QI Project Application/Report for Part IV MOC Eligibility

Instructions

Complete the project application/report 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. Questions are in bold font and answers should be in regular font (generally immediately below the questions). To check boxes electronically, either put an "X" in front of a box or copy and paste "☒" over the blank box.

Only a final application describing the completed project is required. However, submitting an earlier version helps assure that planned activities will meet Part IV requirements. Actions regarding the application depend on the stage of the project, as described below. As stages are accomplished, you may submit updates of the application with the description of planned activities replaced by descriptions of actual activities performed.

Preliminary approval. Plans are developed for the expected activities, but little actual work has been performed. (Complete at least items 1-11, 13a, 16-18a, 19a, 20a, 21, 22a, 23a, 27-33.)

Part IV credit approval. Baseline data have been collected and the intervention performed, with completion of both steps documented on an application (or application update). The project has demonstrated its operational feasibility and the likelihood that subsequent data collections and adjustment will be performed. (Complete at least items 1-18a, 19a, 20a, 21, 22a, 23a, 27-33.)

Participation ("attestation") forms provided. The project has been completed with the expected sequence of activities performed and documented on a complete final application, which is the "final report" on the project.

For further information and to submit completed applications, contact either:

Grant Greenberg, MD, UMHS Part IV Program Lead, 763-936-1671, ggreenbe@med.umich.edu
R. Van Harrison, PhD, UMHS Part IV Program Co-Lead, 763-1425, rvh@umich.edu
Chrystie Pihalja, UMHS Part IV Program Administrator, 763-936-1671, cpihalja@umich.edu

Application/Report Outline

Section	Items	
A. Introduction	1-6.	Current date, title, time frame, project leader, specialties/subspecialties involved, funding
B. Plan	7-10.	General goal, patient population, IOM quality dimensions addressed, experimental design
	11-12.	Baseline measures of performance, specific performance objectives
	13.	Data review and identifying underlying (root) causes
C. Do	14-16.	Intervention(s), who is involved, initiated when
D. Check	17-18.	Post-intervention performance measurement, data collection, performance level
E. Adjust – Replan	19.	Review, continuing/new underlying causes,
F. Redo	20.	Second intervention
G. Recheck	21-22.	Post-adjustment performance measurement, data collection, performance level
H. Readjust plan	23.	Review, continuing/new underlying causes to address
I. Future plans	24-26.	Subsequent PDCA cycles, standardize processes, "spread" to other areas
J. Physician involvement	27-31.	Physician's role, requirements, reports, reflections, participation, number
K. Project Organization	32-34.	Part of larger initiative, organizational structure, resources, oversight, Part IV opportunity

QI Project Application/Report for Part IV MOC Eligibility

A. Introduction

1. Date *(this version of the application):*

11/4/14

2. Title of QI project:

Addressing durable power of attorney for health care in the cancer center

3. Time frame

a. At what stage is the project?

☐ Design is complete, but not yet initiated
☒ Initiated and now underway
☐ Completed *(UMHS Part IV program began 1/1/11)*

b. Time period

(1) Date physicians begin participating (may be in design phase): October 2013
(**2) End date**: ☒ actual __September 15th, 2014_____ ☐ expected __ _____

4. QI project leader *[responsible for attesting to the participation of physicians in the project]:*

a. Name: Co-Leaders: Josh Wilfong, Frank Worden
b. Title: Oncology fellow and Oncology faculty member
c. Institutional/organizational unit/affiliation: Oncology
d. Phone number: 412-657-7466
e. Email address: jwilfong@med.umich.edu, fworden@med.umich.edu
f**. Mailing address**: 1500 E Medical Center Drive, Ann Arbor MI, 48109

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

Patients should have a durable power of attorney for health care (DPOA-HC) and a copy should be on file in their health record. However, most patients do not have a copy in their in their record.

Evidence demonstrates that patients having a durable power of attorney allows for better communication between health care providers and patient families, as well as allowing patients wishes for care to be followed.

Oncology fellows first noted the lack of completed DPOA-HC by patients was first noted during the 2012-2013 academic year. In July 2013 a team of fellows initiated investigating the issue. They reviewed charts of 100 patients seen by fellows through the cancer center during the month of September 2013 and found that only 18% had a completed durable power of attorney present within MiChart. In October 2013 fellows and faculty of the Division of Hematology/Oncology met to discuss the fellows' findings. Division leadership and faculty agreed that the low rate of DPOA-HCs was a problem and that the fellows should lead a project to improve it.

b. Project goal. What outcome regarding the problem should result from this project?

The goal of this project is to increase the completion of durable power of attorney health care forms by patients seen within the cancer center.

8. Patient population. What patient population does this project address.

The patients involved in this project are those seen within the cancer center. The majority of these patients have active cancer, but a smaller portion may be cancer-free and undergoing surveillance for cancer recurrence. The study was further restricted to patients who:

- Were treated by providers who participated in the project (22 providers, including all providers in team 2 and providers interspersed among other teams within the cancer center)
- Were seen more than once during the above time period (planned interventions included providing materials to patients at one visit and patients returning completed materials at a subsequent visit.)
- Did not have a DPOA-HC on file at the beginning of an observation period

9. Which Institute of Medicine Quality Dimensions are addressed? *[Check all that apply.]*

☐ Safety	☐ Equity	☐ Timeliness
☒ Effectiveness	☐ Efficiency	☒ Patient-Centeredness

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? If rate or %, what are the denominator and numerator?

The percentage of patients with a newly completed DPOA-HC within the UMHS electronic medical record.
Denominator is number of patients who were seen by a participating provider more than once during an observation period and who did not have a completed DPOA-HC prior to the observation period.
Numerator is number of patients who had a DPOA-HC within the EMR that was completed during the observation period.

b. Are the measures nationally endorsed? If not, why were they chosen?

Advance care planning is recognized by a number of professional societies as being an important component of the management of patients with serious illness. DPOA-HC, along with living wills, are the main components of advance directives for health care. Advance care planning is recognizing by the Joint Commission as a measure of quality care for many disease states. In 2011, the American Society of Clinical Oncology released a statement encouraging the discussion

of advance care planning at the diagnosis of cancer. Since living wills are not recognized by the state of Michigan, we elected to investigate ways to increase DPOA-HC completion.

c. What is the source of data for the measure (e.g., medical records, billings, patient surveys)?

The UMHS electronic medical record was used to determine the presence or absence of a completed DPOA-HC form and when the form was entered.

d. What methods were used to collect the data (e.g., abstraction, data analyst)?

The data was abstracted from the UMHS electronic medical record by a group of Hematology/Oncology fellows that were assigned to the project. The EMR was manually reviewed in a thorough manner, taking in account the multiple locations in which a DPOA-HC could be filed. These fellows collected the data of all participating providers to ensure a uniform and consistent method of review. The data was then analyzed by a biostatistician affiliated with the cancer center.

All participating providers also reviewed the charts of 20 of their own patients for their own personal knowledge of the DPOA-HC status of their patients

e. How reliable are the data being collected for the purpose of this project?

The UMHS Health Information Management Department created a project-specific filing process for completed DPOA-HC forms to increase the reliability that completed forms were consistently uploaded into the EMR in the same manner. Due to this the data collected is felt to be very reliable.

f. How are data to be analyzed over time, e.g., simple comparison of means, statistical test(s)?

A simple comparison of percentages will be used to compare the percent of completed DPOA-HC forms during the intervention with the percent completed during the same time period of the previous year. This allowed us to compare the rate of DPOA-HC during the period in which the intervention occurred and a previous time frame.

g. To whom are data reported?

The data was reported to faculty members of the cancer center

h. For what time period is the sample collected for baseline data?

December 15, 2013 – January 15, 2014: A review of electronic records contained within MiChart was performed on all patients seen by participating providers.

12. Specific performance objectives

a. What is the overall performance level(s) at baseline? *(E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)*

Time Period	Patients with ≥ 2 visits and no prior DPOA-HC	Patients with new DPOA-HC filed	% patients with new DPOA-HC
Baseline 12/15/13 – 1/15/14	93	3	3.3%

b. Specific aim: What is the target for performance on the measure(s) and the timeframe for achieving the target?

Specific aim within this project is to double the rate of DPOA-HC completion to 6-10% by the end of the project, September 2014.

c. How were the performance targets determined, e.g., regional or national benchmarks?

No literature exists discussing the rate of DPOA-HC completion over a specific time period and no national benchmarks or recommendations are available. We chose this endpoint to show an improvement in the rate of completion. We recognized that over a short time incorporating a strategy to increase DPOA-HC within the cancer center would be challenging.

13. Data review and identifying underlying (root) causes.

a. Who will be/was involved in reviewing the baseline data, identifying underlying (root) causes of the problem(s), and considering possible interventions ("countermeasures") to address the causes? Briefly describe who is involved, how *(e.g., in a meeting of clinic staff)***, and when.**

Who: Participating providers.
How: At a meeting in which the baseline data were reviewed, underlying causes of performance were considered, and proposed interventions considered.
When: Late January 2014

Additionally, at a fellows-only meeting in January the data was again reviewed, causes considered, and proposed interventions discussed.

b. What are the primary underlying/root causes for the problem(s) that the project can address? *(Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately. How the intervention(s) address each primary underlying cause will be explained in #14.c.)*

Patient Factors:
Patients not aware of Durable power of attorney for health care
Limited access to DPOA-HC forms
Difficulty for patients to properly complete the form

Provider Factors:
Lack of provider education regarding Durable power of attorney for health care

Process Factors:
Time constraints for proper patient-provider discussion the topic
Inadequate standard procedure for collection and uploading of DPOA-HC

C. Do

14. Intervention(s).

a. Describe the interventions implemented as part of the project.

Materials were assembled/developed:
Questionnaire asking if a patient had previously completed a DPOA-HC and if it had been provided to UMHS
Educational pamphlet regarding DPOA-HC
DPOA-HC forms approved by the State of Michigan

Standard processes were developed for:

Clinic staff to give patients the DPOA-HC questionnaire
For patients answering "no" to either question, procedures for clinic staff to place DPOA-HC pamphlet and form into the physical chart.
Providers to distribute these materials to the patient during the encounter with the patient
provided to patients at subsequent visits and the process was repeated
[The above processes are to be performed for each patient visit.]
Subsequent visits when patients responded by providing a completed DPOA-HC, clerk to deliver the form to the Health Information Management Department, which then imaged the forms into the EMR in a consistent manner

Education and training prior to implementation:
The importance of having a patient's DPOA-HC, the materials, and the overall procedures were reviewed with all staff.
Clinic staff were trained in giving out and receiving the questionnaire, putting materials in the physical chart, and sending completed forms to Health Information Management.
Providers were trained in providing the materials to patients and encouraging their completion.

b. How are underlying/root causes *(see #13.b)* **addressed by the intervention(s)?** *(List each cause, whether it is addressed, and if so, how it is addressed.)*

Patient Factors:
Patients not aware of Durable power of attorney for health care: addressed by pamphlet and by provider who provides materials at every visit until a completed form is returned
Limited access to DPOA-HC forms: addressed by making forms available during clinic visit
Difficulty for patients to properly complete the form: addressed by pamphlet and explanations by provider.

Provider Factors:
Lack of provider education regarding Durable power of attorney for health care: addressed by education and training sessions

Process Factors:
Time constraints for proper patient-provider discussion the topic: addressed by the inclusion of the DPOA-HC educational pamphlet and DPOA-HC form, prompting the physicians to distribute these materials and engage in a discussion of this topic during the provider's encounter with the patient.
Inadequate standard procedure for collection and uploading of DPOA-HC: addressed by developing new standard procedures that involved multiple team members (clerks, medical assistants, physicians) in logical extensions of their clinic roles and avoided overburdening one particular group.

15. Who is involved in carrying out the intervention(s) and what are their roles?

Medical clerks: Distributed the patient questionnaire. They were also responsible for collecting completed DPOA-HC forms that were returned to the clinic
Medical assistants: Reviewed the response to the questionnaire. If the questionnaire indicated the patient did not have a DPOA-HC on file they would place an educational pamphlet and a DPOA-HC form into the chart for distribution by the physician
Physicians/Fellows/Physician's assistants: Distributed the pamphlet and DPOA-HC form to the patient, while explaining the purpose and answering any questions.

16. The intervention will be/was initiated when? (For multiple interventions, initiation date for each.)

February 1, 2014

D. Check

17. Post-intervention performance measurement. Is this data collection to follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

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

18. Performance following the intervention.

a. The collection of the sample of performance data following the intervention either:

Data was collected from February 15 (2 weeks following initiation to allow for returned forms) to March 14, 2014, to assess the rate at which new DPOA-HCs were being filed into the MiChart.

b. If the data collection has occurred, what is post-intervention performance level? *(E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)*

Time Period	Patients with ≥ 2 visits and no prior DPOA-HC	Patients with new DPOA-HC filed	% patients with new DPOA-HC
Baseline 12/15/13 – 1/15/14	93	3	3.3%
Post-Intervention 2/15/14 – 3/14/14	100	4	4%

E. Adjust – Replan

19. Review of post-intervention data and identifying continuing/new underlying causes.

a. Who will be/was involved in reviewing the post-intervention data, identifying underlying (root) causes of the continuing/new problem(s), and considering possible adjustments to interventions ("countermeasures") to address the causes? Briefly describe who is involved, how *(e.g., in a meeting of clinic staff)***, and when.**

Who: Participating providers.
How: At one of two meetings (to accommodate various schedules) in which the post-intervention data were reviewed, activities to date (e.g., success in implementing the intervention, how patients were responding), underlying causes of problems with performance were considered, and adjustments to interventions proposed.
When: Late March 2014

b. What are the primary underlying/root causes for the continuing/new problem(s) that the project can address? *(Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately. How the intervention(s) address each primary underlying cause will be explained in #20.c.)*

The 4% rate for completing new DPOA-HC forms did not differ appreciably from the baseline rate of 3.3%.

Patient Factors: Patients forgetting to return completed DPOA-HC forms due to the fact that their appointments often had an interval of many weeks to months

Legal Factors: The DPOA-HC form requires two witnesses to sign the form to be legally valid. These witnesses can neither work for the health care facility nor be family members. Obtaining these witnesses was challenging for many of our patients.

Short observation period: The 4-week observation period provided time for many patients to have a subsequent visit. However, when patients did not bring in their forms on a subsequent visit, and were reminded to complete the forms, the observation period was not long enough to observe whether the reminder had an effect on completing forms.

F. Redo

20. Second intervention.

a. The second intervention will be/was initiated when? (For multiple interventions, initiation date for each.)

The second intervention period began March 24, 2014.

b. If the second intervention has occurred, what interventions were implemented?

Materials: A coversheet was developed to accompany the DPOA-HC form. The sheet provides a fax number and mailing address to allow patients to submit completed DPOA-HC between office visits.

Standard processes: The cover sheet was added to the process of putting a pamphlet and DPOA-HC into the physical chart.

Education and training: The reason for the new coversheet was explained to all personnel. Procedures were reviewed with staff regarding placing it with other materials and with providers regarding discussing options for returning forms with patients.

Legal options for witnesses: We questioned the legal department whether UMHS volunteers could act as witnesses. They continue to investigate this possibility, but were unable to respond during the project.

Expanded observation period: To better assess the effect of the ongoing reminders at each visit to bring in forms, the post-adjustment observation period will be expanded to 7 weeks (rather than 4 weeks).

c. How are continuing/new underlying/root causes *(see #19.b)* **addressed by the intervention(s)?** *(List each cause, whether it is addressed, and if so, how it is addressed.)*

Patient Factors: Patients forgetting to return completed DPOA-HC forms due to the fact that their appointments often had an interval of many weeks to months: addressed by creating the cover sheet and processes to provide it to patients so that patients could send in the form at the time they completed it rather than have to remember to bring a form some time in the future.

Legal Factors: The DPOA-HC form requires two witnesses to sign the form to be legally valid. These witnesses can neither work for the health care facility nor be family members. Obtaining these witnesses was challenging for many of our patients: not yet addressed, although option of using hospital volunteers is under review.

Short observation period: The 4-week observation did not provide time to determine the effect of reminders at a subsequent visit: addressed by expanding the next observation period to 7 weeks.

G. Recheck

21. Post-second intervention performance measurement. Is this data collection to follow the same procedures as the initial collection of data described in #11: population, measure(s), and data source(s)?

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

The data collection period for the second intervention was 3 weeks longer than that the 4-week observation periods for baseline data and for post-intervention data. The slightly longer observation period may have allowed the effects of the intervention on returning completed materials to become more evident.

22. Performance following the second intervention.

a. The collection of the sample of performance data following the intervention(s) either:

b. If the data collection has occurred, what is the performance level? *(E.g., for each measure: number of observations or denominator, numerator, percent. Can display in a data table, bar graph, run chart, or other method. Can show here or refer to attachment with data.)*

Time Period	Patients with ≥ 2 visits and no prior DPOA-HC	Patients with new DPOA-HC filed	% patients with new DPOA-HC
Baseline 12/15/13 – 1/15/14	93	3	3.3%
Post-Intervention 2/15/14 – 3/14/14	100	4	4%
Post-Adjustment 3/24/14 – 5/15/14	100	12	12%

H. Readjust

23. Review of post-second intervention data and identifying continuing/new underlying causes.

a. Who will be/was involved in reviewing the data, identifying underlying (root) causes of the continuing/new problem(s), and considering additional possible adjustments to interventions ("countermeasures") to address the causes? Briefly describe who is involved, how *(e.g., in a meeting of clinic staff)***, and when.**

Who: Participating providers.
How: At a conference the post-adjustment data were reviewed, personal experiences of participating physicians were shared, underlying causes of problems with performance were considered, and possible further adjustments were considered
When: September 15, 2014

b. **What are the primary underlying/root causes for the continuing/new problem(s) that the project can address?** *(Causes may be aspects of people, processes, information infrastructure, equipment, environment, etc. List each primary cause separately.)*

The rate of completing DPOA-HCs tripled from 4% to 12%. This is a much greater proportionate increase than the 75% increase in the observation period and reasonably reflects a meaningful impact of the ongoing reminders and facilitating returning completed forms.

Legal factors: The main operational problem continues to be the challenge of patients obtaining witnesses to properly complete the DPOA-HC form.

Patient factors: Patients either not understanding the importance of DPOA-HCs or sufficiently motivated to complete one.

Observation period: Determining the long-term effect of the ongoing reminders at each visit will likely require a longer period in which cumulative effects of reminders can be assessed.

If no additional cycles of adjustment are to be documented for the project for Part IV credit, go to item #24.

If a few additional cycles of adjustments, data collection, and review are to be documented as part of the project to be documented, document items #20 – #23 for each subsequent cycle. Copy the set of items #20 – #23 and paste them following the last item #23 and provide the information. When the project to be documented for Part IV credit has no additional adjustment cycles, go to item #24.

If several more cycles are included in the project for Part IV credit, contact the UM Part IV MOC Program to determine how the project can be documented most practically.

I. Future Plans

24. How many subsequent PDCA cycles are to occur, but will not be documented as part of the "project" for which Part IV credit is designated?

The fellows responsibilities are shifting with the new training year and they will not be continuing further cycles of this project. They will be providing the data from the project to the UMHS Advance Care Planning Committee. This committee is in the process of developing a new standard in addressing DPOA-HC at a health system-wide level. Further efforts will be undertaken in conjunction with system-wide improvement effort.

25. How will the project sustain processes to maintain improvements?

The project experience will be used by the UMHS Advance Care Planning Committee to help design the hospital-wide intervention.

26. Do other parts of the organization(s) 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?

It is likely that the problems we experienced in our project will be similar in other portions of the health system. By providing our experiences to a hospital-wide committee, composed of health-care providers of many divisions, we are communicating and discussing potential future improvements. The repetitious nature of the project was believed to enforce the importance of DPOA-HC to patients and to engage faculty to discuss these issues as well. We believe this should result in the continuation of the basic framework of the project to be used in future endevors. We feel that social work was not utilized by patients as we had hoped and feel that increasing nursing involvement in the project would be useful to serve as a conduit between the patient and the social work department. The nurses could provide further information regarding the use of social work and could also physically place the consults.

J. Physician Involvement

Note: To receive Part IV MOC a physician must both:

a. Be actively involved in the QI effort, including at a minimum:
- *Work with care team members to plan and implement interventions*
- *Interpret performance data to assess the impact of the interventions*
- *Make appropriate course corrections in the improvement project*

b. Be active in the project for the minimum duration required by the project

27. Physician's role. What are the minimum requirements for physicians to be actively involved in this QI effort?

a. Interpreting baseline data and planning intervention:
Personal review of 20 patient charts to assess the baseline level of DPOA-HC in their practice. Attending the pre-intervention meeting in January 2014 to review baseline data, consider problems and their underlying causes, and discuss the intervention.

b. Implementing intervention:
Participating in the intervention that began February 1, 2014

c. Interpreting post-intervention data and planning changes:
Attending and participating in a meeting in late March 2014 to review data from the first intervention, identify potential problems, and determine improvements in the project.

d. Implementing further intervention/adjustments:
Participating in the intervention that began March 24 2014.

e. Interpreting post-adjustment data and planning changes:
Attending and participating in the post-project meeting, which occurred on September 15^{t}, 2014 to discuss results, identify continuing problems, and determine potential improvements for the future.

28. How are reflections of individual physicians about the project utilized to improve the overall project?

Each physician has different organization to their clinic and provides a unique perspective on potential positives and negative to the project. The physician was able to contact the project coordinator at any point with concerns or comments about the project. The physicians all attended a pre-intervention, mid-intervention, and post-intervention meeting at which they communicated their opinions and engaged in group discussion.

29. How does the project ensure meaningful participation by physicians who subsequently request credit for Part IV MOC participation?

The physicians were not allowed to proceed in the project if they did not attend all required meetings and participate actively in the project.

30. What are the specialties and subspecialties of the physician anticipated to participate in the project and the approximate number of physicians in each specialty/subspecialty?

The specialties of the physicians involved in this project is hematology and oncology. Twenty two physicians participated in the project to completion.

K. Project Organizational Role and Structure

31. UMHS QI/Part IV MOC oversight – this project occurs within:

☒ **University of Michigan Health System**

- **Overseen by what UMHS Unit/Group?**

  The University of Michigan Comprehensive Cancer Center

- **Is the activity part of a larger UMHS institutional or departmental initiative?**

  ☒ No ☐ Yes – the initiative is:

☐ **Veterans Administration Ann Arbor Healthcare System**

- **Overseen by what AAVA Unit/Group?**

- **Is the activity part of a larger AAVA institutional or departmental initiative?**
  ☐ No ☐ Yes – the initiative is:

☐ **An organization affiliated with UMHS to improve clinical care**

- **The organization is:**

- **The type of affiliation with UMHS is:**
  ☐ **Accountable Care Organization type** *(specify which):*

  ☐ **BCBSM funded, UMHS lead Collaborative Quality Initiative** *(specify which):*

  ☐ **Other** *(specify):*

- **Who is the individual at UMHS responsible for oversight of the QI project regarding Part IV requirements?**
  Name:
  Title:
  Institutional/organizational unit/affiliation:
  Phone number:
  Email address:

32. What is the organizational structure of the project? ***[Include who is involved, their general roles, and reporting/oversight relationships.]***

Francis Worden: QI Project Co-Leader
Joshua Wilfong: QI Project Co-Leader
Kathleen Cooney: Division Chief of Hematology and Oncology
Participating Faculty Members:
Rashmi Chugh
Lawrence Baker
Scott Schuetze
Greg Kalemkerian
Nithya Ramnath
Susan Urba
V Sahai
Christine Veenstra
Grace Chen
Patrick Hu
Mark Zalupski
Ryan Wilcox
Rami Khoriarty
Scott Gitlin
Jeffrey Smerage
Jennifer Griggs
Sami Malek
Samuel Silver
Attaphol Pawarode
Monika Burness
Kathleen Cooney
Francis Worden

Participating Fellows
Suma Devata
Leo Hernandez

Lan Coffman
Alex Pearson
Elizabeth Davis
Vedran Radojcic
Benjamin Scheier
Kunal Kadakia
Erin Cobain
Dana Angelini
Erlene Seymour
Francis Cackowski

33. To what oversight person or group will project-level reports be submitted for review?

Kathleen Cooney: Division Chief of Hematology and Oncology