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MINUTES
of the
Executive Committee to Review the Death of Children Meeting
held on

February 1, 2022

via teleconference

Microsoft Teams

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Call-in number: 1(775) 321-6111; Extension: 780-360-060#

1. Call to Order, Roll Call, Introductions

Stephanie Herrera called the meeting to order at 12:03 PM.

Executive Committee Members, Staff and Guests:

- Stephanie Herrera, DPBH - Vital Records
- Dr. Andrew Eisen, Valley Health Systems
- Paul Schubert, HCQC
- Vickie Ives, DPBH – MCH
- Dr. Jacob Zucker, Renown Regional
- Jessica Freeman, DFS
- Elizabeth Holka, NICRP
- Lea Case, JK Belz & Associates
- Dr. Kristina Deeter, Renown Regional
- Dr. Sandra Horning, Summerlin Hospital

2. Initial Public Comment

No comments.

3. For Possible Action: Approval of meeting minutes from October 7, 2021.

MOTION: Made by Dr. Andrew Eisen, seconded by Vickie Ives, to approve the meeting minutes from October 7, 2021.

UNANIMOUS VOTE; MOTION CARRIED.

4. For Possible Action: Discuss and approve the next steps for the below recommendation.

- 2018 Quarter 2: Hospitals should adopt a consistent internal policy for the assessment of children when they present with suspicious or serious injuries.
 - Begin working on the outline for the procedure/policy.

Jessica Freeman opened the meeting by summarizing the 2018 Quarter 2 recommendation and clarifying that the purpose of this meeting was to begin work on the outline for the procedure/policy. She summarized the objectives from the previous meeting:

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- What do we want to implement?
- What injuries would trigger an assessment?
- What would be included in this assessment?
- Who is notified of the findings?
- When is it necessary to transfer the child to a more specialized hospital?

Dr. Andrew Eisen stated that they should remove the word ‘injuries’ from the second bullet point. Dr. Eisen went on to state that it was important for everyone to be on the same page regarding what the subcommittee wanted to develop. He said that there were essentially three different processes that the subcommittee could focus on. The first process would focus on pediatric hospitals, though this isn’t a priority as these facilities already have protocols established. The second and most important process would focus on non-pediatric hospitals. A third process which is more of a backburner concern would focus on non-emergency urgent care and private, non-pediatric practices. Dr. Sandra Horning asked who would take charge of these efforts; Dr. Eisen respectfully volunteered her and Dr. Horning accepted. Dr. Eisen also stated that he had a special concern regarding children who present with more subtle injuries, as it would be more of a challenge to detect abuse than if the child presented with critical or life-threatening injuries. He further stated that a priority of the subcommittee should be to help non-pediatric physicians and hospital staff to understand when a referral is needed to a pediatric specialized emergency room. He emphasized again the need to bring experts from the rural regions of Nevada to better inform the subcommittee’s discussion. Paul Shubert agreed that the subcommittee should concentrate on streamlining the process helping non-pediatric emergency hospital staff determine what should trigger the process of transferring children to a specialized pediatric facility when abuse is suspected. He further stated that it was important to ensure that non-pediatric hospital staff learn how to recognize abuse and trauma, though he stated that establishing another MCU requirement might not be helpful, as the training will not likely be retained very well.

Dr. Eisen suggested a possible sheet of information that could be utilized by non-pediatric emergency hospital staff to help determine if a child should be referred. He stated that an important red flag to include in the information sheet is when children present with injuries or multiple injuries that are not adequately explained by the history provided by the parent or caretaker. Dr. Eisen asked members how the subcommittee could best implement a proposed training and how to streamline the mechanism for this process. He stated that it would be helpful to establish a call line that non-pediatric physicians could utilize for advice from a specialized physician on whether to refer a child to a pediatric facility. Dr. Kristina Deeter stated that Northern Nevada recently lost their child abuse specialist that could have hypothetically manned such a call line. Dr. Eisen stated that Southern Nevada also lacked an established child abuse specialist and that he has been filling in for the past couple of years until the position can be filled. He and Dr. Deeter suggested that it might be easier to contract a centralized team of pediatric experts that could be consulted rather than one centralized specialist.

Dr. Sandra Horning stated that it was imperative to make sure that any process proposed by the subcommittee is practical, as the ER is already a very busy environment and the subcommittee should avoid inadvertently making the process difficult. She also agreed that a long program or training component added for doctors at these facilities would likely be mostly ineffective. She agreed with Dr. Andrew Eisen that a “cheat sheet” would be a better mechanism. Dr. Horning suggested that the cheat sheet should include information regarding signs to look out for indicating abuse and resources to contact if abuse is detected, specifically who to call and notify. She further stated that other states have centralized abuse units seemingly similar to the one proposed by the subcommittee and asked if it would be possible to research those. Subcommittee members agreed that the best step forward would

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be for someone to draft a cheat sheet that will be brought back to the subcommittee for suggestions, editing, and approval. Dr. Eisen asked Dr. Horning if it would be possible for her to do this and she agreed to. Additionally, it was agreed that research should be conducted on the referral systems of other states and Jessica Freeman agreed to do this. Dr. Eisen stated that, eventually, establishing a referral system may require legislative action.

Dr. Sandra Horning raised a concern that, if a hotline should be established, it is important that calls are answered in a timely manner, otherwise physicians and hospital staff might not utilize it. Dr. Kristina Deeter asked if they could survey the state to see which physicians might feel comfortable taking questions in a call system regarding pediatric referrals. Dr. Andrew Eisen stated that any physician who would agree to take questions were probably already on the meeting call. Dr. Deeter stated that she would reach out to the rural area for contacts who would be willing to join the subcommittee. Dr. Eisen brought up that, sometime in the near future, the subcommittee would need to apply for grants to fund these efforts. Jessica Freeman stated that the Executive Committee just opened its sub-award funding process and that was a possible source of funding for this subcommittee's efforts.

No motions made.

5. Final Public Comment

No comments.

6. Adjournment

The meeting was adjourned at 12:44 PM.