



THE AMERICAN BOARD *of* PEDIATRICS
Certifying excellence in pediatrics – for a healthier tomorrow

Improvement in background false positive PCR results

Version: 2.0
Progress: 64%
Status: Draft

Small Group QI Project (1-10) physicians-Completed project

* QI Project Title (a brief title for your project) e.g., Better Otitis Management at 123 Pediatrics

Improvement in background false positive PCR results

* Where do you work?

Healthcare USA

Instructions

Helpful Hint: [Reviewing this Checklist](#) will help you gather all the necessary information you will need to easily and quickly complete your application.

This application saves your entries as you go.

Please Note: An application processing fee of \$75 per project will be required via credit/debit card payment upon submission. Allow up to 10 business days for initial review of your project's compliance with the ABP's quality improvement standards for MOC credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 25 MOC Part 4 points. **Only one application may be submitted and processed at a time.**

*Fees are subject to change.

If you have a group code the processing fee has already been paid. Once you join the group, simply scroll down directly to the Physician Attestation section to complete and submit.

Name:

P Atrician

ABP ID:

1004687

Email Address:

devtest@abpeds.org

Requirements

*** My institution is a Portfolio Sponsor.**
(view Portfolio Sponsor list [here](#))

No

*** The project sought to improve a known gap in quality, not research solely for acquiring new knowledge.**

Yes

*** The project had quantified goals within a specific time frame.**

Yes

*** Measures were used to track the progress of this QI project.**

Yes

*** I can upload 3 points of de-identified aggregate data over time.**

Yes

*** I participated in this QI project's planning, execution, data review, implementation of changes, and team meetings.**

Yes

*** I have previously received MOC credit for the work presented in this application.**

No

*** When did the project begin?**
Dates should be provided in mm/dd/yyyy format.

01/01/2018

* When was the project completed or when was the most recent cycle of improvement finished? (if approved credit will be awarded on this date)
Dates should be provided in mm/dd/yyyy format.

10/01/2018

Quality Improvement Project Description

1

* What problem (gap in quality) did the project address?
e.g. Influenza vaccination rates in our practice were consistently lower than the national standard, resulting in an increased frequency of flu among our pediatric patients.

For some time prior to the beginning of the QI project, we had been experiencing X: a large number of false positive results in our negative control samples for PCR. This high rate of false positives made it difficult to interpret our basic and clinical research data and raised questions about the integrity of our research processes. We therefore undertook a QI project aimed at decreasing the number of false positives in our negative control samples.

2

* What did the project aim to accomplish?
An aim statement should state a clear, quantified goal set within a specific time frame. It states what you tried to change, by how much, and by when. For more information about forming an aim statement, visit our [QI Guide](#).

A: What did you try to change?

e.g. We aimed to improve our practice's influenza vaccination rate

Decrease the number of false positive negative control PCR results.

* B: What was your improvement goal?
e.g. Improving our rate to 85% compliance

* C: What was the time frame for this to be accomplished?
e.g. 9 months

3

* List the measures used to evaluate progress.

Measures are directly related to the aim statement, showing whether a project's changes are resulting in improvement. Visit our [QI Guide](#) for information on choosing measures.

Example project: Improving Vaccination Compliance

Example Measures Table:

- . Measure Name: Influenza vaccination compliance*
- . Goal: 85%*
- . Unit of Measurement: Rate of compliance status*
- . Data Source: EHR*

- . Collection Frequency: Monthly*

Click "Add a Row" below to describe each measure used in your project.

Measure Name: Proportion of false positive PCR results in our negative control samples

Goal: 50%

Unit of Measurement: PCR result score

Data Source: EHR
Collection Frequency: Weekly

4

* What interventions or changes were made?

e.g. Education for our clinical staff on importance of this vaccine, added compliance check in patient's EHR, utilized pamphlets on this vaccine in well patient visits.

In our lab, we agreed on and instituted a set of best practices, including:

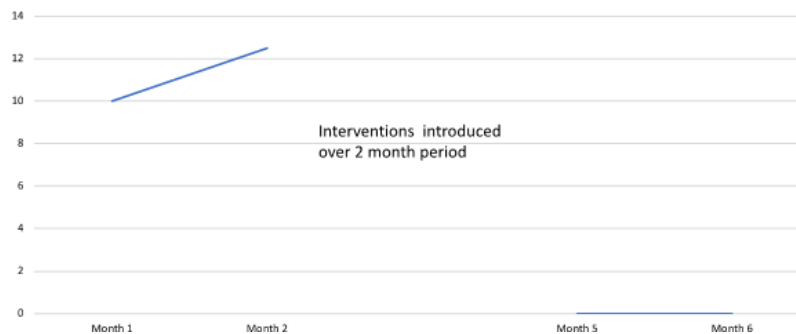
- . Dedicated a separate room to pre-PCR only sample processing
- . Obtained and used a hood that supplies HEPA filtered air and has a UV light for decontamination
- . obtained and used a dedicated set of pipettes and ensure that only pipette tips with barriers are used
- . Ran PCRs in another lab room

5

* Attach at least 3 improvement cycles of de-identified aggregate improvement data over time (Pre/Post/Sustain or Baseline/Intervention #1/Intervention #2).

Up to 3 files may be uploaded. Files containing personal identifying information will be removed. Visit our [QI Guide](#) for examples of data reported over time.

Proportion of false positives among negative controls



Physician Attestation



If this project is approved, MOC credit is only awarded to the physician who can attest to ALL of the meaningful

* I satisfied meaningful participation requirements during my current MOC cycle.

* I was intellectually engaged in planning and executing the project.

* I was involved in the changes implemented during the project.

* I regularly reviewed data in keeping with the project's measurement plan.

* I participated in team meetings for the project.

* I understand that credit will be awarded on the date the project was completed or its most recent cycle of improvement if approved.

* Describe your individual involvement in this project including data collection, analysis, and intervention implementation.

* What did you learn from this experience?

* What challenges did you encounter?

* Submission of Project for Review



Please Note:

Submission of this application alone does NOT guarantee MOC credit. Projects will be reviewed for compliance with the ABP's standards. An application processing fee of \$75 will be required via credit/debit card payment upon submission. Allow up to 10 business days for initial review of your project's compliance with the ABP's quality improvement standards for MOC credit approval. You may receive an email request for clarifications or additional project information by the review team. Approved small group QI projects are awarded 25 MOC Part 4 points.

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