

2015 QIP Annual Update 3 – Template

**DO Section (I)**

MAO Name: *Will be auto-generated*

Contract Number: *Will be auto-generated*

Identification Number: *Will be auto-generated*

Project Cycle: Contract Year 2015—Annual Update 3

Quality Improvement Project Topic: *Will be auto-generated*

Focus: *Will be auto-generated*

Domain: *Will be auto-generated*

**I. Goal and Benchmark**

I1. Original Goal: *Will be auto-generated from Plan Section*

I2. Original Benchmark: *Will be auto-generated from Plan Section*

I3. Annual Update 2 Action Plan: *Will be auto-generated from Annual Update 3*

I4. Timeframe: January 1, 2015 through Annual Update Submission

I5: Barriers Encountered: Enter YES or NO

- If YES: What barrier(s)?

*Character Limit: 1500*

- If YES: Mitigation: How did you address the barrier(s) encountered?

*Character Limit: 1500*

**STUDY Section (J)**

**J. Results and Findings**

J1a. Total Population:

*Enter Number*

J2a. Numerator:

*Enter Number*

J3a. Denominator:

*Enter Number*

J4a. Results and/or Percentage:

*Character Limit: 1500*

Additional Interventions Results and Findings: Enter YES or NO

If YES: list the Results and Findings

J1b. Total Population:

*Enter Number*

J2b. Numerator:

*Enter Number*

J3b. Denominator:

*Enter Number*

J4b. Results and/or Percentage:

*Character Limit: 1500*

Additional Interventions Results and Findings: Enter YES or NO

If YES: list the Results and Findings

J1c. Total Population:

*Enter Number*

J2c. Numerator:

*Enter Number*

J3c. Denominator:

*Enter Number*

J4c. Results and/or Percentage:

*Character Limit: 1500*

J5. Other Data or Results:

*Character Limit: 1500*

J6. Analysis of Results or Findings:

*Character Limit: 1500*

**ACT Section (K)**

**K. QIP Final Summary**

K1. Did you meet your goal?: (*check one*)

Yes

No

K2. Did your plan experience *any* reduction in all-cause hospital readmissions?:

(*check one*)  Yes

No

K2a: If yes, how much?

*Character Limit: 1200*

K3. Summary of Overall QIP Results:

*Character Limit: 1500*

K4. Describe “Best Practices”:

*Character Limit: 1500*

K5. Describe “Lessons Learned”:

*Character Limit: 1500*

K6. Having now completed this QIP, will your plan(s) continue with the changes that have been implemented? (*check one*)  Yes

No

K6a. Please explain how completing this QIP will affect your plan(s) going forward:

*Character Limit: 1500*