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

Improving Time from Sleep Study Report Generation to Order Signature

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [http://www.med.umich.edu/moc-qi/index.html], 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 Michigan Medicine 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 1-18.) Staff from the Michigan Medicine 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, Michigan Medicine Part IV Program Co-Lead, 734-763-1425, rvh@umich.edu
J. Kin, MHA, JD, Michigan Medicine Part IV Program Co-Lead, 734-764-2103, jkin@umich.edu
Ellen Patrick, Michigan Medicine Part IV Program Administrator, 734-936-9771, partivmoc@umich.edu

Report Outline

Section	Items	
A. Introduction	1-6.	Current date, title, time frame, key individuals, participants, funding
B. Plan	7-8.	Patient population, general goal
	9-11.	Measures, baseline performance, specific aims
	12-15.	Baseline data review, underlying (root) causes, interventions, who will implement
C. Do	16.	Intervention implementation date
D. Check	17-18.	Post-intervention performance
E. Adjust – Replan	19-22.	Post-intervention data review, underlying causes, adjustments, who will implement
F. Redo	23.	Adjustment implementation date
G. Recheck	24-26.	Post-adjustment performance, summary of individual performance
H. Readjust plan	27-30.	Post-adjustment data review, underlying causes, further adjustments, who will implement
I. Participation for MOC	31-33.	Participation in key activities, other options, other requirements
J. Sharing results	34.	Plans for report, presentation, publication
K. Organization affiliation	35.	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):* 8/7/2020

2. **Title of QI effort/project** *(also insert at top of front page)***:**
   Improving Time from Sleep Study Report Generation to Order Signature

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 #12c)**:***
   10/25/2019

   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 #27c)*:
   8/6/2020

4. **Key individuals**

   a. **QI project leader** *[also responsible for confirming individual's participation in the project]*
   Name: Lauren Castner
   Title: Sleep medicine fellow
   Organizational unit: Sleep medicine
   Phone number: 734-936-9068
   Email address: lcastner@med.umich.edu
   Mailing address: Michael S. Aldrich Sleep Laboratory, C728 Med Inn Building SPC 5845

   b. **Clinical leader who oversees project leader regarding the project** *[responsible for overseeing/"sponsoring" the project within the specific clinical setting]*
   Name: Anita Shelgikar
   Title: Sleep Medicine Program Director
   Organizational unit: Sleep medicine
   Phone number: 734-936-9068
   Email address: lcastner@med.umich.edu
   Mailing address: Michael S. Aldrich Sleep Laboratory, C728 Med Inn Building SPC 5845

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

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Neurology	Sleep Medicine	1
Residents/Fellows	Family Medicine (2) Internal Medicine (3) Pediatric Pulmonology (2)	Sleep Medicine	7
Physicians' Assistants	(N/A)	(N/A)	

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)***:**

Patients with sleep disordered breathing (obstructive sleep apnea, central sleep apnea, or sleep-related hypoventilation) who are seen at the University of Michigan Sleep Disorders Center.

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)?

Obstructive sleep apnea (OSA) is a sleep-related breathing disorder with reduced or complete obstruction of airflow while an individual is sleeping. It can occur in any age group, but frequency increases during the middle and older ages[1]. While associated with snoring and periods of pauses in the breathing, there may also be symptoms of excessive sleepiness. In addition to the risks of someone being impaired by sleepiness (e.g. work errors, drowsy driving), there are significant health risks such as chronically elevated blood pressure, increased risk of stroke, increased rate of death due to heart disease, and impaired glucose tolerance[1].

Following a sleep study, the interpreting provider will indicate in Nexus (the sleep study software) that the patient requires a positive airway pressure (PAP) device and generate a prescription. Respiratory therapists are notified of this prescription, and write an order in the Electronic Medical Record (MiChart) and forward this back to the provider for final review and signature. Following the provider's signature, the order is then sent to a Durable Medical Equipment (DME) company for fulfillment of the order and delivery to the patient. These are the steps required to fulfill a PAP order due to our use of two computer systems to interpret sleep studies and generate orders.

Continuous positive airway pressure (CPAP) is the standard treatment option for OSA. Positive airway pressure is delivered and the airflow keeps the airway open preventing the pauses in breathing and maintain normal oxygen levels. OSA is a chronic medical condition, but starting treatment will begin to relieve the symptoms, although response to therapy is variable. Delaying the delivery of a prescription to a DME company, only continues to delay that initiation of therapy. After the prescription is transmitted from our office, it can still be days to weeks before a patient receives their device due to the need for insurance authorization, training, and fulfillment of the order. We strive to reduce the delays from our office in order to expedite the fulfillment process and reduce the time to treatment.

1. Obstructive Sleep Apnea. Online. Available: aasm.org/resources/factsheets/sleepapnea.pdf

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

At this time, steps are missed, such as the original provider not indicating in Nexus that a PAP device is needed, not completing the prescription generation in Nexus, the Nexus software not saving the generated prescription, and delays in the final signature of the prescription in MiChart. This delays the initiation of therapy, which at the very least leads a patient to continue

to have symptoms such as snoring and contributes to significant health risks, especially sleepiness while driving and the potential for motor vehicle accidents.

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 #11.)
Our goal is to determine and reduce the causes of delays in the delivery of PAP prescriptions to the DME company in order to expedite PAP therapy initiation.

9. 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

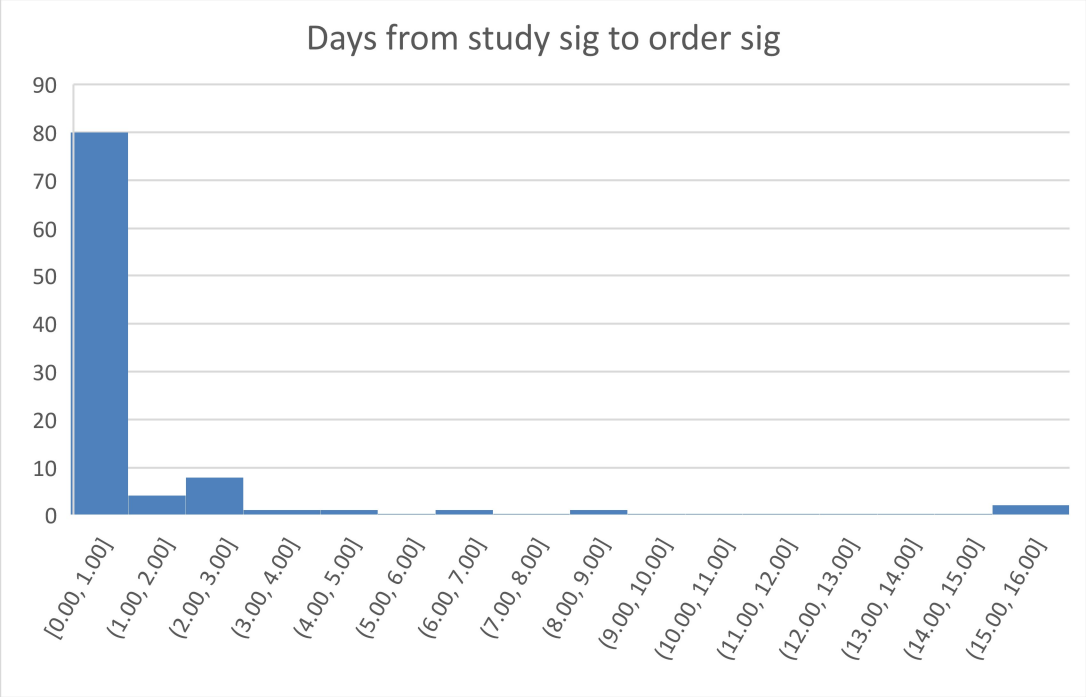
- **Name of measure** *(e.g., Percent of . . ., Mean of . . ., Frequency of . . .)***:**
  Percent of PAP orders signed within 3 days
- **Measure components** – *describe the:*
  Denominator *(e.g., for percent, often the number of patients eligible for the measure)*:
  Number of sleep studies with PAP orders
  Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*:
  Number of PAP orders signed within 3 days of sleep study being signed
- **The source of the measure is:**
  ☐ An external organization/agency, which is *(name the source, e.g., HEDIS)*:
  ☒ Internal to our organization
- **This is a measure of:**
  ☒ Process – activities of delivering health care to patients
  ☐ Outcome – health state of a patient resulting from health care

10. Baseline performance

a. What were the beginning and end dates for the time period for baseline data on the measure(s)?
October 28, 2019-November 18, 2019

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.*

There were 99 sleep studies with associated PAP orders during the baseline period with 92 (92.9%) being signed within 3 days from the date of the sleep study being signed



11. 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 aimed to improve the number of PAP orders signed within 3 days from the date in which the sleep study was signed from 93% to 98% by April 20, 2020, a course of three weeks from cycle start to end. An interruption in clinical service due to COVID-19 resulted in resetting the target date to 6/29/20.

b. How were the performance targets determined, e.g., regional or national benchmarks?
Internal conversation amongst the QI team using the institutional benchmark that prescriptions should be signed within 3 days of request by the patient.

12. 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)*
QI Team (Sleep Medicine attending and fellows)

b. How? *(e.g., in a meeting of clinic staff)*
During a scheduled fellow conference

c. **When?** *(e.g., date(s) when baseline data were reviewed and discussed)*
1/24/2020

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 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***
Individuals: Are not aware of, don't understand.	*Education about evidence and importance of goal.*
Individuals: Believe performance is OK.	*Feedback of performance data.*
Individuals: Cannot remember.	*Checklists, reminders.*
Team: Individuals vary in how work is done.	*Develop standard work processes.*
Workload: Not enough time.	*Reallocate roles and work, review work priorities.*
Suppliers: Problems with provided information/materials.	*Work with suppliers to address problems there.*

13. What were the primary underlying/root causes for the problem(s) at baseline that the project can address?	**14. What intervention(s) addressed this cause?**	**15. Who was involved in carrying out each intervention?** *(List the professions/roles involved.)*
Information in Nexus is not fully completed, including the following ->		
Service details not completed	Weekly electronic huddle – RT supervisor generates a list of PAP sleep studies that do not have complete orders	RT supervisor, RTs, On-call Fellow**/attending **All fellows rotate through the role of on-call fellow
Positive Airway Pressure box not checked	Weekly electronic huddle – RT supervisor generates a list of PAP sleep studies that do not have complete orders	RT supervisor, RTs, On-call Fellow/attending
Ordering provider unaware Nexus order is missing in some degree	Weekly electronic huddle – RT supervisor generates a list of PAP sleep studies that do not have complete orders	RT supervisor, RTs, On-call Fellow/attending
	Long term intervention for all areas – changing the layout of the Nexus ordering screen with a reminder to prevent a study from being closed without providing an order	RT supervisor, Sleep lab director, Nexus Support

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

C. Do

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

Huddle – first meeting was 2/21/2020

Nexus layout – TBD; due to software upgrade delays, this countermeasure was not implemented

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?

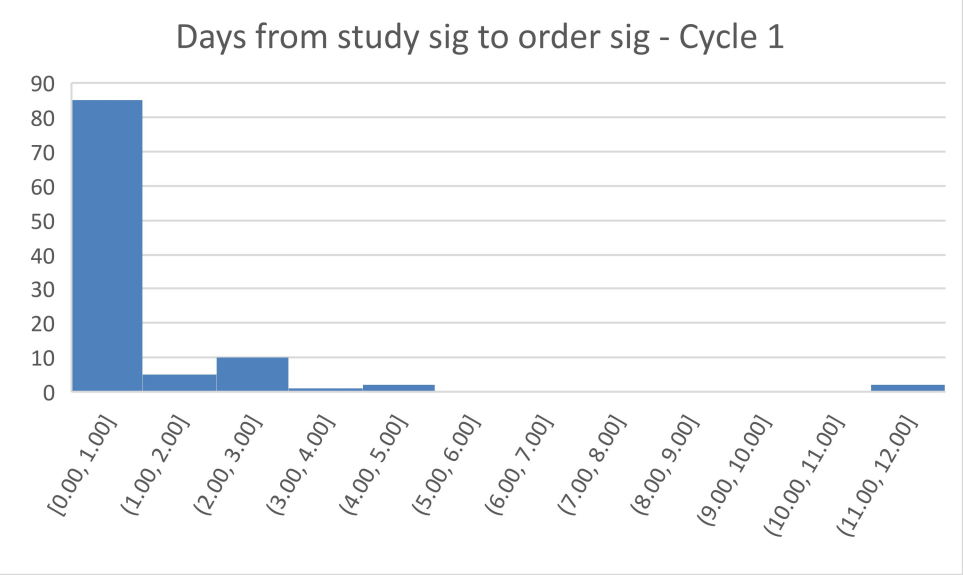
☒ Yes ☐ No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?
2/17/2020-3/9/2020

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.*

Only minor improvement was observed after initiating the "huddle" to review sleep studies and missing PAP orders. The fellows were reviewing the missing orders at the end of each week, and there were 100/106 (94%) sleep studies with PAP orders completed within 3 days of the study being signed compared to the baseline of 93%.



c. Did the intervention(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?
The intervention did not produce the expected improvement of 98% of PAP orders being signed within 3 days. As we implemented the process, we learned that Respiratory Therapists were already reviewing the data and requesting signatures from providers. This demonstrated to us that the process is working, but it does not provide additional improvements to the rate of complete of PAP orders.

E. Adjust – Replan

19. 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 #12? ☐ Different than #12 *(describe):*

b. How? *(e.g., in a meeting of clinic staff)*

☐ Same as #12? ☒ Different than #12 *(describe):*

We still met during the Fellow's scheduled conference time, however, this was via a video conference with Zoom in light of the current COVID-19 recommendations for group meetings.

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

3/20/2020

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 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.

20. What were the primary underlying/root causes for the problem(s) following the intervention(s) that the project can address?	**21. What adjustments/second intervention(s) addressed this cause?**	**22. Who was involved in carrying out each adjustment/second intervention?** *(List the professions/roles involved.)*
Fellows and faculty may differ in the time it takes to sign an order	RTs will resume running the order list on Fridays, but will contact the fellow or attending responsible for the pending prescription. If they have not received a response or signed order by 15:00, they will ask the on-call fellow to follow up or sign the prescription.	RT supervisor, RTs, On-call Fellow**/attending **All fellows rotate through the role of on-call fellow
The nexus order box is not checked	Change the layout of Nexus, checking the order box and clarifying whether the order is for a new setup or a pressure change.	RT supervisor, RTs, On-call Fellow/attending, Nexus Support
There is lack of clarity in the original order about the type of PAP that is needed – must reach out to the ordering provider	Continue reaching out to providers Countermeasure 2 will serve as a reminder that work is still pending	RT supervisor, RTs, On-call Fellow/attending

Lack of time for clerical work was not identified as a root cause for delays in signing order during our review, however was identified as a concern for the fellows overall.	An administrative/academic time was implemented on Fridays for the fellow around the same time the other countermeasures were implemented. This may have been a confounder that changed the outcomes as well since the fellows had protected time to address clerical work Will compare the current analysis with just the analysis of fellow signed PAP orders	Fellows and supervising attending

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

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? *(If multiple interventions, date by when all were initiate*d.)

Implementation was originally planned for 3/23/2020. Due to Covid-19 closing sleep clinics, it was delayed, but fully in place before the post-adjustment period began on 6/8/20.

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)?

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

25. Post-adjustment performance

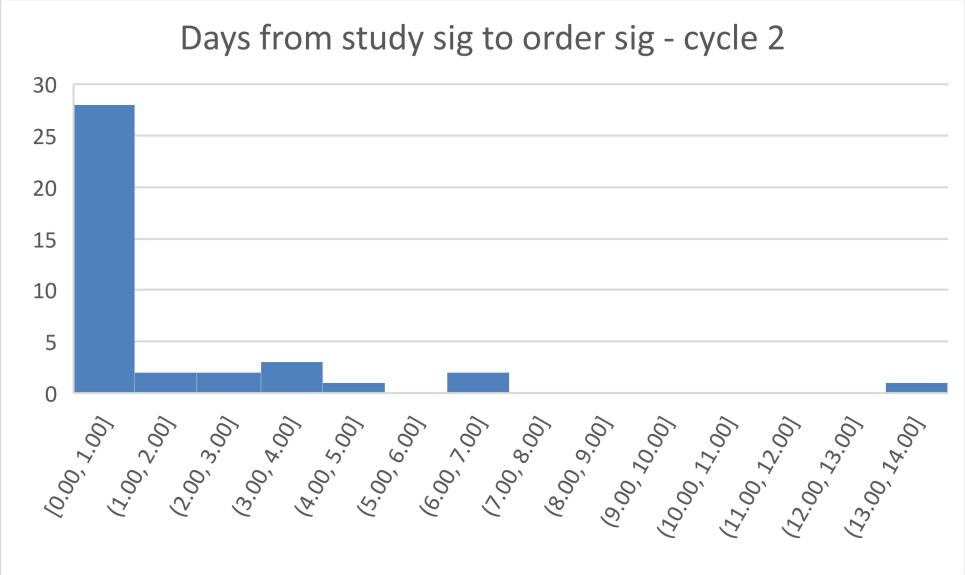
a. What were the beginning and end dates for the time period for <u>post-adjustment</u> data on the measure(s)?

6/8/2020-6/29/2020

***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.*

We were initially unable to assess the overall performance due to significant and sudden ramping down of sleep studies in light of the COVID-19 pandemic. There were 3 sleep studies performed during our originally planned intervention period (3/23/2020-4/13/2020), however 2 were excluded since PAP therapy was not indicated following the studies. The remaining study recommended PAP therapy, however the primary provider intentionally deferred prescribing therapy to avoid non-essential travel for the patient.

Due to the significant effects of the COVID-19 pandemic and subsequent closure of the sleep lab, the post-adjustment period was delayed. When reopened, the sleep labs were still performing at decreased capacity and were gradually increasing the number of studies each week. There were 39 studies that met the project's inclusion criteria with 32 of the studies having an order signed within 3 days, 82%, which was well below our goal of 98% completion of PAP orders within 3 days of the study's interpretation.



c. Did the adjustment(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Our adjustments did not produce the expected improvement, however, there were still significant confounders at this time related to the COVID-19 pandemic. Although this was an unexpected result, it highlights the significance of routines and typical work flow. The Sleep Lab experienced a dramatic reduction in the number of sleep studies performed and there was a dramatic reduction in the work force present in the office, as many RTs and Sleep Technologists were reassigned or furloughed and many clinicians were working from home. We were committed to providing quality care to all of our sleep lab patients, but had to manage this with fewer staff members, which is likely the most significant contributor to tasks not being performed as quickly as previously. We experienced the challenges of working remotely from our patients, but also one another. Tasks that usually could be completed quickly, together, required teleconferencing and then separate work flows between an attending and fellow.

These effects can be seen by an increase in the time from the study completion date to the study read date, which previously occurred in 5 days or less. During this cycle, nearly a third of studies were not even read until 6-7 days after completion. In 3 instances, the study was read on the same day that the order was placed, but the attending signature did not occur for several days. This may reflect the difficulties of fellows and attendings working in separate locations with different software and network abilities.

None of the fellows reported being contacted by the RTs during this cycle period in order to follow up on unsigned orders. This likely was greatly affected by the furlough/reassignment of our RTs. RTs were unable to review orders from Nexus and place them in MiChart in the typically expected time due to their reduced work hours while still managing other responsibilities. Working remotely may have also affected the provider's time to signature as they may not have been accessing MiChart as frequently as when they are in the office.

Due to the uncertainty of COVID-19 and required changes in the sleep lab and clinic staffing, this may inspire a new QI project to help determine new strategies of improving efficiency during times of telehealth and reduced staff.

H. Readjust

26. 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 #19? ☐ Different than #19 *(describe):*

b. How? *(e.g., in a meeting of clinic staff)*

☐ Same as #19? ☒ Different than #19 *(describe):*

We discussed the results via email amongst the fellows

c. **When?** *(e.g., date(s) when post-adjustment data were reviewed and discussed)*
8/6/2020

Use the following table to outline the next plan that was developed: #27 the primary causes, #28 the adjustments(s)/second intervention(s) that addressed each cause, and #29 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.

27. What were the primary underlying/root causes for the problem(s) following the adjustment(s) that the project can address?	**28. What further adjustments/ intervention(s) might address this cause?**	**29. Who would be involved in carrying out each further adjustment/intervention?** *(List the professions/roles involved.)*
There is lack of clarity in the original order about the type of PAP that is needed – must reach out to the ordering provider	Continue reaching out to providers Countermeasure 2 will serve as a reminder that work is still pending	RT supervisor, RTs, On-call Fellow/attending **all fellows rotate through the role of on-call fellow

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

30. 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:*

I. Minimum Participation for MOC

31. 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 #32.*

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 #12.
- Implementing interventions described in item #14.
- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.
- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

☒ Yes ☐ No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

32. 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 33.*

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 # 38. If "No," continue to #37c.*

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 # 33.*

33. 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.

J. Sharing Results

34. 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?
We have submitted a poster to the UM Quality Month Committee with acceptance pending

☐ Yes ☒ No Manuscript for publication?

K. Project Organizational Role and Structure

35. 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):* Sleep Medicine/Neurology
- **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):*