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# CTC-RI July 2017 PCMH-Kids Service Delivery Requirement: Submit one quality improvement activity for improving a performance measure (quality, customer experience, utilization).

# Due Date for submitting a QI activity: August 31, 2018 to [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org);

# Due Date for submitting demonstrated QI results: January 31, 2019 to [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org);

# Data resources that practice teams will want to consider when identifying your quality improvement activity:

# Practice Clinical Quality Performance: (Business Intelligence Links: [Clinical Quality Practice History](https://ctcpracticedata.shinyapps.io/QualityKidsHistory/) and [Cohort](https://ctcpracticedata.shinyapps.io/QualityKidsCohort/))

# Practice Customer Experience Performance: (Business Intelligence Links: [Customer Experience Practice History](https://ctcpracticedata.shinyapps.io/CAHPS_Kids_History/) and [Cohort](https://ctcpracticedata.shinyapps.io/CAHPS_Kids_Cohort/))

# Utilization Performance: (Onpoint Static Report: [Cohort 1](https://www.ctc-ri.org/portal/files/Onpoint%20PCMH%20Kids%20Cohort%201%20sept%202018_0.docx) and [Cohort 2](https://www.ctc-ri.org/portal/files/Onpoint%20PCMH%20Kids%20Cohort%202%20sept%202017_0.docx); and/or [Onpoint Online Portal](https://ri-prp.onpointhealthdata.org/))

# Reporting resources for documenting quality improvement plan: Practices may choose one of three options to report plan and results:

# PLAN/DO/STUDY/ACT (PDSA Tool, worksheet below) (See [IHI PDSA Tool](https://www.ctc-ri.org/sites/default/files/uploads/QIToolkit_PDSAWorksheet.pdf) for details on how to complete a PDSA) or

# NCQA Quality Measurement and Improvement Worksheet ([Link to Worksheet](https://www.ctc-ri.org/sites/default/files/uploads/NCQA_PCMH_Quality_Measurement_and_Improvement_Worksheet_3.4.2017.docx)) or

# Other QI tool that is used by your organization or system of care

## Template for PDSA Worksheet:

## Practice Name: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Submitting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

## Contact Information for Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aim:** (overall goal you wish to achieve)

*Every goal will require multiple smaller tests of change*

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe your first (or next) test of change:** | **Person responsible** | **When to be done** | **Where to be done** |
|  |  |  |  |

***Plan***

|  |  |  |  |
| --- | --- | --- | --- |
| List the tasks needed to set up this test of change | **Person responsible** | **When to be done** | **Where to be done** |
|  |  | . |  |

|  |  |
| --- | --- |
| **Predict what will happen when the test is carried out** | **Measures to determine if prediction succeeds** |
|  |  |

**Do** **Describe what actually happened when you ran the test**

***Study*** **Describe the measured results and how they compared to the predictions**

***Act*** **Describe what modifications to the plan will be made for the next cycle from what you learned**