## **URMC Malpractice Premium Differential Program Application** (Updated August 2024)

To qualify for the next year 2025 (January – December) 15% premium differential, the physician must:

• be insured for professional liability through the University of Rochester and MCIC

- successfully complete the qualifying risk management education activities listed in 2024
- complete and submit this application by the deadline, including any required certificates.

Please check which of the following activities that you have completed, fill in your identification information below, sign, and submit this directly to us or through your Department Administrator:

Req	Required for 2024 qualification: Completed this year's priority online U Promoting Psychological Safety Target Zero Harm: High Reliabil	RMC High Reliability course: through Inclusive Communication and Documentation ity Essentials (as first High Reliability course)
PLU	PLUS one of the following activities:	
1)	1) Participated in a URMC TeamSTEPPS 3.	Online Course.  2024 (Only for first time participation in TeamSTEPPS)
2)	2) Participated in the High Reliability for P  Date:	roviders: Avoiding Harm from Diagnostic Error course. _, 2024
3)	3) Participated in the Risk Management So	
4) qua	4) Participated in a completed <b>URMC-spo</b> quality improvement effort (not the same a Dates:	
5) and	5) Participated in the URMC Healthcare Sand attending at least 8 of 11 sessions:   September 2023 – January 202	rafety: Building a High Reliability System certificate course
6)		Quality Improvement course (Part I or Part II)  Date:
	programs	training program - either individual coaching or face-to-face , 2024 *** Submit certificate with application.
8)	attanding at least Facesians	linician Wellness Series & received a CME certificate by , 2024 *** Submit certificate with application.
9)	& received a CME certificate	ying eRecord training/optimization activities
	□ Date(s):	, 2024 *** Submit certificate with application.
10)	10) Participated in a one or two day URM(  Date(s):	Crucial Conversations Course , 2024 *** Submit certificate with application.
11)	11) Participated in a UR Pursuing Excellent  Dates:	

## **URMC Malpractice Premium Differential Program Application (cont.)**

## (Updated March 2024)

12)	Participated in	n this year's "Staff Sa Dates:				nt to be announ	ced.		
13) spea		I in at least 50% of Cone sessions. Submit Dates:	CME documen	ts and ager	-				
14)	Participated in	the AAMC 2024 "Te Dates:		lity" virtua	l course.				
15)	Participated in	the UR Mindful Pra Dates:		ne program	ı. Subm	it certificate wit	h application.		
16)	& Loss Prev	**Rarticipated in at least 50% of scheduled 2024 meetings of URMC-based MCIC Patient Safety & Loss Prevention Initiatives, validated by meeting organizer.  [ ] Emergency Medicine initiative [ ] Obstetrics initiative [ ] Office Practice initiative [ ] Perioperative & Surgical Safety initiative (PSSI) [ ] PSSI Minimally Invasive Surgery initiative							
17)	7) Participated in an approved service specific risk management 2024 education program. *** Submit certificate or have program do so								
	[ ] GCH Erro [ ] Hospital [ ] Medicino [ ] Otolaryr [ ] Primary	siology ASA program or Prevention Training Medicine Quality & e: Bias Reduction in agology Care Network annua rgery: Multidisciplin	ng Safety Rounds Int Med (BRIM) al risk managem	[ ].nent prog	Geriat   Geriat   Imagii   Ortho   Palliat   SIMOF	rics ng Backstop par paedics ive Care ACT pr RS OR crisis simu	ogram		
18)	and 1 Obst [ ] Complet [ ] Complet	icing Obstetrics: con etrics simulation ed OB Relias/GNOSI ed multidisciplinary SMH Date:	S Course, <b>and</b> Obstetrics simu	ılation					
19)	Comple	ists: participation in ted 6 CME Fellows o ted multidisciplinar H Date:	onferences dur y Obstetrics sim	ing 2024, <b>a</b> nulation du	i <mark>nd</mark> Iring 202				
mana recei	agement education of at least 4 horal of agenda and co	etion during 2023 of a on, with approval base ours of safety or risk m opy of CME credit cert Program name:	ed on submission nanagement relat ificate).	of the prog ed AMA Ca	ram's age tegory 1 (	enda, and confirm CME credits or eq	ed through		
Name (print or type):				Department:					
Signa	ture (electronic	or hand):			D	ate:			

Please submit this form directly (by intramural mail or via email) or to your Department Administrator for submission to Heidi Poltorak, Directors Office, Box 612, to be received no later than January 8, 2025

Forward any questions to <a href="mailto:Heidi Poltorak@urmc.rochester.edu">Heidi Poltorak@urmc.rochester.edu</a>