**CONNECTICUT CHILDREN’S MEDICAL CENTER**  
Practice Quality Improvement Program

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**Internal Review Committee Approval Form**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Uncertain</th>
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<tbody>
<tr>
<td>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?</td>
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<td>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?)</td>
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<td>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 •</td>
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</table>
| Does this project demonstrate the following clearly defined measures with individual and/or practice-based and aggregate run charts or control charts?  
  • Performance measures linked to each stated aim  
  • Measures of reliability linked to interventions and data collection  
  • Balancing measures |     |    |           |
| Are the appropriate resources (database, budget, etc.) in place to ensure this project’s success either centrally or within the requesting division/department? |     |    |           |
| Does the project provide evidence that physician’s demonstrate meaningful participation as follows:  
  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 |     |    |           |
| Will at least 3 physicians participate in this project? |     |    |           |

**Recommendation:**

- I recommend this project for approval
- I recommend this project for approval contingent upon the following changes/modifications to the application (see notes/comments below).
- I do not recommend this project for approval (please provide rationale below).

**Notes/Comments:**

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Name:_________________________  
Signature:______________________  
Date:__________________________