

TexMed 2015 Quality Poster Session

Sponsored by TMF Health Quality Institute

*Application Packet: Other Category*

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| **Checklist for Submitting an Abstract** |
| * Complete Abstract, Biographical Data and Disclosure Forms
* E-mail completed packet to posters@texmed.org by Friday, March 27, 2015 at Midnight CST
* Register for the conference
* Make hotel reservation
 |
| **Contact for questions**E-mail: posters@texmed.org Phone: (512) 370-1423 |

***General Information***

**Purpose & Eligibility**

The primary goal of the TexMed 2015 Quality Poster Session, to be held at the Austin Convention Center in Austin, is to encourage the exchange of Quality Improvement (QI) learning and applicable best practices among 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.

New for TexMed 2015, TMA welcomes abstracts not directly related to QI and research projects on quality. This category is referred to as “other category” and is not eligible for an award. Content should enhance knowledge in the field of clinical care and be relevant to a given patient population. Physicians submitting an abstract under this category may be invited for a poster presentation at the discretion of the Council on Health Care Quality.

Poster presentations are scheduled for Saturday, May 2, 2015 and will be grouped by content similarity. Posters will be requested of all accepted abstracts with authors asked to be present for individual presentation and Q&A during the hosted presentation from 8:00 to 9:00 A.M. on Saturday, May 2, 2015.

An application packet consisting of completed Abstract, Biographical Data and Disclosure Forms must be received by the TMA within deadline to be eligible for the TexMed 2015 Quality Poster Session. The top thirty (30) abstracts with the highest scores will be invited to present a poster.

**The deadline for submitting an application is Friday, March 27, 2015 at Midnight CST.**

**Review Procedure**

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

**Notification of Acceptance**

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.

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# Timeline

# Important Dates & Times

|  |  |
| --- | --- |
| December 1, 2014 | TexMed 2015 Quality Poster Session Application Packet is available. |
| March 27, 2015, Midnight | Deadline. Final submission date for applicants. |
| March 2015 | Accepted abstracts are provided with further information. |
| April 4, 2015 | Final applicants are notified on submissions. |
| May 2, 2015  7:00 to 7:50 AM | Poster setup for TexMed 2015 Quality Poster Session and continuing medical education (CME) session.  |
| May 2, 2015 7:50 to 8:00 AM | Awards ceremony for first, second, and third place winners. |
| May 2, 2015  8:00 to 9:00 AM | Hosted Poster Session. Selected submissions will be expected to host their posters for one-on-one presentation and Q&A (or have a member of the team do so). |
| May 2, 2015 9:00 AM to 1:30 PM | Posters In Exhibit Hall. Posters will be on display to TexMed 2015 conference attendees. |
| May 2, 2015  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. |

# Abstract Form

Please complete all of the following sections.

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| **Procedure and Selection Criteria*** Submissions not directly related to quality improvement or research will be accepted and should follow the standardized format outlined below. These submissions should provide general information related to the one of the following categories: patient safety, patient centered care, equity, timeliness, efficiency, or effectiveness. Content should enhance knowledge in the field of clinical care and be relevant to a given patient population.
* General submissions not directly related to quality improvement or research will not be eligible for judging or travel voucher.
 |

**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 your project relates to)*

|  |  |  |
| --- | --- | --- |
| [ ]  Patient Safety | [ ]  Patient Centered Care | [ ]  Effectiveness |
| [ ]  Efficiency  | [ ]  Timeliness | [ ]  Other  |

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

***Submission Criteria***

**Other Category**

**Background:** *Describe the purpose for sharing the content. What caused this subject matter to be approached? Why is this content important to share? What is the potential impact if this content is not shared?*

Click here to enter text.

**Intended Stakeholders:**  *Identify those individuals, organizations, or interest groups that could be potentially impacted by this information or benefit by obtaining this information.*

Click here to enter text.

**Description of Accomplished Work:** *Provide an overview of the work that was accomplished, including any specific methods, tools or techniques. Also, include any milestones or key accomplishments.*

Click here to enter text.

**Timeframe and Budget:** *Provide the start and end dates for the work along with any financial implications that was incurred due to the work accomplished.*

Click here to enter text.

**Intended Use:** *Describe how this information could be used moving forward to impact patient care.*

# 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, we will request a signed and dated version of this form from you via fax or e-mail.)**

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

**Activity Title:** TexMed 2015 Quality Poster Session

**Activity Date:** Saturday, May 2, 2015

**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.

|  |  |  |
| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  If submitting electronically, checking the box serves as proof of signature.