

— 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*

**June 16, 2022**

via Microsoft Teams

[Meeting Link](#)

Call-in number: 1(775) 321-6111; Extension: 531907519#

#### **1. Call to Order, Roll Call, Introductions**

Stephanie Herrera called the meeting to order at 12:01 PM.

Subcommittee members present:

- Stephanie Herrera, DPBH - Vital Records
- Dr. Andrew Eisen, Valley Health Systems
- Paul Shubert, HCQC
- Jessica Freeman, DCFS
- Elizabeth Holka, NICRP
- Gary Beck, Rural Health Services Renown Health Reno
- Dr. Sandra Horning, Summerlin Hospital
- Dr. Prashant Jha, UMC Pediatrics
- Dr. Kristina Deeter, Renown Hospital

#### **2. Initial Public Comment**

No comments.

#### **3. For Possible Action: Approval of Meeting Minutes from April 21, 2022.**

- Approval of April 21, 2022 meeting minutes.

No discussion or comments.

MOTION: Made by Dr. Andrew Eisen, seconded by Dr. Sandra Horning, to approve the April 21, 2022 meeting minutes.

UNANIMOUS VOTE; MOTION CARRIED.

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

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- 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 goal of the previous HCQC Subcommittee meeting was for members to make suggestions to revise the tip sheets that were created a few meetings ago. Jessica took the suggestions made and edited the tip sheets, and also adjusted the formatting of the tip sheets to make them more legible. The main objective of this meeting was to review those revisions and possibly make additional revisions.

The first tip sheet the subcommittee reviewed was the “Physical Child Abuse Order Set Elements” tip sheet. During the last meeting, Dr. Prashant Jha discussed limiting laboratory studies, specifically CBC with differential, to children under the age of seven years of age and children older than seven if clinically indicated. Dr. Jha also discussed adding a bullet point to indicate that lab work determining serum copper and serum ceruloplasmin levels should be conducted only if the patient is a male infant less than 6 months of age and has a fracture. Dr. Sandra Horning warned against making the tip sheets too specific, as most emergency medicine physicians’ knowledge would be more generalized. Dr. Andy Eisen agreed with her and added that the tip sheets needed to focus on relaying the urgency of conducting the suggested studies during the initial assessment as long as it is medically appropriate. Dr. Prashant Jha clarified that his suggestion during the previous HCQC meeting came directly from AAP Clinical Report of Child Physical Abuse. The labs ordered are very special labs for a very rare condition that is only observed in kids who are younger than six months of age or those who are preterm and are less than two and a half months of age. Dr. Eisen asked Dr. Jha if the labs he discussed should be conducted as soon as medically appropriate or if they could wait to be conducted during follow-up visits. Dr. Jha stated that these labs did not need to be conducted immediately and that medical interventions such as blood transfusions would not alter lab results. Given that, Dr. Eisen asked the subcommittee if they’d like to reconsider adding these labs if they’re not needed right away. He stated that the tip sheets should focus on urgent procedures that need to be done immediately when child abuse or neglect is suspected. Dr. Jha agreed. Jessica Freeman asked subcommittee members to confirm that they wanted to remove the bullet point regarding lab work determining serum copper and serum ceruloplasmin levels for male patients less than six months of age. All subcommittee members agreed. Jessica Freeman stated that the next comment the subcommittee needed to review regarded imaging studies for children less than 24 months of age. Specifically, it was asked if an additional bullet point should be added saying that 21-view skeletal surveys in those with high suspicion of abuse should be repeated in two or three weeks to detect minor fractures that might have been missed. Dr. Andrew Eisen said that should be included. He reiterated at the same time that he did not want to add too many gratuitous items to the sheets to avoid confusing medical personnel who will be utilizing them to determine what should be done on the initial assessment instead of what should be followed up on. Jessica asked if it might instead be appropriate to add a statement at the bottom of the tip sheet saying that appropriate follow-up as clinically indicated is recommended. Dr. Eisen agreed. Dr. Sandra Horning asked for clarification regarding who the target audience for the tip sheets were. Jessica Freeman stated that the target audience is medical providers and hospitals across the state, especially those that lack pediatric

specialists. Jessica asked subcommittee members if they wanted to add another statement saying that if facilities are unable to complete some of the necessary tests recommended by the tip sheets, then the facility should refer out to a specialized facility. Dr. Eisen agreed that this was a good idea. Dr. Kristina Deeter said that she liked the added statements at the bottom of the document, and suggested adding a list of follow-up studies to consider if the patient is not transferred out. Jessica stated that the next comment the subcommittee needed to review regarded the recommended head CT scan without contrast. She asked members if a bullet point for 3D reconstruction should be added, or if that should instead be a follow-up study that should be done at a later time. Dr. Prashant Jha and Dr. Kristina Deeter agreed that this would be a good addition, however, Dr. Deeter stated that “if possible” should be added to the bullet point, as facilities might not have the capability to conduct 3D imaging. Dr. Sandra Horning said that this would be more appropriate as a follow-up item instead of part of an initial assessment. Dr. Deeter and Dr. Jha agreed and said it should be moved to the bottom for follow-up studies. Upon further consideration, subcommittee members elected to remove the bullet point entirely and instead add a point that stated if there is an abnormal CT scan, then the patient should be transferred to a more specialized facility.

The subcommittee moved on to the “Suspected Child Abuse Tip Sheet”. Jessica Freeman asked if the statement regarding mandated reporting was necessary on this second tip sheet, because it was already on the first tip sheet and moving on to the second tip sheet assumes that signs of child abuse and neglect are present. Dr. Sandra Horning and Dr. Kristina Deeter agreed that it was redundant.

Jessica Freeman stated that the next step for the subcommittee was to approve the letter to medical professionals that would be sent through HCQC. The letter explains who the Executive Committee is, where the recommendation comes from, and welcomes them to collaborate in the future development of this recommendation. Gary Beck, from Rural Health Services, stated that he could provide the subcommittee with a database of contacts in order to distribute this letter to as many hospitals as possible. Paul Shubert stated that HCQC could distribute the letter via email in order to gain the most cooperation. The subcommittee agreed to meet in six weeks on July 28, 2022.

## **5. Final Public Comment**

Dr. Sandra Horning asked the subcommittee what their mechanism was for getting the letter out to urgent care facilities. Paul Shubert stated that HCQC does not have contacts in urgent care facilities. Jessica Freeman stated that this was one of the reasons the subcommittee needed to work on building connections and networking. Gary Beck stated that he had urgent care providers and physicians in his database.

## **6. Adjournment**

The meeting was adjourned at 12: 54 PM.