

TMF-Sponsored 2014 TexMed Quality Poster Session Application Packet

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| **Checklist for Submitting a Poster Application** |
| * Complete Abstract, Biographical Data and Disclosure Forms within this packet * E-mail completed packet to posters@texmed.org * Register for the conference * Make hotel reservation |
| **Contact for questions**  Please send completed application via e-mail to posters@texmed.org E-mail: posters@texmed.org Phone: (512) 370-1423 |

# Background

**Purpose & Eligibility**

The primary goal of the TMF-sponsored 2014 TexMed Quality Poster Session, to be held at the Fort Worth Convention Center in Fort Worth, is to encourage the exchange of Quality Improvement learning and applicable best practices across Texas physicians. All Texas physicians and medical professionals, regardless of practice type or setting of care, are encouraged to submit abstracts using the attached scoring matrix for potential presentation at the conference.

Poster presentations are scheduled for Saturday, May 3, 2014 and will be grouped by content similarity. Posters will be requested of all accepted abstracts with authors asked to make an oral presentation during the hosted presentation from 8:00 to 9:00 A.M. on Saturday, May 3, 2014.

A packet consisting of completed Abstract, Biographical Data and Disclosure Forms must be received by the TMA within deadline to be eligible for the 2014 TexMed Quality Poster Session.

Poster applications will be evaluated on a rolling basis and the top thirty (30) abstracts with the highest scores will be invited to present a poster. Those practices who are not submitting a previously created poster are encouraged to apply early.

**The deadline for submitting packets is Friday, March 21, 2014 at Midnight CST.**

**Review Procedure**

TMA’s Council on Health Care Quality will evaluate the application packets using established criteria.

**Poster applications will be evaluated on a rolling basis. Those practices who are not submitting a previously created poster are encouraged to apply early. Notification of the acceptance status of all submitted abstracts and further instruction (if accepted) will be provided as quickly as possible. The notification of acceptance of abstracts will include specific directions on poster requirements, poster exhibitor location and instructions on how to redeem the $100 travel voucher.**

**Travel Voucher & Recognition Awards**

All selected submissions may apply to receive a $100 travel voucher to offset costs associated with attending TexMed 2014. We also expect to confer first, second and third place awards for those submitters who submit the most outstanding patient safety and quality improvement projects. Winners will be recognized in TMA’s *Texas Medicine* magazine. *Texas Medicine* is available to TMA members and presents timely information on public health, medico-legal issues, medical economics, science, medical education, and legislative affairs affecting Texas physicians and their patients.

# Important Dates & Times

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| December 1, 2013 | 2014 TexMed Quality Poster Session Application Packet available |
| March 21, 2014, Midnight | Final submission date for applicants |
| March 2014 | Applicants evaluated on a rolling basis. Accepted applications provided with further information |
| April 4, 2014 | Final applicants notified on submissions |
| May 3, 2014  7:00 to 8:00 AM | Poster Setup |
| May 3, 2014  8:00 to 9:00 AM | Hosted Poster Session. Selected submissions will be expected to present their posters (or have a member of the team do so) |
| May 3, 2014  9:00 to 1:30 PM | Posters In Exhibit Hall. Posters will be on display to TexMed conference attendees |
| May 3, 2014  1:30 to 2:30 PM | Poster Breakdown. Poster exhibitors will be expected to pack their posters. TMA cannot guarantee safety or condition of posters after this time |
| May 2014 | 2014 TexMed Quality Poster Session participants and winners will be recognized in *Texas Medicine* magazine |

# Abstract Form

Please complete all of the following sections.

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| **Procedure and Selection Criteria**   * Applicants should demonstrate an understanding of QI concepts through the use of quality tools, measures of success and the use and interpretation of data. Judges will use the scoring described ~~i~~n this matrix to identify projects to be presented at the conference, as well as, projects to be considered for the awards. * Maximum points for each section are delineated with a brief explanation of the content that should be included under each. Applicants must select one of the following improvement categories into which the project best fits: patient safety, patient centered care, timeliness, efficiency, effectiveness, or general quality improvement. Applicants may describe your problem and results in narrative or graphic format. |

**PROJECT NAME:** Click here to enter text.

**Institution or Practice Name:** Click here to enter text.

**Setting of Care:** Click here to enter text.

**Primary Author:** Click here to enter text.

**Is the Primary Author a TMA member?**   Yes  No

**Secondary Author:** Click here to enter text.

**Other Members of Project Team:** Click here to enter text.

**Project Category:** *(Choose most appropriate category)*

|  |  |  |
| --- | --- | --- |
| Patient Safety | Patient Centered Care | Timeliness |
| Efficiency | Effectiveness | Equity |

For this poster session, TMA is looking for projects that demonstrate the six aspects of Quality Care as defined by the Institute of Medicine.

* Safe - avoids injuries to patients from care that is intended to help them
* Timely - reduces waits and delays for both those who receive care and those who give care
* Effective - based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
* Equitable - provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
* Efficient - avoids waste, including waste of equipment, supplies, ideas, and energy
* Patient centered - respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

**Overview:** *Describe 1) where the work was completed; 2) a description of the issue that includes how long the issue has been going on and the impact the issue has on the organization/facility; 3) what faculty/staff/patient groups were involved, and 4) the alignment to organizational goals.*

Click here to enter text.

**Aim Statement (2 points for each portion of SMART, with max points 10):**  *Describe the goal of the project incorporating SMART.*

*Specific – what faculty/staff/patient groups were involved and where the work was completed*

*Measureable – numerical values that define baseline and goal*

*Actionable – what solutions/interventions were implemented*

*Realistic - able to implement solutions and sustain outcomes with given constraints*

*Time bound – what date established to reach goal by*

Click here to enter text.

**Measures of Success 5 points for describing solutions measurement and 5 points for describing outcome measurement, with max points 10):**  *Describe how you measured your interventions to ensure adherence and describe how you measured your outcome.*

Click here to enter text.

**Use of Quality Tools (5 points for appropriate tools utilized during each PDSA phase, with max points 20):** W*hat quality tools did you use to identify and monitor progress and solve the problem? Provide sample QI tools, such as fishbone diagram or process map, and identify which phase of the PDSA cycle each tool was utilized in.*

Click here to enter text.

**Interventions (max points 15 includes points for innovation):** W*hat was your overall improvement plan (include interventions and identify quick wins)? How did you implement the proposed change? Who was involved in implementing the change? How did you communicate the change to all key stakeholders? What was the timeline for the change? Describe any features you feel were especially innovative.*

Click here to enter text.

**Results (max points 25):** *Include all results, using control charts, graphs or tables as appropriate. Charts and graphs must be appropriately labeled or points will be deducted.*

Click here to enter text.

**Conclusions and Next Steps (max points 20):** *Describe your conclusions drawn from this project and any recommendations for future work. How does this project align with organizational goals? Describe, as applicable, how you plan to move ahead with this project.*

Click here to enter text.

# Biographical Data Form

Use this form to provide relevant documentation of your expertise as it relates to your role for this activity. Submitted information must not be more than 2 pages. Please do not attach any additional material.

**CONTACT INFORMATION:**

Name: Click here to enter text.

Address: Click here to enter text.

Telephone: Click here to enter text.

E-mail Address: Click here to enter text.

Present Employer / Practice Name: Click here to enter text.

Position: Click here to enter text.

**EDUCATION** *(include basic preparation through highest degree held)*

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| **Degree/**  **Credentials** | **Institution Name**  **City, State/Country (if not USA)** | **Major** | **Year Awarded** |
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**BIOGRAPHICAL DATA:**

*Briefly describe your professional experience as it relates to your role in this continuing medical education activity, (e.g., planning committee member, presenter/author, moderator, content specialist, reviewer, etc.) This may include internships, residency programs, fellowships, certifications, and other professional endeavors including recent presentations, publications, and awards.*

Click here to enter text.

# Disclosure Form

**Disclosure of Relevant Financial Relationships**

**By Speakers, Authors, and Presenters of CME Activities**

The intent of this disclosure is to allow Texas Medical Association the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of TMA-sponsored activities are expected to disclose to TMA any relevant financial relationships with any commercial interest that produces health care goods or services concerned with the **content of an educational presentation**.

**Conflict of interest.** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

**Commercial interest.** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Financial relationships.** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

**PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW**

**(If selected for the TexMed, we will get a signed and dated version of this form from you via fax or e-mail)**

**Name:** Click here to enter text.

**Activity Title:** 2014 TMA TexMed Poster Session

**Activity Date:** Saturday, May 3, 2014

**Poster Title:** Click here to enter text.

Do you have relevant financial relationships with proprietary entities producing health care goods or services related to the **content of this presentation?** **☐**Yes **☐**No

If yes, please identify the company and the nature of this relationship below.

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| **Commercial Interest**  *Example: Company X* | **What was Received**  *Honorarium* | **For What Role**  *Speaker* |
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| **Example terminology** | |
| **What was received**: Salary, royalty, intellectual property rights, consulting fee, honoraria, grant, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. | **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, research, membership on advisory committees or review panels, board membership, and ‘other activities (please specify). |

**Signature of Speaker/Planner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**