**GENERAL INSTRUCTIONS**

Abstracts must be submitted by July 17, 2017 to be considered for the Vermont Oxford Network (VON) Annual Quality Congress Learning Fair (Poster Presentation).

Your abstract must be submitted electronically. **DO NOT email** your abstract to VON. When submitting your abstract electronically, you will be prompted to respond to a series of questions including: whether you belong to a current VON Quality Improvement Collaborative, if in NICQ Next², what which Homeroom you are a member of, your abstract topic, and whether any physicians on your team will be submitting Attestation forms for MOC Part 4.

Submission instructions are available on the [VON Annual Quality Congress website](http://www.vonannualmeeting.com). If your abstract is accepted, a representative of your team will agree to attend the VON Annual Quality Congress Learning Fair to present your poster.

This abstract submission is eligible for American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part 4 credits for participating physicians. Details are available on the [VON website](http://www.von.org). Please be advised, if you are submitting for MOC Part 4, **all attestations must be uploaded with the abstract submission**.

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### GENERAL ABSTRACT GUIDELINES

- Generic names for products and devices are used whenever possible.
- The abstract **does not** provide any commercial messages or product endorsements.
- The abstract **does not** contain any identifiers or protected health information (i.e. DOB, medical record #, VON patient identifiers, patient names).
- The abstract **does not** contain any VON center numbers (for your center or others).

### KEY ABSTRACT COMPONENTS FOR QUALITY IMPROVEMENT PROJECTS

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>TITLE / HEADING</strong></td>
<td>Short descriptive title (up to 15 words) that clearly communicates the nature of the improvement work. Include institution name, city, state, country; author name(s) and degree(s). If participating in a current VON Quality Improvement Collaborative, provide the project / Homeroom name (for example, within iNICQ or NICQ Next²). If your abstract relates to work in another Collaborative, provide the Collaborative name.</td>
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<tr>
<td><strong>SETTING</strong></td>
<td>Brief description of the practice setting and population (e.g. # of ELBW admissions annually, # of beds, % inborn/outborn, transport team, surgical patients), and other relevant information that describes your unique context for improvement.</td>
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<tr>
<td><strong>PROBLEM DESCRIPTION / RATIONALE</strong></td>
<td>Describe the background and provide data where relevant that identifies a gap between the present and desired practice or outcome (e.g. from VON Annual Report or other source that preceded plans to test change). Provide in brief, key reasons for undertaking this project.</td>
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<tr>
<td><strong>AIMS</strong></td>
<td>Provide a clear and concise Project “SMART Aim” which is Specific, Measurable, Attainable, Relevant and Time-limited. For example: We aim to decrease our antibiotic utilization rate from X to Y by Z date. <strong>For NICQ Next² teams, identify a SMART Aim for the Project and an interim Aim for the small tests of change (PDSA cycle x 2 or more) reported in this abstract.</strong></td>
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<td><strong>DRIVERS OF CHANGE</strong></td>
<td>Drivers are a small set of influential factors (including practices and processes) that are hypothesized to support the desired change (achieving your SMART Aim). Drivers are the determinants of effective change. When possible, represent in a Driver Diagram linking Potentially Better Practices / change ideas and specific improvement projects for the test(s) of change you are reporting.</td>
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Briefly describe the sequence of steps taken to conduct the tests of change.
**INTERVENTION(S) / TEST(S) OF CHANGE**

Example: **PLAN** the initial test of change - joined a VON QI collaborative; established an interdisciplinary improvement team including families; collected and reviewed baseline data (i.e. VON Day Audits, VON Annual Reports); confirmed rationale for improvement project, (including data and other factors as applicable); established hierarchy of aims; reviewed PBPs and selected A and B to focus improvement on achieving SMART Aim (created); created Driver Diagram and a Charter which was shared with Senior Leaders; hypothesized a change we could test; mapped the current process we wished to improve; identified and defined measurement to know whether a test of change would result in improvement; designed a new process or practice to test on a small scale; selected population, situation and/or timeframe for test (e.g. all infants born < 28 weeks over the next 2 weeks, or morning rounds for the next 7 days).

**DO** – Conducted 3 PDSA cycles to improve process Q over a period of 4 weeks. At the conclusion of cycle 1, we adjusted the next cycle’s plan to initiate intervention T at least 10 minutes earlier in the sequence of care; cycle 2 revealed an undesirable impact on a balancing measure; cycle 3 resulted in measured improvement without negative impact.

*For NICQ Next² teams, for each of the >2 cycles of change reported, outline the steps taken under headings Plan and Do.*

**MEASUREMENT**

List and define measures that allowed your team to know whether a test of change would result in an improvement. Measures may include: outcome (what the patients/families experience, eg. % of infants discharged with severe ROP); process (what WE do, eg. % of alarm limits set in target range); and balancing (are we improving parts of the system at the expense of others?, e.g. indicators of potential harm). Note that your measures should include an operational definition of each metric, where a ratio will be reported, a distinct numerator and denominator. Consider who (the population), what (the defined measured) how (i.e. obtained by daily counts on rounds, or extracted from the EMR).

*For NICQ Next² teams, include defined measures of the impact of tests of change on families.*

**RESULTS**

Report the outcome of the measures that confirmed whether your team’s tests of change resulted in improvement. Information reported in this section aligns with the **Study** phase of the PDSA cycle.

Data is reported over time with multiple measured data points and **MUST BE displayed in annotated run chart(s) or Statistical Process Control chart(s).** Avoid analyses that rely on before and after data. Avoid quarterly or annualized data which disguises variability.

**A minimum of 2 PDSA cycle tests of change must be reported** to quality for ABP MOC Part 4 credit.

*For NICQ Next² teams, report at least 2 PDSA cycles within the same change project.*

**DISCUSSION**

Summarize the key findings of the tests of change. Identify lessons learned, barriers or challenges to achieving improvement, if results so indicate. Consistent with the **Act** phase of the PDSA cycle, describe the next steps for achieving or sustaining improvement.

**KEYWORDS**

Provide 5 to 7 words that could be used to classify the abstract for the Learning Fair and aid in search of the abstract in the VON Learning Management System.

**TEAM ACKNOWLEDGEMENT**

List all team members by name and role, who have had meaningful engagement in the QI project. Include the names of key senior leaders or others who chartered and supported the work.

*For NICQ Next² teams, ensure Parent/Family team members are acknowledged.*

**MOC PART 4 MEANINGFUL ENGAGEMENT**

Indicate request for ABP MOC Part 4 credit when completing online abstract submission.

All current VON QI collaborative work is eligible for MOC Part 4. If your team did not include physicians – **please disregard this section of the abstract submission process.**

For physicians on your improvement team to receive MOC Part 4 credit, they must be listed either as an author for the abstract, or in the Team Acknowledgement participant list.

Attestation statements documenting meaningful participation from each physician are required and will **include a brief (one paragraph) personal reflection summarizing the most important successes, challenges and lessons learned for future improvement work as a result of participation in this project. The attestation form available here must be uploaded to the online abstract submission site and must be received and complete for the requesting physician to be eligible for MOC Part 4 credit.**

**Completed Attestation forms must be uploaded with the original abstract submission by July 17, 2017. Both the physician and her/his practice leader must sign the attestation statement.**