— FINAL —

MINUTES

of the

Executive Committee to Review the Death of Children Subcommittee to Collaborate with the Bureau of Health Care Quality and Compliance (HCQC)

held on

March 24, 2022

via Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZTBjNWJiNDctYjM3MS00ZTM1LThmZjUtN2U4NjQzMGM1OWM1%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22647aa2df-c565-4e0e-861f-7de24ee069a2%22%7dCall-in number: 1(775) 321-6111; Extension: 882-327-069#

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
- Dawn L Davidson, NICRP
- Elizabeth Holka, NICRP
- Dr. Johnn Trautwein, UMC
- 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 February 1, 2022.

- Approval of February 1, 2022 meeting minutes.

No discussion or comments.

MOTION: Made by Dr. Sandra Horning, seconded by Vickie Ives, to approve the February 1, 2022 meeting minutes.

UNANIMOUS VOTE; MOTION CARRIED.

4. For Discussion: Discuss and approved the next steps for the below recommendation.

- 2018 Quarter 2
  - Hospital should adopt a consistent internal policy for assessment of children when they present with suspicious or serious injuries.
    - Continue working on the outline for the procedure/policy.
    - Continue to revise the tip sheet to send to hospitals.
    - Discuss information found regarding call-centers.

Jessica Freeman stated that it was discussed that the subcommittee would meet today to review the tip sheets for assessing child abuse and neglect to be sent to hospitals put together by Dr. Sandra Horning. Jessica said that she distributed the tip sheet to subcommittee members and that she received no feedback so far. She asked subcommittee members again if they had any additional questions or comments at this time. Dr. Sandra Horning asked if Jessica could pull up the first tip sheet she created for the subcommittee to review.

Jessica read out loud the following points from the first tip sheet for the subcommittee:

- "Think about child abuse or neglect if there is the following history provided:
  - No history of trauma or denial of trauma despite severe injury.
  - Implausible history for the type or degree of injury or behavior that is developmentally improbable to have caused the injury.
  - Delay in care that in unexplained or excessive.
  - Injuries that are said to have occurred during in-home resuscitation.
  - Caregiver histories that change or are conflicting.
  - Severe injury that is blamed on the child, other children, or pets.
  - Persistent and chronic vomiting with no diarrhea, fever, and/or fussiness."

Vickie Ives asked if there were any particular tips that were pertinent to children who were developmentally disabled or possibly nonverbal. Dr. Johnn Trautwein stated that, for children who were developmentally disabled, focusing on the physical exam would be more helpful in determining child abuse or neglect, so the history section of the exam is sufficient as it is. Dr. Andrew Eisen stated that he approved of the list Dr. Horning created and emphasized a history of a recurrent injury as a particular red flag. He stated that, when teaching pediatric students, he teaches the principle of the "triad of the injury", which emphasizes the story given to explain the injury and the child's developmental stage specific to the child.

Jessica moved on to the physical exam section of the tip sheet, which included the following:

- "TEN-4-FACES P: Bruising or petechiae or injuries to:

  - T- Trunk, E- Ears, N- Neck, 4- Age 4 years or younger and any bruising on a child less than 4 months, F- Frenulum Tears, A- Auricular Area, C- Cheek, E- Eyes, S- Sclera-Hemorrhages, P- Patterned Bruising”

Dr. Andrew Eisen stated that another area of concern during a physical exam are bruises that are located in the same areas and are of different ages. Jessica continued with the rest of the tip sheet which included the following points:

- “Kids that don’t cruise rarely bruise. Pay attention for:
  - Oral injuries and lip lacerations in non-ambulatory infants; lingual or frenulum tears, especially in non-ambulatory infants; tongue lacerations in non-ambulatory infants; bruising or wounds of the buccal mucosa, gums, or palate I non-ambulatory infants; missing or fractured teeth with an implausible history.
  - Burn injuries including scalds in children younger than 5 years that do not fit the pattern of an intentional spill; cigarette burns; immersion burns showing a sharp upper line of demarcation affecting both sides of the body symmetrically and/or the perineum and the lower extremities; burns with a sharply demarcated edge.
  - Head injuries including apnea or seizures upon presentation.
  - Abdominal injuries including abdominal tenderness, abdominal distention, enlarged liver or spleen, and abdominal bruising. “

Dr. Eisen stated that the physical exam should include a point regarding bruising or injuries in atypical locations, specifically, soft areas that are not bony prominences in the front of the body. Dr. Johnn Trautwein suggested that this point could be added to the “TEN-4-FACES P” section of the physical exam. Dr. Sandra Horning stated that she was taking notes and would make these revisions to the tip sheet.

Jessica moved on to the next section of the tip sheet regarding radiology findings. This section included the following:

- “(Make note of) metaphyseal corner or bucket handle factures; rib fractures; sternum, scapula, or spinous process fractures; long bone fracture in non-ambulatory infants; multiple fractures in various stages of healing; bilateral acute lone bone fractures; digital fractures in a child under 36 months of age, vertebral body factures and subluxations without a history of high force trauma; epiphyseal separations; severe skull fractures (multiple, stellate, or depressed) in a child under 18 months of age; any skull fracture other than one that is isolated, unilateral, nondiastatic, linear, or parietal skull fracture.”

Dr. John Trautwein stated that the format of the radiology section should be changed to bullet points for better legibility. Jessica Freeman asked what the steps forward would be once child abuse or neglect is suspected using this tool. Dr. Eisen and Dr. Trautwein suggested adding a short blurb to the bottom of the tip sheet directing medical professionals on steps forward. Dr. Sandra Horning approved of this suggestion but asked who exactly would be included for medical professionals to contact once child abuse or neglect is suspected. Dr. Eisen suggested that if a non-pediatric medical professional suspects child abuse or neglect, at that point the child should be referred to a pediatric specialized hospital or facility in order to further investigate the suspected child abuse. The locations for pediatric specialized care Dr. Eisen suggested included Sunrise Hospital, UMC, Summerlin Hospital, St. Rose Dominican Hospital- Siena, and Renown Hospital. Dr. Trautwein stated that he preferred all children to be referred

to UMC. He suggested including a statement at the bottom of the tip sheet that says "If you suspect child abuse, then refer the child to your nearest pediatric specialty center for further evaluation and care". Dr. Eisen brought up a concern about emergency departments and urgent cares with regard to victims of child abuse falling through the cracks. Dr. Horning asked how the subcommittee would like to define pediatric specialty centers. Dr. Eisen answered that it should be defined as having personnel with training and expertise in the management of suspected child abuse. Dr. Horning suggested having experts on call also in the future that medical professionals could contact for support if they suspect child abuse or neglect.

Jessica Freeman moved on to the "Physical Child Abuse Order Set Elements" tip sheet compiled by Dr. Sandra Horning for the subcommittee to review. The top portion of the sheet consisted of different labs that should be requested to investigate suspected child abuse. Dr. Jacob Zucker raised a concern regarding the labs and how interpretations of labs might affect trials in court. Dr. Eisen and Dr. Zucker agreed that this tip sheet should encourage medical professionals to further consult specialists if there are findings indicating abuse or neglect. Dr. Kristina Deeter and Dr. Eisen agreed that not every injury or suspected case of child abuse might result in the child getting sent to the emergency room depending on the severity of the injury, however, also agreed that it was important to not let the child fall through the cracks. If the child was suspected of being a victim of child abuse or neglect but did not have injuries severe enough to warrant a visit to the emergency department, then it was important to emphasize the medical professional's duty as a mandated reporter to contact either law enforcement or child protective services. Dr. Eisen also wanted to make sure that the threshold to send children to get evaluated for child abuse by a pediatric specialist was not high and erred on the side of sending children more often than not.

Jessica Freeman moved on to the ophthalmology exam portion of the tip sheet. It stated that an ophthalmology exam should be conducted for all children less the 5 years of age within 24 to 72 hours and for children 5 years of age or older as clinically indicated. Dr. Kristina Deeter requested that additional guidance be provided for these exams to avoid any findings being disputed by "hired hands" during trials and court cases. She stated that she could send this information to add to the sheet later. Jessica then moved on to the imaging studies section. This section included the following:

- "A skeletal survey should be conducted in all children less than 24 months of age.
- A skeletal survey should be conducted in children ages 2 to 6 years of age if neurological impairment, distracting injuries, or highly suspicious index fractures are present.
- A skeletal survey should be conducted in children less than 24 months of age who are asymptomatic but share a home with an abused child.
- History, physical examination, and imaging studies as indicated should be collected for children who are over 2 years of age and are asymptomatic, but share a home with an abused child."

Jessica stated that CPS also encouraged what was discussed above and she particularly saw the importance of screening other children who live in the same home with an abused child. She shared that it is more difficult to get approval from insurance companies to get a skeletal survey for an asymptomatic child sharing a home with an abused child, even if CPS asks for it. She asked if there was any language that could be included on this sheet to encourage these practices anyway. Dr. Eisen agreed that the subcommittee needed to push for these screenings. Jessica stated that she would also look at CPS policies to see if any clarification could be included to ensure that these practices are followed. Vickie Ives asked if the medical professionals conducting the ophthalmology exam would be pediatric specialized or just general ophthalmologists. She also asked if adding an STI panel to the required

screenings would be helpful at all. Dr. Eisen and Dr. Zucker stated that screening for sexual abuse should be separate, as data has shown that young children who are physically abused are not typically also sexually abused and young children who are sexually abused typically are not also physically abused. They also agreed that, ideally, the ophthalmology exam would be conducted by pediatric specialists, but most likely only generalized ophthalmologists would be available.

Jessica Freeman stated that, in the interest of time, the rest of the information would be reviewed during the next meeting. She quickly reviewed some of the information she found regarding call centers. Jessica located information from the University of South Carolina School of Medicine that specialized in the medical assessment of child abuse and neglect. She also found that a membership to the Council on Child Abuse and Neglect (COCAN) through the American Academy of Pediatrics could help the Executive Committee establish a call center in the future. Dr. Eisen said that he has been a member of COCAN for over 20 years and stated that COCAN has resources that could help the Executive Committee do this. Jessica asked Dr. Sandra Horning to make the discussed revisions and stated that the subcommittee would revisit these tip sheets again during the next meeting.

5. Final Public Comment

Dr. Sandra Horning asked if she should include elevated lipase as an indication for a CT scan for children with chronic abuse. Subcommittee members agreed that she should.

6. Adjournment

The meeting was adjourned at 1:01 PM.