

Department of Internal Medicine

## Process Improvement Projects in Quality & Safety

Application Form – November 2021

**Submission deadline: Projects must be sent via email to Dr. Aldo Peixoto, Vice Chair for Q&S (c/o Roberta Biceglia, [roberta.biceglia@yale.edu](mailto:roberta.biceglia@yale.edu)) no later than Monday November 15<sup>th</sup>, 2021 at 11:59PM.**

### **General Instructions:**

1. We strongly suggest that teams review the [SQUIRE 2.0](http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&pageId=471) 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 recommend that elements of this project description conform to the principles and approach of the IHI Method for Improvement. Free classes on the method can be accessed through the [IHI Open School](http://www.ihl.org/education/ihopenschool/Pages/default.aspx) (<http://www.ihl.org/education/ihopenschool/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.
  - a. 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.
  - b. 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 form W-9). The Operations Manager for the Project Lead's section should be contacted to provide guidance on setting up these mechanisms.
  - c. Funds cannot be used to support faculty salary.
  - d. Funds cannot be used for research support such as hiring research assistants or statisticians.
  - e. Funds should not be used to support 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.

- f. Projects will be graded by a review panel with expertise in Q&S process improvement projects. Selected projects will be announced in late December 2021 with disbursement of funds shortly thereafter.
- g. 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:
1. **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.*
  2. **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.*
  3. **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.*
  4. **Sustainability Plan** (20% 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.*
  5. **Generalizability Plan** (15% 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 sections, departments or 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.*
  6. **Inter-section collaboration** (5% of score). (1=single section, 2= 2 sections, 3=3 or more sections)  
*This recognizes some immediate generalizability of the process, the collaborative nature of process improvement, and possibly cost savings. Therefore, it is recognized as value-added. Inter-section collaboration applies to different sections (or firms in case of inpatient work) within the department and applies to work being done at more than one section (not just the presence of members from multiple sections working on a project located within a single firm/section).*

## Project Description

<b>Project Title:</b>	
<b>Section/Program/Firm:</b>	
<b>Project Lead:</b>	Faculty member primarily responsible for the project. Must be a faculty member of the Department of Medicine.
<b>Team:</b>	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).
<b>Problem Statement/Background:</b>  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.
<b>Project Aim:</b>  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).
<b>Key Drivers and Proposed Interventions:</b>  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. You may use the IHI Driver Diagram template (attached) instead of writing this section.
<b>Measures:</b>  Word Count: ___/200	Limit 200 words. List your project's outcome, process 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
<b>Potential barriers:</b>  Word Count: ___/100	Limit 100 words. Describe potential barriers to deployment and completion of the project and how you plan to address them.
<b>Sustainability Plan:</b>  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.
<b>Generalizability to the Department of Medicine at large:</b>  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.
<b>Project Timeline:</b>	Define expected duration of the project. Must be completed within 12 months of award disbursement.

