**Department of Internal Medicine**

**Process Improvement Projects in Quality & Safety**

Application Form – Fall 2022

**Submission deadline: Projects must be sent via email to Dr. Aldo Peixoto, Vice Chair for Q&S (c/o Mrs. Roberta Biceglia,** [**roberta.biceglia@yale.edu**](mailto:roberta.biceglia@yale.edu)**) no later than Monday November 7th, 2021 at 5PM.**

**General Instructions**:

1. We strongly suggest that teams review the **SQUIRE 2.0** document (Standards for Quality Improvement Reporting Excellence) (<http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&pageId=471>). While SQUIRE was designed for reporting project results (rather than designing projects), it provides a framework to be followed.
2. We also strongly recommend that teams be familiar with the Institute for Healthcare Improvement Model for Improvement. We require that elements of this project description conform to the principles and approach of the Institute for Healthcare Improvement (IHI) Method for Improvement. Free classes on the method can be accessed through the IHI Open School (<http://www.ihi.org/education/ihiopenschool/Pages/default.aspx>).
3. Authors must adhere to the word limits allotted to each section. Projects that do not detail the word count or that exceed section limits will not be considered.
4. Budget is limited to $15,000 per project.
   1. We encourage applicants to contact Dr. Aldo Peixoto, Vice Chair for Quality & Safety ([aldo.peixoto@yale.edu](mailto:aldo.peixoto@yale.edu)) with questions on project design and budgeting.
   2. Funds may be used to support project personnel (e.g., project manager, data abstractors) or to purchase necessary equipment or other resources necessary for the project.
   3. Recruitment of individuals to perform project functions may include several different types of personnel and follow several mechanisms. For example, they may include clinical support personnel (administrative assistants, schedulers, referral specialists), medical assistants, nurses, undergraduate students, medical students, and residents/fellows. Mechanisms for payment of these personnel can include additional compensation (if Yale employees), compensation through a student account (if a Yale student) or services performed as independent contractors (using a W-9 form). The Operations Manager for the Project Lead’s section should be contacted to provide guidance on setting up these mechanisms.
   4. Funds may not be used to support faculty salary.
   5. Funds may not be used for research support such as hiring research assistants or statisticians.
   6. Funds also should not be used to support IT programming needs. In case the project requires support from the Joint Data Analytics Team (JDAT) or from the Epic Clinical Decision Support team, authors must contact Dr. Nitu Kashyap, Associate Chief Medical Information Officer ([nitu.kashyap@ynhh.org](mailto:nitu.kashyap@ynhh.org)) in advance of submission to discuss specific project needs and feasibility.
   7. Projects will be graded by a review panel with expertise in Q&S process improvement projects. Selected projects will be announced in late December 2022 with disbursement of funds shortly thereafter allowing work to start in January 2023.
   8. The selection committee will use a weighted scoring system to rank proposals. The overall score will contain 6 domains scored using a 3-point Likert scale:
5. **Innovation and Impact** (20% of score). (1 = low, 2 = moderate, 3 = high)

*Innovation captures how the project addresses a new problem or uses a novel approach to a previously unaddressed or unsolved problem. Impact is measured by size or risk associated with the problem it addresses. The strength of the problem statement and background will influence the enthusiasm for the proposal.*

1. **Methodology** (30% of score). (1 = weak, 2 = acceptable, 3 = strong)

*This includes the strength and consistency of the aim, key drivers, interventions and measures. A project must be clear in its approach and choice of interventions and measures to address its outcome. Terminology and approach using the Institute for Healthcare Improvement (IHI) “Model for Improvement” is needed.*

1. **Advancement of Health Equity** (15% of score). (1 = low, 2 = moderate, 3= high).

*An integral goal of process improvement is to improve outcomes for all patient groups regardless of ethnic or racial identity, education, sexual/gender orientation, religion, income, or insurance coverage. Projects directly focusing on health disparities will qualify as having high impact. Alternatively, projects that include process or balancing measures that quantify relevant health disparities will be graded as having moderate impact.*

1. **Feasibility** (10% of score). (1 = low, 2 = moderate, 3 = high)

*Feasibility relates not only to structure of the group and the overall environment of the project, but also to the appropriateness of the budget and timeline, mindful of the need to complete the project within 12 months. The strength of methodology and budgeting has significant impact on feasibility.*

1. **Sustainability Plan** (15% of score). (1 = weak, 2 = acceptable, 3 = strong)

*This will be evaluated by the strength of the argument for development of sustainable measures to continue the work without continued funding, either by the development of self-sufficient, durable interventions (eg, EHR solutions) or changes in workflow or funds deployment to allow an effective transition to routine sectional/departmental operations.*

1. **Generalizability Plan** (10% of score). (1 = weak, 2 = acceptable, 3 = strong)

*This will be defined by the strength of the generalizability argument indicating that the intervention can be applied to other Dept. of Internal Medicine sections, Yale School of Medicine departments or Yale-New Haven Health delivery networks. This could be accomplished either by extension of the same intervention (spread) or use of the infrastructure created for the intervention for a different purpose. An example of the former would be the use of a screening strategy and order sets for Hepatitis B prior to use of biologicals in Rheumatology being extended, unchanged, to Digestive Diseases and Neurology. An example of the latter would be the use of EHR architecture created to monitor and follow up serum potassium for patients receiving ACE inhibitors in Nephrology being used to monitor CBC and LFTs in patients receiving methotrexate in Rheumatology and Dermatology. The magnitude of generalizability also influences overall impact.*

**Project Description**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Section/Program/Firm:** |  |
| **Project Lead:** | Faculty member primarily responsible for the project. Must be a faculty member of the Department of Medicine. |
| **Team:** | List all team members of the project team (including administrative staff and trainees, if applicable). List title and section (or department if from a different department). |
| **Problem Statement/Background:**  Word Count: \_\_\_/300 | Limit 300 words. Outline the problem and its implications. Briefly describe potential solutions described in the literature or identified through focus groups or other means. |
| **Project Aim:**  Word Count: \_\_\_/75 | Limit 75 words. Use the SMART framework (specific, measurable, achievable, relevant and timebound). In defining aim and interventions (below), consider the IOM’s 6 “aims for improvement” (STEEEP: safe, timely, efficient, effective, equitable, patient-centered). |
| **Key Drivers and Proposed Interventions:**  Word Count: \_\_\_/500 | Limit 500 words. Describe the key primary and secondary drivers of the project aim/outcome. Use these drivers to outline your planned interventions and possible tests of change. A key driver diagram (IHI Driver Diagram template can be downloaded from <https://www.ihi.org/resources/Pages/Tools/Driver-Diagram.aspx>) is required as a complement this section. |
| **Measures:**  Word Count: \_\_\_/300 | Limit 300 words. List your project’s outcome measures, process measures and balancing measures. List the planned data source for each measure and whether they are currently available or not. If not available, describe your plan for data acquisition |
| **Potential barriers:**  Word Count: \_\_\_/100 | Limit 100 words. Describe potential barriers to deployment and completion of the project and how you plan to address them. |
| **Sustainability Plan:**  Word Count: \_\_\_/100 | Limit 100 words. Describe how your section/program/firm will be able to sustain or advance the process improvement generated by the project once funding has ceased. |
| **Generalizability to the Department of Medicine at large:**  Word Count: \_\_\_/100 | Limit 100 words. Describe how you foresee the use of the improved processes you have developed in other sections/programs/firms of the Department of Medicine. |
| **Project Timeline:** | Define expected duration of the project. Must be completed within 12 months of award disbursement. |

**Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resource** | **Description** | **Quantity** | **Cost/Rate** | **Total** |
| Identify the type of resource being requested, e.g., “data abstractor”, “app developer”, “pulse oximeters”, “BP monitors”, etc. | Describe the resource being requested in greater detail. | E.g., hours of work, number of devices, etc. | List the cost per unit, e.g., dollars per hour, cost per patient, cost per device. | Total value per resource requested. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL\*** | | | |  |

\*Total cost of projects limited to $15,000.