



OFFICE OF CONTINUING MEDICAL EDUCATION
STONY BROOK UNIVERSITY
SCHOOL OF MEDICINE

Performance Improvement Activity
For physicians designing and implementing
a performance improvement project
in their practice



CONTINUING MEDICAL EDUCATION CREDITS

The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook designates this activity for a maximum of 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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PERFORMANCE IMPROVEMENT (PI) CME PROCEDURE

A Performance Improvement (PI) project is a structured and long-term project based on processes by which a physician or group of physicians can learn about the use of specific evidence-based performance measures, (e.g. a mechanism that enables the learner to quantify the quality of a selected aspect of care by comparing it to a criterion), to retrospectively assess their practice, apply these measures prospectively over a useful interval, enhance their knowledge or competency, as necessary, modify practice as warranted, and re-evaluate performance.

Credit for PI Activities:

Physicians may be awarded incremental AMA PRA Category 1 Credit for completing each successive stage of a PI activity. Incremental credits for PI activities are awarded as follows:

- Five (5) AMA PRA Category 1 Credits can be obtained for the completion of each of the 3 stages (A, B and C). Completion of the full PI cycle is not required.
- Physicians completing, in sequence, all 3 stages (A-C) of a structured PI activity may receive an additional five (5) AMA PRA Category 1 Credits, for a maximum of twenty (20) AMA PRA Category 1 Credits. This credit allocation acknowledges the best learning is associated with completing a PI activity.

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To be eligible for CME Credit:

1. Provide the CME office with your objectives and the proposed timeline of the PI activity *If you are interested in applying for credit for the PI activity, you must submit the information (page 1 of documentation form) and a \$25 CME activity fee to the CME office for approval PRIOR to submitting Stage A*
2. All participants in the activity must complete a disclosure form and identify any potential conflicts of interest and a mechanism to resolve any potential conflicts.
3. Complete and submit the attached form for each stage of the process (A, B & C) that credits are requested

The information collected on the documentation form addresses the following areas:

Section I: Activity Planning (process that links needs with expected results):

Purpose/Objectives: describe in terms of knowledge, competence (knowing how to do something, but skills not yet implemented in practice) and/or performance (application of skills in practice). Specify the project timeline.

Disclosure/Commercial Support: It is the policy of the Stony Brook University Office of Continuing Medical Education to ensure balance, independence, objectivity and scientific rigor in all CME activities. Anyone engaged in content, development, planning or presentation must complete a disclosure form. Persons who fail to complete this form may not receive CME credit for the PI activity.

Section II: Needs Assessment:

Stage A. Needs are derived from an assessment of current practice, using selected performance measures. Participants are actively involved in the data collection /analysis process. **Stage A** involves learning from current practice performance assessment and recognition of practice based need.

Section III: Application of PI to patient care (implementation):

Stage B. Participants identify an appropriate intervention and demonstrate learning from applying a practice change and assessing its impact on performance change.

Section IV: Measure effectiveness of activity:

Stage C. Based on the pre/post intervention analysis, all practice, process and/or outcome changes that resulted from conducting the PI activity are summarized.

**PLEASE CONTACT DOROTHY LANE, MD, MPH IF YOU HAVE ANY QUESTIONS:
PHONE: 631-444-2094 E-mail: dorothy.lane@stonybrook.edu**

OFFICE OF CONTINUING MEDICAL EDUCATION
STONY BROOK SCHOOL OF MEDICINE/HEALTH SCIENCES CENTER
STATE UNIVERSITY OF NEW YORK AT STONY BROOK
PERFORMANCE IMPROVEMENT (PI) CME DOCUMENTATION FORM

Name of Participant: _____
(please print)

Address: _____

City, State, Zip

Phone: _____

E-mail Address: _____

Proposed Start Date for PI CME: _____

Signature: _____

Focus of PI Activity: _____

Section I - PI Activity Planning

1. Purpose of PI activity (e.g. identifying a question in practice)

Specify the objectives of your PI activity in terms of knowledge, competence and/or performance in practice.

2. What is your anticipated timeline?

a) Specify below the number of weeks or months you anticipate taking to conduct each PI stage you intend to complete (the 3 stages are described on the procedure cover page and in subsequent pages of form):

<u>Stage</u>	<u>Length of Time</u>
A. Current performance assessment	_____
B. Application of PI to patient care	_____
C. Evaluation of PI effort	_____

b) Please sign the disclosure form that is located at the end of this PI form.

To obtain approval to begin the PI process as a Category 1 CME activity, please send a copy of both the signed disclosure form and this page with a check for \$25 to:

**Office of Continuing Medical Education
HSC, Level 2 Room 142
Stony Brook, NY 11794-8222**

FOR CME USE ONLY

Further information needed? No Yes, specify

Name of Participant: _____ **Date Completion of Stage A:** _____

Approved _____ Date _____

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Name of Participant: _____

Date Completion of Stage B: _____

Focus of PI Activity: _____

Section III - Participating in/initiating an intervention/educational activity to alter your knowledge, competence or performance and integrate what is learned into patient care.

Stage B. Evidence of learning from the application of PI to patient care

1. Describe the intervention that you implemented based on the performance measures you selected in Stage A. Specify and attach a copy of any tracking tools, (e.g., flow sheets) utilized:

2. Did you obtain guidance on the appropriate parameters for applying an intervention and assessing performance change that is specific to the performance measure and your patient base (e.g. how many patients with a given condition, seen for how long, will produce a valid assessment)? The OCME can provide assistance if needed.

Yes No

Signature: _____

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Name of Participant: _____ **Date Completion of Stage C:** _____

Focus of PI Activity: _____

Section IV - Evaluating your own performance improvement effort as a part of the performance improvement activity.

Stage C. Evidence of learning from the evaluation of the PI effort

1. After re-evaluating and reflecting on your performance in practice (Stage B), by comparing it to the assessment done in Stage A, summarize below any practice, process and/or outcome changes that resulted from conducting the PI activity and attach to this form any data spreadsheets comparing pre to post intervention:

Signature: _____

**Office of Continuing Medical Education
School of Medicine – Stony Brook University
FACULTY DISCLOSURE FORM**

It is the policy of the Stony Brook University Office of Continuing Medical Education to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity.

CME Activity Title: _____

Title of Presentation: _____

Live Presentation Date: _____ - or - **Home Study/Enduring Materials**

Please indicate your role in this CME activity: Presenter Author Course Director Moderator
(check all that apply) Planning Committee Member

Name: _____ **Title:** _____

Phone: _____ **E-mail:** _____

DISCLOSURE

YES **NO** Have you (or your spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?

If **NO**, skip to **DECLARATION** section below. If **YES**, please list your disclosures and resolutions below.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other (specify)
1.	
2.	
3.	
4.	
5.	

RESOLUTION OF CONFLICT OF INTEREST

Presenter/Authors

I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.

I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.

I will recommend an alternative presenter for this topic for the planning committee's consideration.

I will submit my talk in advance to allow for adequate peer review.

I will or have divested myself of this financial relationship.

Planners

To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

I will excuse myself from planning activity content in which I have a conflict of interest.

DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)

Signature _____ Date _____

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

**Please return completed form to: Dorothy S. Lane, MD, Associate Dean for CME, School of Medicine, HSC, Level 2, Room 142
Stony Brook University, Stony Brook, New York 11794-8222. Fax Number 631-444-2202**

**Office of Continuing Medical Education
School of Medicine – Stony Brook University**

FACULTY DISCLOSURE POLICY

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians, the School of Medicine, Stony Brook University, must ensure balance, independence, objectivity and scientific rigor in all its directly sponsored or jointly sponsored educational activities. We are required to identify all relevant financial relationships with any commercial interest; determine whether these relationships create a conflict of interest with the individual's control of content and resolve all conflicts before the educational activity occurs.

The School of Medicine, Stony Brook University, relies upon those in control of the content of its CME activities (planners, speakers, authors) to provide educational information that is objective and free from bias. In this spirit, and in accordance with the ACCME Standards for Commercial Support, such planners, speakers and authors are expected to disclose the existence of any significant financial interest or other relationship that they or their spouse or partner have, or the CME provider has with the manufacturer of any commercial product discussed in an educational presentation.

All those in control of CME content are expected to disclose:

- Any relevant financial relationship with the provider of commercial products or services discussed in the educational presentation or that have directly supported the CME activity through an educational grant to the sponsoring organization(s).

And

- If the product he/she will be discussing is not labeled for the use under discussion or that the product is still investigational.

NOTE: The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME considers relationships of those in control of the content of the CME activity to include financial relationships of a spouse or partner. All commercial relationships that create a conflict with the planner's, speaker's, author's control of content must be resolved before the educational activity occurs.