



# Professional Issues in Child Abuse

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# NACHRI Guidelines

Defining the children's hospital  
role in child maltreatment

# Guidelines are not...

- Clinical guidelines
- Decision making pathways
- Prescriptive
- Accreditation body



# Child Protection Team

- Team was chaired by pediatrician until recently
- Chair rotates to engage all members
- Orientation packet provided to all new members
- All agencies on the child protection team sign the child victim witness protocol agreeing to adhere to specific practices

# Guidelines are...

- Attempt to define leadership role children's hospitals play in child maltreatment
- Guide to assist in strengthening programs



# Based on Community Need

- All programs must be based on community collaboration, guided on needs of community
- Use community needs assessment when establishing a new program to determine how the children's hospital can fit into the existing network of services for abused children



# Child Protection Team Members

- Law enforcement
- Child Welfare
- County Counsel
- District Attorney
- Medical
- Therapy
- Advocacy
- Public Health Nursing
- Family court
- Hospital social work
- School personnel
- Regional Center

# Based on Community Need

- All programs must be based on community collaboration, guided on needs of community
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# Structure and Staffing

- Basic:
  - Administrative coordinator (funded), pediatrician, social worker:
    - Consult on suspected abuse
    - Facilitate child abuse reporting
    - Case tracking
    - Hospital policies and procedures



# Structure and Staffing

- Advanced:
  - Designated cost center
  - Centrally managed
  - Conducts regular case review meetings
  - 24/7 consultation
  - Participation in multidisciplinary meetings
  - Team members:
    - Child abuse expert
    - Team coordinator – organizes MDT, peer review, facilitates meetings
    - Forensic interviewers



# Structure and Staffing

- Center of excellence:
  - Larger team with other health professionals such as therapy and social work
  - Access to needed subspecialties
  - Local, regional and national leadership
  - Research and teaching
  - Team comprised of :
    - Medical director – community leader
    - Full time coordinator

# Clinical Functions CPT

- Basic:
  - Medical evaluations for all based on specific criteria
- Advanced:
  - Clinical center staffed daily
  - Staffed by CPT members
  - Inpatient and outpatient evaluations
- Center of excellence
  - Comprehensive evaluations for all by child abuse pediatrician
  - Forensic interviewers available 24/7

# Policies

- Basic:
  - Clear case management guidelines
  - Policies for referrals to CPT
  - Screening person to determine who needs emergent evaluation
- Advanced and center of excellence:
  - Referrals from outside agencies
  - Work with outside agencies to promote joint work such as video interviewing, joint interviewing, court appearances

# Advocacy

- **Basic:**
  - Members contribute to community efforts
- **Advanced:**
  - Expand advocacy work in relation to program growth
  - Build relationships with government agencies
- **Center of excellence:**
  - Prevention
  - Legislation
  - Funding
  - Improvement child protective system

# Prevention

- **Basic:**
  - Devote some time to community prevention efforts
- **Advanced:**
  - Members on community boards
  - Members assigned to prevention efforts
- **Center of excellence:**
  - Community leaders on prevention
  - Convene task forces
  - Devote training on prevention to teaching/fellowship programs

# Community

- Basic:
  - Collaborate with and assist law enforcement and protective agencies
- Advanced:
  - Work with law enforcement and child welfare to assign specific workers to the hospital
  - Establish regular meetings with other hospitals
  - Reach out to emergency medical services
- Center of excellence:
  - Hub of coordination
  - Leadership



# Leadership and Education

- Basic:
  - Core training child abuse recognition and referral protocols
- Advanced:
  - Professional training
- Center of excellence:
  - Fellowship training

# Research

- Basic:
  - Knowledge current literature
  - Case tracking
- Advanced:
  - Small research projects
- Center of excellence:
  - Major research initiatives

# Administrative Infrastructure

- Funding and reimbursement
- Risk management – shield from liability by having increasing levels of expertise



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# Child Abuse Pediatrics

# Admission Requirements

- Training:
  - Enter training prior to 2010 – 2 years under supervision director certified/eligible in child abuse pediatrics
  - After January 1, 2010 – 3 years
- Practice:
  - 5 years at 50% effort
- Partial subspecialty training and practice

# Fellowship Training

- Core competencies:
  - Patient Care, medical knowledge, practice based learning, interpersonal/communication, professionalism, system-based practice
- Core curriculum
- Standardized level of scholarly activity
- Scholarship oversight committee for mentoring