Performance Improvement Indicators When Screening for Child Physical Abuse

Lisa Nichols MBA, BSN, RN, CCRN-K
Trauma Program Manager
Wolfson Children’s Hospital
Jacksonville, Florida
Disclosure

There are no relevant disclosures to present.
Objectives

• Briefly illustrate PI processes and indicators to consider for Child Physical Abuse (CPA) patient screening guideline

• Discuss recommendations for implementing PI measures in your program
Quality and Process Improvement Implementation

• Mandated reporting in all states, Washington DC, and the US territories
  • Vary by state—
    • Some require professionals to notify Child Protective Services
    • Some require all people

• Who are your stakeholders and champions?
  • Physicians, Nurses, Social Work, Trauma Medical Directors, Trauma Program Managers, Liaisons, Child Protective Services, Child Advocacy Center, Child Abuse Team

• Identify your priorities
  • Do you need to develop or revise a current guideline?

• EDUCATE then RE-EDUCATE!
Sentinel Injuries

- Sentinel injuries are injuries suspicious for physical abuse.
- These are poorly explained visible or detectable minor injuries such as bruising, musculoskeletal, head or minor oral injury, including torn labial frenum (or frenulum) in a pre-cruising infant.¹
- An expanded definition includes any injury with rates of abuse high enough to warrant routine evaluation for abuse.¹
- Develop a guideline that focuses on these injuries
  - PI these specific injuries to then test if your guideline was followed

Guideline Compliance

What to monitor:
• Patients who met your guideline criteria for abuse were screened
• Referrals completed as per your guideline
• Consults completed as per your guideline
• Mandatory reporting completed
  • Follow up completed
• Injury description documentation
• Abuse coding is accurate
• Cases with missed abuse recognition are reviewed in your program’s formal PI process and escalated to peer review as needed
Guideline Compliance

What to monitor:
• Completion of the screening for patient’s who met your guideline criteria for abuse were screened
• Referrals completed as per your guideline
• Consults completed as per your guideline
• Mandatory reporting completed
  • Follow up completed
• Injury description documentation
• Abuse coding is accurate
• Cases with missed abuse recognition are reviewed in your program’s formal PI process and escalated to peer review as needed
Other Possible PI indicators  
(Peds Centers)

- Skeletal Survey completed
- Monitoring AST/ALT or other labs
- Head CT completed as appropriate
- Admitting service
- Notification of child abuse team
- Referral to an appropriate state agency
- Possible missed abuse at previous visit
Correct E-Codes

- Suspected vs. Confirmed
  - Use the patient status at discharge
- Confirmed: Witnessed, confessed, multidisciplinary team confirmed, patient disclosure, high-risk injuries without a reasonable explanation based on history
- No abuse: Abuse was ruled out
- Suspicion: Doesn’t meet either of the above criteria
Trauma Registry

• Documentation
  • Details and descriptions with correct medical terminology

• Coding abuse injuries correctly
  • Involve registrars in discussions to help validate and clarify injuries to ensure accurate coding
  • If chronic or "old" injuries found (e.g.: chronic SDH or healing rib fractures), code appropriately as pre-existing

• If suspected or confirmed abuse, list as the primary external cause code

• Custom elements may assist to further differentiate
  • List confirmed, suspected, no abuse
Diagnostic Codes

Suspected child physical abuse

Confirmed child physical abuse
Perpetrator known... (future?)

- Potential to add custom elements that include External Cause Codes:
  - Abuse-Perpetrator known
  - Abuse-Perpetrator unknown

- Correcting data after adjudication
External Cause Codes

Y07 PERPETRATOR OF,

- **Y07.0** SPOUSE OR PARTNER, PERPETRATOR OF MALTREATMENT AND NEGLECT
- **Y07.1** PARENT (ADOPTIVE) (BIOLOGICAL), PERPETRATOR OF MALTREATMENT AND NEGLECT
- **Y07.4** OTHER FAMILY MEMBER, PERPETRATOR OF MALTREATMENT AND NEGLECT
- **Y07.5** NON-FAMILY MEMBER, PERPETRATOR OF MALTREATMENT AND NEGLECT
- **Y07.6** MULTIPLE PERPETRATORS OF MALTREATMENT AND NEGLECT
- **Y07.9** UNSPECIFIED PERPETRATOR OF MALTREATMENT AND NEGLECT
How to Improve?

- Education on standardized screening protocols
  - Along with signs of physical abuse
- Review documentation
  - Factual
  - Medical terminology
- Trauma Registry consistent/appropriate documentation
- Integration into an electronic medical record that can auto-trigger
- Checklists
- Structured hand-off
  - EMS
  - Outside hospital/Clinic
  - ED to inpatient
  - Hospital to Primary Care Provider
Multi-disciplinary team review:

• Patients with diagnoses defined in your guideline
  • Review if guideline recommendations followed
  • Especially those that didn’t trigger from your screening tool

• Make adjustments to guideline

• RE-EDUCATION!
Questions?

Thank you!!

Pam Pieper, PhD, APRN, PPCNP-BC, TCRN, FAANP, FAAN