Demystifying MOC Part 4

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Disclosures

- No Disclosures

PQI
MOC Part 4 Compliance (every 3 years)

PQI Project (traditional) Participatory Activity (2015)

What are PQI projects?
- Practice quality improvement (PQI)
- Goal: Ensure ABR diplomates can apply QI principles to enhance practice
- Must retain source documentation each PQI project in case of audit
- Documentation should include:
  - Area of interest and quality question
  - Measurements
  - Data analysis performed
  - Conclusions reached
  - Action plans implemented
  - Final paragraph of narrative self-reflection on project impact

PDSA process
MOC Part 4 - Practice Quality Improvement (PQI) Projects

Baseline Data Collection (Cycle #1)

Step 2: Baseline Measurement Summary
- Number of data points collected: __________
- Baseline measurement value calculated: __________

Step 4: ACT, Improvement Plan
- Identify data to address contributing factors and/or root causes:
  1. __________
  2. __________
  3. __________
  4. __________
  5. __________

- Based on these findings, construct an improvement plan and a process by which to implement the plan. Determine an appropriate time interval after plan implementation to show the plan to have its desired effect. Then proceed with re-measurement to assess improvement in Cycle #2.
PQI format (ABR template)

- Steps 5-8: Cycle #2
- Basically PDSA cycle repeated with your improvement plan implemented

**Step 9: Participant’s Narrative Self-Reflection Statement**
This brief narrative completes the quality improvement process. The PQI participant records his or her reflections on the project, improvements in quality and/or safety as a result of the project, and its overall value to the practice or patient care.

**Step 10: You Must Attend to Project Completion on myABR**
https://myabr.thearbr.org/login

PQI Sample Projects

- Improving report turnaround time
- Reducing imaging appointment wait times
- Reducing frequency of repeat radiographic examinations
- Improving time-out process for procedures
- Standardizing reports
- Improving critical result notification
- Improving peer review compliance
- Improving handoffs of care

https://www.theabr.org/moc-dr-comp4

PQI Example #1 – Time-Outs

- Topic of interest: Performing “time-outs” for IR procedures

- Quality Question: In my practice, in what % of IR procedures was a timeout performed?
PQI Example #1 – Time-Outs

- Measurement:
  - # of IR procedures in which "time-out" occurred \times 100\%
  - Total # of IR procedures

- Target: Time-outs occur in 100% of IR procedures

- Predicted baseline: 70% of IR procedures have a time-out performed

- Actual Baseline: 60% of IR procedures have time-out (2016)

- Root case analysis: Why are time-outs not occurring?
  1. Frequently behind schedule – providers and staff forget because feeling rushed
  2. IR fellows performing timeouts – frequently rotate in/out of lab, etc.

- Plan:
  1. Make time-out reminders visible around lab
  2. Require IR attendings perform time-out

- 2017 – Timeout % is 90% (previously 60%)

- Document self-reflection on project impact in a brief paragraph
PQI Example #2 – CTPA
- Topic of interest: Decrease rate of nondiagnostic CT pulmonary angiograms
- Quality Question: In my practice, what % of CT pulmonary angiograms are nondiagnostic (annual)?
- Define "nondiagnostic": <200 HU in main PA

PQI Example #2 – CTPA
- Target: 10% nondiagnostic CTPA (by defined criteria)
- Predicted baseline: 20%
- Actual baseline: 20.4% (45/221 cases over last 8 weeks retrospectively evaluated using 200 HU in MPA as cutoff criteria)

PQI Example #2 – CTPA
- Root cause analysis:
  1. Inappropriate site selection for automated scan triggering (technologist placed ROI outside MPA)
  2. Delay between detection of threshold density in MPA and start of scan set at 10 seconds (old 4-slice CT)
PQI Example #2 – CTPA

Action Plan:

1. **Formal instruction** for technologists regarding PA anatomy and selecting correct ROI for triggering
2. **Decrease time interval** from detection of threshold density in ROI and start of scan to 5 seconds from 10

PQI Example #2 – CTPA

- Waited 4 weeks for educating technologists
- Collected CTPA data for following 8 weeks
- 34/256 (13.3%) of CTPAs nondiagnostic using 200 HU cutoff criteria

MOC Part 4 Compliance
(every 3 years)

- PQI Project (traditional)
- Participatory Activity (2015)
Participatory Activities (2015)

- Participation as a member of institutional/departmental quality and/or safety review committee
- Active participation in institutional/departmental peer review process (e.g. peer review meetings, OPPE)
- Participation as a member of an RCA evaluating a sentinel/safety-related event
- Active participation in submission of data to national registry
- Regular participation (>10/yr) in departmental or group conferences focused on patient safety (e.g. tumor board, M&M)
- Publication of a peer-reviewed journal article related to QI

https://www.theabr.org/moc-part4-activities
Participatory Activities (2015)

- Activity
- Peer-reviewed journal article pertaining to QI
- Presentation or exhibit (e.g. poster) at national meeting pertaining to QI

- Documentation
- Copy of journal article
- Copy of meeting program listing diplomate as coauthor

https://www.theabr.org/moc-part4-activities

Thank you!

https://www.theabr.org/moc-dr-comp4
(PQI projects)

https://www.theabr.org/moc-part4-activities
(Participatory activities)

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