



## MOCA 2.0<sup>®</sup> QUALITY IMPROVEMENT (QI) ACTIVITIES

Choose activities from the list below to earn 25 points every five years, for a total of 50 points over 10 years.

You'll report the time spent on each activity you complete in your portal account. You no longer need to upload templates or documentation. All self-reported activities are subject to audit for eight weeks after submission. Documentation may be requested if you are audited. ASA will report completion of its activities to us. If you have questions about whether an activity is eligible for credit, email us at [moca@theaba.org](mailto:moca@theaba.org).

QI ACTIVITY CATEGORIES	POINTS PER HOUR	MAX POINTS IN 5 YEARS
<b>MOCA simulation course at an ASA-endorsed simulation center</b> [See Centers] and course follow-up materials <ul style="list-style-type: none"><li>The follow-up materials must be completed to receive 25 points.</li><li>At least one instructor must be an ABA diplomate participating in MOCA 2.0</li></ul>	3	25
<b>Other on-site simulation course</b> – Realistically replicates clinical scenarios that participants can work through in a manner like what they may experience in clinical practice <ul style="list-style-type: none"><li>At least one instructor must be an ABA diplomate participating in MOCA 2.0</li></ul>	1	15
<b>Online simulation</b> – Realistically replicates clinical scenarios online <ul style="list-style-type: none"><li><a href="#">ASA Anesthesia SimSTAT</a> (up to 5 points per module; only get credit for the same SimSTAT course once in a three-year period)</li><li><a href="#">VHA DAARC</a> (up to 6 points) Create an account and search for ID number: 1071302. Paste the link in your Google Chrome browser. [Email for Help]</li></ul>	1	25
<b>Other ABMS Member Board QI (Part 4) Activities</b> – Report credit you received from another ABMS Board you are certified by	1	25
<b>Institutional/departmental quality improvement project leader</b> – Initiate and/or guide the work of a team and serve as the key contact responsible for communicating with team members, stakeholders, and the ABA	1	25

**Quality improvement plan to improve patient outcomes based on feedback** from one of the following:

- Quality data registries
- Joint Commission’s Focused Professional Practice Evaluation (FPPE) process
- Joint Commission’s Ongoing Professional Practice Evaluation (OPPE) process
- 360 professional reviews
- Patient experience of care surveys
- ASA courses below available at <https://www.asahq.org/shop-asa>  
Search for Quality Improvement (Part 4)
  - Understanding the Relationship between Intraoperative Hypotension and Clinical Outcomes in Surgical Patients
  - Cases from the Perioperative Surgical Home: A Journey to Improve Quality and Patient Safety Part 1: New Hanover Regional Medical Center
  - Cases from the Perioperative Surgical Home: A Journey to Improve Quality and Patient Safety Part 2
  - Continued Need for Neuromuscular Block Monitoring: A Journey to Improve Patient Safety and Patient Outcomes
  - Real-World Experiences in Neuromuscular Blockade and Its Reversal: Case Studies from Various Practice Settings
  - Cases from the Perioperative Surgical Home: Transitioning the PSH to a Health System
  - Cases from the Perioperative Surgical Home: Dealing with Adversity by Focusing on Different Service Lines
  - Cases from the Perioperative Surgical Home: Scaling your PSH Clinical Operations Across Multiple Healthcare Facilities
  - Cases from the Perioperative Surgical Home - Perspectives on PSH: Implementation in an Academic Medical Center Part 5
  - Neuromuscular Blockade in the Ambulatory Setting: Safe Practices
  - Medication Safety in Pediatric Anesthesia Quality
- ACGME Program Evaluation and Improvement
- [intubateCOVID](#) (COVID-19 activity)

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<p><b>Clinical pathway development leader</b> – Organize and guide development of structured multidisciplinary care plans to inform clinical practice based upon evidence-based guidelines while optimizing efficiency; serve as key contact responsible for communication with clinicians and administrative staff</p>	1	25
<p><b>Clinical pathway development participant</b> – Contribute to the development of structured multidisciplinary care plans to inform clinical practice based upon evidence-based guidelines while optimizing efficiency</p>	1	15
<p><b>ABMS Multi-Specialty Portfolio Program leader</b> – Individual healthcare organizations can apply and gain approval for administering group quality improvement activities</p>	1	25
<p><b>ABMS Multi-Specialty Portfolio Program participants</b> – Individual healthcare organizations can apply and gain approval for administering group quality improvement activities</p>	1	20
<p><b>Multicenter Perioperative Outcomes Group (MPOG): ASPIRE provider feedback emails</b> – Practitioners at an active MPOG site can receive a monthly performance feedback email from ASPIRE to review their personal performance on quality measures to direct practice improvements [<a href="#">Become an MPOG Member</a>]</p>	1	25
<p><b>Case evaluation, M&amp;M, case discussion or practice improvement CME</b></p> <ul style="list-style-type: none"> <li>• Case evaluation – assess your practice and implement changes designed to improve patient outcomes</li> <li>• Morbidity &amp; Mortality (M&amp;M) – peer review of adverse (or potentially adverse) patient outcomes to learn and prevent the incidence of future errors or complications</li> <li>• Case discussion – peer review discussion of a unique case or issue</li> <li>• Practice improvement CME – evidence-based performance measures and QI interventions are used to identify areas of improvement in patient care</li> </ul>	1	15
<p><b>Point-of-care learning</b> – Self-directed knowledge acquired during patient care (i.e., researching cases and outcomes)</p> <p><i>Minimum of one hour/case; Report within 31 days of case</i></p>	1	15

<p><b>AQI NACOR: Measure Review and Quality Improvement Action Plan</b> – submit data to the Anesthesia Quality Institute’s National Anesthesia Clinical Outcomes Registry (AQI NACOR) to review data, track benchmarks and create and implement improvement plans based on NACOR feedback. [<a href="#">How to Submit Data</a>]</p>	1	25
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