

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

### Project F.U.N. (Fun Universally in cliNic): Improving patient access to developmentally-appropriate toys in clinic

#### 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:

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#### Report Outline

Section	Items
<b>A. Introduction</b>	1-6. Current date, title, time frame, key individuals, participants, funding
<b>B. Plan</b>	7-10. Patient population, general goal, IOM quality dimensions, ACGME/ABMS competencies 11-13. Measures, baseline performance, specific aims 14-17. Baseline data review, underlying (root) causes, interventions, who will implement
<b>C. Do</b>	18. Intervention implementation date
<b>D. Check</b>	19-20. Post-intervention performance
<b>E. Adjust – Replan</b>	21-24. Post-intervention data review, underlying causes, adjustments, who will implement
<b>F. Redo</b>	25. Adjustment implementation date
<b>G. Recheck</b>	26-28. Post-adjustment performance, summary of individual performance
<b>H. Readjust plan</b>	29-32. Post-adjustment data review, underlying causes, further adjustments, who will implement
<b>I. Reflections &amp; plans</b>	33-37. Barriers, lessons, best practices, spread, sustain
<b>J. Participation for MOC</b>	38-40. Participation in key activities, other options, other requirements
<b>K. Sharing results</b>	41. Plans for report, presentation, publication
<b>L. Organization affiliation</b>	42. Part of UMHS, AAVA, other affiliation with UMHS

## QI Project Report for Part IV MOC Eligibility

### A. Introduction

1. **Date** (*this version of the report*): **01/02/18**
  
2. **Title of QI effort/project** (*also insert at top of front page*): Project F.U.N. (Fun Universally in clinic): Improving patient access to developmentally-appropriate toys in clinic.
  
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*): **9/19/17**
  
  - 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*): **12/12/17**

### 4. Key individuals

- a. **QI project leader** [*also responsible for confirming individual's participation in the project*]  
**Name:** Tiffany Munzer, MD  
**Title:** Fellow  
**Organizational unit:** Developmental Behavioral Pediatrics, Michigan Medicine  
**Phone number:** 734-763-6338  
**Email address:** [chungti@med.umich.edu](mailto:chungti@med.umich.edu)  
**Mailing address:** 300 North Ingalls St. #1024 NW 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:** Barbara Felt, MD  
**Title:** Program Director  
**Organizational unit:** Developmental Behavioral Pediatrics, Michigan Medicine  
**Phone number:** 734-936-9777  
**Email address:** truefelt@med.umich.edu  
**Mailing address:** 1540 E Hospital Dr SPC 4234 Ann Arbor, MI 48109-4234

### 5. Participants

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

Profession	Number ( <i>fill in</i> )
Practicing Physicians	5
Residents/Fellows	3
Physicians' Assistants	0
Nurses (APNP, NP, RN, LPN)	0
Other Licensed Allied Health (e.g., PT/OT, pharmacists, dieticians, social workers)	0

**b. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians’ assistants participated for MOC?**

Profession	Specialty/Subspecialty (fill in)	Number (fill in)
Practicing Physicians	Developmental behavioral pediatrics	4
Fellows	Developmental behavioral pediatrics	3
Residents		0
Physicians’ Assistants	(Not applicable)	0

**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 with behavior problems evaluated in a weekly Tuesday afternoon developmental behavioral consultation clinic.

**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)?

Patients are often seen and evaluated in the developmental behavioral pediatric clinic for up to 3 hours. A crucial part of the developmental behavioral assessment is understanding how patients interact with toys. We observe their level of pretend play, activity level, attention, and how often they initiate social engagement with others using toys.

In addition to enabling the developmental behavioral assessment, patient access to developmentally-appropriate toys could potentially: 1) improve patient and parent satisfaction with their visit experience; 2) help keep patients appropriately occupied (and prevent them from inappropriately accessing medical equipment or climbing on chairs/examination table); and 3) facilitate modeling how to encourage developmentally appropriate play.

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

Currently patients do not always have access to developmentally-appropriate toys. This gap can result in inadequate opportunities to observe and assess patient play skills, a crucial aspect of the pediatrician’s behavioral developmental evaluation. Additionally, the lack of appropriate toys can result in patient boredom, inappropriate use of medical equipment, or engagement with mobile technology rather than toys (hindering an adequate assessment of play skills.)

**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.)

Our general goal is to increase the percent of patients provided with developmentally-appropriate toys in a Developmental Behavioral Pediatrics Clinic, held on Tuesday afternoons.

Developmentally-appropriate toys will be defined as toys that match the child's level of development and emerging abilities, as designated by a developmental behavioral pediatrician or developmental behavioral pediatric fellow.

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

(<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf> )

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Effectiveness | <input type="checkbox"/> Equity                          | <input checked="" type="checkbox"/> Safety |
| <input type="checkbox"/> Efficiency               | <input checked="" type="checkbox"/> Patient-Centeredness | <input type="checkbox"/> Timeliness        |

**10. Which ACGME/ABMS core competencies are addressed?** (Check all that apply.)

(<http://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/> )

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Patient Care and Procedural Skills      | <input type="checkbox"/> Medical Knowledge                                 |
| <input checked="" type="checkbox"/> Practice-Based Learning and Improvement | <input checked="" type="checkbox"/> Interpersonal and Communication Skills |
| <input checked="" type="checkbox"/> Professionalism                         | <input type="checkbox"/> 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 who are provided with developmentally-appropriate toys.

**Measure components** – describe the:

- Denominator (e.g., for percent, often the number of patients eligible for the measure):  
Number of total patients in a Tuesday afternoon clinic. This information is available in clinic scheduling records.
- Numerator (e.g., for percent, often the number of those in the denominator who also meet the performance expectation):  
Number of these patients who are provided with developmentally-appropriate toys. This information will be collected by clinician report, and tracked on a spreadsheet.

**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): Providers in the clinic believe the availability of toys is an essential enabler of the process they use for developmental behavioral assessment.

**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)?**

8/15/17-9/12/17

- 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.*

Measurement Period	N of Patients Seen	N of Patients Provided Appropriate Toys	% of Patients Provided Appropriate Toys
Baseline 8/15/17-9/12/17	47	16	34%

**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 increase the percent of patients offered age-appropriate toys in Tuesday clinic from 34% to 80% by December 2017.

- b. **How were the performance targets determined, e.g., regional or national benchmarks?**  
 This performance target was determined by consensus of providers in the clinic, based on their assessment of what would be a challenging yet feasible target.

**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)* Providers in the Tuesday Peds Behavioral clinic, including faculty and fellows: Dr. Barbara Felt, Dr. Jenny Radesky, Dr. Prachi Shah, Dr. Megan Pesch, Dr. Jacqueline Branch, Dr. Megan Quist, and Dr. Tiffany Munzer
- b. **How?** *(e.g., in a meeting of clinic staff)* Meeting of clinic staff 8/15/17 and via email 9/19/17
- c. **When?** *(e.g., date(s) when baseline data were reviewed and discussed)* **9/19/17**

**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:*

Common Causes	Common Relevant Interventions
<i>Individuals: Are not aware of, don't understand.</i>	<i>Education about evidence and importance of goal.</i>
<i>Individuals: Believe performance is OK.</i>	<i>Feedback of performance data.</i>
<i>Individuals: Cannot remember.</i>	<i>Checklists, reminders.</i>
<i>Team: Individuals vary in how work is done.</i>	<i>Develop standard work processes.</i>

<i>Workload: Not enough time.</i>	<i>Reallocate roles and work, review work priorities.</i>
<i>Suppliers: Problems with provided information/materials.</i>	<i>Work with suppliers to address problems there.</i>

<b>15. What were the primary underlying/root causes for the <u>problem(s)</u> at <u>baseline</u> that the project can address?</b>	<b>16. What intervention(s) addressed this cause?</b>	<b>17. Who was involved in carrying out each intervention? (List the professions/roles involved.)</b>
Toys kept in an area geographically distant from where providers work	Clinic workflow redesigned such that the clinic provider (fellow or attending) brings toys into provider and clinic coordinator work room at the beginning of clinic, where they will be easily accessible by clinic coordinator.	All providers (fellow or attending)
Clinic is busy, providers forget	Clinic coordinator assigned role of providing toys to patients, in the patient room at the beginning of visit, as they are the first staff member to see patients.	Clinic coordinator

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.)  
 9/26/17

**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)?**  
 9/26/17-10/24/17

**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.

Measurement Period	N of Patients Seen	N of Patients Provided Appropriate Toys	% of Patients Provided Appropriate Toys
Baseline 8/15/17-9/12/17	47	16	34%
Post-intervention 9/26/17-10/24/17	33	13	39%

**c. Did the intervention(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)?**

No, the post-intervention data showed a modest improvement over baseline (from 34% to 39%), but the specific aim of 80% was not achieved.

**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): Email and Meeting of clinical staff

**c. When? (e.g., date(s) when post-intervention data were reviewed and discussed):** 11/2/17

**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.*

<b>22. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?</b>	<b>23. What adjustments/second intervention(s) addressed this cause?</b>	<b>24. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)</b>
Only a limited number of age-appropriate toys available.	Purchase more age-appropriate toys.	All attending providers and fellows
Toys must be cleanable, or they have to be discarded.	Purchase only cleanable toys	All attending providers and fellows

*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.)  
 11/7/17

**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)?

11/7/17-12/5/17

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.

Measurement Period	N of Patients Seen	N of Patients Provided Appropriate Toys	% of Patients Provided Appropriate Toys
Baseline 8/15/17-9/12/17	47	16	34%
Post-intervention 9/26/17-10/24/17	33	13	39%
Post-adjustment 11/7/17-12/5/17	38	28	74%

c. Did the adjustment(s) produce the expected improvement toward meeting the project’s specific aim (item 13.a)?

The adjustments produced significant improvement (from 39% to 74%), however, the specific aim of 80% was not achieved.

**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

**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 only
- c. **When?** (e.g., date(s) when post-adjustment data were reviewed and discussed) 12/15/17

**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.*

30. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>adjustment(s)</u> that the project can address?	31. What further adjustments/ intervention(s) might address this cause?	32. Who would be involved in carrying out each further adjustment/intervention? (List the professions/roles involved.)
Clinic coordinator often goes into patient rooms after provider due to clinic flow.	Give back the role of bringing toys into the patient’s room to providers. Make it easy for them to access the toys.	Providers
Insufficient inventory of toys – toys may get lost	Consider an alternative storage system to store toys, and take pictures of toy locations in each drawer as a reference.	Providers (all)

*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:* As noted in Item 31 above, we will consider implementing a system for keeping toys organized (picture organization system, wheeled storage system), so toys are more easily accessible and do not get misplaced. This would be an area of further improvement that could occur
  - 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**

34. 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.

The role of the clinic coordinator constantly evolves to fit the needs of our patients. The clinic coordinator's multiple responsibilities proved to be a constraint we hadn't anticipated. For non-QI related reasons, it made more sense for our clinic coordinator to visit patients towards the end of their visit (as opposed to the beginning). For the purposes of this QI project, this would sometimes be a barrier to bringing toys in at the beginning of the visit.

**35. Describe any key lessons that were learned as a result of the QI effort.**

Over the course of this project we discovered there was no standard procedure for cleaning toys after a visit. Implementing a system for cleaning toys at the end of each visit would be helpful and beneficial from a patient perspective. Our lesson learned is that when you examine a process in detail, you may unearth previously unidentified safety risks and vulnerabilities.

**36. Describe any best practices that came out of the QI effort.**

Bringing toys into pediatric patient rooms is not only helpful for diagnostic purposes, it also encourages providers to build rapport with patients and may contribute to patient/family satisfaction.

**37. Describe any plans for spreading improvements, best practices, and key lessons.**

We anticipate our system of organizing and storing toys to become a best practice. We will implement a picture organization, wheeled, storage system, so toys are more easily accessible and do not get misplaced. Such a system might be useful for any clinic area that requires easy access to supplies to support their clinical process.

**38. Describe any plans for sustaining the changes that were made.**

Continue to remind and encourage providers to utilize toys, and move the toys into location that is easily accessible and visible to providers.

**J. Minimum Participation for MOC**

**39. 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.*

**40. 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.

**41. 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

**42. 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?  
 Yes     No    Manuscript for publication?

## L. Project Organizational Role and Structure

**43. 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):
- 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):