

# CONNECTICUT CHILDREN'S Practice Quality Improvement Program

## Internal Review Committee Approval Form

**Project Leader's Name:** \_\_\_\_\_

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"> <li>• Performance measures linked to each stated aim</li> <li>• Measures of reliability linked to interventions and data collection</li> <li>• Balancing measures</li> </ul>	<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 physicians demonstrate meaningful participation as follows: <ol style="list-style-type: none"> <li>1. Physicians will provide direct or consultative care to patients as part of the QI project</li> <li>2. Physicians will implement the project's interventions (the changes designed to improve care).</li> <li>3. Physicians will collect, submit or review data in keeping with the project's measurement plan.</li> <li>4. Physicians will collaborate actively by participating in at least four project meetings/discussions (remotely or in-person).</li> <li>5. Physicians will participate for at least 6-12 months</li> </ol>	<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

**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:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_