



Mass. Chapter of the American Academy of Pediatrics Injury Prevention
MOC Part 2 (Lifelong Learning) and 4 (Quality Improvement) Project 2017
INTRODUCTION AND SUMMARY

INJURY PREVENTION- worth the effort

Injuries are the number one cause of morbidity and mortality among children in the United States. Screening for risk, and counseling families on age appropriate safety behaviors is every provider's responsibility. A standardized tool can make screening, well, more standardized😊. The MCAAP has modified a tool developed by the Ohio Chapter for clinical use that allows for quick screening for injury risks including safe sleep, burns, car safety, falls and poisoning.

MOC- it's for you and me

All ABP certified pediatricians need our Maintenance of Certification credits. The activity provides 25 MOC Part 4 credits and the opportunity for an additional 10 in Part 2 credit, plus an extra hour of CME.

EASY-that's the beauty of it

No extra patient visits are required. The computerized survey is self-administered by parents. By honing in on areas of concern, your impact is increased. Data is sent directly to Typeform.com, and is tabulated automatically.

REQUIREMENTS- the fine print

1. Attend MCAAP Meeting Thursday, May 11 for training (recommended)
2. Enroll 10 babies. Administer survey at 4, 6 and 9-month well visits.
3. Complete some basic documentation.
4. Show an average increase of one “safe behavior” per patient.
5. Read AAP Quality Connections for physician education

MCAAP Injury Prevention

MOC Part 2 (Lifelong Learning) and 4 (Quality Improvement) Project 2017

Steps to Project Completion

Step 1- Winter/Spring 2017- Learn about/sign up for project by contacting Dr. Greg Parkinson at gregorywparkinson@gmail.com
And complete "Intent to participate form".

Step 2- May 2017- (highly recommended) Attend session at MCAAP Annual Meeting on Thurs. May 11, 2017 to receive training in MOC Part 4 project participation and to have introductory lecture for Part 2 (2 hour commitment from ____ to ____ pm. Meeting to held at MMS headquarters, 860 Winter Street Waltham, MA 02451. Sign-up info from Cathleen Haggerty at chaggerty@mcaap.org

Step 3- May/June 2017- Physician meets with practice staff to explain project, determine a plan to implement in your practice, and an "office champion"- who will be the point person for the project. Choose hardware device to be used in project.

Step 4- Summer 2017- Begin implementation of project. Enrolled families will complete survey and receive feedback at 4,6 and 9 month well visits. (if practice uses different ages for visits, this acceptable provided that there are 3 consecutive well visits)

Step 5- Periodically meet with practice staff to review quarterly progress reports and to troubleshoot with Project Leader

Step 6- 2017/18-Enroll last family

Step 7- Five mo. after Step 6-Finish survey completion for last family

Step 8- Complete on-line module to obtain Part 2 credit

Step 9- Attest to successful enrollment goal achievement

Step 10- Receive certificate of MOC Part 4 completion

MCAAP MOC Injury Prevention Q & A

1. **Who is eligible to be enrolled?**- All babies at 4 month well child visit who present with a parent/guardian who reads and writes English. (currently not available in other languages)
2. **What constitutes successful enrollment?**- Completion of the survey at the 4, 6 and 9 month visits.
3. **Does a family have to complete all 3 visits to count?**- Yes, although a small number of enrollees may be accepted who complete only 2, if a safety practice improvement is shown between visits 1 and 2.
4. **What if a child "no-shows" for or cancels a well visit?** The survey can be given at the subsequent visit (well or sick).
5. **Does the same parent/guardian have to complete the survey at each visit?**- No, but it is preferable if possible.
6. **How many patients need to be enrolled?** 10 per physician
7. **How long does the project take to complete?** Each enrollee takes 5 months. The time taken will be from the initiation of the first enrollee until 5 months after the initiation of the last. For example, if it takes 3 months to enroll 10 patients, it will take 8 months in total.
8. **What is the PHYSICIAN EDUCATION component of the part 4 activity?** Physicians are asked to read "Quality Connections", the AAP monthly newsletter on Quality Improvement while doing the project. Additional online education is available at the American Board of Pediatrics Website
9. **What is the "Definition of Improvement"** There will be an average increase in 'safe behavior score' of one safety practice in patients from the 4 mo. (baseline) to 9 mo. visit (2nd follow-up) compared
10. **What will be the "Practice Roles"?** The physician(s) will be in charge of the project at the office level. Participating physicians will be meaningfully

participating throughout the project- they will be engaged in planning and executing the project, implementing the interventions and team meetings. Overall results will be sent to the physician and he/she will review progress with staff, as well as the results of individual patient surveys

The office staff will include an "office champion" who will coordinate the project at the practice. Staff will also "flag" eligible patients and review individual "patient surveys" with the parent/ guardian (the physician will review the results and the guidance given).

11. How is participation documented? – The Worksheet has all the data collection information required for a practice to complete. In addition, once all data is collected the participating physician will complete and submit an Attestation of QI Project Completion form.

Other questions?- contact Project Manager at
gregorywparkinson@gmail.com

MCAAP Injury Prevention

MOC Part 4 (Quality Improvement) Project 2017

In-office Protocol

These simple steps will help with successful enrollment:

Step 1- Patient is identified as candidate for study (at 4 mo.) or recheck (at 6 or 9 mo.) Staff member:_____

Step 2- Patient chart is flagged electronically or manually (sticker) Staff Member:_____

Step 3- Electronic device handed to parent/guardian to complete Staff Member:_____

Step 4- Parent/Guardian completes survey and leaves for review. WE ARE SITE

Step 5- Survey reviewed with family Staff Member:_____

Step 6- Log sheet completed _____

MCAAP Injury Prevention ABP MOC Part 4 Worksheet

Practice Name: MD Name:

For each patient, write down the patient name. Then write the date under each visit column after the survey is completed

<u>Pt#</u>	<u>Name</u>	<u>4 mo. date</u>	<u>6mo date</u>	<u>9mo.</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

Typeform.com Survey Login: <https://mcaap.typeform.com/to/PbWbAJ>

Physician/Site Number:

Massachusetts Chapter of the American Academy of Pediatrics
Maintenance of Certification Part 4
Attestation of Intent to Participate

Please complete the following form to register. If more than one MD intends to participate, please complete a separate form for each person.

Project Name: Infant Injury Prevention Survey

Practice Name:

Practice Address:

Participating MD:

Contact E-mail:

I, the undersigned, understand that in order to receive American Board of Pediatrics Maintenance of Certification Part 4 credit, must fulfill the following criteria:

1. Enroll and complete 10 infant/parent (or guardian) pairs
2. Have each participant complete the Infant Injury Prevention Survey at the 4 month, 6 month and 9 month well child visits (or equivalent)
3. Complete the enrollment sheet for each infant.
4. Demonstrate an average improvement of one "Safe Behavior" between the 4-month and subsequent visits
5. Personally and actively participate in the program as MD

I also understand that I need to have access to a device with one of the following platforms / browsers:

- Windows and Mac computers: IE9+, and latest versions of Chrome, Safari, Firefox, Microsoft Edge, and Opera.
- Tablets: iPads running IOS 8.4+ and Android tablets running 4.4+.
- Smartphones: iPhones running IOS 9.1+, Android smartphones running 4.4+, Opera Mini (latest version) and IE Mobile (latest version).

MD Signature:

Date:

Massachusetts Chapter of the American Academy of Pediatrics
Maintenance of Certification Part 4
Attestation of Successful Completion

Please complete and submit the following form **once ten patients have been enrolled and completed follow-up** for the MCAAP MOC Infant Injury Prevention Survey.

Practice Name:

Practice Address:

Participating MD:

Contact E-mail:

I, the undersigned, attest that I have fulfilled the enrollment and follow-up criteria for the MCAAP MOC Part 4 Injury Prevention Survey, and that I have personally been involved in the implementation of the QI project.

MD Signature:

Date: