

MCAAP Infant Injury Prevention MOC Part 4 Project

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Agenda

- Discuss how this activity will:
 - Provide focused injury prevention counselling for families
 - Is applicable for American Board of Pediatrics, MOC Activity Part 4 (25 points)
- Explain steps of the Project
- Demonstrate online tool

The Bottom Line

- 25 MOC part 4 points
- Online Injury Prevention Survey
- 10 babies per MD
- Give to each family at 3 well visits: 4,6 and 9 mo

WHY BOTHER?

- It's quick
- It's effective
- It saves time- it hones in
- 25 MOC points

Administration

- Self administered by parent/caregiver on device while waiting: 2-3 minutes
- Results available on one screen
- Reviewed by clinician 2-3 minutes

Data Collection

- Online-info goes directly to cloud
- Automatic Data Tabulation
- Looking for “improvement” in family’s safety
- Monthly report to providers to track progress

Home Screen



Rectangular Snip

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
The Massachusetts Chapter

Massachusetts Infant Safety Checklist
Let's do a safety check.
(by the way we are HIPPA safe)

Let's begin press ENTER

Question Screen-identifiers

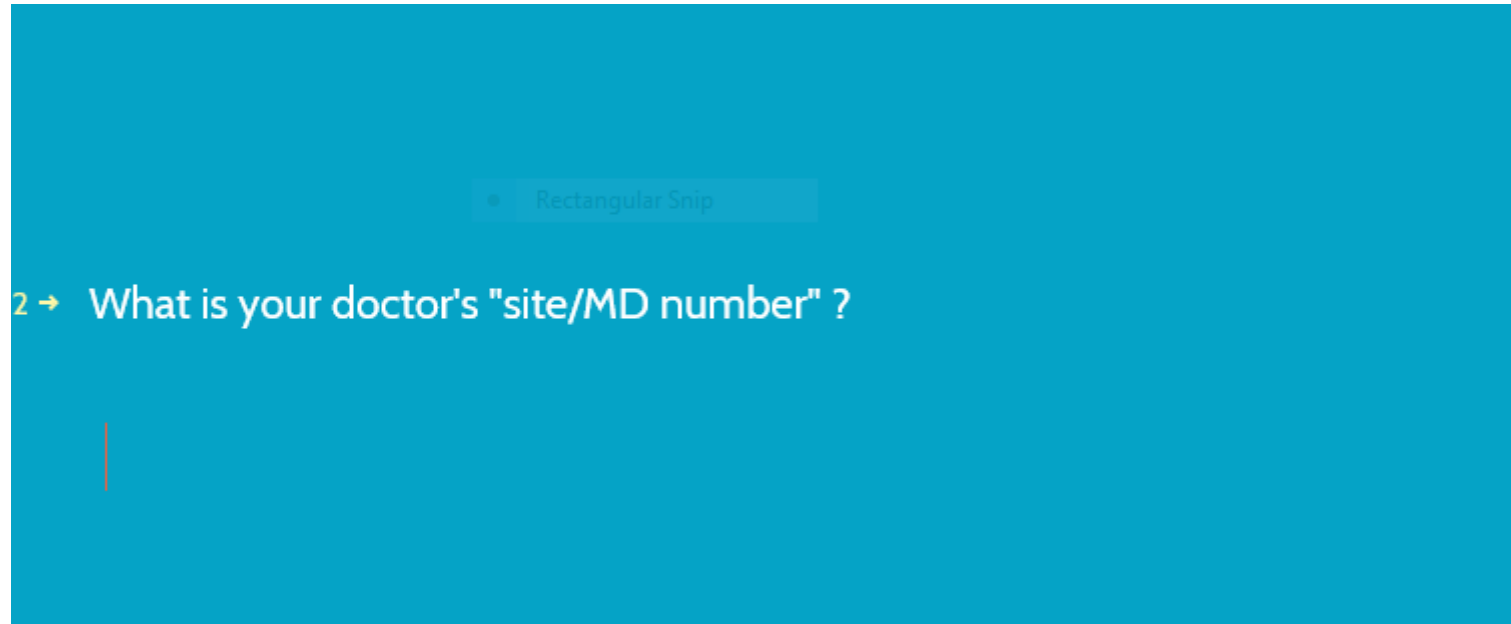
1 → Hello and welcome.

Type your *baby's first and last initials and TWO digit birth month and day*

eg. For Jamaal Johnson, born on January 23, type JJ0123

2 → What is your doctor's "site number" ?

Site Number



Questions- Safety Questions

4 → Here are some safety questions:

b. Does your baby use a walker (or do you plan to get one) ?^{*}

(a walker is any toy with wheels that your baby pushes and walks)

Y Yes

N No

c. Do all of your stairs have gates at the bottom and top ?^{*}

Results

“ Your answer code is: 12...

Falls

- a. Left alone at height? Yes (No)
- b. Walker ? No(No)
- c. Gates? Yes (Yes)

Sleep

- d. Sleep on "Back" (Back)
- e. Anything in crib? No (No)
- f. Sleep with adult? Yes (No)
- g. Reach small objects? No (No)

Thank you so much.

Remember:

Back to sleep, with nothing to block baby's face

Rear facing until 2 in the back seat

Never alone on table, tub and stairs and

Keep hot and poisons away !

When you and the doctor are done, just exit this screen

Sample Monthly Report

What is your doctor's "site/MD number" ?	Score	Start Date (UTC)	
3	16	2017-03-01 14:25:32	
3	16	2017-03-01 15:05:20	
3	18	2017-03-06 14:06:19	
3	17	2017-03-06 16:55:23	
3	16	2017-03-09 14:40:41	
3	16	2017-03-09 15:18:58	
3	14	2017-03-09 15:26:40	
3	18	2017-03-13 13:38:53	
3	16	2017-03-14 13:18:22	
3	13	2017-03-17 12:40:07	
3	16	2017-03-17 13:44:17	
3	16	2017-03-20 13:02:11	
3	16	2017-03-21 13:34:33	
3	17	2017-03-21 13:09:15	
3	16	2017-03-22 13:22:27	
3	18	2017-03-23 12:56:52	
3	18	2017-03-24 13:18:56	
3	18	2017-03-29 13:33:52	
3	13	2017-03-30 13:18:58	
3	18	2017-03-30 13:46:23	
3	17	2017-04-07 13:22:37	
3	18	2017-04-12 13:24:18	
3	17	2017-04-14 13:25:07	
	16	2017-04-18 13:57:43	
3	16	2017-04-24 13:27:10	

MOC Activity Part 4 Completion

- After 3 visits, 10 infants
- Complete Attestation of Successful Completion form
 - Send to : gregorywparkinson@gmail.com to submit form to ABP

Tips for Success

- Designate office champion for Injury Prevention Project
- Meet regularly (e.g. monthly)
 - Review survey reports
 - Troubleshoot any problems
 - Encourage progress
 - Share successes

