



AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

Component 4 – Quality Improvement Projects

1. Understanding the Complex Healthcare Environment: Involve using insights into our intricate healthcare systems to identify areas for improvement. Clinicians collaborate with colleagues and patients to address specific challenges.

2. Systematic Approach: Effectively rely on structured methods. These methods guide the design, testing, and implementation of changes. Real-time measurement is crucial for assessing progress and adjusting.

3. Professional Skills Development: Allows clinicians to acquire and apply essential capabilities. These include managing complexity, understanding human factors, and developing leadership skills. For trainees, QIPs offer opportunities to improve care, enhance presentation skills, and build relationships with colleagues.

4. Benefits and Challenges: Extend to patients, clinicians, and healthcare providers. However, challenges include persuading colleagues to address specific issues, maintaining engagement, and balancing competing priorities.

Quality Improvement projects empower clinicians to drive positive change, enhance care delivery, and strengthen their professional skills.

Examples of Quality Improvement projects in healthcare (note this is not a comprehensive list):

1. Reducing Hospital-Acquired Infections: Implementing evidence-based practices to prevent infections, such as central line-associated bloodstream infections (CLABSI) or catheter-associated urinary tract infections (CAUTI).

2. Improving Medication Reconciliation: Ensuring accurate medication lists during transitions of care (e.g., hospital to home) to prevent adverse drug events.

3. Enhancing Hand Hygiene Compliance: Developing strategies to increase hand hygiene adherence among healthcare workers to reduce the spread of infections.

4. Reducing Patient Wait Times: Streamlining processes in outpatient clinics or emergency departments to minimize patient waiting times.

5. Enhancing Communication: Implementing tools like SBAR (Situation, Background, Assessment, Recommendation) to improve communication among healthcare providers during patient handoffs.

6. Increasing Vaccination Rates: Developing interventions to boost vaccination rates (e.g., flu shots, childhood immunizations) among eligible patients.

7. Standardizing Surgical Safety Protocols: Ensuring consistent use of surgical safety checklists and protocols to prevent surgical errors.

8. Improving Chronic Disease Management: Implementing care pathways and patient education to optimize management of chronic conditions (e.g., diabetes, hypertension).



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9. Reducing Readmissions: Identifying factors contributing to hospital readmissions and implementing strategies to prevent them.

10. Enhancing End-of-Life Care: Improving communication and symptom management for patients at the end of life.

Attestation of Quality Improvement

Under Component 4 of the OCC process for the specialty of Family Medicine, physicians are required to demonstrate participation in quality improvement (QI) activities. Attestation of completing QI activities as part of their practice may do so via the [AOA Physician Portal once every 3 years](#).

Please note: Individuals submitting attestations must include the name of a supervisor who can confirm that the QI project was completed. AOBFP will audit 10% of the attestations received by contacting the person listed.

No CME credit is awarded for submitting QI Attestations.