention data:

a. How did/will the following processes occur:

   • Review the most recent performance data to identify current problems 30day interval analyses (November 2011) – perform audit of 30 patient records
   • Analyze the current underlying causes of those problems Perform root-cause analysis, evaluate use of templates, interview and provide feedback to providers
   • Redesign the intervention to address underlying causes Evaluate training and establish additional training sessions if needed, explore barriers for participation, review data integrity and documentation
   • Implement necessary adjustments (and when implementation will occur) Additional training, education of FAQs

b. When did/will the implementation of adjustments occur? December 2011

20. Data collection following the adjustment(s).
a. The collection of performance data following the adjustment(s) either:
   Has occurred: January – February, 2012

b. If the data collection has occurred, what is post-adjustment(s) performance level?

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<thead>
<tr>
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<tr>
<td></td>
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<td>Wk 10/31/11</td>
<td>16</td>
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<tr>
<td>Wk 11/07/11</td>
<td>29</td>
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(Project included an additional cycle of adjustment, information inserted below)

. Following the collection of post-adjustment data:

a. How did/will the following processes occur:
   • Review the most recent performance data to identify current problems 30day interval analyses (November 2011) – perform audit of 30 patient records
   • Analyze the current underlying causes of those problems Perform root-cause analysis, evaluate use of templates, interview and provide feedback to providers
   • Redesign the intervention to address underlying causes Evaluate training and establish additional training sessions if needed, explore barriers for participation, review data integrity and documentation
   • Implement necessary adjustments  (and when implementation will occur) Additional training, education of FAQs

b. When did/will the implementation of adjustments occur? March 2012

. Data collection following the second adjustment(s).

a. The collection of performance data following the adjustment(s) either:
   Has occurred: April–May, 2012

b. If the data collection has occurred, what is post-adjustment(s) performance level?

<table>
<thead>
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<tr>
<td></td>
<td>N</td>
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<tr>
<td>Baseline: March, 2011</td>
<td>30</td>
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</tbody>
</table>
21. Following the collection of the second adjustment data:

   a. How did/will the following processes occur:
      · Review the most recent performance data to identify current problems 30 day interval analyses – perform audit of 30 patient records
      · Analyze the current underlying causes of those problems Perform root-cause analysis, evaluate use of templates, interview and provide feedback to providers
      · Redesign the intervention to address underlying causes Evaluate training and establish additional training sessions if needed, explore barriers for participation, review data integrity and documentation
      · Implement necessary changes Additional training and education of FAQs

22. How many subsequent PDCA cycles are to occur? We propose to perform 2 more revisions in 2012, including at the physician provider level post implementation of EMR- MiChart (6 month intervals).

23. How will the project standardize processes to maintain improvements?
   Use of standard template with required elements will support maintaining of improvements.

24. Do other parts of UMHS face a similar problem? If so, how will the project be conducted so that improvement processes can be communicated to others for “spread” across applicable areas? Yes, non-Hematology/Oncology services providing chemotherapy, inpatient chemotherapy, oral chemotherapy. We plan to refine templates and audit mechanisms to generalize for other areas to adopt.

F. Physician Involvement

   Note: To receive Part IV MOC a physician must both:
   a. Do one or more of the following:
      · Provide direct or consultative care in the QI project.
      · Implement changes to improve patient care as guided by the project leadership
      · Actively participate in or supervise data collection as part of this project
      · Review project data that reflect care the physician provided during the project
   b. Be active in the project for the minimum duration required by the project

25. Physician’s role. What are the requirements for meaningful physician participation as part of this QI effort?
   1. Attend meetings and training sessions on this subject
2. Participate on an individual level and act as a champion during implementation to their team, including NP/PAs and Fellows
3. Review data and provide feedback

26. If not addressed in #24, in conjunction with each cycle of data collection, what local (physician-level or practice/unit-level) feedback report and what overall project level report will be provided to physicians? Audit data on a service-level will be provided to physicians

27. If not addressed in #24, how are reflections of individual physicians about the project utilized to improve the project? Feedback through faculty meetings

28. How will the project ensure meaningful participation by physicians who subsequently request credit for Part IV MOC participation? The templates will ensure physicians know what the required elements are, and our biannual QOPI scores in addition to periodic chart audits will give them feedback on their compliance.

29. What is the approximate number of physicians anticipated to participate in this project? 60 [Provide number or range – by specialties and/or subspecialties if more than one.]

G. Project Organizational Role and Structure

30. Is this project part of a larger UMHS institutional or departmental initiative?
   □ Yes   ☒ No   If No, go to # 30.
   a. What UMHS unit/group is overseeing or coordinating the larger initiative?

   b. What is the larger initiative?

   c. How does this project advance it?

   d. Is this project coordinated with related quality improvement activities?

   e. Has someone at a higher institutional level authorized/approved this project? If so, who?

31. What is the organizational structure of the project? [Include who is involved, their general roles, and reporting/oversight relationships.]
The Division of Hematology/Oncology physician leadership is organizing this project, led by Dr. David C. Smith and sponsored by Dr. Kathleen Cooney.

32. Are resources needed beyond those under the control of the project lead(s)?
   □ Yes   ☒ No   If No, go to #32.
   a. What types of resources are needed and who has agreed to provide them?
33. To what oversight person or group will project-level reports be submitted for review?  
Division of Hematology/Oncology clinical leadership and Department of Internal Medicine Quality Improvement committee

34. Have UMHS physicians who will participate in this project had the opportunity to participate in a UMHS Part IV project within the past two years?  
☐ Yes ☒ No

a. If “Yes,” why do these physicians need more frequent opportunities for Part IV credit (e.g., board gives additional credit for more Part IV activities in a time period; qualify for CMS incentive payment)?