—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

April 21, 2022

via Microsoft Teams

teams.bjn.vc##105936574#1171407597

Call-in number: 1(775) 321-6111; Extension: 926 598 517#

1. Call to Order, Roll Call, Introductions

Stephanie Herrera called the meeting to order at 12:02 PM.

Executive Committee members present:

- Dr. Andrew Eisen, Valley Health Systems
- Paul Shubert, HCQC
- Jessica Freeman, DFS
- Dawn L Davidson, NICRP
- Elizabeth Holka, NICRP
- Dr. Sandra Horning, Summerlin Hospital
- Dr. Prashant Jha, UMC Pediatrics
- Dr. Kristina Deeter, UNR School of Medicine

2. Initial Public Comment

No comments.

3. For Possible Action: Approval of Meeting Minutes from March 24, 2022.

- Approval of March 24, 2022 meeting minutes.

MOTION: Made by Dr. Kristina Deeter, seconded by Dr. Sandra Horning, to approve the March 24, 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 the purpose of this meeting was continue the discussion of the two tip sheets created by Dr. Sandra Horning with the revisions made during the most recent subcommittee meeting. Jessica asked if any of the subcommittee members had any additional suggestions for the tip sheets. Dr. Andrew Eisen stated that the tip sheets should include a point regarding evidence of fractures without an adequate explanation. For example, calluses on bones would be a point of particular concern. Dr. Prashant Jha added that the tip sheets should emphasize the importance of conducting a skeletal survey in order to detect abuse, and that these studies should be conducted by experts who can competently interpret the results. Dr. Eisen suggested adding a point to the tip sheets stating that "if these imaging tests and skeletal surveys cannot be performed at the facility the child presents to, then the child should be referred to a more specialized facility equipped to do so". Jessica Freeman, Paul Schubert, and Dr. Eisen all agreed that the subcommittee should begin communicating with licensed facilities to utilize these tips sheets so that the tip sheets could be improved further using their input. A concern was brought up regarding Urgent Cares, as they are only regulated by local business bureaus and therefore may not be required or inclined to utilize the proposed tip sheets. Subcommittee members agreed that this would be less of a concern since nurses and doctors working at Urgent Cares would nonetheless be licensed and therefore regulated by medical boards. Paul Schubert suggested that the subcommittee generate lists of these facilities to ensure that Urgent Cares were brought to the table regarding this discussion to ensure that victims of child abuse who present to these facilities do not slip through the cracks. Subcommittee members also brought up concerns about the standard of care in Urgent Care and Quick Care facilities. Dr. Eisen suggested that this concern might be addressed by defining a standard of care on paper to ensure that victims of child abuse do not slip through the cracks. Dr. Kristina Deeter expressed that it was important to have contacts who could communicate with these facilities regarding the proposed tip sheets and guidelines; she suggested a contact in Northern Nevada by the name of Dr. Gary Beck. Dr. Eisen stated that he could help communicate the subcommittee's proposal to facilities in Southern Nevada. Dr. Jha added that UMC has a good inpatient setting specializing in child abuse and would be a good facility for Urgent Cares to refer patients to. Dr. Sandra Horning agreed that it was important for specialized facilities to always be able to receive referrals from smaller facilities that are not able to complete the proper work-up recommended by the subcommittee's proposed tip sheets. Jessica Freeman stated that she would begin the process of drafting an introductory email, cover letter, and an explanation of what the HCQC subcommittee is and its purpose that will be sent to hospitals and medical facilities. This information would be sent with an invitation to an upcoming HCQC subcommittee meeting in addition to some contact information if any representatives from the hospitals and facilities would like to attend. Dr. Horning and Dr. Jha said they would reach out to their contacts to begin conversations regarding utilizing these tip sheets. Paul Schubert asked if HCQC would be a better sender of this information than the subcommittee, as it might receive better attention.

Jessica Freeman asked the subcommittee what steps forward they would like to take. Dr. Eisen stated that he would like to initiate conversations to begin drafting the subcommittee's proposals into policy. He stated that, by the time the policy is drafted and passed, the proposed guidelines by the subcommittee should already be standard practice. Dr. Jha raised a concern regarding what would happen once there is a diagnosis of child abuse and who would get sent to court as an expert witness. Dr. Eisen volunteered to be one of individuals to go to court as an expert witness. Dr. Eisen stated that the primary concern was ensuring that medical professionals follow their duty of mandated reporting. Dr. Eisen stated that, per statute, a mandated reporter has the duty to contact law enforcement or the division responsible for child protective services. Dr. Sandra Horning added that it would be helpful if medical professionals could email specialists regarding suspicions of or questions about child abuse, especially medical professionals who work night shifts. Paul Schubert suggested that a generic email account be set up and monitored by staff at HCQC. Paul, Dr. Eisen, and Jessica agreed that it was important to get the proposed tip sheets out now so that the subcommittee could receive feedback from medical facilities and modify guidelines before they were cemented into policy. Jessica stated that she would draft a letter to distribute to medical facilities and have it ready to be reviewed during the next subcommittee meeting.

Dr. Prashant Jha brought up another concern regarding the proposed hematology labs on the subcommittee's tip sheets, as some children might require a blood transfusion to treat their injuries and therefore affect the results of the labs. Dr. Andrew Eisen stated that the percentage of children who would require a blood transfusion would be very small, however that he understood the concern. Dr. Sandra Horning stated that she would advise caution when drawing blood for labs if a blood transfusion is needed. Both Dr. Eisen and Dr. Horning agreed that essential care should never be delayed for any of the labs proposed by the subcommittee, and that a small blurb should be included in these tip sheets to ensure that this is followed. Dr. Jha added that, with transfusions, labs could not be completed until a few weeks later. Subcommittee members agreed that a better addition to the tip sheet would then be the statement, "the studies proposed should only be conducted when clinically or medically appropriate". Jessica Freeman stated that she would add the revisions discussed during today's meeting to the tips sheets and she asked subcommittee members when they were available to meet again. Members agreed that the next meeting date would be June 16, 2022.

5. Final Public Comment

No final public comment.

6. Adjournment

The meeting was adjourned at 1:01 PM.