

1	The American Academy of Pediatrics - Early Hearing Detection and Intervention Quality Improvement Project - Physician Tracking Form
2	Institution Name/Team Member Name (green is QIDA manager)
3	PRACTICE TEAM NAME
4	NAME OF PARTIICPANT
5	NAME OF PARTIICPANT
6	NAME OF PARTIICPANT
7	PRACTICE TEAM NAME
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19	PRACTICE TEAM NAME
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21	NAME OF PARTIICPANT
22	NAME OF PARTIICPANT

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1			Consent Form Received
2	Team Member Position/Role	Key Contact Email	
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	E	F	G	H	I	J	K
1	Local IRB Needed?	Local IRB Approved?	Attended an Orientation Call	Submitted Pre-Practice Survey	Submitted Baseline Data	Attended Learning Session	Reviewed Baseline Data
2	Consent/IRB Status		Pework/Learning Session				
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	L	M	N	O	P	Q	R
1	Reviewed Project Aims	One on One Coaching (for MOC points)	INTERESTED IN MOC CREDIT	Chart Reviews	Monthly Reports	Implemented PDSA	Attended Conf. Call/Webinar
2				MONTH 1: February (CYCLE 2)			
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	S	T	U	V	W	X	Y
1	Chart Reviews	Monthly Reports	Implemented PDSA	Attended Conf. Call/Webinar	Chart Reviews	Monthly Reports	Implemented PDSA
2	MONTH 2: March (CYCLE 3)				MONTH 3: April (CYCLE 3)		
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1	Attended Conf. Call/Webinar	Chart Reviews	Monthly Reports	Implemented PDSA	Attended Conf. Call/Webinar	Chart Reviews	Monthly Reports
2	4)	Month 4: May (CYCLE 5)				Mont	
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	AG	AH	AI	AJ	AK	AL	AM
1	Implemented PDSA	Attended Conf. Call/Webinar	Chart Reviews	Monthly Reports	Implemented PDSA	Attended Conf. Call/Webinar	Attended Team Meeting
2	Month 5: June (CYCLE 6)		Month 6: July (CYCLE 7)				
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	AN	AO	AP
1	Attended Post Feedback Session	Post Survey	Attestation Form Received
2	Post- Implementation		
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1	Additional Notes
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