OKLAHOMA
State Department
of Health

Central (6) Regional Trauma Advisory Board
REGULAR MEETING
Tuesday, May 18, 2021 – 1:00 p.m.

Location of Meeting: Microsoft Teams
https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTg4MmRlNmYtM2JkMS00ZWE0LTllNTgtZjZkZGQ3NDU0NjAw%40thread.v2/0?context=%7b%22Tid%22%3a%229a307864-3e98-4f08-b90a-728b62cf32c5%22%2c%22Oid%22%3a%22463c8334-e408-4d1d-b4eb-52f4b934efe4%22%7d
Join by Phone: +1 405-898-0717 United States, Oklahoma City (Toll)
Conference ID: 809 568 188# (*6 to Mute/Unmute)

There is no physical meeting location. All Advisory Board Members are participating remotely via the Microsoft Teams platform shown above. Advisory Board Members are:

(Jason Likens, Chair), (Daniel King, Secretary), Chandler Ambulance/Billy Buchanan, EMSSTAT/Eddie Sims, INTEGRIS Canadian Valley Hospital/Elizabeth Lambert, McClain-Grady County EMS/Robin Robinson, Mercy Hospital Logan County, Inc./Giulia Frattinger, Noble Fire Department/Steven Paul, Norman Regional/Jan Emmons, Purcell Municipal Hospital/Marvin Bishop, REACT EMS/Willis Snowden, Samaritan EMS – Yukon/Jason Likens, Cornerstone Specialty Hospitals Shawnee/Kris Karns, EMSC/Delores Welch, Guthrie Fire EMS/Eric Harlow, J.D. McCarty Center for Children/Michael Isaac, Miller EMS – Cashion/Crescent/Matt Miller, Miller EMS – Stroud/Matt Miller, MMRS/RMRS/Heather Yazdanipour, Pafford EMS of Oklahoma (El Reno)/Ed Fowler, Prague Community Hospital/Rachel Pritchett, SSM Health St. Anthony Hospital – Shawnee/Rebecca Snowden, Stroud Regional Medical Center/Julia Day, Survival Flight EMS, LLC Wellston/Ryan Sand, Team Health/Steven Roberts, TReC/Emily Cluck, United EMS - Lincoln County/Diana Whitten, Wadley's EMS, Inc./Dalton Bebout

AGENDA

I. Call to Order……..Jason Likens, Chair

II. Roll Call……Daniel King, Secretary

III. Introductions and Announcements……Jason Likens, Chair

IV. Approval of Minutes – November 6, 2020…… Jason Likens, Chair

V. Reports
- A. Emergency Systems……..Rebecca Novak
- B. Oklahoma Trauma and Emergency Response Advisory Council……..Eddie Sims, Council Chair
- C. Quality Improvement Committee……Eddie Sims, Committee Chair
- D. Regional Planning Committee……..Eddie Sims, Committee Chair
- E. Region 8 Trauma Rotation Committee……Rebecca Novak
- F. Regional Medical Response System……..Heather Yazdanipour
- G. EMS for Children……Delores Welch

VI. Business
- A. Discussion, consideration, possible action and vote to approve amendments to the Region 6 Trauma Plan pending review of the approved Letter Schedule of Escalation and placement within the Region 6 Trauma Plan……Jason Likens, Chair

VII. Presentation
- A. Non-Accidental Trauma……Dr. Larissa Hines

VIII. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)

OKLAHOMA
State Department
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IX. Comments from the Board and General Members

- *If attending through the Teams website, please raise a virtual hand for your name to be included in the comments queue.*
- *Comments will be received with people who raised a virtual hand through Teams, followed by those who are attending by phone conference. The comment order will be alphabetically (a-z) based on the attendee's last name.*
- *To ensure that everyone who desires to make a comment has had the opportunity to speak, after comments have been made by attendees who raised a virtual hand in Teams or identified themselves when the beginning letter of their last name was called for phone conference attendees, we will then make one last final call for attendees to identify themselves who want to make a comment, but have not done so.*

X. Next Meeting

A. Oklahoma Trauma and Emergency Response Advisory Council
June 2, 2021 – 1:00 p.m.

B. Combined Region 6/8 Quality Improvement Committee
July 13, 2021 – 10:00 a.m.

C. Central (6) Regional Planning Committee
August 17, 2021 – 11:00 a.m.

D. Central (6) Regional Trauma Advisory Board
August 17, 2021 – 1:00 p.m.

XI. Closing, Adjournment, and Dismissal

**If the audio is disconnected at any point during the meeting, Board Members will attempt to rejoin. The meeting will reconvene upon reconnection using the same platform and access codes. If unable to restore connections for a maximum of 15 minutes, the meeting will be adjourned.*

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Central (6) Regional Trauma Advisory Board

Microsoft Teams

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MTllNTgxMTMtZTVhNy00MDFhLTkzODktYzFmNTkzNTkzN2U4%40thread.v2/0?context=%7b%22Tid%22%3a%229a307864-3e98-4f08-b90a-728b62cf32c5%22%2c%22Oid%22%3a%22463c8334-e408-4d1d-b4eb-52f4b934efe4%22%7d

November 6th, 2020 – 1:00 pm

MINUTES

I. Call to Order – Chair Jason Likens
The meeting was called to order by Chair Jason Likens at 1:01 pm.

II. Welcome and Introduction – Chair
Secretary Jason Likens reminded Board Members to state their names and the intention of their vote, yes or no during roll call and roll call vote. He also reminded members to keep microphones muted.

III. Roll Call – Chair Jason Likens
There was no physical meeting location with Board members participating remotely using the Microsoft Teams teleconferencing platform reflected on the attached attendance sheet.

IV. Approval of Minutes – August 18th, 2020 – Chair Jason Likens
A motion to approve the minutes as written was made by Chandler Ambulance and seconded by INTEGRIS Canadian Valley Hospital. There was no discussion and the motion passed 9-0.

V. Reports/Updates

A. Emergency Systems quarterly activity report – Daniel Whipple
The Oklahoma State Department of Health (OSDH), Oklahoma Department of Tourism and Recreation, and Oklahoma Tax Commission is in the process of moving to a new building. The new building is the former Sandridge Energy building and is located at 123 Robert S. Kerr in Oklahoma City. Emergency Systems is looking to determine where ambulance inspections will be conducted at the new building and will provide more information as it becomes available. In the meantime, EMS agencies needing a new unit inspection should use the following link found on the Emergency Systems website to schedule inspections with several location options available: https://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Division/Ambulance_Servic27 es_&_EMRAs/Inspections/index.html. Katrina Warden was hired as the Special Projects Coordinator. Her duties will include assisting with the Trauma Care Assistance Revolving Fund and other special projects as they arise. The Trauma Fund handout was not included in the member packet due to personnel changes but no changes were made to the deadlines from the previous submission period. The hospital deadline is Monday, November 30th, 2020 and the EMS and physician deadline is Tuesday, December 15th, 2020. If submitting an application for the trauma fund, please remember the packets must be received before 5:00 pm on the applicable due date. There are no updates or training dates currently scheduled the Trauma Registry. For the Oklahoma EMS Information System (OKEMSIS), training was recently conducted for the field staff entering data into OKEMSIS. OKEMSIS training is currently being developed for EMS agency leadership and will include information regarding using the Report Writer function in performing quality assurance and improvement activities. The Statistical Research Specialist position for OKEMSIS is still vacant and posted for anyone interested. EMS Regulations went into effect September 11th, 2020 and are available for review on the Emergency Systems website. In September, the first ever online EMS Director training was held with hopes to schedule another training in the spring of 2021.

B. Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) report from previous meeting – Eddie Sims
Eddie Sims discussed activities conducted at the last OTERAC meeting to include approval of the Letter Schedule of Escalation Process recommended by the Combined Region 6/8 Quality Improvement Committee and approval of stroke triage guidelines developed by the Oklahoma State Stroke System Advisory Committee (OSSSAC) for prehospital patients.

C. Quality Improvement Committee quarterly activity report – Eddie Sims
The Committee last met virtually and reviewed 8 to10 cases and several response letters. Points of discussion included implementation of the proposed Letter Schedule of Escalation process and concerns to include age inconsistencies when defining a pediatric patient. A virtual statewide CQI meeting is scheduled for December 8th, 2020.

D. Regional Planning Committee quarterly activity report – Eddie Sims
The Committee last met today before the RTAB. Business conducted included approval of the 2021 meeting dates that are to follow approved 2021 RTAB meeting dates. There is not a plan to meet again until the ability to meet virtually is restored with hopes for restoration to occur in February with the next legislative session. At the next meeting, the Committee plans to review the stroke triage guidelines developed by OSSSAC for prehospital patients to incorporate into the regional stroke plan and review the approved trauma systems goals for planning and implementation.

E. Region 8 Trauma Rotation Committee report from previous meeting – Daniel Whipple
The Trauma Rotation Committee last met approximately two months ago with the main point of discussion being facial trauma services provided at SSM Health St. Anthony Hospital – Oklahoma City. Due to their shortage of oral maxillofacial surgeons, coverage has been shared with Mercy Hospital Oklahoma City and INTEGRIS Baptist Medical Center. To rectify this, SSM Health St. Anthony Hospital – Oklahoma City is entering into an agreement with OU Medicine to help provide coverage for those services. Please continue to refer to EMResource for appropriate destinations for those injury categories. The Committee also discussed the definition of pediatric age and hope to distribute a short survey to determine what Oklahoma facilities are using to define pediatric age.

F. Regional Medical Response System (RMRS) quarterly activity report – Heather Yazdanipour
The Region 6/8 RMRS is heavy into their COVID response with goals and missions changing to surge. Currently, RMRS is working with the Oklahoma State Department of Health (OSDH) to possibly move into a Regional Medical Operations and Coordination Center (RMOC) with four to be set up across the state in Tulsa, Oklahoma City, and two rural locations. These will facilitate information distribution and data gathering on hospital capacity and capability and then try to coordination movement of patients, if needed, based on the OSDH reported tiers and surge plans. Due to the current tiers of Region 6 and Region 8, the Region 6/8 RMRS is possibly looking to activate their RMOC earlier than other regions, which will be decided at a meeting with OSDH leadership scheduled on November 9th, 2020.

G. EMS for Children Quarterly Activity Report – Delores Welch
No representative was available for report.

VI. Business

A. Discussion, consideration, possible action, and vote to approve the Combined Region 6/8 QI Committee's Letter Schedule of Escalation proposal – Jamie Lee
Jamie Lee reviewed the Letter of Schedule of Escalation Proposal noting that it was a collaboration of all the QI Committees statewide and is intended to help get responses to committee letters. A motion to accept the Combined Region 6/8 QI committees Letter Schedule of Escalation proposal was made by INTEGRIS Canadian Valley Hospital and seconded by EMSTAT. There was no further discussion and the motion passed 9-0.

B. Discussion, consideration, possible action, and vote to approve the QI Committee Recommendation that the RTAB and QI Committee Chairs draft and send a letter to licensed hospitals and ambulance services regarding the Continuous Quality Improvement Process – Jamie Lee

To ensure all members are aware of the Letter Schedule of Escalation Proposal and quality improvement process, every licensed hospital and ambulance service will receive a letter informing them of the purpose and outline of the process. A motion to approve the QI Committee recommendation that the RTAB and QI Committee Chairs draft and send a letter to licensed hospitals and ambulance services regarding the continuous quality improvement process was made by INTEGRIS Canadian Valley Hospital and seconded by Noble Fire Department. There was no further discussion and the motion passed 9-0.

C. Discussion, consideration, possible action, and vote to approve Bylaw language regarding multiple Board or General Members being represented by one individual – Jason Likens Daniel Whipple explained the differences in the following current the proposed Region 6 Bylaw language.

Current Language:

<u>General Membership</u>

General Membership is composed of representatives from all of the organizations that regularly service the region as well as other interested individuals. This may include:

Section 1. Responsibilities of the General Membership: The General Members are expected to attend meetings regularly to provide input on topics under consideration by Board.

Section 2. Committee Service General Members may serve on committees, work groups and task forces.

Section 3. Attendance Expectations:

The General Members are expected to attend at 100% of regularly scheduled meetings.

a. Each General Member organization may send a proxy to attend in place of the authorized representative.

b. Rescheduled meetings and special meetings are not considered to be regularly scheduled.

<u>Board Membership</u>

Representation will rotate between the member organizations in the region based upon an approved rotation schedule to be determined by the Board.

Section 5. Term

The term of the Board Members is two calendar years with staggered terms.

Section 6. Appointments

Board members shall be appointed by the respective member organizations according to the established membership structure and rotation. Member organization will appoint a representative and an alternate to the board, but will have only one (1) vote each meeting. If both primary and alternate member are present at a meeting, the representative who responds to the Roll Call shall hold the voting right.

Section 9. Attendance Expectations/Removal of Board Members

a. A Member is automatically removed from the Board if an authorized representative misses any regularly scheduled meeting in any year without:

a. Arranging for a proxy, or

b. If a meeting is missed by a Board Member or their proxy, the authorized representative of the member organization may request consideration for excused absence at the following RTAB meeting only. Request must be made to the RTAB Chair for placement as an agenda item by contacting Emergency System staff at least fourteen (14) days prior to the meeting. The Board will then vote either to excuse or deny the absence.

d. Any removed member will no longer carry the authority to vote, nor be listed as a board member for the remainder of the appointed term.

Proposed Language:

<u>General Membership</u>

General Membership is composed of licensed ambulance services and hospitals from all of the organizations that regularly service the region as well as other interested individuals as approved by the Board. Each General Member organization is responsible for appointing representatives authorized to act on behalf of the organization. Examples of General Members include:

Section 1. Responsibilities of the General Membership

The General Members are expected to attend meetings regularly to provide input on topics under consideration by the Board. General Members are expected to disseminate information from Board Meetings to its organization.

Section 2. Committee Service

General Members may serve on committees, work groups, and task forces.

Section 3. Attendance Expectations

The General Members are expected to attend 100% of regularly scheduled meetings.

- *a. Each General Member organization may send a proxy to attend in place of the authorized representative.*
- *b. Rescheduled meetings and special meetings are not considered to be regularly scheduled.*
- *c. Regularly scheduled meetings occurring during a state of emergency as declared by the Governor which affects the Region shall be exempt from attendance requirements.*

<u>Board Membership</u>

Appointment to the Board will rotate between the member organizations in the region based upon an approved rotation schedule to be determined by the Board.

Section 5. Term

The term of the Board Members is two calendar years.

Section 6. Appointments

Board Members shall be appointed according to the established membership structure and rotation. Each Board Member organization will appoint a representative and alternate to the Board, but each Board Member organization will have only one (1) vote each meeting.

Section 9. Attendance Expectations/Removal of Board Members

- *a. A Board Member is automatically removed from the Board if an authorized representative of proxy misses any regularly scheduled meeting in any year without:*
  - *i. The authorized representative of the member organization may request consideration for excused absence at the following RTAB meeting only. A request must be made to the RTAB Chair for placement as an agenda item by contacting Emergency System staff at least fourteen (14) days prior to the meeting. The Board will then vote either to excuse of deny the absence.*
- *d. Any removed member will no longer carry the authority to vote, nor be listed as a Board Member for the remainder of the appointed term.*

A motion to accept the proposed Region 6 Bylaws amendments was made by EMSSTAT and seconded by INTEGRIS Canadian Valley Hospital. There was no further discussion and the motion passed 9-0.

D. Discussion, consideration, possible action, and vote to approve 2021 Board Meeting dates and times and solicitation for venue hosts – Jason Likens
   1. February 16th, 2021 – 1:00 pm – INTEGRIS Canadian Valley Hospital
   2. May 18th, 2021 – 1:00 pm – REACT EMS
   3. August 17th, 2021 – 1:00 pm – EMSSTAT/Norman Regional Hospital
   4. November 23rd or 30th, 2021 – 1:00 pm – EMSSTAT/Norman Regional Hospital

   Legislation allowing open meetings to be conducted virtually is nearing its deadline with hopes that legislature will continue the current or enact new legislation allowing for virtual meetings. The Board will continue to monitor the legislation as well as current situation regarding COVID and make arrangements or cancelations as necessary to ensure the safety of all those involved. A motion to approve the proposed 2021 Board Meeting dates and times with November 30th, 2021 chosen for the fourth quarter meeting was made by EMSSTAT and seconded by Chandler Ambulance. There was no further discussion and the motion passed 9-0.

E. Discussion, consideration, possible action, and vote to approve 2021 Committee membership – Jason Likens
   1. Regional Planning Committee – Eddie Sims, Chair, Daniel King, Elizabeth Lambert, Julia Day and Jason Likens
   2. Quality Improvement Committee – Eddie Sims, Chair, Julia Day, Mike Issac, Richard Robinson, Dr. Patrick Goad, James Girven, Dr. Robin Mantooth and Willis Snowden

   Anyone interested in joining a Region 6 Committee should contact OSDH. A motion to approve the 2021 Committee membership as written by Chandler Ambulance and seconded by INTEGRIS Canadian Valley Hospital. There was no further discussion and the motion passed 9-0.

VII. New Business – Chair Jason Likens
(for matters not reasonably foreseen 48 hours prior to the meeting)
There was no new business.

VIII. Comments from the Board and General Members **–** Chair Jason Likens
Jason Likens thanked members for their participation and expressed his eagerness to return to in person meetings.

IX. Next Meetings **–** Chair Jason Likens
A. Combined Region 6/8 Quality Improvement Committee
   January 12th, 2021 – 10:00 am
B. Central (6) Regional Planning Committee
   February 16th, 2021 – 11:00 am
C. Central (6) Regional Trauma Advisory Board
   February 16th, 2021– 1:00 pm

X. Adjournment – Chair Jason Likens
A motion to adjourn by INTEGRIS Canadian Valley Hospital and seconded by Chandler Ambulance. The meeting adjourned at 1:57 pm.

Approved

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Jason Likens, Chair
Central (6) Regional Trauma Advisory Board
May 18th, 2021

CENTRAL (6) REGIONAL TRAUMA ADVISORY BOARD

2020 ATTENDANCE

Board Member	Representative	1Q	2Q	3Q	4Q	2020
Chandler Ambulance	Billy Buchanan Bobby Buchanan	X		X	X	100%
EMSSTAT	Eddie Sims Jan Emmons	X		X	X	100%
INTEGRIS Canadian Valley Hospital	Elizabeth Lambert Terra Collie	X		X	X	100%
McClain-Grady County EMS	Robin Robinson Donnie Neer	X		X	A	67%
Mercy Hospital Logan County, Inc.	Giulia Frattinger Daniel Calvert	X		X	X	100%
Noble Fire Department	Steven Paul Phil Scott	X		X	X	100%
Norman Regional	Jan Emmons Eddie Sims	X		X	X	100%
Purcell Municipal Hospital	Marvin Bishop Brittany Scully	X		A	X	67%
REACT EMS	Willis Snowden Galen Hankal	X		X	X	100%
Samaritan EMS - Yukon	Jason Likens Chris Prutzman	X		X	X	100%

General Member	Representative	1Q	2Q	3Q	4Q	2020
Cornerstone Specialty Hospitals Shawnee	Kris Karns	A		A	A	0%
EMSC	Delores Welch	A		A	A	0%
Guthrie Fire EMS	Eric Harlow Blake Braden	A		A	A	0%
J.D. McCarty Center for Children	Michael Isaac Suanne Livingston	X		A	X	67%
Miller EMS - Cashion/Crescent	Matt Miller Lisa FitzGerald	X		X	A	67%
Miller EMS - Stroud	Matt Miller Lisa FitzGerald			X	A	50%
MMRS/RMRS		X		X	X	100%
Pafford EMS of Oklahoma (El Reno)		A		A	A	0%
Prague Community Hospital	Rachel Pritchett Jennifer Messer	X		X	X	100%
SSM Health St. Anthony Hospital - Shawnee	Rebecca Snowden Brandi Parsons	X		X	X	100%
Stroud Regional Medical Center	Julia Day Dahna Abbey	X		X	X	100%
Team Health	Steven Roberts	A		A	A	0%
TReC		A		A	X	33%
United EMS - Lincoln County	Diana Whitten Gerald Luschen	A		A	A	0%
Wadley's EMS, Inc	Dalton Bebout Kathleen Heck	A		A	A	0%

REGION 6 TRAUMA PLAN

Developed by the RTAB Central Regional Planning Committee

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Administrator to arrange delivery of all System Alerts to the text enabled device of designated staff responsible to share the alert information with other on-duty staff.

4. Data Reporting

Providers in Region 6 are required to participate in reporting data supported by the EMResource™ application. This reporting requirement includes, but is not limited to:

a. Hospital Daily Report of bed capacity and ED volume;
b. EMS Daily Report of resources and volume.

C. Monitoring

a. Appropriate use of EMResource™ will be enforced in the region through the CQI process.
b. The CQI committee will routinely review reports from the Trauma Referral Center on diversion of patients and compare the patient diversion list with the list of facility diversion hours generated from the EMResource™.
c. The CQI committee will review all cases referred to them for inappropriate use of EMResource™ in any of the listed categories.
d. The Regional and/or State EMResource™ Administrator will perform periodic drills using EMResource™ and monitor appropriateness of provider response. Reports of these drills will be provided to the RTAB CQI committee to work with these providers to come into compliance with EMResource™ usage requirements. If these attempts fail, the cases will be referred to the State CQI committee for further action.

D. Summary

EMResource™ is a vital communication tool that provides the capability of real time communication among trauma system participants. This ability is limited by provider use of the system. Region 6 supports use of this tool through adoption of these requirements.

Regional Continuous Quality Improvement Activities

Every licensed hospital and ambulance service is to participate with the Continuous Quality Improvement process. Participation in the process will be demonstrated by meaningful responses to committee correspondence, and with respectful consideration being given to the recommendations made by the committee. Those who do not participate with the CQI committee process will be subject to the schedule of escalation outlined in Appendix E.

Appendix F

Letter Schedule of Escalation

Central Oklahoma Region 6 Trauma Plan

Letter Schedule of Escalation

The purpose of this proposal is to establish and define a statewide process to address organizations that fail to respond to letters received from the Regional Continuous Quality Improvement Committee in order to encourage participation in continuous quality improvement activities as required by Title 63 §1-2530.3 for the betterment of the Oklahoma State Trauma System.

Tier 1 – Initial Letter from the Regional Continuous Quality Improvement (CQI) Committee is signed by the committee signatory (ies) and sent to the appropriate recipient named below.

- EMS Agencies-Initial letter for system errors or queries will be sent to the Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH).
- Hospitals- Initial letters for system errors or queries that occur related to the function of the Emergency Department (ED) will be sent to the ED Medical Director and the ED Director/ Manager.
- Initial letters for system errors or queries that occur related to the function of areas outside of the ED will be sent to the Chief Medical Officer/ Chief of Staff and Chief Executive Officer/ President.

Response deadline: 30 days from the documented receipt of the letter.

Tier 2 – No response to the initial letter from the CQI Committee by the Tier 1 deadline.
OSDH staff will place a call to the authorized Regional Trauma Advisory Board (RTAB) representative to enlist help providing a reminder to the letter recipient to respond and communicate the new deadline for receipt.
Response deadline: 15 days from successful contact with RTAB representative.

Tier 3 – No response to the initial letter from the CQI Committee by the Tier 1 deadline or reminder call from OSDH staff with the Tier 2 deadline (approximately 45 days from receipt of initial letter).
A letter addressing the lack of response signed by RTAB Chair with a copy of the initial letter and sent to the appropriate recipient named below.

- EMS Agency: Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH) as well as the appropriate License Owner/City Manager.
- Hospital: CEO and CMO

Response deadline: 15 days from documented receipt of the Tier 3 letter.

Tier 4 – No response to Tier 3 letter
A letter addressing the lack of response signed by the Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) chair with copies of all previous tier letters and sent to the appropriate recipient named below.

- EMS Agency: Medical Director and the EMS Director on file with The Oklahoma State Department of Health (OSDH) as well as the appropriate License Owner/City Manager.
- Hospital: CEO and CMO

Response deadline: 10 days from documented receipt of the Tier 4 letter.

Approved by RTAB May 18, 2021

Child Abuse Recognition

Larissa Hines, MD
Child Abuse Pediatrician and Fostering Hope Pediatrician
Oklahoma Children's Hospital at OU Health
Clinical Assistant Professor
University of Oklahoma Health Sciences Center at OU Health

What is Child Abuse?

The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

"Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm."

https://www.childwelfare.gov

Physical Abuse

- Nonaccidental physical injury (ranging from minor bruises to severe fractures or death) that is inflicted by a parent, caregiver, or other person who has responsibility for the child.
- Such injury is considered abuse regardless of whether the caregiver intended to hurt the child.
- Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

https://www.childwelfare.gov

Neglect

- Failure of a parent, guardian, or other caregiver to provide for a child's basic needs
  - Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
  - Medical (e.g., failure to provide necessary medical or mental health treatment)
  - Educational (e.g., failure to educate a child or attend to special education needs)
  - Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

https://www.childwelfare.gov

Sexual Abuse

- Activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials

https://www.childwelfare.gov

Emotional Abuse

- Pattern of behavior that impairs a child's emotional development or sense of self- worth
- May include constant criticism, threats, or rejection, as well as withholding love, support, or guidance
- Often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child
- Almost always present when other types of maltreatment are identified

https://www.childwelfare.gov

Abandonment

- A child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time

https://www.childwelfare.gov

Substance Abuse

- Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child

https://www.childwelfare.gov

Epidemiology

- 3.6 million referrals alleging maltreatment to CPS involving 6.6 million children
- 702,000 victims of maltreatment
- 1,580 fatalities
- 9.4 child victims per 1,000 children
- The youngest children are the most vulnerable to death from maltreatment

NCANDS. Child Maltreatment 2014.

Epidemiology

- Neglect is the most common at 75% of cases
- Physical abuse is the second most common
- 17% of cases are physical abuse
- 119,517 victims of physical abuse

NCANDS. Child Maltreatment 2014.

Under Reporting

- The estimated number of victims is actually much higher
- Physical abuse remains under reported (and often under detected)
  - Individual and community variations in what is considered "abuse"
  - Inadequate knowledge and training among professionals in the recognition of abusive injuries
  - Unwillingness to report suspected abuse
  - Professional bias

Duty to Report Child Abuse and Neglect

All professionals in the state of Oklahoma have a duty to report any reasonable suspicion of child maltreatment.

Physical Abuse

Clinical Approach

- Stabilize and resuscitate
- Careful and well documented history is the most critical element of the medical evaluation
  - Using quotes whenever possible
  - Description of the mechanism of injury or injuries
  - Onset and progression of symptoms
  - Child's developmental capabilities

Physical Examination

- Detailed documentation
  - Photographs
  - Body diagrams
- Specific attention to
  - All areas of skin
  - External ears
  - Conjunctiva
  - Frenula

Cutaneous Findings

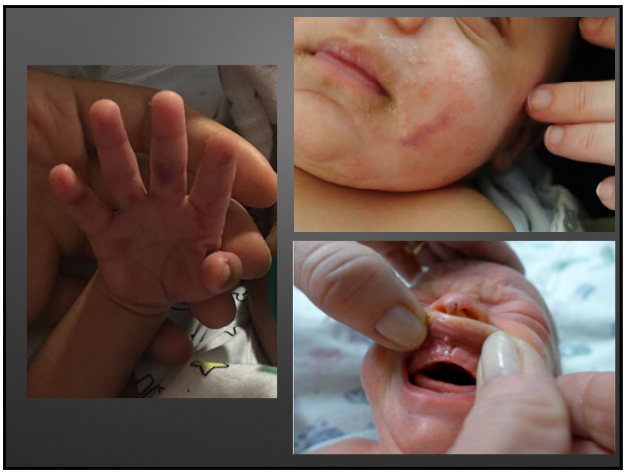
Sentinel Injuries

- Minor injuries, such as a bruise or intraoral injury
- Premobile infant
- Visible or detectable to a caregiver
- Poorly explained and unexpected

Sentinel Injuries

- A sentinel injury preceded severe abuse in 27.5% of cases
- A history of a sentinel injury is rare in infants evaluated for maltreatment and found to not be abused
- All sentinel injuries were observed by a parent
- 42% of the sentinel injuries were known to a medical provider but the infants were not protected from further harm
- Recognition of and appropriate response to sentinel injuries could prevent many cases of child physical abuse

Sheets. Pediatrics 2013;131:701-7.

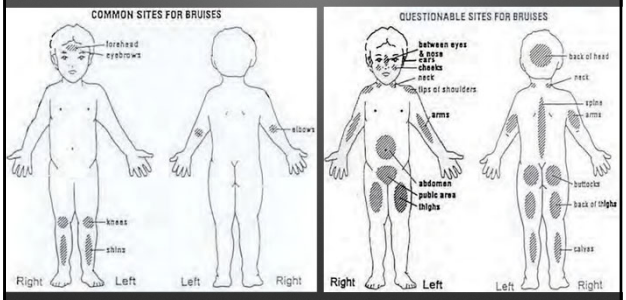


Bruises

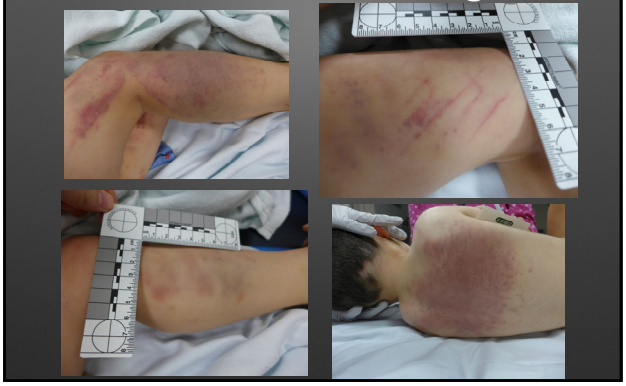
If you don't cruise, you don't bruise

- Bruising in infants who don't pull to a stand or walk are rare
- Bruising increases exponentially once an infant begins to cruise
- Bruising is generally found over bony prominences

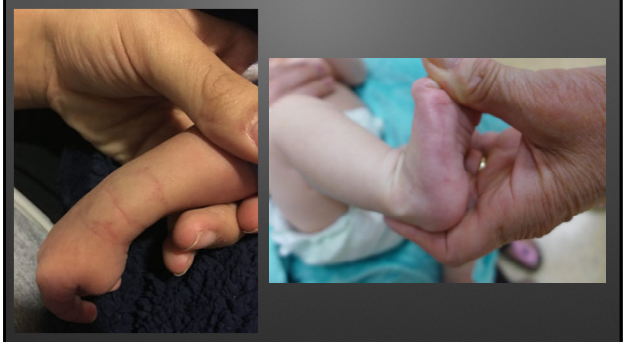
Location



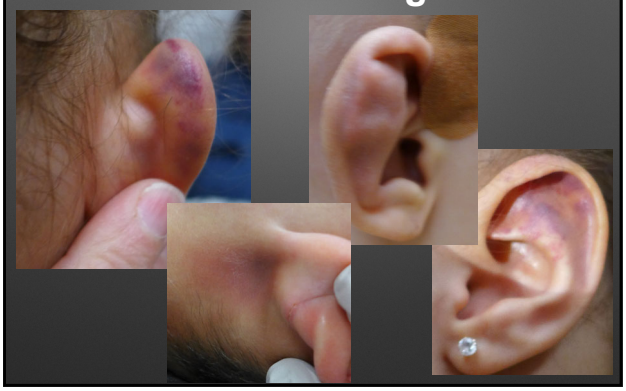
Patterned Bruising



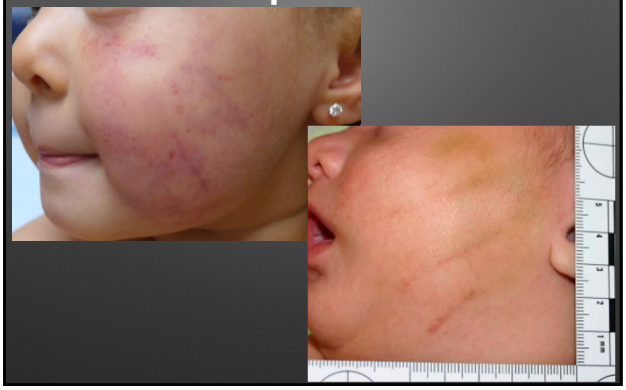
Squeeze Marks



Ear Bruising



Slap Marks



Burns

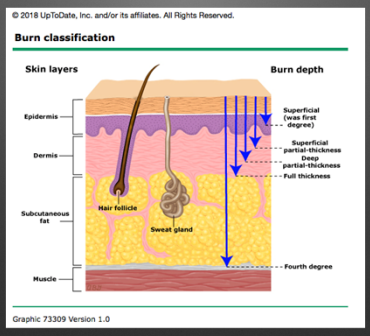
Epidemiology

- Abusive burns account for 11-25% of burns in hospitalized children
- Infants and toddler represent the greatest percentage of cases
- Typically occur in children younger than 6 years
- Mean age of injury between 2-3 years

Burn Classification

- Superficial - Epidermal layer only — 1st degree
- Superficial Partial Thickness - Epidermis and superficial dermis — 2nd degree
- Deep Partial Thickness - Epidermis and deep dermis — 2nd degree
- Full Thickness - Epidermis, entire dermis and into underlying subcutaneous tissue — 3rd degree
- Extension to Deep Tissues - Through skin and underlying soft tissues, can involve muscle or bone — 4th degree

Burn Classification



Patterns of Injury Concerning for Abuse

- Large surface area of burn
- Uniform degree of burn injury
- Full-thickness burn
- Presence of delineated burn margins
- Symmetrical burns
- Absence of burn in areas of skin flexion
- Sparing of skin with surrounding burn secondary to contact with cooler surfaces
- Scald injury without splash/drip marks

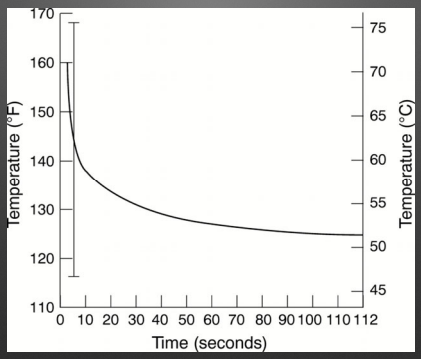
Temperature of Water

- Children bathe comfortably at 101 degrees
- Hot tubs are generally set at 102-104 degrees
- Adults sense water as painful at 112-114 degrees
- Recommended water heater setting is 120 degrees

Temperature of Water

- At 120 degrees it would take 10 minutes to produce a deep partial thickness burn
- At 130 degrees there is a difference between children and adult skin burn times
- Above 130 degrees, children burn in 1/4 the time of adults
- Hot water splash burns require 140 degrees to produce tissue injury

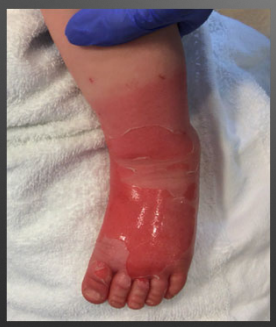
Burn Curve

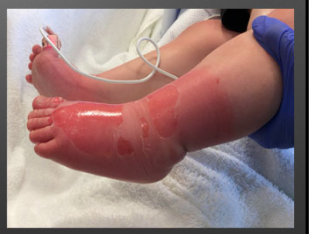


Immersion Burns

- Burn patterns:
  - Uniformity of burn depth
  - Flexion sparing
  - Linear contour between burned and unburned skin
  - Absence of splash marks
  - Bilateral burn symmetry
  - Skin sparing in areas where the skin was in contact with cooler surfaces (doughnut)

Immersion Burns

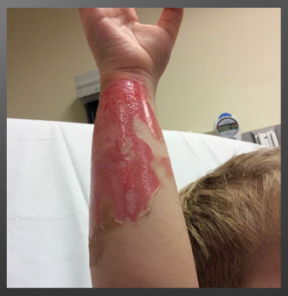




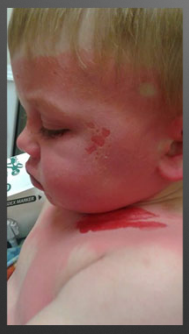
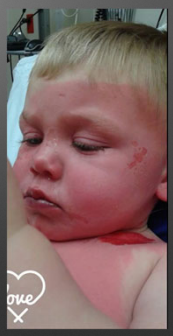
Flowing Liquid

- Can be altered by clothing
- Triangular (V) shaped pattern (flow pattern)
- Type of liquid can significantly affect the burn
  - Liquids with greater boiling point (higher heat source) and viscosity (prolonged contact with skin) can result in deeper more significant burns

Flowing Liquid

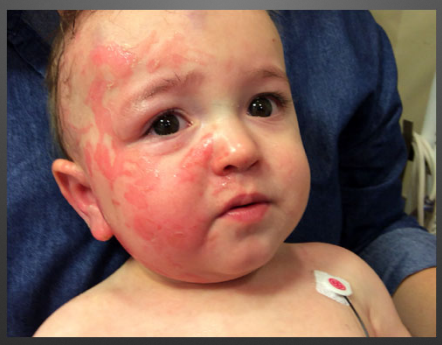
Flowing Liquid

Splash/Splatter Burns

- Require a minimum temperature of 140 degrees to produce tissue injury
- Lower temperatures will cool to a point where thermal cutaneous injury will not occur

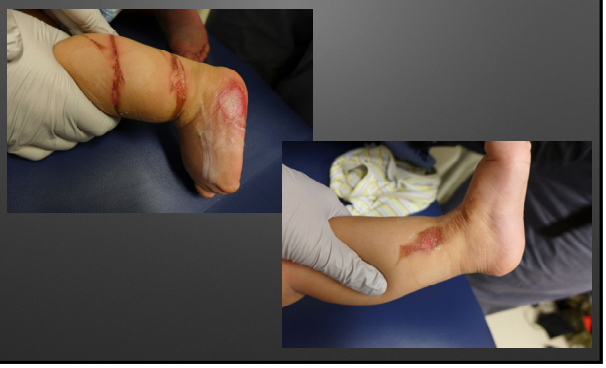
Splash Burns



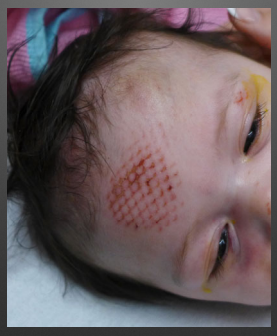
Heated Solid Objects

- Due to prolonged contact with hot solid
- Abusive:
  - Distinct margins
  - Grouped burn lesions
  - Clearly inscribed patterns
  - Injuries on parts of the body normally covered by clothing

Heated Solid Objects



Heated Solid Objects



Abusive Head Trauma

Nomenclature

- In 2009, the AAP recommended adoption of a less mechanistic term, "abusive head trauma", to describe the constellation of cerebral, spinal and cranial injuries that result from inflicted head injury to infants and young children
- The term shaken baby syndrome is still used in education and prevention efforts

Pediatrics. 2009;123(5):1409-11

Definition

- AHT is defined as inflicted injury to the head of an infant or young child
- Mechanisms include crush head injury, shaking, shaking with impact, impact alone, or strangulation

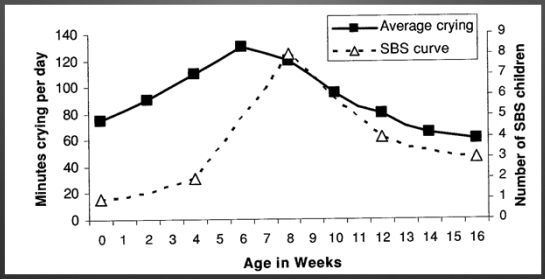
Kleinman, P. Diagnostic imaging of child abuse. 3rd ed.

Epidemiology

- 14 to 30 per 100,000 cases of AHT in infants < 1 year of age
- Peak hospitalization rates for AHT occur at 2-4 months of age
- Peak rates of AHT fatalities in the first 2 months of life
- The leading cause of death in child abuse victims under 4 years of age

Kleinman, P. Diagnostic imaging of child abuse. 3rd ed.
Parks, S. Inj Prev. 2012:18(6):392-8

Incidence of crying and shaken baby syndrome



Acta Pediatrica. 2008;97:782-785

Clinical presentation

- Irritability
- Lethargy
- Vomiting
- ALTE/BRUE
- Seizures
- Respiratory distress
- Cardiopulmonary arrest
- Coma
- Brain death

Misdiagnosis

- 31% of children and infants with AHT were initially misdiagnosed
- Misdiagnosed victims were more likely to be:
  - Younger
  - White
  - Less severe symptoms
  - Live with both parents

Jenny C. JAMA. 1999;281:621-6

Obtaining the History

- When was the child last seen well?
- When did symptoms first occur?
- What were the symptoms?
- What did the caregivers do at that time?
- Was CPR attempted?
- When was help called?
- What kind of help was called?

Child Protection Team

- Provider on call 24/7
- Always happy to answer questions
- 271-3636