American Board of Family Medicine

Self-Directed QI Project

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* Is this a Group Activity?

No

* Practice Name (If your practice name is not found in the drop-down list, please enter the name of your practice in the field):

Instructions

The Self-Directed Pathway allows you to direct custom quality improvement projects, regardless of whether you provide continuing care. You can identify measures for pre- and post-intervention data collection that focus on an area that you feel needs to be assessed within your practice.

This pathway can be used to satisfy the Performance Improvement requirement for continuing certification.

Note: This application saves your entries as you go.

If you have a group code, the details of the quality improvement project have already been accepted and approved by the ABFM. Enter the group code and scroll down directly to the Physician Attestation section to complete and submit your attestation information.

If you have any questions, please contact us at help@theabfm.org.

Name:

Ann Williamson

Email Address:

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	* ABFM ID:

	* Do you have direct, continuing care responsibilities for family medicine patients?

1	* My institution is an ABMS Portfolio Sponsor (view Portfolio Sponsor list [here](#)).

2	* When did the project begin? *Dates should be provided in mm/dd/yyyy format.*

3	* When was the project completed, or when was the most recent cycle of improvement finished? *Dates should be provided in mm/dd/yyyy format.*

4	* How was this project funded?

5	* Identify the relevant topic areas for this QI project. *Select all that apply.*

6	* What problem (gap in quality) did the project address? *e.g., Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased frequency of flu among our patients.*

7	* What did the project aim to accomplish? *An aim statement should state a clear, quantifiable goal set within a specific time frame. It states what you tried to change, by how much, and by when.* *For more information about forming an aim statement, click [here](#).* **What did you try to change?** *e.g., We aimed to improve our practice's influenza vaccination rate*

7.1   * **What was your improvement goal?**
e.g., Improving our rate to 85% compliance

7.2   * **What was the timeframe for this to be accomplished?**
e.g., 9 months

8   * **List the measures used to evaluate progress.**
Measures are directly related to the aim statement, showing whether a project's chagnes are resulting in improvement. For more information about mreasures, click [here](#).

Example project: Improving Vaccination Compliance
Example Measures Table:

- **Measure Name: Influenza vaccination compliance**
- *Goal: 85%*
- *Data Source: Electronic Medical Record*
- *Collection Frequency: Monthly*
- *# of Patient Records: 25 or more*

Click "Add a Row" below to describe each measure used in your project.

9   * **Attach the project's de-identified aggregate results data.**

10   * **What interventions or changes were made?**
e.g. Education for our clinical staff on importance of this vaccine, added compliance check in patient's Electronic Medical Record, utilized pamphlets on this vaccine in well-patient visits.

Physician Attestation

11   * **I was engaged in planning and executing the project.**

12   * **I was involved in the changes implemented during the project.**

13	* I regularly reviewed data in keeping with the project's measurement plan.

14	* I participated in team meetings for the project.

15	* I understand that credit will be awarded on the date the project was completed or its most recent cycle of improvement, if approved

16	* Describe your individual involvement in this project.

By submitting this application:
- You agree that this application can be reviewed by the relevant ABFM staff and, if necessary, a review team comprised of individuals knowledgeable in quality improvement.
- You agree that your participation in the QI effort described abides by the standards and guidelines of the Self-Directed Pathway.
- You agree that participation in this pathway is voluntary and by applying you are not assured of approval. By submitting this application you waive any claim of liability against the ABFM and release the board from any claim of any nature in connection with this application or the review and approval process.

Please note:
Submission of this application alone does NOT guarantee certification credit. Allow up to 10 business days for initial review of your project's compliance with the ABFM's quality improvement standards for certification credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 20 Performance Improvement points.

	* Submission of Project for review