## *MOC Project Title*:

## *MOC Project Leader*:

***Date of Application*:**

***Date of IRC Review*:**

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| Does this project have a designated physician to serve as Project Leader who will oversee project methods and results and attest to meaningful physician participation? | Yes  No  Uncertain |
| Does the project have a specific start date? | Yes  No |
| Is the project’s aim statement clearly defined, focused and measurable?  (Does it define the target population, the desired numerical improvement and the timeframe for achieving improvement?) | Yes  No |
| Does the project relate to one or more of the IOM’s dimensions of quality and have relevance to physician practice.  •Timeliness •Effectiveness •Patient-Centered• Safety •Equity •Efficiency• | Yes  No |
| Does the project use standard proven and accepted QI methodology? | Yes  No |
| Does this project demonstrate the following clearly defined measures with individual and/or practice-based?   * Performance measures linked to each stated aim * Measures of reliability linked to interventions and data collection * Balancing measures (at least one) | Yes  No  Yes  No  Yes  No |
| Does the project show use of:   1. Appropriate sampling strategy 2. Data for improvement: Analysis of measures over time to track performance and test for effect of change 3. Annotated run charts or control charts to report on performance | Yes  No  Yes  No  Yes  No |
| Are the appropriate resources (database, budget, etc.) in place to ensure this project’s success either centrally or within the requesting division/department? | Yes  No  Uncertain |
| Does the project provide evidence that physician’s demonstrate meaningful participation as follows:   1. Physicians will provide direct or consultative care to patients as part of the QI project 2. Physicians will implement the project’s interventions (the changes designed to improve care). 3. Physicians will collect, submit or review data in keeping with the project’s measurement plan. 4. Physicians will collaborate actively by participating in at least four project meetings/discussions (remotely or in-person). 5. Physicians will participate for at least 6-12 months | Yes  No  Uncertain |
| Will at least 3 physicians participate in this project? | Yes  No |
| Is the project HIPAA compliant? | Yes  No |

Comments/ Feedback to the Project Leader: (Please clarify any areas that did not meet the IRC approval and how the project can be improved?)

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| ***IRC Decision:***  Project Approved as Submitted  Modify and Resubmit Project for Review  Project Denied – Reason(s):  **Signature of MOC Portfolio IRC Chair Date**  Project Leader Notified |