Comparison between generic SQIPA and SQIPA-Pediatric Residency Program PI Projects Applications

Preface: The following table is designed to compare the generic SQIPA application with the application designed specifically for Residency Program Leaders to obtain part 4 MOC credit for their ongoing program improvement efforts towards ACGME accreditation.

The application requires the following data:

1. Project Title:
2. Sponsor Organization:
3. Program Director:
   Name
   E-mail
   Phone number
4. Project start date.
5. Project end date. *Please allow time for baseline and two follow-up improvement cycles.*
   MOC credit is contingent on at least two improvement cycles. The projected end date should be directly linked to your aim statement (see below).

In addition to the above, the application will require an attestation from the project leader regarding who met the criteria for participation for MOC credit.

<table>
<thead>
<tr>
<th>SQIPA</th>
<th>SQIPA for Residency Program QI Projects</th>
</tr>
</thead>
</table>
| Describe the quality gap or issue addressed by this QI project in the box below.  
The quality gap (or issue) is the difference between processes or outcomes observed in your setting, and those that are potentially obtainable based on current professional knowledge. The difference should be attributable (in whole or in part) to a deficiency that could/can be addressed by your setting.  
e.g. Wait times in our emergency room are persistently high, resulting in unacceptable rates of patient leaving before being seen. | Describe the educational gap or issue addressed by this program improvement project.  
The program improvement project should address the most critical educational gap in process or outcome identified during your ACGME required yearly program evaluation (ACGME program requirements V.C.2 and V.C.3-Core) |
| What do you think caused this gap?  
e.g. Slow registration process, inadequate space in the emergency room, inadequate nursing staff. | What is/are the root cause(s) of the gap?  
The root cause(s) usually comes from one of four categories: people, process/policy, environment, or resources. So as you think about the root cause, you can consider the people, process/policy, environment or resource factors that may have contributed to the gap. You may also want to use a “fishbone diagram” to help identify all of the potential contributing causes |
### Identify the specific aim of your project in the box below.

The aim statement should be brief, and should identify the following information: (1) what you want to change; (2) the improvement goal; and (3) the time limit for assessment of improvement. e.g. Within 9 months, 95% of children birth-3 years will receive appropriate developmental screening at 123 Pediatrics using a validated screening tool. Click [here](#) for more information about aim statements.

(See baseline data question below)

### What actions did you take to accomplish your improvement aim? e.g., Education; Reminders (daily, weekly, etc.); Checklist; Registry; Process flow redesign

You may attach examples of the materials or tools developed or used as part of your QI project. e.g., Key Driver Diagram; Process flow chart; Failure mode analysis. Click [here](#) for information on QI tools.

You may find these tools useful, but it is **NOT** necessary to use them.

### Identify the specific measures evaluated in your project. If you collected and reviewed information for measures than are relevant to this project, please exclude the irrelevant measures from your responses to the measures questions.

A measures table (similar to a checklist) is a useful tool to ensure each selected measure has all the necessary components. Click [here](#) for more information on choosing measures.

**Example project:** BMI is measured at every well-child visit at 123 Pediatrics.

Example Measures Table:

- Measure Name: Proportion of Children
with BMI

- **Goal:** 90%
- **Exclusions:** Sick visits
- **Unit of Measurement:** Weight
- **Data Source:** Visit template
- **Data Reporting:** Monthly run chart

You must click "**add a row**" below to describe each measure used in your project.

<table>
<thead>
<tr>
<th>Did you collect baseline data? (Yes/No)</th>
<th>(See baseline data question above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After you collected baseline data, how many improvement cycles (follow-up measurements) were conducted?</td>
<td>The ABP requires multiple cycles of data collection and reporting. A minimum of baseline and two follow-up measurements. e.g., <em>collect baseline data; implement a change; re-measure; implement another change; measure again</em>; or <em>baseline, implement a change, re-measure, and sustain.</em></td>
</tr>
</tbody>
</table>
| What were the results of your project? Click [here](#) for information on how to show your data. | Project Results

1. What was your baseline data?
2. What were the results of your first intervention cycle (how did your measure change)?
3. What were the results of your second intervention cycle (how did your measure change)?
4. Did you achieve your aim? |

Please provide de-identified team results in graphical form. You can upload the results as a PDF, PowerPoint, Excel or Word format.