Practice Improvement Guide

Follow 5 steps to complete and report PI activities.

Steps to Practice Improvement

Step 1 – Measure ten or more of your patients with a specific condition or clinical situation

If you practice in a hospital-based emergency department (ED), it is likely that there is at least one clinical quality measure (e.g., PQRS, Joint Commission Core measure) that is reviewed routinely, that includes at least ten of your patients*, and in which you have recently improved or could improve your practice in the near future.

You are not restricted to these measures. Your ED might be focused on improving something unique to your ED, you might work in a practice setting that tracks other measures, or you may need to identify your own opportunity for improvement and design a simple measure that will allow you to determine after the fact if your improvement intervention made a difference.

* If the ED, your physician group, or you alone are looking at patients with low-frequency, high-acuity conditions (such as acute myocardial infarction, stroke, or neutropenic fever), then fewer than ten patients is acceptable as long as some of your patients are included in the measurement group.

Step 2 – Compare to standard

Many of the measures used frequently in the ED include or imply a standard. For example, “Head CT within 45 minutes of arrival of stroke patient” implies that, ideally, 100% of your stroke patients should receive a head CT within 45 minutes of arrival.

If you must design and execute your own measure, you will need to identify a standard for the measure. When national benchmarks are available, they should be used. Other outcome targets might be found in peer review publications. When a standard cannot be found, you may need to rely on your experience to determine if your performance suggests a need for improvement.

Whenever a measure indicates that you or your group have achieved the guideline less than 100% of the time, it may be appropriate to initiate a practice improvement effort to raise the level of compliance. If you are consistency meeting the guideline a very high percentage of the time, and improvement does not appear to be warranted, you should identify a different measure in which improvement would be beneficial.

Step 3 – Implement an improvement

Improvement interventions can be as simple as adopting a suggestion made during a departmental measure review meeting, or as elaborate as those identified through a cross-functional LEAN or Six Sigma project. The key element is that you consciously choose to amend your individual behavior to improve your performance according to the measure selected in Step 1.

Step 4 – Re-measure

The same measure identified in Step 1 is repeated after you implement your improvement, then compare it to the results from Step 1 to find out if the intervention you introduced in Step 3 effected an improvement in your practice.
To use this activity to meet your ABEM PI, these four steps are all you need to do. If your re-measure does not show an improvement, you may still count the activity. Of course, you may want to continue repeating the cycle of trying an improvement, then looking at a post-improvement measure until your performance has improved satisfactorily. That is one reason why ABEM allows you to report the same PI topic more than once. In fact, you can report an activity each time you complete the four steps listed above.

**Step 5 – Attest to completion of your PI activity**

Sign in to your ABEM MOC Personal Page. View your personal Requirements and Status page and scroll down to the Practice Improvement section. Select “View/Attest”, view any activities to which you have attested in the past, then click “Attest”. You will need to complete a short online attestation form. Note that you are not required to describe your activity in detail, you are not to submit data to ABEM, but you are required to attest that you followed the four steps of improvement described above.

Following the online attestation form you will see a verification form in which you must supply the name and contact information of someone who is in a position to verify that you completed the activity according to the four steps described above. ABEM randomly audits 5% of attestations.