



Midwest Regional  
CHILDREN'S ADVOCACY CENTER

Midwest Regional  
Medical Academy

# 2020 myQIportal SA Clinician Manual

## American Board of Pediatrics Approved Quality Improvement Project for Child Sexual Abuse

This quality improvement project is an American Board of Pediatrics Approved Performance in Practice (Part 4) Module for Maintenance of Certification. The intent of the **myQIportal** project is to improve documentation and diagnostic accuracy of child sexual abuse evaluations.



Children's  
MINNESOTA



American  
Board of  
Pediatrics

OJJDP

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The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.

## Introduction

### What is myQIportal SA?

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This quality improvement project is approved by the American Board of Pediatrics (ABP) and qualifies for Maintenance of Certification (MOC) Part 4 credit for Performance in Practice. For more information on ABP approved quality improvement projects and MOC credit requirements visit [www.abp.org](http://www.abp.org).

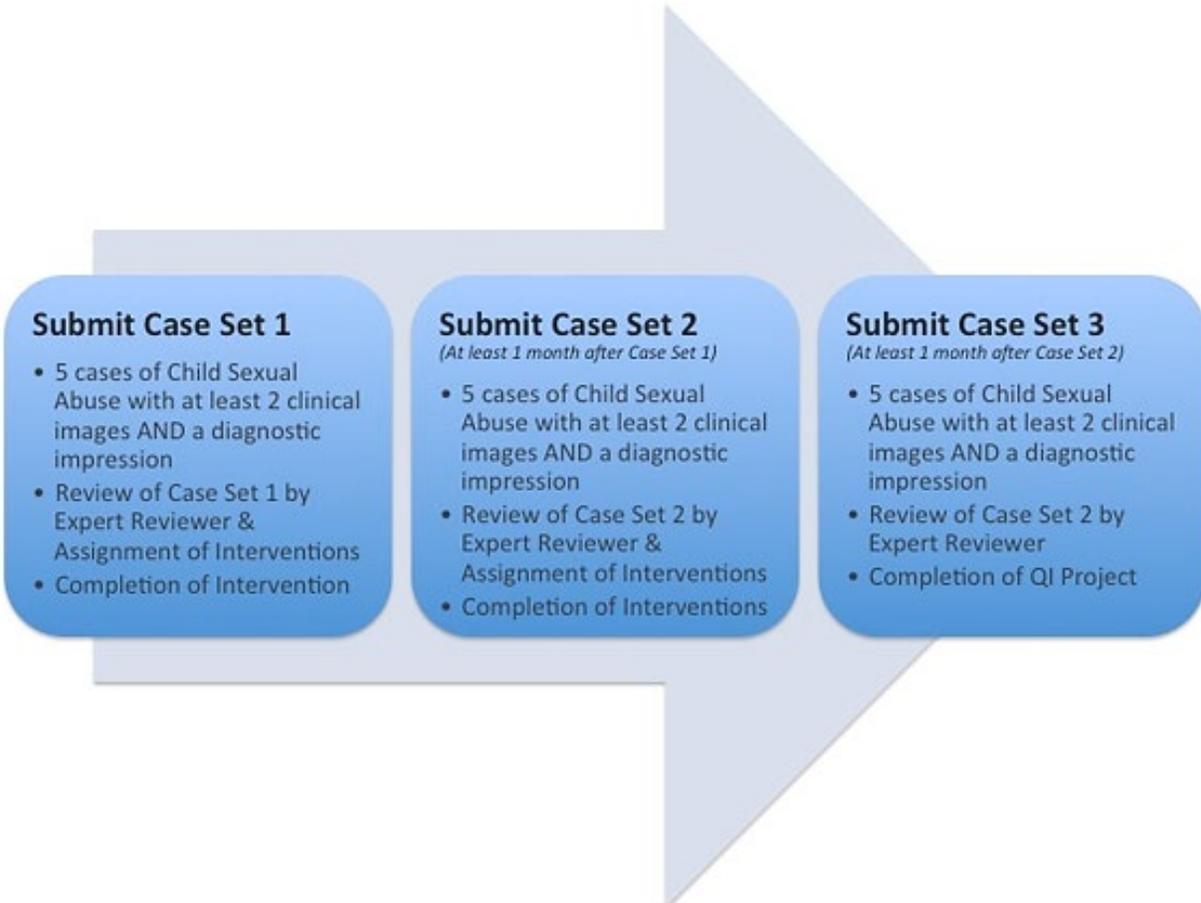
This project involves the submission of 3 case sets. Each case set should consist of 5 consecutive sexual abuse cases you have evaluated. The submission of consecutive cases allows the reviewers to assess your present photographic technique and diagnostic skills, not just your difficult or tricky cases. After the submission of each case set you will receive feedback and be assigned interventions by a reviewer from our Expert Review Panel. You will have 1 month to complete the assigned interventions before submitting your next case set. Upon the completion of all 3 case sets you will be provided with a certificate of completion and access to the case information you submitted, feedback you received, and interventions you completed during the project.

### Information Needed to Submit Cases

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- Patient demographic information
- History
- Physical exam findings
- Genital exam findings
- Anal exam findings
- De-identified clinical image and/or video files (a minimum of two and a maximum of ten). Acceptable image file formats include BMP, GIF, JPG, JPEG, PNG, TIF, OR QTF, and video formats include MP4, WMV, WMA, ASF, WEBM, FLV, AVI, Quicktime, MOV, AND M4A. You will find additional guidance for de-identifying and labeling these files later in this manual.
- Diagnostic Impression

# Project Overview



## HIPAA Compliance

The myQIportal SA platform complies with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules to ensure all patient information remains protected and confidential ensuring data or information is not made available or disclosed to unauthorized persons or processes. All electronic features and functionality adhere to strict privacy and security rules regarding Protected Health Information (PHI) at three levels:

- 1) Access (administrative) controls;
- 2) Physical safeguards that include physical measures, policies and procedures to protect electronic information systems and equipment from natural and environmental hazards, and unauthorized intrusion; and
- 3) Technical safeguards for authentication, encryption in transit and at rest that protects electronic health information and control access to it.

All participants in the myQIportal SA program are asked to attest that they have not included PHI on their cases, and the Program Manager verifies that PHI is not included prior to case assignment. Additional details are included later in this manual and also at <https://www.mrcac.org/hipaa-privacy-rules/>.

## Step-by-Step Instructions

### Project Registration

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To register for myQIportal, visit <https://mrcac.tfaforms.net/25> in your internet browser.

The first page will look like the screen below:



**Midwest Regional  
Medical Academy**

**myQIportal Registration Form - Sexual Abuse**

Page: **1** 2 3 4

Save my progress and resume later | [Resume a previously saved form](#)

Thank you for your interest in myQIportal, an American Board of Pediatrics Approved Quality Improvement project brought to you by the Midwest Regional CAC and Children's Minnesota. The intent of the project is to improve documentation and diagnostic accuracy of child sexual abuse evaluations. This program is not to be used as a second opinion and is only for quality improvement.

Please complete this registration form so that we may enroll you. Your answers will be used to determine your eligibility to participate. Your answers also may be used for quality improvement assessment; if so, your identity will remain anonymous. This registration form should take no more than 10 minutes to complete.

**This registration form should only be completed by the medical professional intending to use this program.**

The registration form (four pages total) will request demographic information, ask about your experience and background, as well as about the photodocumentation equipment you currently

use. Finally, it will ask about your familiarity with the Adams Guidelines ([Adams, J., et al. \(2018\). Updated Guidelines for medical care of children who may have been sexually abused. North American Society for Pediatric and Adolescent Gynecology](#)) as these will be used when indicating your diagnostic impression. After entering your responses, you will then click the **Submit** button.

Next, you will be asked to review all of the information you submitted and at this point, you can make any corrections. Once everything looks okay, click **Confirm**. You will be asked to pay the \$250 registration fee at this point, utilizing PayPal. After payment is complete, your browser will direct you to a confirmation page, and you will also receive an email from the MRCAC Medical Academy Program Manager notifying you that your registration has been received and will be reviewed within two business days.

Once your registration has been reviewed and receipt of payment is confirmed, the Program Manager will send you the Clinician Manual, a copy of the Adams Guidelines, and unique customized links to begin uploading cases. Soon after that, you will also receive an invitation to Box.com, a HIPAA-compliant file storage system where you'll be able to review case feedback.

## Box.com Access

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You will receive an email invitation to view your folder in Box.com. If you already have an account in Box.com that uses the same email address you are using for myQIportal, you will be directed to a log in page that looks like the image below. Click on the line that says *Not a part of Children's Minnesota?*



From there, you will be asked to submit your email address and password. Once you have entered that information, you will have access to your Box.com folder.

If you do not already have a Box.com account with the email address you are using for myQIportal, you will be asked to create one. The account creation page will look similar to the image below. Once you create your account, you will be able to access your Box.com folder.

**box** English (US) 1-877-729-4269

### Create Your Account

has invited you to collaborate on "00 Sample Folder"

**Signup for a Box account to accept invite**

Full Name

Email Address

Password

Confirm Password

Phone Number (optional)

**Submit**

By submitting this form, you confirm that you agree to our [Terms of Service](#) and consent to the storing and processing of your personal data as described in our [Privacy Policy](#).

You're invited to collaborate on:

 00 Sample Folder

**Children's**  
MINNESOTA  
Children's Minnesota

Your Box.com folder will serve as your reference center throughout your participation in the program. It contains your account information (including your unique link for submitting cases), the Clinician Manual, a copy of the HIPAA Privacy Rules, and – as you progress through the program – your uploaded case information, expert reviewer feedback, and assigned interventions.

## Case Set Creation: File Preparation

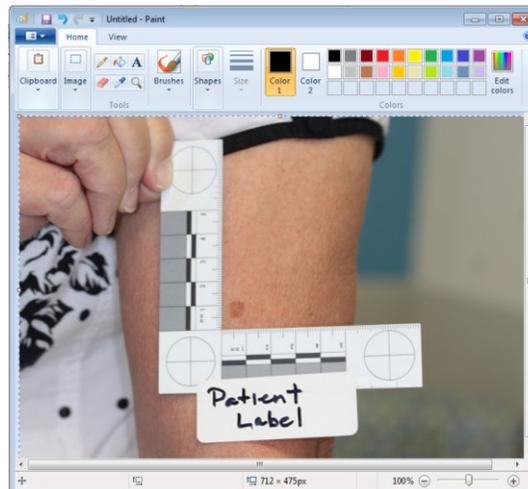
---

Cases should be chosen which represent your standard practices for written and image documentation. As much as is practicable, it is important to submit 5 consecutive cases for each case set, as long as the cases have appropriate notes and images for review. These should be your cases and all identifying information for you (the clinician) and the patient must be removed. The identifiers that qualify as PHI are described at <https://www.mrcac.org/hipaa-privacy-rules/> and are written out in the next section. Remove these identifiers from any text you include in the narrative sections, including the history provided by the caregiver and/or child, physical exam, genital exam findings, anal exam findings, and your initial diagnostic impression. If you plan to share videos, edit them to include only the relevant sections and to exclude PHI identifiers.

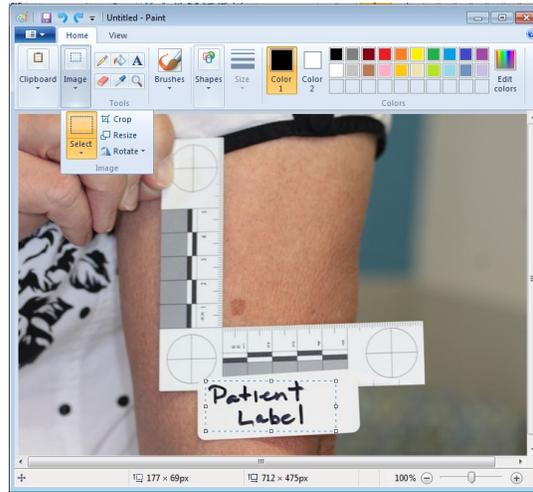
Images should also be de-identified. Microsoft Paint® is a simple drawing program built into Microsoft Windows® and can be used to de-identify images before sending them in for review. The examples in this document are from Windows 7®, but Paint in other versions of Windows has similar features. The interface may look a little bit different depending on your version.

### De-Identifying Images

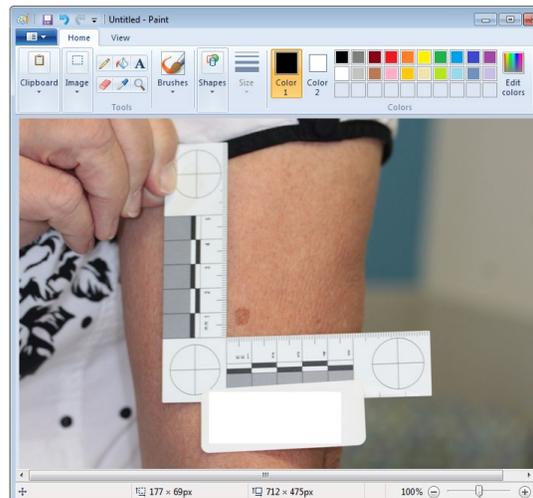
1. Open the image you wish to de-identify in window paint.



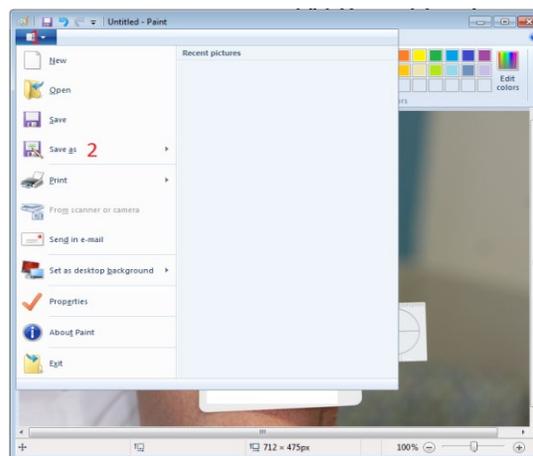
2. Use the **Select** tool to make a blinking rectangle around the patient information.



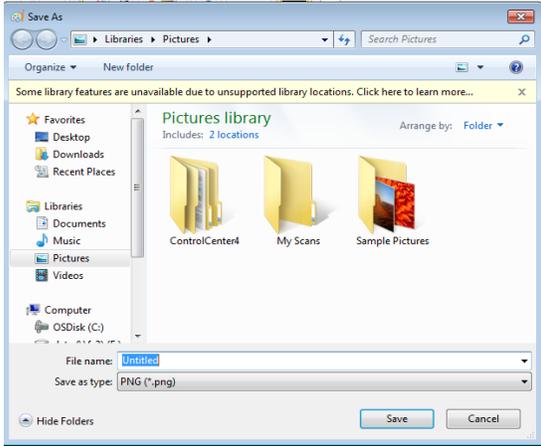
3. Use the **Clipboard | Cut** command or press **Control** and **X** on the keyboard.



4. Verify that all PHI has been Removed. Then **Click File** and then **Save As**.



5. Ensure that *Save as Type* is set to **PNG (\*.png)**
6. Select a name and location where the de-identified file should be saved (see file naming conventions in the next section).
7. Click **Save**. The new file you just saved has been de-identified and can be submitted on the website.



**Naming Files**

To keep the files organized for yourself, free of PHI, and clearly labeled for expert reviewer feedback, please follow these file naming conventions prior to uploading. Each file name should refer to the case it is part of (Case 1, Case 2, Case 3, Case 4, or Case 5) and should be numbered (File 1, File 2, File 3, etc.).

Example:

**Save as** or **Rename** a file from Smith20191123 to Case 3 – File 3 if it is the third image/video file you plan to submit as part of Case 3.

PC > Documents > myQportal SA - Case 1 Information	
Name	Type
Case 1 - File 1.jpg	JPG File
Case 1 - File 2.png	PNG File
Case 1 - File 3.JPG	JPG File

Once you have gathered the narrative information and de-identified and labeled the image/video files, you are ready to begin submitting cases. You can submit all five cases at once, or you can stop as needed. If you need to stop before submitting a case, **you must save your work**. You can save and return to it later using the button at the top of the form or the hyperlink at the bottom:

Top of form  Save my progress and resume later | [Resume a previously saved form](#)

Bottom of form [Save my progress and resume later](#) | [Resume a previously saved form](#)

## Case Set Creation: Case Submission

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When you have been cleared by the Program Manager to submit each case set, you will receive an email message with unique customized links to begin uploading cases.

**To submit cases:** To submit your case set, use the following links:

Case 1: <https://mrcac.tfaforms.net/>

Case 2: <https://mrcac.tfaforms.net/>

Case 3: <https://mrcac.tfaforms.net/>

Case 4: <https://mrcac.tfaforms.net/>

Case 5: <https://mrcac.tfaforms.net/>

The covered part of the link will contain information specific to you and to the case you are submitting.

Enter case information into the electronic form, utilizing your submission links. You MUST then enter cases starting with Case 1. Enter cases sequentially, 1 through 5. Please keep track of the case numbers you have entered in the system.

The initial page of the case submission link provides guidance regarding the removal of personal health information (PHI) from submitted files and verifies understanding of HIPAA compliance. That information can be reviewed at <https://www.mrcac.org/hipaa-privacy-rules/> and below:

*Personal Health Information (PHI) is defined as the following identifiers of the individual or of relatives, employers, or household members of the individual (<https://hipaa.com/?p=1718>):*

- 1. Names*
- 2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.*
- 3. All elements of dates (except year) for dates directly related to an individual, including dates of admission, discharge, birth, and death. For persons > 89 years, year of birth cannot be used.*
- 4. Telephone numbers.*
- 5. Fax numbers.*
- 6. Electronic mail address.*
- 7. Social security number.*

8. *Medical record numbers.*
9. *Health plan beneficiary numbers.*
10. *Account numbers.*
11. *Certificate/license numbers.*
12. *Vehicle identification and serial numbers including license plates.*
13. *Device identifiers and serial numbers.*
14. *Web URLs.*
15. *Internet protocol addresses.*
16. *Biometric identifiers, including fingerprints and voice recordings.*
17. *Full face photos and comparable images.*
18. *Any other unique identifying number, characteristic, or code.*

**Options for the de-identification of your files for this project:**

1. *For a DOC (Word) or DOCX file:*
  - *Manually remove text and re-save as a DOC, DOCX or PDF;*
  - *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*
2. *For a PDF (Adobe) file:*
  - *Manually remove text using Adobe and re-save as a PDF;*
  - *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*
3. *For a paper document:*
  - *Print out the report, completely black out the text with a black magic marker, and rescan the document to a PDF.*
4. *For a photo:*
  - *Manually cut out all portions of photos that include labels with identifying information, full face images, or comparable images.*
  - *Refer to [How to Deidentify Images in Paint](#) (in your Clinician Guide and at <http://bit.ly/3545Oil>) for specific editing steps.*

*Before submitting each case, clinicians will need to verify understanding of each of the statements below regarding the removal of protected health information:*

- I have received training and understand my responsibilities under the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules;*
- I will remove all of the 18 elements of HIPAA protected health information from both my text and image files before submission;*

- I understand that all materials I submit will be reviewed, and any materials found to have Protected Health Information will be destroyed and removed from the project platform, and I will be asked to resubmit properly de-identified files to continue in the project;*
- I understand that failure to comply with these rules will result in loss of any files which are improperly submitted, may preclude my participation in the project, and may result in loss of my registration fee and/or civil and criminal sanctions under federal regulations (42 USC § 1320d-5).*

After you attest to removing PHI on your case materials, you will then start entering information regarding your case.

**Case Information**

Case Identifier

Case Number \*  
 ▼  
Cases should be submitted sequentially. Please indicate which case number (1-5) you are submitting.

Date of Service \*

How much time has passed since the last suspected episode of abuse/assault? \*  
 ▼

**Demographics**

Age on date of service: Years \*

Age on date of service: Months \*

Biological Sex \*  
 Male  
 Female

Race/Ethnicity  ▼

**History**

History provided by the caregiver and/or child: *Please provide **brief** historical information that is **pertinent** to this examination or any historical information that may have influenced your diagnostic impression. Do **not** copy and paste the entire history and physical. \**

**Physical Exam**

General physical exam findings: *Please provide the **pertinent** positive and negative findings that will assist the reviewer in diagnostic impression of this case. Do **not** copy and paste the entire physical exam report. \**

Previous Page

Next Page

Complete the sections on genital and anal exam findings.

Genital exam findings: *Please provide a detailed description of genital anatomy with location and detailed description of normal and abnormal findings.*

Anal exam findings: *Please provide a detailed description of anatomy with location and detailed description of normal and abnormal findings.*

Previous Page

Next Page

Upload the image and/or video files related to the case. Remember to follow the file naming conventions (ex. Case 1 – File 1) described in the *Case Set Creation: File Preparation* section of this manual.

### Clinical Images/Video

#### Instructions for submitting clinical images and videos

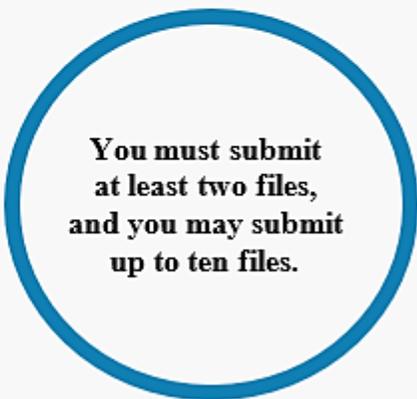
- You will need to upload a minimum of two (2) image and/or video files to submit your case for review. You may upload up to ten (10) images and/or video files.
- Remove all identifying information from the images you submit. Instructions for de-identifying images can be found in your Clinician's Manual and at <http://bit.ly/3545Oii>.
- Before uploading, label your images sequentially (ex. Case 1 - File 1, Case 1 - File 2, etc.) as described in your Clinician's Manual.
- Videos should be edited to only the relevant sections requiring review.
- Acceptable image file formats include .bmp, .gif, .jpg, .jpeg, .png, .tif, or .tiff, and video formats include mp4, wmv, wma, asf, webm, flv, avi, quicktime, mov, and m4a.
- The total size of all uploaded files can not exceed 30 GB.

- STEP 1:** Click the **Choose File** button.
- STEP 2:** Click on the file on your computer you would like to upload.
- STEP 3:** Complete Steps 1 and 2 until you have uploaded all of the files you would like to share.
- STEP 4:** Click on the **Next Page** button at the bottom of the page after you have finished uploading your files.

Upload 1 \*  No file chosen  
Ex. Case x - File 1

Upload 2 \*  No file chosen  
Ex. Case x - File 2

- Upload 3  No file chosen
- Upload 4  No file chosen
- Upload 5  No file chosen
- Upload 6  No file chosen
- Upload 7  No file chosen
- Upload 8  No file chosen
- Upload 9  No file chosen
- Upload 10  No file chosen



After uploading your image files, you will then enter your diagnostic impression, utilizing the current Adams Guidelines on Suspected Sexual Abuse. This article is included in your Box.com folder and at <https://www.mrcac.org/updated-medical-assessment-guidelines/>.

### Diagnostic Impression

**Initial Diagnostic Impression**

Explain your diagnostic impression of the exam findings in detail. \*

Your diagnostic impression \*

Please select... ▼

Normal variants or findings normally caused by other medical condition

No consensus

Findings diagnostic of trauma and/or sexual contact

Abnormal finding caused by other medical condition

You will attest that you have removed all PHI and then click **Submit**.

I attest that all identifying information has been removed from this case including written documentation and photodocumentation. \*

Yes

Once you click on the **Submit** button, you will be directed to a page where you can review your answers and confirm your submission. You must click on the **Confirm** button on that page in order to complete your case submission.

**After you confirm submission of this case, you will be directed to your next case submission form until you have submitted all five cases in the case set.**

Previous Page

Submit

You will then be prompted to review all of your case submission, looking for any errors and making sure you have removed all PHI. Once you confirm that everything is correct, click **Confirm**.

## Please review your response and confirm.

You **MUST** click the **confirm button** at the bottom of this page to finalize your response. If you want to print this page for your record, you may do it now.

**Your case  
information and  
attached file list will  
appear here for  
your review.**

*Attached Files:*

Case 1 - File 1.jpg (147 KB)

Case 1 - File 2.png (158 KB)

Confirm

 [Make a correction](#)

 [Print this page](#)

After you click on **Confirm**, you will be taken to the next case in the case set until you have entered all five cases. If you need to take a break from entering case information, you have two options:

1. If you stop right after submitting a case and before you have entered any information for the next case, you can just note the case you are on and exit. When you are ready to resume entry of cases, you can click on the corresponding link for the case in your case submission email message.

*Example: If you stopped after submitting Case 2 and before submitting any information on Case 3, you can just click on the link for Case 3 when you're ready to begin again.*

**To submit cases:** To submit your case set, use the following links:

Case 1: <https://mrcac.tfaforms.net/>

Case 2: <https://mrcac.tfaforms.net/>

Case 3: <https://mrcac.tfaforms.net/>

Case 4: <https://mrcac.tfaforms.net/>

Case 5: <https://mrcac.tfaforms.net/>

**The covered part of the link will contain information specific to you and to the case you are submitting.**

2. If you need to stop before submitting all of your information for a case, you can save and return to it later using the button at the top of the form or the hyperlink at the bottom:

**Top of form** →  Save my progress and resume later | [Resume a previously saved form](#)

**Bottom of form** → [Save my progress and resume later](#) | [Resume a previously saved form](#)

After submitting the final case in the case set, you will see a message that all cases have been submitted.

**Cases Received**

Our records indicate that you have submitted all five cases in your case set. You will receive an email notification when your case set has been assigned by an expert reviewer and when you can review the feedback provided.

If you believe you have reached this page in error or you have a question, please contact Kim Martinez, Program Manager of Medical Academy and Peer Review, at [kim.martinez@childrensmn.org](mailto:kim.martinez@childrensmn.org) or 952-992-5278 (office) or 612-759-9344 (cell).

## Case Set Intervention Completion

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After submission of all 5 cases in a case set, the cases will be reviewed by a single reviewer who – as much as is practicable – will continue to review all of your cases throughout your participation in the project. After the review, you will receive a message regarding the scores and interventions for improvement. You will access these using the link to your Box folder. Follow the instructions in the email to review your case scores, feedback and interventions.

**Midwest Regional  
Medical Academy**

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[Redacted]

Your **myQIportal** Case Set - [Redacted] - has been reviewed. To review feedback on your case set, please follow the steps outlined below.

1. Go to your Box folder at [Redacted]
2. Log in with your username and password.
3. Open the folder with the case set name you're interested in reviewing.
4. Read the expert reviewer's feedback.
5. Complete the intervention(s) assigned by the expert reviewer.

Thank you!

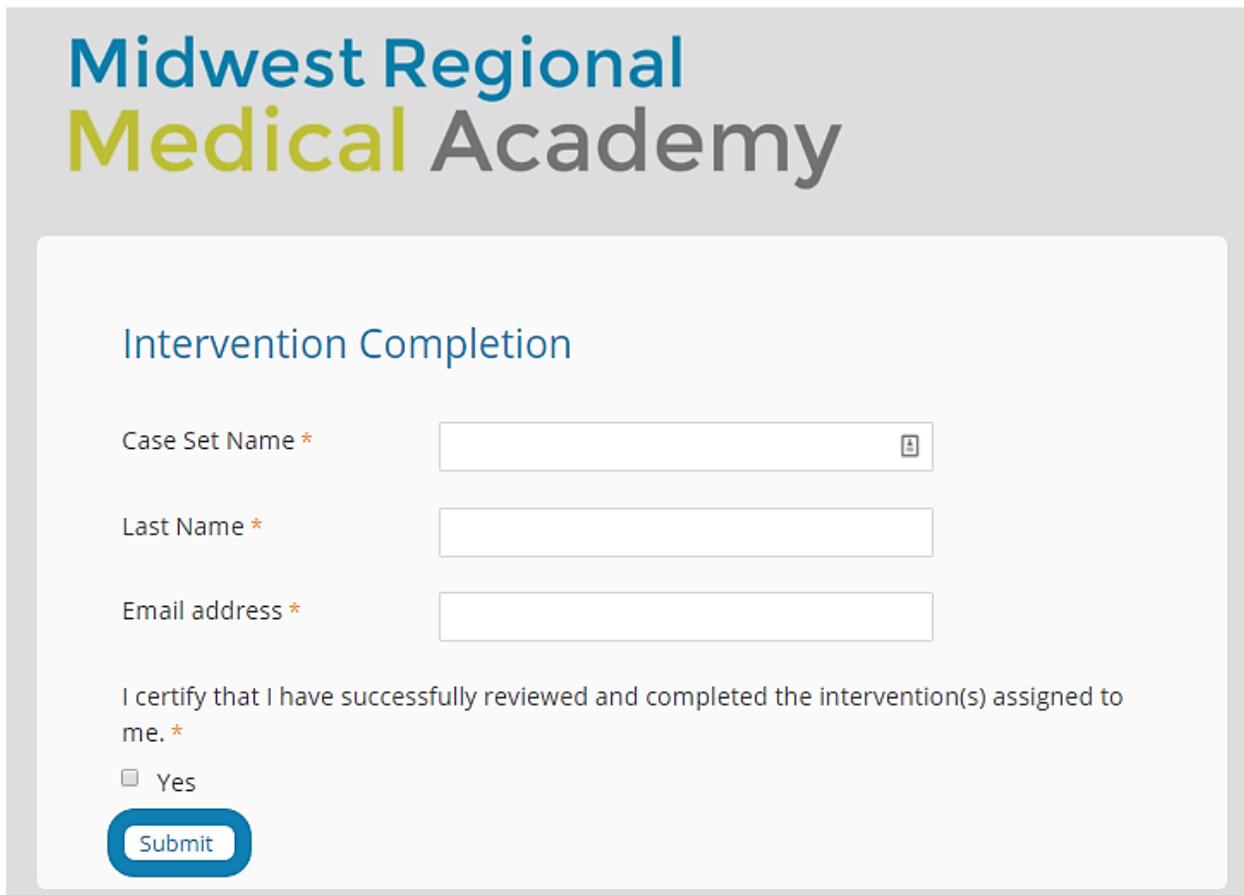
Kim Martinez, MPH, RN, APRN, CPNP, PSANE  
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5901 Lincoln Dr, CBC 3, Edina, MN 55436  
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[mrcac.org](http://mrcac.org)

*Empowering you to better serve victims of child abuse*

*Note: You will receive interventions after Case Sets 1 and 2 and must complete them and incorporate knowledge gained to improve your performance before proceeding to new case sets. Interventions will not be assigned for Case Set 3.*

Complete the interventions listed on the *xxxx-CaseSet1 Interventions* document in your Box folder. At the end of the document, you will see a link to follow to confirm that you have completed your assigned intervention(s). Click to visit that link, and enter the case set name, your last name, and your email address.

*Note: This is only used by the Program Manager to identify which clinician folder to place the information in as the case submissions by the clinician and the reviewer are blinded to one another.*



The screenshot shows a web form titled "Intervention Completion" within the Midwest Regional Medical Academy interface. The form contains three input fields: "Case Set Name \*", "Last Name \*", and "Email address \*". The "Case Set Name" field includes a small icon on the right side. Below the input fields is a certification statement: "I certify that I have successfully reviewed and completed the intervention(s) assigned to me. \*". Underneath this statement is a radio button labeled "Yes". At the bottom of the form is a blue "Submit" button.

You will see an automated message on the exit screen: *Thank you for completing your assigned intervention(s). Once the 30-day period has passed since your last case set submission, you will be invited to submit your next case set.*

## **Project Completion, Attestation Form and Final Clinician Review**

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Successful completion of this project includes the submission of 3 Case Sets consisting of 5 contiguous cases of child sexual abuse, in addition to the review and completion of the interventions assigned to you by the expert reviewer.

Please note that there will be no interventions assigned for Case Set 3. Once the final case set has been completed and reviewed, you will be contacted by the Program Manager to log into the American Board of Pediatrics website to complete your attestation form and submit to the Program Manager so that you can receive your Part IV MOC credits and certificate of completion. You will also receive an invitation to submit feedback regarding your experience in the project.

If you have any questions or concerns, please contact Kim Martinez at 612-759-9344 or email [kim.martinez@childrensmn.org](mailto:kim.martinez@childrensmn.org).

**For additional information on ABP Approved Quality Improvement Projects, please visit the ABP website at <https://www.abp.org/>.**