ABSTRACT

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Title: An Expert Panel Evaluation of a Child Abuse Pathway to Improve Decision-Making in Community Emergency Departments

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Background: Physical child abuse is frequently missed by community emergency department (ED) providers which can result in continued abuse or death. The use of clinical pathways may impact decision-making related to the recognition and reporting of suspected child abuse. However, no study has examined the appropriateness of clinical decisions that result from the use of these pathways.

Methods: We employed an expert panel to determine for which cases a child abuse pathway recommending phone consultation with a child protection team (CPT) for abuse-associated injuries in infants presenting to community EDs was followed. The panel conducted a blinded, retrospective review of 175 cases of infants who presented to one of three community EDs with injuries identified by a child abuse pathway. It rated cases on the likelihood of abuse as likely abuse, likely accident, or indeterminate, and provided recommendations about additional history, skeletal survey (SS) testing, and child protective services (CPS) reporting that were compared with community ED providers’ decisions before and after pathway implementation.

Results: There was a significant increase in CPT consultations in cases with indeterminate ratings (14.3% vs. 72.2%, p < .001) and in the percentage of cases receiving SS when experts recommended SS (20.5% vs. 56.8%, p = .002). In contrast, a higher percentage of cases for whom the experts did not recommend reporting received a CPS report (1.8% vs 14.6%, p = 0.02). Experts provided four categories of questions to ask about abuse during initial evaluation of physical injuries in infants.

Conclusions: A clinical pathway linking community ED providers with a regional CPT was frequently followed in cases with an indeterminate likelihood of abuse, where expert opinion can guide appropriate management. The implementation of this pathway also resulted in the increased ordering of skeletal surveys in line with the experts’ recommendations, lending support to the appropriateness of the increase, although CPS reporting diverged from the experts’ recommendations, potentially due to increased awareness of abuse. Providers have opportunities to elicit additional history during initial evaluations. This clinical pathway linking frontline providers with a CPT improved the evaluation of infants presenting with injuries concerning for child abuse.

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