Report on a QI Project Eligible for MOC – ABMS Part IV and AAPA PI-CME

Improving Referral Rates to the Cardiac Neurodevelopment Follow-up Program

Instructions

Determine eligibility. Before starting to complete this report, go to the UMHS MOC website [ocpd.med.umich.edu], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the UMHS Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-20.) Staff from the UMHS Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual “left” click).

For further information and to submit completed applications, contact either:
- R. Van Harrison, PhD, UMHS Part IV Program Co-Lead, 734-763-1425, rvh@umich.edu
- J. Kin, MHA, JD, UMHS Part IV Program Co-Lead, 734-764-2103, jkin@umich.edu
- Ellen Patrick, UMHS Part IV Program Administrator, 734-936-9771, partivmoc@umich.edu

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</tr>
</tbody>
</table>
QI Project Report for Part IV MOC Eligibility

A. Introduction

1. Date (this version of the report): 9/22/2017

2. Title of QI effort/project Improving referral rates to the Cardiac Neurodevelopment Follow-up Program

3. Time frame
   a. MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project (e.g. date of general review of baseline data, item #14c): 12/6/2016
   b. MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project (e.g., date of general review of post-adjustment data, item #29c): 8/31/2017

4. Key individuals
   a. QI project leader [also responsible for confirming individual’s participation in the project]
      Name: Caren Goldberg, MD
      Title: Professor, Medical Director of Congenital Heart Center and Cardiac Neurodevelopment Follow-up Program
      Organizational unit: Congenital Heart Center
      Phone number: 734-764-5176
      Email address: cgoldber@med.umich.edu
      Mailing address: 1540 E. Hospital Drive, Ann Arbor, MI 48109
   b. Clinical leader who oversees project leader regarding the project [responsible for overseeing/“sponsoring” the project within the specific clinical setting]
      Name: John Charpie, MD, PhD
      Title: Division Chief – Congenital Heart Center
      Organizational unit: Congenital Heart Center
      Phone number: 734-764-5176
      Email address: jcharpie@med.umich.edu
      Mailing address: 1540 E. Hospital Drive, Ann Arbor, MI 48109

5. Participants
   a. Approximately how many health care providers (by training level for physicians) participated in this QI effort (whether or not for MOC):

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number (fill in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physicians</td>
<td>13</td>
</tr>
<tr>
<td>Residents/Fellows</td>
<td></td>
</tr>
<tr>
<td>Physicians’ Assistants</td>
<td>1</td>
</tr>
<tr>
<td>Nurses (APNP, NP, RN, LPN)</td>
<td></td>
</tr>
<tr>
<td>Other Licensed Allied Health (e.g., PT/OT, pharmacists, dieticians, social workers)</td>
<td></td>
</tr>
</tbody>
</table>
b. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians’ assistants participated for MOC?

<table>
<thead>
<tr>
<th>Profession</th>
<th>Specialty/Subspecialty (fill in)</th>
<th>Number (fill in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physicians</td>
<td>Pediatric Cardiology</td>
<td>13</td>
</tr>
<tr>
<td>Fellows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians’ Assistants</td>
<td>(Not applicable)</td>
<td>1</td>
</tr>
</tbody>
</table>

6. How was the QI effort funded? (Check all that apply.)
☒ Internal institutional funds (e.g., regular pay/work, specially allocated)
☐ Grant/gift from pharmaceutical or medical device manufacturer
☐ Grant/gift from other source (e.g., government, insurance company)
☐ Subscription payments by participants
☐ Other source (describe):

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least two linked cycles of data-guided improvement. Some projects may have only two cycles while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan

7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated): Pediatric patients seen in the outpatient Pediatric Cardiology clinic at Michigan Medicine’s Congenital Heart Center who had surgery at less than 1 year of age, been on ECMO/VAD or have received a heart transplant.

8. General purpose.

a. Problem with patient care (“gap” between desired state and current state)

   (1) What should be occurring and why should it occur (benefits of doing this)?

   Pediatric patients with congenital heart disease are at increased risk for neurodevelopmental problems that interfere with physical, cognitive, and social development. Patients at greatest risk are those who have had cardiac surgery at less than 1 year of age, those who have been on ECMO/VAD, and those who have received a heart transplant. When neurodevelopmental problems are identified, treatment can be initiated to ameliorate them – the earlier the treatment and the more consistent its follow up, the more successful it will likely be.

   (2) What is occurring now and why is this a concern (costs/harms)?

   A preliminary review of patient cases indicates that many patients with congenital heart disease with the accompanying factors for high risk of neurodevelopment are not being referred to the Cardiac Neurodevelopment Program for assessment and follow up.

b. Project goal. What general outcome regarding the problem should result from this project? (State general goal here. Specific aims/performance targets are addressed in #13.)

   The project will improve care for pediatric patients with congenital heart disease by increasing the rate of referral for neurodevelopmental assessment and follow-up for patients who either have had
cardiac surgery at less than 1 year of age, have been on ECMO/VAD, or have received a heart transplant.

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

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

10. Which ACGME/ABMS core competencies are addressed? (Check all that apply.)
(https://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/)

☒ Patient Care and Procedural Skills  ☐ Medical Knowledge
☒ Practice-Based Learning and Improvement  ☐ Interpersonal and Communication Skills
☐ Professionalism  ☒ Systems-Based Practice

11. Describe the measure(s) of performance: (QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)

Measure 1

- **Name of measure** (e.g., Percent of . . ., Mean of . . ., Frequency of . . .): Percent of patients with congenital heart disease and at high risk for neurodevelopmental problems who are referred for neurodevelopmental assessment.

- **Measure components** – describe the:
  Denominator (e.g., for percent, often the number of patients eligible for the measure): The number of clinic patients with congenital heart disease and either have had cardiac surgery at less than 1 year of age, have been on ECMO/VAD or have received a heart transplant, and have not been previously referred for neurodevelopmental assessment.

  Numerator (e.g., for percent, often the number of those in the denominator who also meet the performance expectation): The number of these patients who are referred for Cardiac Neurodevelopmental assessment and follow up.

- **The source of the measure is:**
  ☐ An external organization/agency, which is (name the source):
  ☒ Internal to our organization and it was chosen because (describe rationale): According to published recommendations and guidelines, timely referral of high risk patients for neurodevelopmental assessment and follow-up will result in better outcomes for those patients who can benefit from treatment.

- **This is a measure of:**
  ☒ Process – activities of delivering health care to patients
  ☐ Outcome – health state of a patient resulting from health care
12. Baseline performance

a. What were the beginning and end dates for the time period for baseline data on the measure(s)?
   9/1/2016-10/1/2016

b. What was (were) the performance level(s) at baseline? Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure. Refer to data display at end of report

13. Specific performance aim(s)/objective(s)

a. What is the specific aim of the QI effort? “The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”
   We will improve the number of referrals to the Cardiac Neurodevelopment program from 3% to 90% by the end of the second cycle of improvement effort (i.e. by 8/31/17).

b. How were the performance targets determined, e.g., regional or national benchmarks?
   Published guidelines and recommendations.

14. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role) Pediatric Cardiologists and Physician Assistant

b. How? (e.g., in a meeting of clinic staff) Email to all Pediatric Cardiology staff.

c. When? (e.g., date(s) when baseline data were reviewed and discussed) 12/6/2016

Use the following table to outline the plan that was developed: #15 the primary causes, #16 the intervention(s) that addressed each cause, and #17 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a. As background, some summary examples of common causes and interventions to address them are:

<table>
<thead>
<tr>
<th>Common Causes</th>
<th>Common Relevant Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals: Are not aware of, don’t understand.</td>
<td>Education about evidence and importance of goal.</td>
</tr>
<tr>
<td>Individuals: Believe performance is OK.</td>
<td>Feedback of performance data.</td>
</tr>
<tr>
<td>Individuals: Cannot remember.</td>
<td>Checklists, reminders.</td>
</tr>
<tr>
<td>Team: Individuals vary in how work is done.</td>
<td>Develop standard work processes.</td>
</tr>
<tr>
<td>Workload: Not enough time.</td>
<td>Reallocate roles and work, review work priorities.</td>
</tr>
<tr>
<td>Suppliers: Problems with provided information/materials.</td>
<td>Work with suppliers to address problems there.</td>
</tr>
</tbody>
</table>
15. What were the primary underlying/root causes for the problem(s) at baseline that the project can address?

16. What intervention(s) addressed this cause?

17. Who was involved in carrying out each intervention? (List the professions/roles involved.)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Intervention</th>
<th>Involved professions/roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physician education about the need for Cardiac Neurodevelopmental referrals.</td>
<td>Education via email and reminders to faculty at monthly meetings.</td>
<td>Pediatric Cardiologists, Physician Assistant</td>
</tr>
<tr>
<td>Barriers to putting referrals into MiChart. Clinicians do not remember the process for referring in MiChart.</td>
<td>Education via email and reminders to faculty at monthly meetings</td>
<td>Pediatric Cardiologist, Physician Assistant</td>
</tr>
<tr>
<td>Competing priorities for physicians to cover during clinic visit. Physicians are not making it a priority to discuss cardiac neurodevelopment and entering a referral.</td>
<td>Review clinic schedules and notify clinicians of patients that are appropriate for referral prior to their scheduled clinic.</td>
<td>Administrative Coordinator, Pediatric Cardiologists, Physician Assistant</td>
</tr>
</tbody>
</table>

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

18. By what date was (were) the intervention(s) initiated? (If multiple interventions, date by when all were initiated.)

   2/1/2017

D. Check

19. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see items 10 and 11)?

   ☒ Yes     ☐ No – If no, describe how the population or measures differ:

20. Post-intervention performance

   a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?

      5/1/2017-5/31/2017

   b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level. Refer to data display at end of report
c. Did the intervention(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)?  Yes, there was a significant increase in the rate of referrals. However, the increase from 3% to 42% was not quite half our aim.

E. Adjust – Replan

21. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

   a. Who was involved? (e.g., by profession or role)
      ☒ Same as #14?  ☐ Different than #14 (describe):

   b. How? (e.g., in a meeting of clinic staff)
      ☐ Same as #14?  ☒ Different than #14 (describe):  Meeting with faculty

C. When? (e.g., date(s) when post-intervention data were reviewed and discussed) 6/1/2017

Use the following table to outline the next plan that was developed: #22 the primary causes, #23 the adjustments/second intervention(s) that addressed each cause, and #24 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a. 

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

<table>
<thead>
<tr>
<th>22. What were the primary underlying/root causes for the problem(s) following the intervention(s) that the project can address?</th>
<th>23. What adjustments/second intervention(s) addressed this cause?</th>
<th>24. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient physician education about the need for Cardiac Neurodevelopmental referrals.</td>
<td>Educational presentation given to faculty by Kim Heinrich, PhD, the neuropsychologist who sees patients that are referred to the Cardiac Neurodevelopment program. Continued education via emails to faculty.</td>
<td>Pediatric Cardiologists, Physician Assistant</td>
</tr>
<tr>
<td>Barriers to putting referrals into MiChart. Some clinicians still do not remember the process for referring in MiChart.</td>
<td>Continued education via email to faculty.</td>
<td>Pediatric Cardiologists, Physician Assistant</td>
</tr>
<tr>
<td>Competing priorities for physicians to cover in clinic visit. Physicians are not</td>
<td>Continue to review clinic schedules and notify clinicians of patients</td>
<td>Administrative Coordinator, Pediatric Cardiologists</td>
</tr>
</tbody>
</table>
making it a priority to discuss cardiac neurodevelopment and entering a referral.

| that are appropriate for referral prior to their scheduled clinic. |
|---------------------------------------------------------------|-----------------|
|                                                              | Physician Assistant |

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

25. By what date was (were) the adjustment(s)/second intervention(s) initiated? (If multiple interventions, date by when all were initiated.) 6/1/2017

G. Recheck

26. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #21)?

☒ Yes ☐ No – If no, describe how the population or measures differ:

27. Post-adjustment performance

a. What were the beginning and end dates for the time period for post-adjustment data on the measure(s)? 8/1/2017-8/31/2017

b. What was (were) the overall performance level(s) post-adjustment? Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention data. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and measure names and for each time period and measure show the number of observations and performance level. Refer to data display at end of report

c. Did the adjustment(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)? There was a 2% increase to 44%, but not the 90% we targeted.

28. Summary of individual performance

a. Were data collected at the level of individual providers so that an individual’s performance on target measures could be calculated and reported?

☐ Yes ☒ No – go to item 29

b. If easily possible, for each listed group of health care providers:

- Participants with data available:
  - Indicate the number participating (if none, enter “0” and do not complete rest of row)
  - If any are participating, are data on performance of individuals available? (If “No”, do not complete rest of row.)

- If data on performance are available, then enter the number of participants in three categories regarding reaching target rates (i.e. the specific aims for measures). (If you do not have this information or it is not easily available, leave the table blank.)
University of Michigan Health System Part IV Maintenance of Certification Program

<table>
<thead>
<tr>
<th>Profession</th>
<th>Participants with Data Available</th>
<th>Number of These Participants Reaching Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Participating in QI Effort (from #5.a)</td>
<td>Data on Performance of Individuals Available? (Enter Yes or No)</td>
</tr>
<tr>
<td>Practicing Physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents/Fellows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians' Assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses (APNP, NP, RN, LPN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Licensed Allied Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. Readjust

29. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. **Who was involved?** (e.g., by profession or role)
   - ☒ Same as #21?  ☐ Different than #21 (describe):

b. **How?** (e.g., in a meeting of clinic staff)
   - ☐ Same as #21?  ☒ Different than #21 (describe):

   Email to all participating clinicians.

c. **When?** (e.g., date(s) when post-adjustment data were reviewed and discussed) 9/22/2017

d. **Use the following table to outline the next plan that was developed:** #30 the primary causes, #31 the adjustments(s)/second intervention(s) that addressed each cause, and #32 who would carry out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation in section 2a.

   Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

<table>
<thead>
<tr>
<th>30. What were the primary underlying/root causes for the problem(s) following the adjustment(s) that the project can address?</th>
<th>31. What further adjustments/intervention(s) might address this cause?</th>
<th>32. Who would be involved in carrying out each further adjustment/intervention? (List the professions/roles involved.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competing priorities for physicians to cover in clinic visit. Physicians still not</td>
<td>Create an automated program in MiChart to notify clinicians which clinic patient is eligible</td>
<td>Database Analyst/Programmer Pediatric Cardiologists Physician Assistant</td>
</tr>
</tbody>
</table>

[Form 01/29/17]
consistently making it a priority to discuss cardiac neurodevelopment and entering a referral. Reminding clinicians about eligible patients is dependent upon human intervention, which is not always reliable in the context of a busy clinic.

| for a cardiac neurodevelopment referral. |
| Having an automatized system will cut down on human error and notify all clinicians of eligible patients. |

Note: If additional causes were identified that are to be addressed, insert additional rows.

33. Are additional PDCA cycles to occur for this specific performance effort?

☐ No further cycles will occur.
☒ Further cycles will occur, but will not be documented for MOC. If checked, summarize plans:
The creation of an automatized system in MiChart that will notify clinicians which patients are eligible for neurodevelopmental follow-up, and entering a referral as needed.

☐ Further cycles will occur and are to be documented for MOC. If checked, contact the UM Part IV MOC Program to determine how the project’s additional cycles can be documented most practically.

I. Reflections and Future Actions

33. Describe any barriers to change (i.e. problems in implementing interventions listed in #16 and #23) that were encountered during this QI effort and how they were addressed. Parents of eligible patients were not interested in being referred to the neurodevelopment program, despite the efforts of the clinicians explaining the usefulness of the program. Also, we were unable to get the MiChart application programmed in time to be useful for this MOC project.

34. Describe any key lessons that were learned as a result of the QI effort. Relying on a busy clinician’s memory to complete a referral is not a robust tactic.

35. Describe any best practices that came out of the QI effort. Will orient new clinicians (i.e. Pediatric Cardiologist, Cardiology Fellows and Residents) about the importance of entering referrals for eligible patients to the Cardiac Neurodevelopmental Follow-up Program.

36. Describe any plans for spreading improvements, best practices, and key lessons. The creation of an automatized system in MiChart to notify all clinicians about eligible patients, not just the clinicians participating in the MOC project.

37. Describe any plans for sustaining the changes that were made. The creation of the MiChart reminder will help sustain the rate of referrals to the Cardiac Neurodevelopmental Follow-up Program.
J. Minimum Participation for MOC

38. Participating directly in providing patient care.
   a. Did any individuals seeking MOC participate directly in providing care to the patient population?
      ☒ Yes ☐ No  If “No,” go to item #39.
   b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?
      – Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #14.
      – Implementing interventions described in item #16.
      – Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #21.
      – Implementing adjustments/second interventions described in item #23.
      – Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #29.
      ☒ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 40.

39. Not participating directly in providing patient care.
   a. Did any individuals seeking MOC not participate directly in providing care to the patient population?
      ☐ Yes ☒ No  If “No,” go to item 40.
   b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? (E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)
      ☐ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 40. If “No,” continue to #39c.
   c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?
      ☐ Yes ☐ No  If “Yes,” individuals are eligible for MOC unless other requirements also apply and must be met – see item # 40.

40. Did this specific QI effort have any additional participation requirement for MOC? (E.g., participants required to collect data regarding their patients.)
    ☐ Yes ☒ No  If “Yes,” describe:

    Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

K. Sharing Results

41. Are you planning to present this QI project and its results in a:
    ☒ Yes ☐ No  Formal report to clinical leaders?
    ☒ Yes ☐ No  Presentation (verbal or poster) at a regional or national meeting?
L. Project Organizational Role and Structure

42. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

☒ University of Michigan Health System

☐ Overseen by what UMHS Unit/Group? (name): Congenital Heart Center
☐ Is the activity part of a larger UMHS institutional or departmental initiative?
☒ No ☐ Yes – the initiative is (name or describe):

☐ Veterans Administration Ann Arbor Healthcare System

☐ Overseen by what AAVA Unit/Group? (name):

☐ 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 (name):

☐ The type of affiliation with UMHS is:

☐ Accountable Care Organization (specify which member institution):

☐ BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative (specify which):

☐ Other (specify):
### Improving Cardiac Neurodevelopmental Referral Rates
#### Overall Performance Levels

<table>
<thead>
<tr>
<th>Time Points</th>
<th>N of Eligible Patients</th>
<th>N of Patients Referred</th>
<th>% of Eligible Patients Referred (N referred/N eligible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline 9/1/2016-10/1/2016</td>
<td>32</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Post-Intervention 5/1/2017-5/31/2017</td>
<td>33</td>
<td>14</td>
<td>42%</td>
</tr>
<tr>
<td>Post-Adjustment 8/1/2017-8/31/2017</td>
<td>27</td>
<td>12</td>
<td>44%</td>
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