

CONNECTICUT CHILDREN'S MEDICAL CENTER

Practice Quality Improvement Program

Internal Review Committee Approval Form

Does this project have a designated physician to serve as Project Leader who will oversee project methods and results and attest to meaningful physician participation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
Is the project's aim statement clearly defined, focused and measurable? (Does it define the target population, the desired numerical improvement and the timeframe for achieving improvement?)	<input type="radio"/> Yes <input type="radio"/> No
Does the project relate to one or more of the IOM's dimensions of quality and have relevance to physician practice. •Timeliness •Effectiveness •Patient Centered• Safety •Equity •Efficiency•	<input type="radio"/> Yes <input type="radio"/> No
Does this project demonstrate the following clearly defined measures with individual and/or practice-based and aggregate run charts or control charts? <ul style="list-style-type: none"> • Performance measures linked to each stated aim • Measures of reliability linked to interventions and data collection • Balancing measures 	<input type="radio"/> Yes <input type="radio"/> No
Are the appropriate resources (database, budget, etc.) in place to ensure this project's success either centrally or within the requesting division/department?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
Does the project provide evidence that physician's demonstrate meaningful participation as follows: <ol style="list-style-type: none"> 1. Physicians will provide direct or consultative care to patients as part of the QI project 2. Physicians will implement the project's interventions (the changes designed to improve care). 3. Physicians will collect, submit or review data in keeping with the project's measurement plan. 4. Physicians will collaborate actively by participating in at least four project meetings/discussions (remotely or in-person). 5. Physicians will participate for at least 6-12 months 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
Will at least 3 physicians participate in this project?	<input type="radio"/> Yes <input type="radio"/> No
<u>Recommendation:</u> <ul style="list-style-type: none"> <input type="radio"/> I recommend this project for approval <input type="radio"/> I recommend this project for approval contingent upon the following changes/modifications to the application (see notes/comments below). <input type="radio"/> I do not recommend this project for approval (please provide rationale below). 	
<u>Notes/Comments:</u> _____ _____	
Name: _____	
Signature: _____ Date: _____	