

# The American Board of Plastic Surgery, Inc.®

Suite 400 · 1635 Market Street · Philadelphia, PA 19103-2204

Phone: 215-587-9322 · FAX 215-587-9622 · Internet: <http://www.abplasticsurgery.org>



## Application for Practice Improvement Credit for Quality Improvement Project

### Overview

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The ABPS Quality Improvement (QI) Program was designed to recognize the work that physicians are already doing to improve patient care in their practices. Physician participation in the QI Program can earn them improvement in Medical Practice (Part IV) credit from the ABPS.

To be eligible for credit the project must have a specific Aim to be evaluated and identify specific metrics to measure.

- Identify the Specific Aim of the project
- Identify what metrics will be measured
- Perform a baseline measurement
- Initiate a change in practice
- Repeat metrics measurement
- Reflect on findings

The ABPS Continuous Certification committee will determine whether the project meets these goals and whether the project contains significant scope to warrant Part IV credit.

### **Physician Participation that Counts for ABMS Part IV**

To meet ABPS QI Program participation requirements, physicians are expected to:

- Verify and attest that they have participated throughout the entire specified QI/PI activity
- Review personal performance data
- Help develop and/or implement changes to the activity
- Personally reflect on the impact of the activity on their practice or organizational role

### **Standards and Guidelines for Meaningful Participation in Qualifying QI/PI Initiatives**

Physician participation in an approved QI/PI initiative is considered meaningful when directly related to the physician's clinical practice. Involvement must include:

- Provision of direct patient care as an individual or a member of the care delivery team
- Being involved from the conceptualization, design, oversight of implementation, overall assessment/evaluation and evolution of the QI/PI initiative.

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## Project Description

### ***Section 1: Participant Information***

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Provide the following details:

1. **Date of Submission:**
2. **Participant Name:**
3. **Title of Quality Improvement effort:**
4. **Timing** (indicate the beginning and ending dates of the QI project):
5. **Participation** (indicate the beginning and end of your participation in the QI project if different from above):
6. **Related** (Was this project part of a QI project that was required for certification of an outpatient surgery center or office based surgery unit? If yes, identify certification process):

### ***Section 2: Description of the Quality Improvement Effort***

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Describe the quality improvement effort by providing the following details:

1. **Aim** (what is the specific aim of the QI effort?):
2. **Role** (what was your role in the QI effort?):
3. **Activity** (describe your activity in the QI effort):
4. **Data:**

What metric did you try to improve?	What was your baseline measure?	What was your final measure?	Did you meet your improvement goal?

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5. **Team Involvement** – Were other physicians involved with the QI effort? If so, explain how.

## ***Section 3: Reflection***

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1. **Change** (What change(s) did you personally make in your practice?):
2. **Learning** (What did you learn as part of participating in this QI effort?)
3. **What barriers did you experience in trying to make your intended changes?**
4. **What other next steps do you plan on making as a result of this QI effort?**

## ***Section 4: Physician Attestation and Signature***

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This attestation must be completed by a certified physician seeking Continuous Certification Practice Improvement credit.

The physician must have participated in an approved QI effort and have satisfied all of the participation requirements of that QI effort.

**I attest I participated in this QI effort as described above**

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

Physician Signature