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**Performance Improvement Activity**

**Documentation for CE**

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| * PI CE is an activity *structured as a three-stage process by which an individual or a group (1) learns about specific performance measures, (2) assesses current practice using the selected performance measures, (3) implements interventions to improve performance related to these measures over a useful interval of time, and (4) reassesses practice using the same performance measures*. ([American Medical Association](https://www.ama-assn.org/education/performance-improvement-continuing-medical-education-pi-cme)) * PI CE activities can be done by an individual or a group * Must partner with the CE team to document and support each stage   + Participants must attend at a minimum, 50% of the meetings and work sessions for each stage in order to receive credit for that stage:     - Stage A: 5 Credits     - Stage A & B: 10 Credits     - Stage A & B & C: 20 Credits     - Participants MUST complete Stage A in order to earn CE for Stage B or C * Additional CE credit may be requested for activities in Stage B * Through the reassessment stage (Stage C), follow-up improvement activities may be identified   + This reassessment can be used as Stage A of a new PI activity (no credit)   + Participants in the new PI activity will earn 10 credits for completing a new Stage B and C |

In support of improving patient care, Hartford HealthCare is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

**Support and assistance is available as you navigate this process at** [**ContinuingEd@hhchealth.org**](file:///C:/Users/dgartley/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/RQN9DI7S/ContinuingEd@hhchealth.org).

**Performance Improvement (PI) Project**

**Documentation for CE**

**Activity Information**

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| |  | | --- | | **Information** | | |
| Title of PI Project | |
| Hospital or Group | Department(s) |
| Begin Date | Anticipated End Date |

**Committee Identification**

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| **Executive Sponsor (if applicable)** | | | | | | | | | | | | |
| Name and Credentials | | | |  | | | | | Department | |  | |
| Email |  | | | | | | | | | | | |
| **Workgroup Leader** | | | | | | | | | | | | |
| Name and Credentials | | | |  | | | | | Department | |  | |
| Email |  | | | | | | | | | | | |
| **Workgroup Co-Leader** | | | | | | | | | | | | |
| Name and Credentials | | | |  | | | | | Department | |  | |
| Email | | |  | | | | Email | | |  | | |
|  | | | | | | | | | | | | |
| **Administrative Coordinator** (Optional) | | | | | | | | | | | | |
| Name | |  | | | | | | Department | | | |  |
| Phone | |  | | | Fax | Email | | | | | | |

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| **PI Work Group** In order to earn CME credit for the PI project, participants must attend a **minimum of 75%** of team meetings and work sessions for each stage. The committee may increase these expectations at their discretion. | | | | | | | |
| **Minimum Participation** **Required by Work Group Members to Earn CME Credit:** **%** (must be 50% or higher) | | | | | | | |
| Name and Credentials | | |  | | Hospital & Department | |  |
| Email |  | | | | | | |
| Name and Credentials | | |  | | Hospital & Department | |  |
| Email | |  | | | | | |
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**Additional PI Work Group participants attached**

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| **Timeline for Completion** | | |
| **Stage A** | Start Date: | Completion Date Stage A: |
| **Stage B** | Start Date: | Completion Date Stage B: |
| **Stage C** | Start Date: | Completion Date Stage C: |

**Stage A: Learning from Current Practice Performance Assessment**

***Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism.*** ([American Medical Association](https://www.ama-assn.org/education/performance-improvement-continuing-medical-education-pi-cme))

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| **Current State** |
| **Current Process:**  *Describe what is currently happening that you would like to change.* |
| **Improvement Opportunity:** |
| **Background Information**  **Identify a minimum of 2 examples or sources that support or inform your PI project.** These can be published literature, evidence from other institutions, or industry examples of best practice. Include thecitation as well as a link to the information. |
| **Baseline Data**  **Identify the local data and metrics you are using to guide your PI project.** Include the pre-project data, your plan for data collection (ie survey, metric query), and which resources you used to collect that data. *NOTE: You must use the same data and collection methods before, during, and after the PI project.*  Plan for Data Collection:  Resources Used:  Metrics Referenced: (include table of metrics here or as an attachment) |

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| **Root Cause Analysis Summary** |
| |  |  |  | | --- | --- | --- | | **Root Cause and Description** | **Gap Type** | **Priority** | |  | Knowledge  Strategies/Competence  Performance  Patient Outcomes | High  Low | |  | Knowledge Strategies/Competence  Performance Patient Outcomes | High  Low | |  | Knowledge Strategies/Competence  Performance Patient Outcomes | High  Low | |  | Knowledge Strategies/Competence  Performance Patient Outcomes | High  Low | |

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| **Performance Measures** | | | |  |
| **Measure Description** | **Numerator Statement**  # in which the correct process was completed | **Denominator Statement**  Total that are counted in calculating | **Denominator Exclusions**  What should not be included in denominator? | **Measure Type** |
| ***EXAMPLE***  *Percentage of patient stays during which the patient was screened for pain during the initial nursing assessment.* | ***EXAMPLE***  *Patient stays from the denominator who are screened for the presence or absence of pain and, if present, rating of its severity using a standardized tool within 2 days of admission to hospice.* | ***EXAMPLE***  *All patient stays except for those with exclusions.* | ***EXAMPLE***  *Patients are excluded from the denominator if they are under 18 years of age.* | ***EXAMPLE***  *Process* |
|  |  |  |  | Structural  Process  Outcome |
|  |  |  |  | Structural  Process  Outcome |
|  |  |  |  | Structural  Process  Outcome |

**Stage B: Learning from the Application of PI to Patient Care**

***Implement the intervention(s) based on the results of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).*** ([American Medical Association](https://www.ama-assn.org/education/performance-improvement-continuing-medical-education-pi-cme))

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| **Education and Interventions** *Identify ALL planned interventions here. These may include live education, online education, journal articles, skills sessions, direct observation & feedback, emails, pocket cards, posters, etc.* | | | | |
| **Type of Intervention** | **Description of Intervention** | **Speaker / Source** | **Intended Learners** | **CME Credit?** |
|  |  |  |  | Yes |
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|  |  |  |  | Yes |

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| **Tracking Data** *Describe reassessed data, successes, and challenges at least one time mid-project. Include any unexpected data and adjustments to the project you made based on the reassessment.* |
| **Actual vs Expected Results**  Does your mid-project data appear to be on target to meet your expected results?  Yes  No |
| **Analysis and Adjustments**  Describe the reassessed data, successes, and challenges *at least one time mid-project*. Include any unexpected data and the adjustments you made to the project or education based on this reassessment. |

**Stage C: Learning from the Evaluation of the PI CE Effort**

***Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process, and/or outcome changes that resulted from conducting the PI CME activity.*** ([American Medical Association](https://www.ama-assn.org/education/performance-improvement-continuing-medical-education-pi-cme))

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| **Post-Event Data** *Include table of post-event metrics here or as an attachment*. |
| Metrics Referenced: *NOTE: You must use the same data and collection methods before, during, and after the PI project.* |

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| **Analysis of PI Project** *Include below or as an attachment* | |
| Team Improvement | Factors Enhancing Improvement |
| Factors Hindering Improvement |
| Individual vs Team Differences in Improvement |
| Actual vs Expected Results | Did actual results equal the expected results? Yes No  Explain: |
| Recommendations for Continued Improvement & Sustainability |  |

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| **Performance Improvement Work Group Leader Signature** |
| The Work Group Leader is responsible for assuring that the planned project and all planned supplemental activities are educationally sound, free of commercial influence, and fiscally responsible.  **Compliance with the Accreditation Council for Continuing Medical Education’s (ACCME)** [**Standards for Integrity and Independence in Accredited Continuing Education**](https://accme.org/sites/default/files/2021-01/881_20201210_New_Standards_Info_Package%20%284%29.pdf) **is mandatory.**  These responsibilities include:   1. Complying with the [Joint Accreditation Accreditation Criteria](https://jointaccreditation.org/accreditation-process/requirements/criteria/). 2. Evaluating the educational outcome. 3. Selecting and confirming faculty, overseeing curriculum development, and assuring that the teaching format and content supports the learning objectives. 4. Verifying that the audience is informed of any faculty disclosures. 5. Informing the faculty that they must disclose experimental and off-label uses to participants. 6. Verifying (if applicable) that the commercial support company is correctly acknowledged. 7. Ensuring that all presentations are free of commercial bias. 8. Precluding commercial interests from participating in curriculum planning or faculty selection. 9. Resolving conflicts of interest.   **Signature of PI Work Group Leader** (Electronic acceptable)  **Date** |