

Please fill out the following:

Mission Statement: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

| ACTIVITY INFORMATION | | |
|--|---|---|
| All materials must be submitted prior to the activity start date. | | |
| Date Submitted: | Providership Type: <input type="checkbox"/> Direct <input type="checkbox"/> Joint NOTE: The ACCME defines joint providership as the providership of a CE/CME activity by one accredited and one non-accredited organization | |
| Activity Title: | | |
| Speaker(s): | | |
| Date(s): | Time(s): | |
| Number of Credit Hours: (For CME/CE Office Only) | | |
| <div> Target Audience: (check all that apply) <input type="checkbox"/> Inter-professional <input type="checkbox"/> Single Discipline <input type="checkbox"/> Physician <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technicians <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Allied Health Professionals <input type="checkbox"/> Other Disciplines: (Please insert discipline) </div> <div> Activity Type: (check all that apply) <input type="checkbox"/> Live Course (In Person) <input type="checkbox"/> Live – Webcast <input type="checkbox"/> Enduring <input type="checkbox"/> Internet <input type="checkbox"/> E-Learning Modules <input type="checkbox"/> Journal-based CE/CME <input type="checkbox"/> Other: </div> | | |
| To Be Completed for Regularly Scheduled Series Only <input type="checkbox"/> RSS <input type="checkbox"/> RSS previously approved | | |
| <input type="checkbox"/> Grand Rounds <input type="checkbox"/> Case Conferences/Tumor Boards <input type="checkbox"/> Chest Conference | <input type="checkbox"/> Morbidity & Mortality Conferences (M&M) <input type="checkbox"/> Journal Club | Schedule: Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other |
| Applying Institution: (check all that apply): <input type="checkbox"/> Ascension Care Excellence <input type="checkbox"/> Ascension Health Ministry/Hospital: | <input type="checkbox"/> Saint Thomas Health <input type="checkbox"/> St. Vincent's Health System <input type="checkbox"/> St. Vincent's Birmingham <input type="checkbox"/> St. Vincent's Chilton <input type="checkbox"/> St. Vincent's Blount <input type="checkbox"/> St. Vincent's East <input type="checkbox"/> St. Vincent's One Nineteen <input type="checkbox"/> St. Vincent's St. Clair <input type="checkbox"/> Other: | <input type="checkbox"/> External Institution: |
| Description: Please provide a brief description of the overall goal of the educational activity. | | |

Commercial Support - Proposed Source of Funding:

☐ Yes If yes, please submit budget and contact the Ascension CE Department. ☐ No

Letters of Agreement (LOA) must be executed prior to the activity. Contact activity CE/CME Manager with any questions regarding any form of commercial support.

Please fill out the following:

| Target Specialties: | | | |
|---|---|--|---|
| Geographic Location | | Specialty | |
| <input type="checkbox"/> Internal only | <input type="checkbox"/> All specialties | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Local/Regional | <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> National | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> International | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Oncology | |
| | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pathology & Laboratory Medicine | |
| | <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pediatrics | |
| | <input type="checkbox"/> General Medicine | <input type="checkbox"/> Physical Medicine & Rehab | |
| | <input type="checkbox"/> Medicine | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry | |

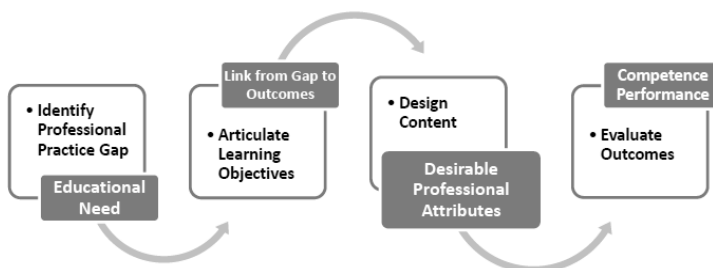
| Independence of the Planning Process - Planning Committee | | | | |
|---|---|--|--|--|
| In addition to the activity course director, co-director, and/or CE/CME coordinator, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. Note: All individuals listed will be required to complete a CE/CME disclosure before the application will be reviewed and approved. | | | | |
| Activity Director | | | | |
| (Person who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the activity.) | | | | |
| Name | | Degree(s) | | |
| Title | | Affiliation | | |
| Phone | | Fax | Disclosure Forms Attached | <input type="checkbox"/> |
| <input type="checkbox"/> Speaker <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | | | | |
| Activity Contact (The individual responsible for the operational and administrative support of the certified activity.) | | | | |
| Name | | Degree(s) | | |
| Title | | Affiliation | | |
| Phone | | Fax | Disclosure Forms Attached | <input type="checkbox"/> |
| NURSE PLANNER | | | | |
| Name | | Degree(s) | | |
| Title | | Affiliation | | |
| Phone | | Fax | Disclosure Forms Attached | <input checked="" type="checkbox"/> |
| Name Christopher L. Moore Degree(s) MSN, RN, MBA Title System Chief Nursing Officer Affiliation Ascension Health Phone 205-558-3638 Fax Disclosure Forms Attached <input checked="" type="checkbox"/> | | | | |
| PLANNING TEAM (Persons who assist in planning, developing, implementing, and evaluating the content and logistics of the activity.) | | | | |
| Name & Profession | Role (check all that apply) | Disclosure Form | | |
| | | | Sent | Received |
| | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Lisa Davis, AABA, CCEMP, CE Manager Ascension CE Department; STVHS/Ascension Health | <input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input checked="" type="checkbox"/> Staff | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Katherine Cherry, MBA, CME Specialist STVHS/Ascension Health | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input checked="" type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Caroline K. Whitehead – CME Coordinator Saint Thomas Health | <input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stephanie Duggan, MD, FACEP, CPE, VP Ascension Health & Chief Clinical Officer | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shawn Morehead, MD, Christ Health Center & Lead Ascension CE Committee Co-Chair | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| David DeAtkine, Jr., MD, Endocrinology & Internal Medicine & Lead Ascension CE Committee Co-Chair | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please fill out the following:

Planning Team (Continued):

| | | | | |
|---|---|---|---|---|
| Debbie Whisenhunt, RN, Director Quality/Clinical Services Lead Planner Ascension CE Committee | <input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Linda Adams, PharmD, Director of Pharmacy Lead Pharmacy Planner Ascension CE Committee | <input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Speaker <input type="checkbox"/> Planner | <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Quality/Professional Practice Gap(s): In order to demonstrate the need for this activity, you must identify at least one professional practice gap that exists for your target audience. A professional practice gap is the difference between the current practice and the optimal practice. A professional practice gap is identified by stating how your target audience's professional practice is less than optimal in terms of knowledge, competence, performance, and/or patient outcomes.



In 100 words or less, state the PROFESSIONAL PRACTICE GAPS of the healthcare team on which the activity will be based (I.E. WHAT IS THE ISSUE YOU ARE TRYING TO ADDRESS?) Abbreviate as needed.

Is the underlying cause of the gaps (stated as one or more needs) that you identified related to knowledge, skills/strategies or performance and/or patient outcomes? (in the boxes to the right, be specific about the cause and complete at least one): maximum 50 words each

...knowledge
need:
and/or

...skills/strategy
need:
and/or

...performance
need:
and/or

[SKILLS/STRATEGIES means the ability to apply knowledge to practice]

CE/CME Application & Planning Document

Please fill out the following:

[PERFORMANCE
means actual
implementation in
practice]

...patient
outcomes
need:
and/or

State WHAT THE ACTIVITY WILL BE
DESIGNED TO CHANGE in terms of the
healthcare team's knowledge,
skills/strategy, performance and/or
patient outcomes. (maximum 50 words)

☐ **ATTACH DOCUMENTS** Using the checklist below, indicate which methods were used to identify the existence of gaps between current and best practice (**minimum of two are required**). In addition, please provide a **written narrative** that describes and summarizes the needs assessment used and **include relevant supporting documentation**.

| Methods Used to Identify Professional Gaps in Practice and Education Needs | |
|--|--|
| <input type="checkbox"/> Survey of targeted learners and healthcare teams | <input type="checkbox"/> Focus groups or surveys of target audience |
| <input type="checkbox"/> Clinical practice data | <input type="checkbox"/> Clinical Practice Guidelines (CPGs) |
| <input type="checkbox"/> Expert surveys, interviews or statements | <input type="checkbox"/> Summary of previous activity outcomes |
| <input type="checkbox"/> Review of peer-reviewed literature | <input type="checkbox"/> Planning committee/expert panel minutes/reports |
| <input type="checkbox"/> Public health/epidemiology data | <input type="checkbox"/> Patients/Families/Caregivers survey or interviews |
| <input type="checkbox"/> Review of national/state/institutional quality data | <input type="checkbox"/> National Patient Safety Goals |
| <input type="checkbox"/> Specialty Society Guidelines | <input type="checkbox"/> Hospital Quality Improvement Information |
| <input type="checkbox"/> Research Findings | <input type="checkbox"/> Gold Standards for Treatment |
| <input type="checkbox"/> Other (specify): | |

Learning Objectives by Discipline:

After reviewing the professional practice gaps and articulating educational needs, what should the learner(s) be able to accomplish after participating in the activity?

Insert one or more learning objective for each category that you designated above noting that each discipline requires learning objectives specific to that professional; when inserting multiple objectives in each text box, separate them with a semicolon or number item.

SMART Objectives or Goals are Specific, Measurable, Attainable, Relevant and Time based.

...for physicians

...for nurses

Please fill out the following:

...for pharmacists

...for other professionals

Avoid words or phrases such as think, understand, know, appreciate, learn, comprehend, be aware of, be familiar with, etc. **THESE are NOT measureable actions.**

Rationale for the Selection of Methods to Engage Learners: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> PowerPoint slide audio lecture | <input type="checkbox"/> Case Studies |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Roundtable |
| <input type="checkbox"/> Panel discussion with Q & A | <input type="checkbox"/> Small group work |
| <input type="checkbox"/> Procedural hands-on lab sessions | <input type="checkbox"/> Formative assessment |
| <input type="checkbox"/> Skilled Demonstration | <input type="checkbox"/> Audience response system |
| <input type="checkbox"/> Teleconference/Webinar | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Simulation | |

Non-Educational Tools/Strategies: (Check all that apply.)

Are there any tools that could be provided to participants to assist with the changes in practice learned during this activity? (i.e. something they can take home and use in their practice)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Handouts | <input type="checkbox"/> Pocket Guides | <input type="checkbox"/> Case Presentations | <input type="checkbox"/> Articles |
| <input type="checkbox"/> Web based tools | <input type="checkbox"/> Tool Kits | <input type="checkbox"/> Wall Charts | <input type="checkbox"/> Other (Please Identify): |

☐ **Required Attachment – Provide the tools**

Desirable Attributes: (Indicate the desirable attributes this activity addresses.)

For an IPCE activity, please select at least one competency from Inter-professional Education Collaborative Competencies.

| Institute of Medicine (IOM) Competencies | Inter-professional Education Collaborative Competencies | ACGME/ABMS Competencies |
|---|---|--|
| <input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics | <input type="checkbox"/> Values/Ethics for Inter-professional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Inter-professional Communication <input type="checkbox"/> Teams and Teamwork | <input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning & Improvement <input type="checkbox"/> Inter-personal & Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice |

Other Competency(ies)

(specify):

☐ **N/A if only applying for CNE**

Please fill out the following:

Strategies to Address or Overcome Factors/Barriers: (Check all that apply)

Planners are encouraged to identify factors/barriers that could prevent implementation of changes in practice that will impact on patient outcomes.

| | |
|---|---|
| <input type="checkbox"/> Lack of time to assess or counsel patients | <input type="checkbox"/> Lack of administrative support/resources |
| <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> Patient compliance issues |
| <input type="checkbox"/> Lack of consensus on professional guidelines | <input type="checkbox"/> Cost |
| <input type="checkbox"/> No Perceived barriers | <input type="checkbox"/> Other: |

Collaboration with Other Stakeholders: (Check all that apply)

Planners are encouraged to identify factors/barriers that could prevent implementation of changes in practice that will impact on patient outcomes.

| | |
|--|---|
| <input type="checkbox"/> No, I do not intend to collaborate with other stakeholders | |
| <input type="checkbox"/> Yes, I intend to collaborate with the stakeholders listed below | |
| Collaborator | How will collaboration enhance the activity results? |
| | |

Institutional or Systems Framework for Quality/Patient Safety: (Check all that apply)

Activities should focus on integrating and contributing to healthcare quality improvements. Indicate below any quality connections you intend to address within your activity that will improve patient safety or outcomes.

| | |
|--|--|
| Data Sources | Please describe the contributions this activity will make to quality improvement and/or patient safety: |
| <input type="checkbox"/> Hospital Goals/Initiatives <input type="checkbox"/> Hospital QI <input type="checkbox"/> Departmental Quality Goals <input type="checkbox"/> Maintenance of Certification (MOC) Requirements <input type="checkbox"/> National Quality Initiatives <input type="checkbox"/> Other (Specify): | |

Evaluation and Outcomes (select all that apply – must select at least one from each of the gap/need categories identified in the Professional Practice Gaps, Educational Needs, Learning Objectives and Desired Results section)

How will you measure if changes in knowledge and competence, performance or patient outcomes have occurred? Select at least one from each of the gap/needs that you previously indicated this activity was designed to address.

| | |
|---|---|
| Knowledge / Skills/Strategies: (Can learners apply what was learned?) | |
| <input type="checkbox"/> post-course evaluation form for participants (required) | <input type="checkbox"/> physician and/or patient surveys |
| <input type="checkbox"/> audience response system (ARS) | <input type="checkbox"/> follow-up survey |
| <input type="checkbox"/> customized pre- and post-test (post-tests are required for enduring materials) | <input type="checkbox"/> other (please explain): |
| Performance/Application: (Have learners implemented what was learned?) This may be obtained from actual data or from post activity self-assessment by the attendees. | |
| <input type="checkbox"/> adherence to guidelines | <input type="checkbox"/> chart audits |
| <input type="checkbox"/> case-based studies | <input type="checkbox"/> direct observations |
| <input type="checkbox"/> customized follow-up survey/interview/focus group about actual change in practice at specified intervals | <input type="checkbox"/> other (please explain): |
| Patient Outcomes: (Have learners implemented what they learned in a way that improves outcomes?) This may be obtained from actual data or from post activity self-assessment by the attendees | |
| <input type="checkbox"/> observe changes in health status measures | <input type="checkbox"/> |
| <input type="checkbox"/> observe changes in quality/cost of care | <input type="checkbox"/> chart audits |
| <input type="checkbox"/> measure mortality and morbidity rates | <input type="checkbox"/> other (please explain): |


Please fill out the following:

Additional Information

Intellectual Property Policy and HIPAA: *In accordance with Care Excellence/Ascension Health policies: (i) copyrights arising from educational and related enduring materials developed in any media for CE/CME activities and presentations vest ownership in the author of such materials; (ii) such materials shall be made available on a continuing basis for education and teaching purposes by faculty and academic staff of Care Excellence/Ascension Health; and (iii) any use of the names of Ascension CE Department, or the names of any member of the faculty or staff of Care Excellence/Ascension Health for commercial endorsements, advertising or similar publicity purposes is prohibited without the prior written permission of the Ascension CE Department. The Ascension CE Department is available to assist activity planners and sponsors in the appropriate usage of copyrightable materials in accordance with Care Excellence/Ascension Health and the ACCME policies and procedures.*

Also, in accordance with HIPAA and privacy law, images of patients should not be used in presentation materials unless a release by the subject or his or her bona fide representative is attached to this application.

Please direct any questions regarding this application to: (205) 838-3225 lisa.davis2@ascension.org

 **Required Attachments:** The following documents must be provided with this application:

- ☐ Needs assessment narrative and supporting documentation
- ☐ Agenda with time(s), activity name, speaker(s) name
- ☐ Financial Disclosure Forms (one for each speaker and planner)
- ☐ A copy of all Marketing Materials

No Promotion of CE/CME Credit Prior to Approval: *Promotion of CE/CME credit for this activity is prohibited until this application has been approved by the Ascension CE Department. This includes (1) use of the AMA/ANCC/ACPE Credit statement and Accreditation statement, (2) mention of the Care Excellence/Ascension Health affiliation with this activity, and/or (3) statements such as "CE/CME credit has been applied for."*

- ☐ Electronic copy of Power, Handouts, Teaching Aids
- ☐ All Commercial Independence Forms
- ☐ Proof of Disclosure to Audience
- ☐ Budget (if no direct costs associated with this activity – no budget required)
- ☐ Letter of Agreement (when appropriate)
- ☐ Joint Provider Agreement (when appropriate)

I understand that Care Excellence/Ascension Health is committed to ensuring balance, objectivity, scientific rigor, and freedom from commercial bias in all educational activities, and that the ACCME, ANCC, and/or ACPE policies outlined in this application work toward that goal. I attest that the information and documents provided through this application is complete & accurate to the best of my knowledge, and agree to comply with all policies in this application.

| | |
|---------------|-------|
| Printed Name: | |
| Signature: | Date: |

CE/CME Application & Planning Document



Please fill out the following:

The Ascension CE Committee approves all requests. Course chairs will be notified after committee review.

This application has been reviewed and: ☐ Approved ☐ Denied ☐ Does Not Meet Criteria

____ *AMA PRA Category 1 Credit(s)*[™] ____ *Continuing Education Contact Hours* ____ *ACPE Credit(s)*

Approval Signatures:

This activity was planned in compliance with the ACCME Guidelines. The content, objectives and design of the program are solely for educational purposes and were planned by a committee representing Ascension Care Excellence/Ascension Health.

Name of CME Approver

Date

Name of CNE Approver

Date

Name of CPE Approver

Date

☐ STH CME Review Committee (St. Thomas Health)

☐ Ascension CE Committee (St. Vincent's Health System)

Name of Committee

Meeting Date

We will come back to you for some refinements to the planning process as you progress with planning the activity. We also want you to know that each presentation will need to be reviewed by the Ascension CE Committee other than the one presenting the materials to document that the content is without commercial bias, is fair-balanced, and scientifically objective.