**American Academy of Pediatrics**

**Quality Improvement Projects for MOC**

**QI Project Final Progress Report Template**

*This report should be provided to the AAP MOC Manager within 3 months of project completion. Email your report along with a copy of your final project (aggregate) data reports (eg, run charts, etc), signed Local Leader Acknowledgement forms (scanned), and signed project Attestation Forms (scanned) for all participants who claimed credit to Tori Davis, QI and Certification Program Specialist, Division of Quality, tdavis@aap.org.*

**TO:** AAP Quality Cabinet

**FR:** Click here to enter text.

**PROJECT TITLE:** Click here to enter text.

**DATE OF PROGRESS REPORT:** Click here to enter text.

**PROJECT OVERVIEW INFORMATION:**

|  | **Provide updated information from original application, if any** |
| --- | --- |
| **Sponsor Organization**  | Click here to enter text. |
| **Quality Improvement Project Title** | Click here to enter text. |
| **Project Start Date** | Click here to enter text. |
| **Project End Date** | Click here to enter text. |
| **Project Leader** | Click here to enter text. |
| **Name** | Click here to enter text. |
| **Title** | Click here to enter text. |
| **Affiliation** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Mailing Address** | Click here to enter text. |
| **Other Project Leadership** | Click here to enter text. |
| **Key people working on project and their roles** | Click here to enter text. |
| **Number of physicians who have participated in the project** | Click here to enter text. |
| **Number of physicians who submitted Attestation Forms for MOC Part 4** | Click here to enter text. |

**PROJECT RESULTS AND IMPACT SUMMARY:**

1. Describe any changes made to your project, including aim statements, measures, data collection plan, interventions (since the time of your application): Click here to enter text.
2. What improvements in care have been achieved? Click here to enter text.
3. Attach the most recent annotated run charts or control charts for each of the measures. Describe how results were captured and displayed during the project. Click here to enter text.
4. What changes/interventions have been effective for achieving improvements in care? In your response, please describe what key drivers/interventions were used to help guide the improvements seen on any run/control charts submitted. (The QC understands that, with multi-site projects, each site does their PDSAs at the site level; however please be sure to clearly state this fact in your response along with how your project helped to guide them in learning from their previous cycles to make further improvements). Click here to enter text.
5. What have been the biggest barriers you have encountered? Click here to enter text.
6. How will improvements from the intervention be sustained and spread? Click here to enter text.
7. What lessons (positive or negative) were learned through the improvement effort that can be used to prevent future failures and mishaps or reinforce a positive result? Click here to enter text.
8. Attach any relevant files regarding the project that you wish to share with the Quality Cabinet. Click here to enter text.

**Signature**

**Signature of Project Leader Date**

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**Name and Title of Project Leader**