

This information is for your reference only. To officially apply and submit your study, you must complete the online application.

Contact information

- Study Name
- Contact Name
- Title
- Organization Name
- AAAHC Organization ID Number
- Street Address
- City
- State
- ZIP
- Phone
- Email

1. What is your organization type?
 - a. Surgical/Procedural
 - b. Primary Care
2. What was the quality issue you addressed? Please be as specific as possible.
3. Why is the issue you addressed in your quality improvement (QI) activity important to your organization and others? (You are welcome, but not limited, to cite/provide significant information on important issues such as threats to safety, high prevalence, high incidence, high cost, wide variations in practice, as well as literature such as national clinical practice guidelines, national/local health statistics, plus peer-reviewed research).
4. What was the performance goal against which you were comparing your current performance?
5. What was your rationale for this goal?
6. To determine whether you had a problem, the severity of the problem, and the possible source(s) of the problem, what data did you identify that you needed to collect?
7. What was the source of your data?
8. What was the time frame for your data collection?
9. What information did you collect?
10. How did you record this data?
11. Please describe how you analyzed your data.
12. What were your initial findings?
13. How did your initial performance compare with your identified goal?
14. Describe the corrective action(s) you implemented and your rationale for these.
15. Describe when you scheduled re-measurement and your rationale for this time period.
16. If any aspect (method, source, etc.) of your re-measurement varied from the initial measurement, please describe this and provide rationale for the change(s). Please put NA if not applicable.
17. What was the result of your re-measurement versus the performance goal you identified?
18. Was additional corrective action needed to achieve your performance goal?
 - a. Yes
 - b. No
19. Please describe the corrective action implemented/rationale.
20. Did you make any changes in measurement? If so, please describe the rationale. If not applicable, please put NA.
21. What were the results of your new re-measurement versus your goal?

22. How did you communicate your findings throughout your organization?
23. If you would like to upload a PDF format document with additional information on your study, such as graphs, tables, or forms, please attach the document here. Please include your AAAHC Organization ID number in the name of your .pdf file. For example, if our AAAHC Organization ID number is 12345, please name your file “AAAHC12345.pdf.”
24. Please complete, print and sign the QI Study Submission Agreement form below and then upload the completed form here.
25. Release of Likeness. To be completed by the individual study presenter:

By completing this submission, I hereby grant to the Accreditation Association for Ambulatory Health Care, Inc., its subsidiaries, affiliates, related companies and any of its legal representatives, agents, or employees (“AAAHC”), the royalty-free right and permission to use in any form or fashion my name, picture, image, likeness, voice, appearance, video or any other indicia of my identity created, depicted, captured or recorded by or at the direction of AAAHC (“Materials”).

I agree that AAAHC has complete and absolute ownership of such Materials, including the entire copyright, and may use the same for any lawful purpose, including, but not limited to, publicity, illustration, advertising, Web and website content and other commercial purposes. I agree that AAAHC has the right to use, copyright, reproduce, edit, or otherwise alter such Materials at its sole discretion and for as long as AAAHC deems necessary. The rights granted by me hereunder are perpetual, universal, irrevocable, unconditional and transferable.

I am over eighteen (18) years of age and I have full legal capacity to grant this consent and release on my own behalf. I have read and understood the above consent and release prior to its execution. By attending and/or participating in AAAHC events and activities, I consent and attest to the above.