

myQIportal Physical Abuse Clinician Manual, 2020 v4.0



AAP Approved Quality Improvement Project for Child Physical 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 of child physical abuse evaluations.



Vincent J. Palusci, MD, MS, FAAP, John Melville, MD, FAAP, Rebecca Moles, MD, FAAP, and Kim Martinez, MPH, RN, APRN, CPNP, PSANE, © 2019

This project was supported by Grant #2019-CI-FX-K004 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 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.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



American
Board of
Pediatrics



Midwest Regional
CHILDREN'S ADVOCACY CENTER

Table of Contents

Introduction	2
What is myQIportal?.....	2
Information Needed to Submit Cases	3
HIPAA Compliance	3
Project Overview	4
Review and Scoring	5
Step-by-Step Instructions	7
Project Registration.....	7
Box.com Access.....	8
Case Set Creation.....	9
File Preparation.....	9
Case Set Submission.....	12
Case Set Intervention Completion	20
Project Completion, Attestation Form, and Final Clinician Review.....	22

Introduction

What is myQIportal?

myQIportal Child Physical Abuse is a quality improvement project approved by the American Academy of Pediatrics (AAP) for American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part IV credit for Performance in Practice. 25 Part IV credits are available for completion. For more information on ABP certified quality improvement projects and MOC part IV credit requirements, visit www.abp.org.

This project was modeled on an existing ABP project entitled “Improving documentation and diagnostic accuracy in child sexual abuse evaluations” which was sponsored by the Hospital for the Kings Daughters and designed by the Telehealth Institute for Child Maltreatment (THICM). It is now hosted by the Telehealth Institute for Child Maltreatment at the Midwest Regional Child Advocacy Center of the Children’s Hospitals and Clinics of Minnesota. The project was first developed in 2015 by what was then the AAP Section on Child Abuse and Neglect with the Telehealth Institute for Child Maltreatment, which assumed the financial responsibility for the project, collected subscription fees, and supplied the administrative assistance and use of the electronic platform to the project. They act as the fiduciary for enrollment, completion, and communication with AAP regarding physician part IV credit and will provide quarterly reports regarding project use and completion.

The intent of this **myQIportal Physical Abuse** project is to improve written and photographic documentation of cutaneous injuries in child physical abuse medical evaluations. The project has undergone substantial revision in response to input from participants and reviewers. It was modified to focus more on photodocumentation and moved to a new HIPAA compliant platform in January 2020 to place more emphasis on improving photo quality and in providing more comments to help participants obtain better images.

This project involves each participant electronically submitting 15 cases (3 case sets of 5 cases each) to a secure server. Each case will include 2-10 images of injury and the participant’s written, de-identified case consultation. Each case set should consist of 5 consecutive physical abuse cases with **cutaneous injuries**. The submission of consecutive cases, not select cases that are hand-picked by the participant, allows reviewers to assess each participant’s routine documentation and photographic technique and skills. Reviewers score cases for documentation and image quality using a standardized scoring system, and improvement interventions are assigned based on the point in each area for the first and second case sets. Written materials are scored for elements of the history, physical examination, use of the laboratory and imaging, and assessment. Each picture is rated on a 1-5 scale based on color rendition, brightness, focus and composition, and comments are given as needed. **The goal is NOT to evaluate the medical decision making in the case.** After receiving your scores and comments, participants will have a minimum of 1 month to complete the assigned interventions before submitting their next case set. Participants can monitor their progress through these 3 cycles of case reviews. See **Measure Table For Scoring Clinicians**. For more information on ABP-certified quality improvement projects and MOC IV credit requirements, visit www.abp.org.

Information Needed to Submit Cases

- Your de-identified consultation report in DOC/DOCX or PDF format. You may also cut and paste text from your documents into the project.
- De-identified **clinical** images (A minimum of 2 and maximum of 10 images) in the following digital still formats: JPEG, TIFF, BMP and PNG. Photos must be clinical photographs taken by or for the participant. Radiology, laboratory, or retinal images are not acceptable for this project.

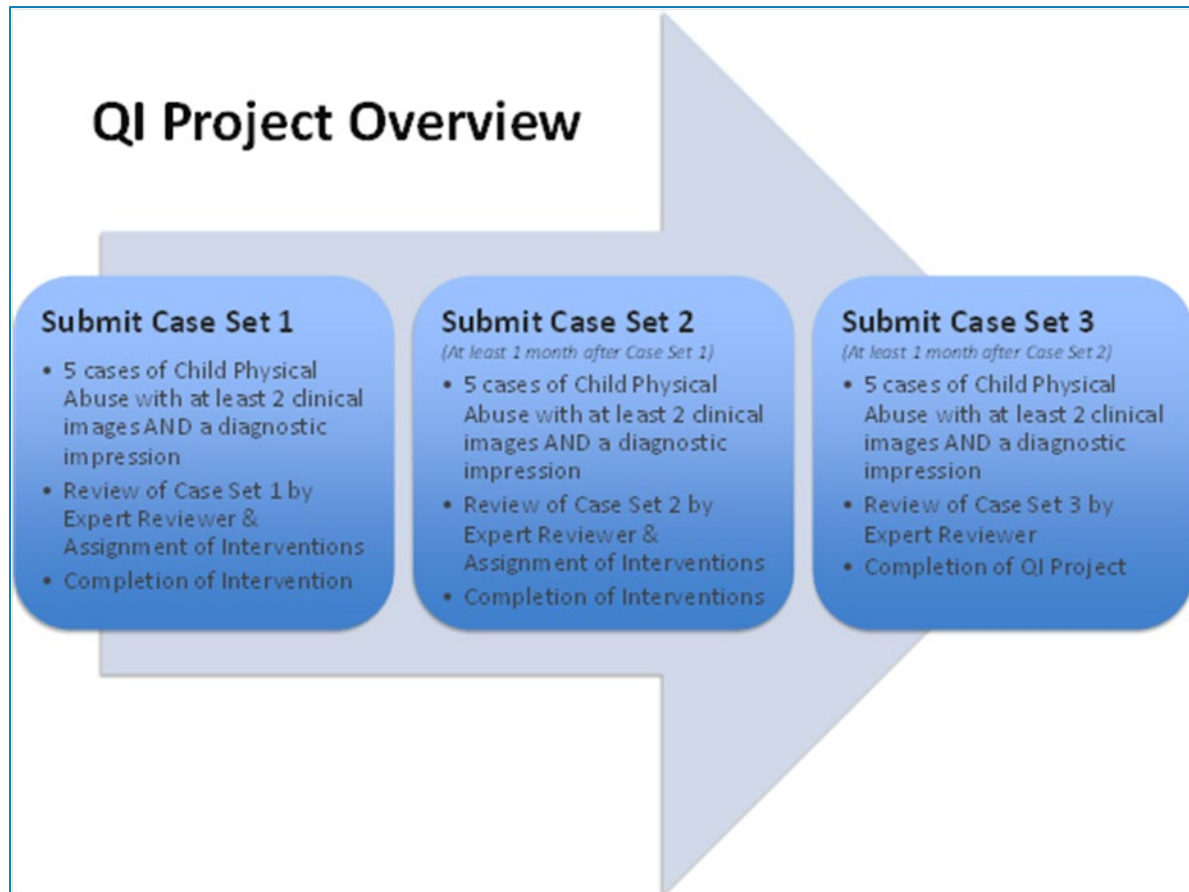
HIPAA Compliance

The myQIportal PA 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 PA 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/>.

Project Overview



Review and Scoring

Each case set will be reviewed by a single reviewer who, as much as is practicable, will continue to review all the cases submitted by that clinician participant throughout their participation in **myQIportal Physical Abuse**. Reviewers will review the written and image documentation and assign a score for each measure: 1. Documentation (11 points) and 2. Image Quality (images averaged over a 5-point scale). Reviewers will also provide specific comments to assist the clinician in improving their score, both for the individual images, at the completion of a specific case, and after reviewing an entire case set. *Additional comments may also be provided which do not affect the score or completion of the project but which do affect practice. These will be labeled as such. For instance, an Expert Reviewer may wish to comment on the diagnostic impression, which is not scored in a metric in this project.* While no minimum score is required for completion of **myQIportal Physical Abuse**, it is hoped that the clinician participant will complete the project while achieving scores greater than 9 correct out of 11 possible for written documentation and with at least an average image score of 3.0 out of 5.0.

Measure Table for Scoring Clinicians

Measure Name/ Type	Measure Definition	Source of Measure	Measure Calculation	Data Source	Measure Target/ Goal	Collection Frequency	Associated Questions
I. Quality of Written Documentation	Quality of the written documentation, by History, Examination, Workup, & Assessment	Novel measure created for this project based on AAP technical report on workup of physical abuse.	Total 11 points may be awarded for: -History (4), -Examination (2), -Workup (4), -Assessment (1)	Participant's written child abuse consultation. Scored by expert reviewers	50% increase in scores or average score ≥ 9 out of 11.	Baseline, midpoint, and end of the program	Does the consultation contain important elements in the history, physical, workup and assessment of the case?
II. Quality of Photo-documentation	Quality of the photo-documentation of the consultation findings in child physical abuse cases	Novel measure created for this project, based on Child Sexual Abuse MOC project	Total of 5 points may be awarded for each image: -Focus -Color -Brightness -Composition	Expert review of 2-to 10 photographs. Scored by expert reviewers	1 point increase in average out of 5 possible points or ≥ 3.0 average score out of 5 possible.	Baseline, midpoint and end of the program.	Does the documentation for the case that the writer has provided adequately depict key elements of the physical examination findings?

Score Table

History (4 points)

- 1 point is awarded if a narrative history from a caregiver is documented or the unavailability of the caregiver is noted;
- 1 point is awarded if the mechanism of injury is clearly documented or if knowledge is denied;
- 1 point is awarded if the timing of injury and/or the last time noted to be healthy is documented;
- 1 point is awarded if a history or denial of recent accidental trauma is documented.

Examination (2 points)

- 1 point is awarded if all significant skin injuries are documented both in writing and images;
- 1 point is awarded if all significant injuries are discussed in the history evaluated on admission.

PLEASE NOTE: The reviewers will take into account the limit of 10 images per case in assessing adequacy.

Workup (4 points)

- 1 point is awarded if a skeletal survey was indicated and obtained/recommended OR if it was not indicated and not obtained/recommended;
- 1 point is awarded if head imaging with CT or MRI was indicated and obtained/recommended OR if it was not indicated and not obtained/recommended;
- 1 point is awarded if liver function tests (AST/ALT) were indicated and obtained/recommended OR if they were not indicated and not obtained/recommended;
- 1 point is awarded if a coagulation profile (PT/PTT) was indicated and obtained/recommended OR if it was not indicated and not obtained/recommended;

Assessment (1 point)

- 1 point is awarded if the overall assessment is clearly documented in lay language.
PLEASE NOTE: The reviewer does not have to agree with the assessment for the point to be awarded.

Image Quality (1-5 points for each image): Focus, Composition, Lighting, Color rendition

- 5 points are awarded for an excellent photo, worthy of publication in a paper or textbook
- 4 points are awarded for a good photo, which completely fills the clinical and forensic needs for which it was taken
- 3 points are awarded for an adequate photo, which has some clinical utility but significant problems
- 2 points are awarded for a photo of sufficiently poor quality that clinical interpretation is difficult or impossible
- 1 point is awarded for a photo that are difficult to identify specific objects or subjects in the photo

Step-by-Step Instructions

Project Registration

To register for myQIportal, visit <https://mrcac.tfaforms.net/46> in your internet browser.

The first page will look like the screen below:

Midwest Regional Medical Academy

myQIportal Registration Form - Physical Abuse

Thank you for your interest in myQIportal - Physical Abuse. This quality improvement project is approved by the American Academy of Pediatrics (AAP), Section on Child Abuse and Neglect, for American Board of Pediatrics (ABP) Maintenance of Certification (MOC) Part 4 credit for Performance in Practice. Twenty-five Part 4 credits are available for completion. For more information on ABP certified quality improvement projects and MOC 4 credit requirements, visit www.abp.org. The intent of the project is to improve documentation and diagnostic accuracy of child physical abuse evaluations.

Please complete this survey 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 survey 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

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 at the top of the following page. Once you create your account, you will be able to access your Box.com folder.



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

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

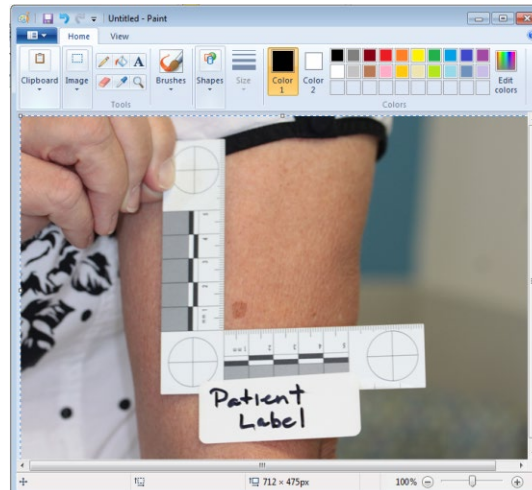
Cases should be chosen which represent your standard practices for written and image documentation. As much as is practicable, it is important to submit 5 consecutive cases for each case set, as long as the cases have appropriate notes and images for review. These should be your cases and all identifying 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 plan to include in the narrative sections, which include the history provided by the caregiver and/or child, the

physical exam, genital exam findings, anal exam findings, and your initial diagnostic impression. Videos, if you plan to share them, should be edited to include only the relevant sections and to exclude PHI identifiers.

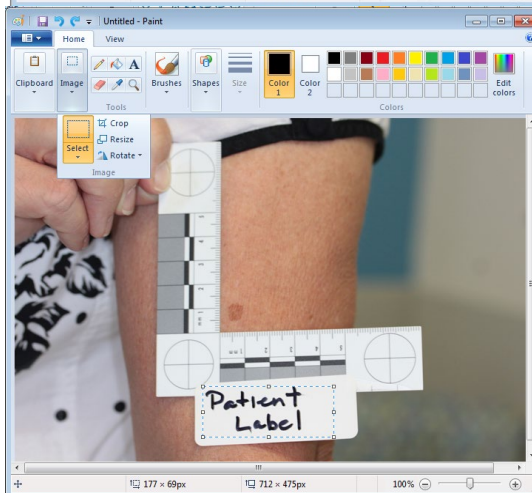
Images should also be de-identified. Microsoft Paint® is a simple drawing program built into Microsoft Windows® and can be used to de-identify images before sending them in for review. The examples in this document are from Windows 7®, but Paint in other versions of Windows has similar features. The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

De-Identifying Images

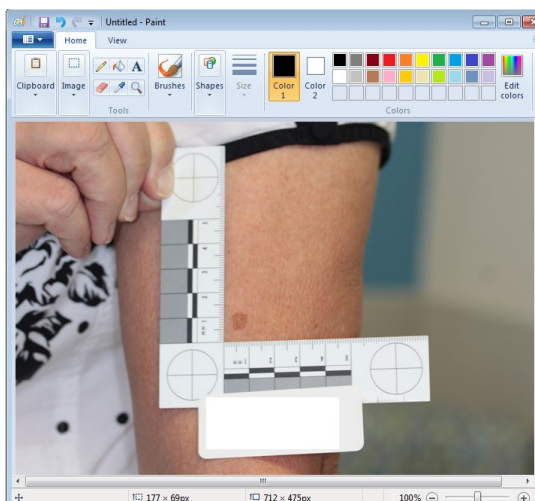
1. Open the image you wish to de-identify in window paint.



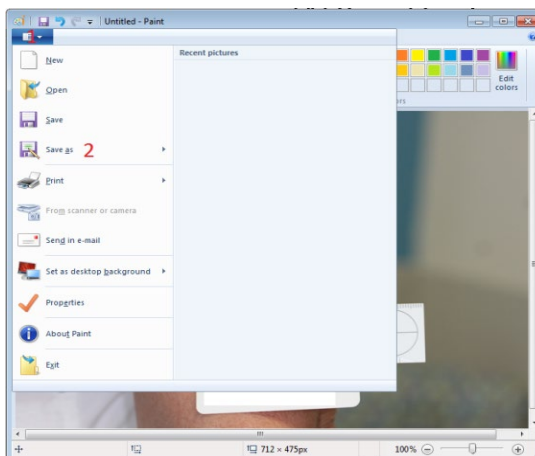
2. Use the **Select** tool to make a blinking rectangle around the patient information.



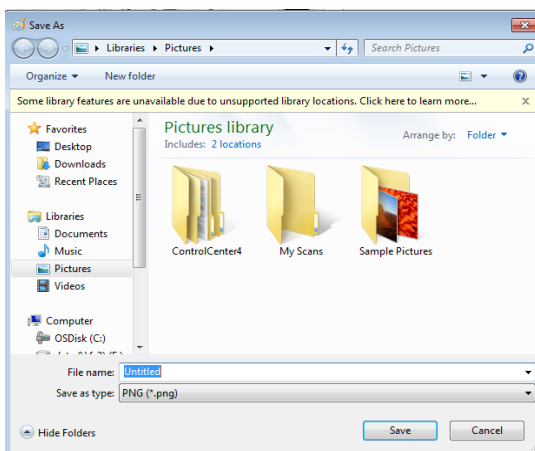
3. Use the **Clipboard | Cut command** or press **Control** and **X** on the keyboard.



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 > myQIportal 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	➡	<input type="checkbox"/> 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

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.

myQIportal - Physical Abuse



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

Case Information

Case Identifier

0010-CaseSet1

Case Number *

1

Cases should be submitted sequentially. Please indicate which case number (1-5) you are submitting.

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

Please select...

Please select...

Less than 24 hours

Between 1-3 days

Between 4-7 days

Between 1-4 weeks

More than a month

Demographics

Age on date of service: Years *

1

Age on date of service: Months *

1

Before you can begin to upload case information, **you MUST** click the box ***PHI confirmation*** (ARROW) to continue with this section. Choose whether you will copy and paste a document in the text box or indicate the file format for your written documentation (PDF or DOC/DOCX file). Click the ***Next Page*** button on the bottom of the page to proceed.

Physical Abuse Consultation

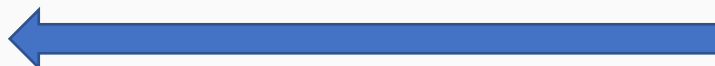
Instructions: The User **must** submit a complete physical abuse consultation which includes the history, physical examination, laboratory and imaging, treatment and reporting findings and recommendations. This case history must be **de-identified** for patient identifiers such as name, medical record number, location and institution so as to mast Protected Health Information (PHI).

Steps:

1. Confirm that all PHI has been removed.
2. Submit documentation by doing one of the following:
 - Upload a PDF
 - Upload a DOC/DOCX
 - Cut and paste the consultation in the documentation text area below

1. PHI confirmation: Have you verified that all PHI has been removed from the document and images you will be uploading and that no identifying information is included? *

☐ Yes



2. Documentation: Please indicate how you will submit your documentation. *

- ☐ Upload a PDF
- ☐ Upload a DOC/DOCX
- ☐ Cut and paste the consultation in the documentation text area below

*Five of the questions on this page are required. Please make sure you have selected a response for each of the items marked with * before advancing to the next page.*

Previous Page

Next Page

You will then be presented with instructions for uploading images. Photos must be clinical images taken by or for the participant. *Radiology, laboratory or retinal images are not acceptable for this project.* 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

Instructions for submitting clinical images

- You will need to upload a minimum of two (2) image files or a maximum of ten (10) image files to submit your case for review.
- Remove all identifying information from the images you submit. Instructions for de-identifying images can be found in your Clinician Guide and at <http://bit.ly/3545OIl>.
- Before uploading, label your images sequentially (ex. Case 1 - File 1, Case 1 - File 2, etc.) as described in your Clinician's Guide.
- Acceptable image file formats include .bmp, .gif, .jpg, .jpeg, .png, .tif, or .qtf.
- The total size of all uploaded files can not exceed 30 GB.
- Please do not upload x-rays, CTs, or images other than photographs taken by the participant.

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 * Case 1 - File 1.jpg
Ex. Case x - File 1

Upload 2 * Case 1 - File 2.png
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

**You must submit
at least two files,
and you may submit
up to ten files.**

Once you have uploaded your images, you are ready to submit your case. Click on the **Submit** button, and you will be given a chance to review your answers and confirm your submission. You will then be directed to the case submission form to submit the remaining cases of the 5 cases required. Repeat the steps above for each case.

Midwest Regional
Medical Academy

myQIportal - Physical Abuse

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

Submit Case

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 directed to your next case submission form until you have submitted all five cases in the case set.

[Previous Page](#) [Submit](#)

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

You will then be prompted to review all of your case submission, looking for any errors and making sure you have removed all PHI. If 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.

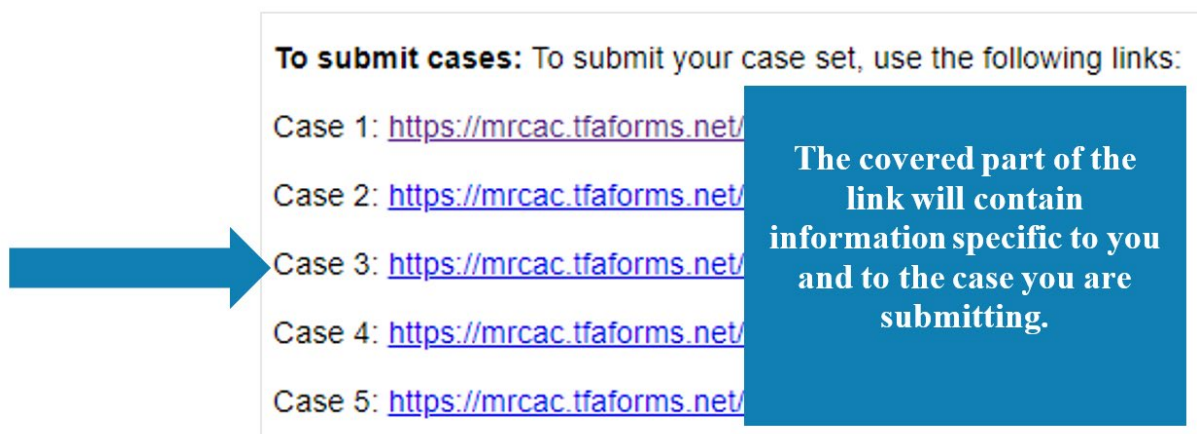
Attached Files:

Case 1 - File 1.jpg (147 KB)
Case 1 - File 2.png (158 KB)
Case 1 - File 3.JPG (182 KB)

[Confirm](#) [Make a correction](#) [Print this page](#)

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/>

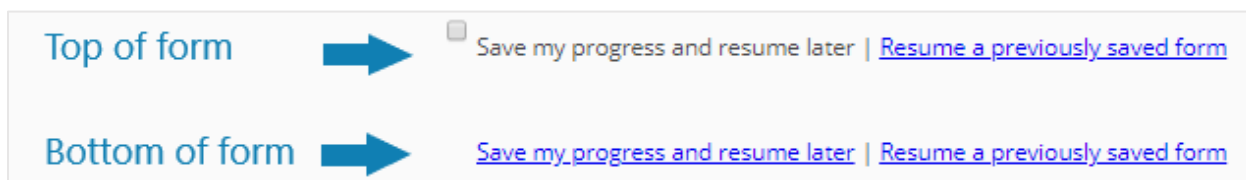
Case 3: <https://mrcac.tfaforms.net/>

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 or 952-992-5278 (office) or 612-759-9344 (cell).

Case Set Intervention Completion

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**

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

1. Go to your Box folder at
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!

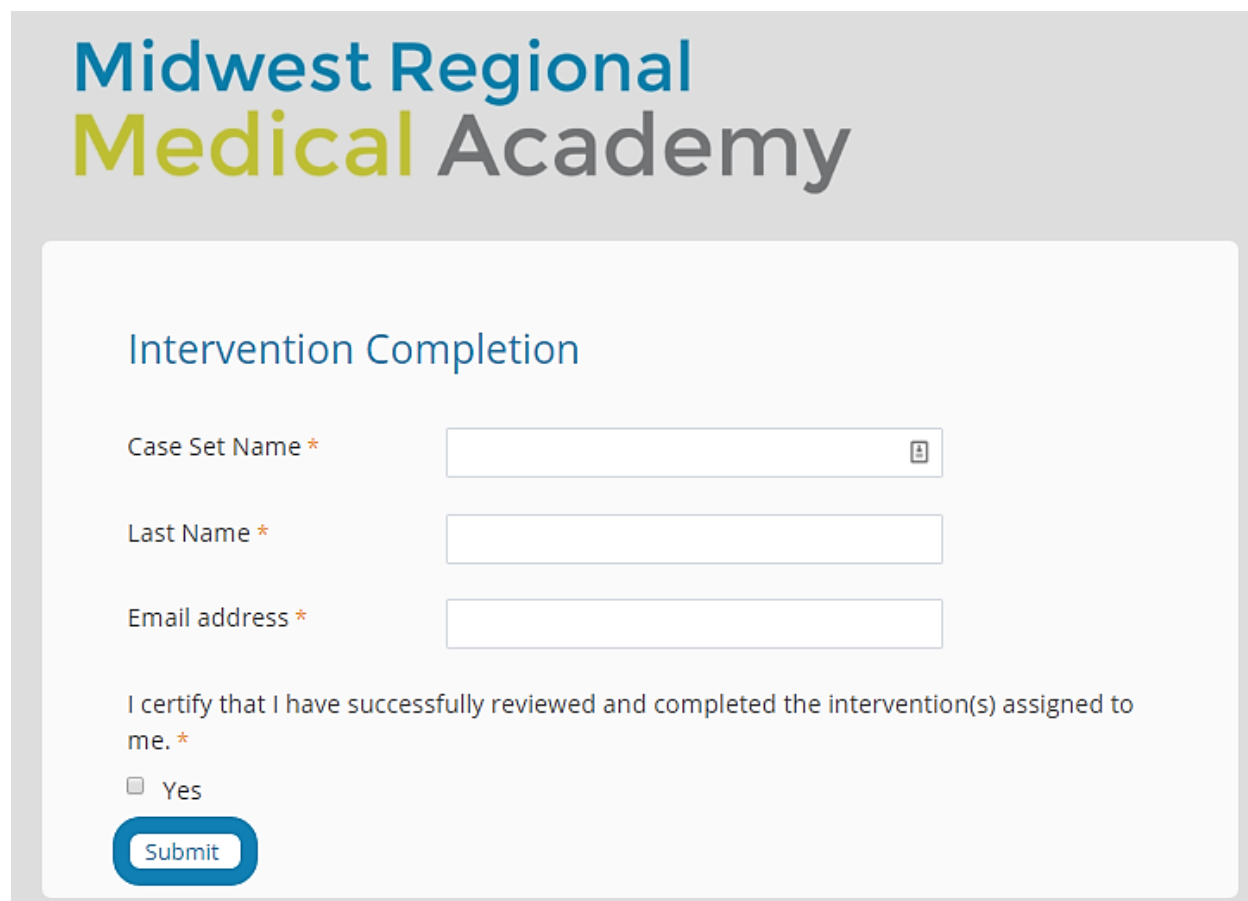
Kim Martinez, MPH, RN, APRN, CPNP, PSANE
 Program Manager of Medical Academy and Peer Review
 Midwest Regional Children's Advocacy Center | Children's Minnesota
 5901 Lincoln Dr, CBC 3, Edina, MN 55436
 O: 952.992.5278 | C: 612.759.9344 | F: 952-992-6907
mrcac.org

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 "Midwest Regional Medical Academy" with a subtitle "Intervention Completion". The form contains three input fields: "Case Set Name *", "Last Name *", and "Email address *". Below these fields is a certification statement: "I certify that I have successfully reviewed and completed the intervention(s) assigned to me. *". Under this statement is a checkbox 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.*

Please use the intervention information to improve your performance for the next 5 sequential cases, which you will submit in the next case set.

Project Completion, Attestation Form and Final Clinician Review

Successful completion of this project includes the submission of 3 Case Sets consisting of 5 contiguous cases of Child Physical Abuse in addition to the review and completion of the interventions assigned to you by your Expert Reviewer.

The Midwest Regional Medical Academy Coordinator, Kim Martinez, will be notified when you have completed the project and will be in communication with you within 2 weeks of completion to provide you with a Certificate of Completion and approval from the American Academy of Pediatrics. In addition, you will be able to print off reports of the project for your records. You will also receive an invitation to submit feedback regarding your experience in the project.

If you have any questions or concerns, please contact at Kim.Martinez@childrensmn.org or 952-992-5278.

For additional information on ABP Approved Quality Improvement Projects, please visit the American Board of Pediatrics website at www.abp.org.