**YNHCH MOC Part IV Quality Initiative Application/Progress Report**

**Title of Quality Improvement Project:**

**Dates of initiative (range MUST be at least 6 months):**

**Number of Physicians involved:**

**Project Leader Name:**

**Project Leader Email:**

**Project Leader Phone Number:**

1. Status of Project (circle one): Planning Initiated In Progress Complete

Anticipated date of project completion:

2. What is your SMART Aim?

 What is your improvement goal?

 What is the time frame for this to be accomplished?

1. How many months does the project expect a physician to be actively involved to receive MOC Part 4 credit? (Must be at least 6-12 months):
2. Description of the activity in 300 words or less to be listed on ABP website:
3. Completion criteria to be listed on the ABP website:
4. Relevant pediatric subspecialties:
5. Measures: (May repeat section for additional measures)

 Measure Name:

 Measure Type (circle one): Structure Process Outcome Balancing

Measure Calculation:

 Data Source:

 Measure Goal:

 Collection Frequency:

1. How are results captured and displayed over time? Please attach chart.

9. Describe the interventions implemented that directly relate to achieving the aims of this project. You may choose to attach a Key Driver Diagram to address this.

10. How will improvements from the intervention be sustained and spread?

11. What lessons were learned through the improvement effort that can be used to prevent future failures or reinforce a positive result?