



# SCAL KP Suspected Child Abuse and Neglect and Family Violence Prevention Programs: An Innovative Collaboration

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# Collaboration: Why is it important?

- Success in numbers
- Efficient and resource friendly
- Prevents duplication of projects
- Enhances quality of work
- More creativity
- Diverse levels of expertise, knowledge base

# Regional Committee Structure

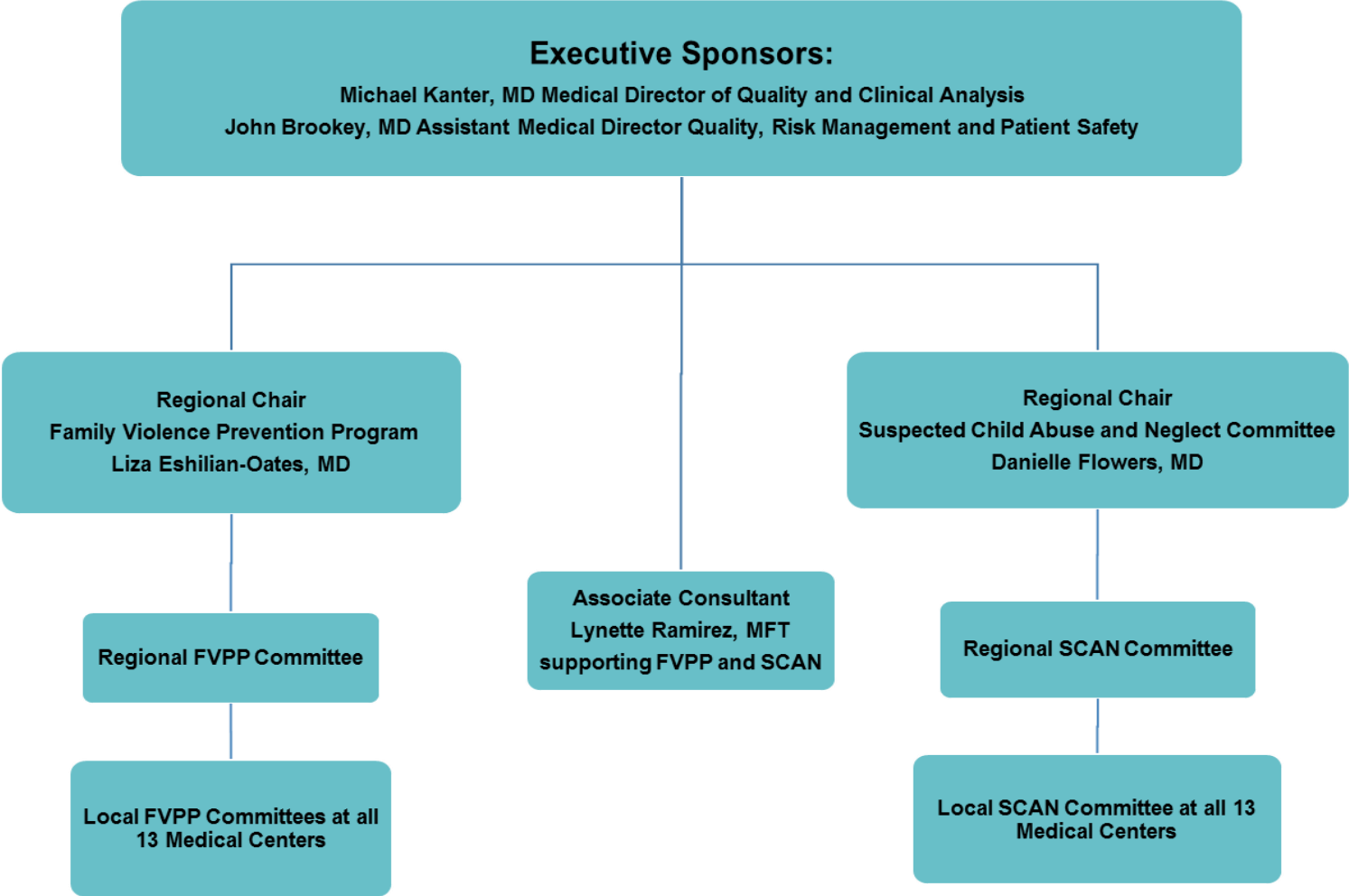
## SCAN

- Established over 20 years ago.
- Physician Champions from all 13 SCAL medical centers lead a local team with Social Medicine and administrative partners.
- Regional meetings held four times a year. The October meeting is combined with Regional FVPP Committee.
- Local teams are expected to meet quarterly; a minimum of one meeting per year must include the local FVPP team.

## FVPP

- Established 7 years ago
- Physician Champions from all 13 SCAL medical centers lead a local team with Social Medicine and administrative partners.
- Eight Regional meetings: In person four times a year; WebEx/teleconference four times/year. The October meeting is combined with the Regional SCAN Committee.
- Local teams are expected to meet at least twice a year, one of which must include their local SCAN team.

# Regional Leadership Structure



# Regional Team Role: Leadership and Oversight

## **Executive Level Sponsor:**

- Provides leadership, direction, oversight, funding.
- Facilitates communication with Regional level leadership.

## **Regional Physician Coordinators:**

- Continuously lead awareness/educational efforts including ongoing communication with Regional Leaders of all specialties.
- Provide Regional KP representation with community agencies, law enforcement and other key resources.
- Are responsible for developing goals, leading projects, direction and focus of Regional teams.
- Provide oversight and representation of local groups.

## **Regional Consultant:**

- Acts as liaison between both Regional groups.
- Provides administrative support including meeting planning/coordination, data collection, Regional reports, etc.
- Oversees project implementation and execution; provides resources for achieving goals.

# Local Champion Role

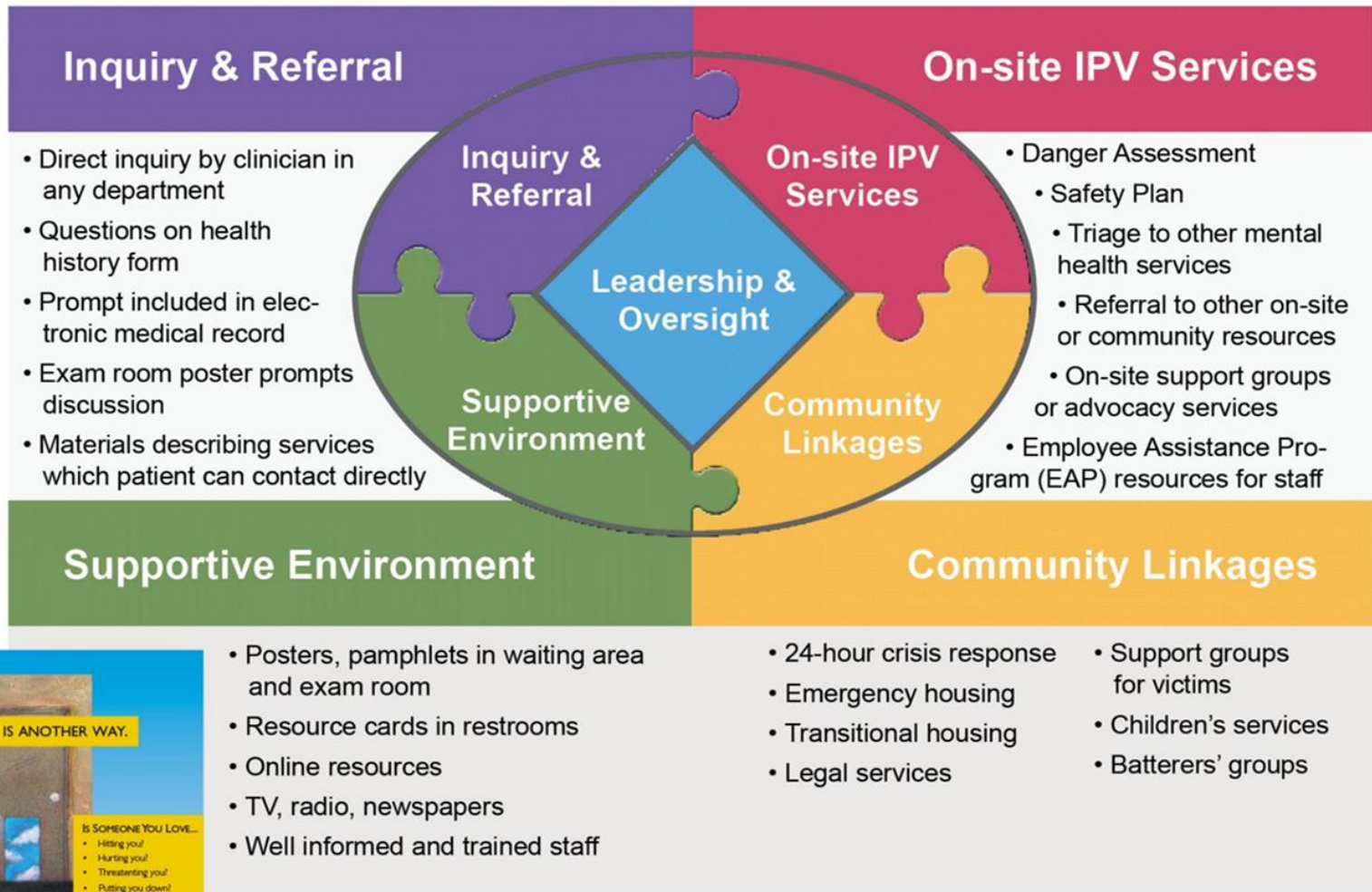
## Local Champion:

- Participates in regional meetings
- Disseminates information and leads local team

## Local Committees (located at each of 13 SCAL KP medical centers):

- Include a physician champion, social work and administrative representative.
- Are expected to establish direct relationships with local Administration to facilitate implementation of local team goals including communication, education, and awareness efforts.
- Maintain relationships with local resources including community agencies, child protective services, law enforcement, local shelters and local hubs where forensic exams are performed.

# An Integrated Approach to Family Violence



# Collaborative Format



# FVPP-SCAN Collaborative Meeting 2014



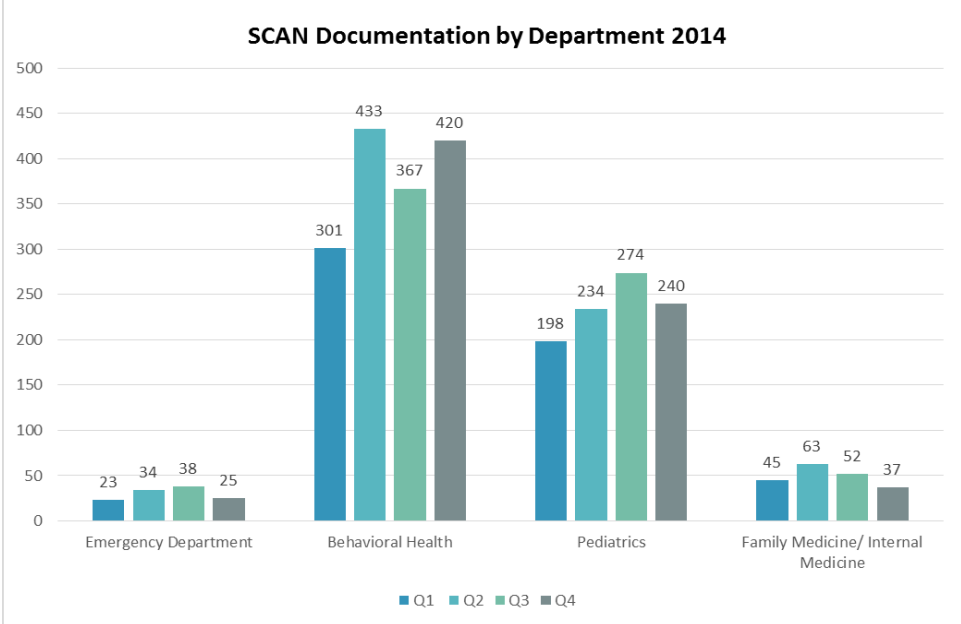
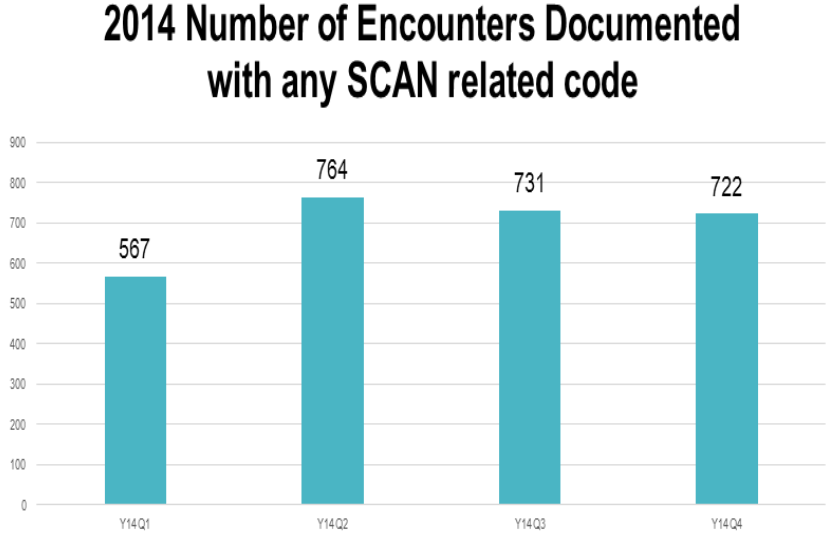
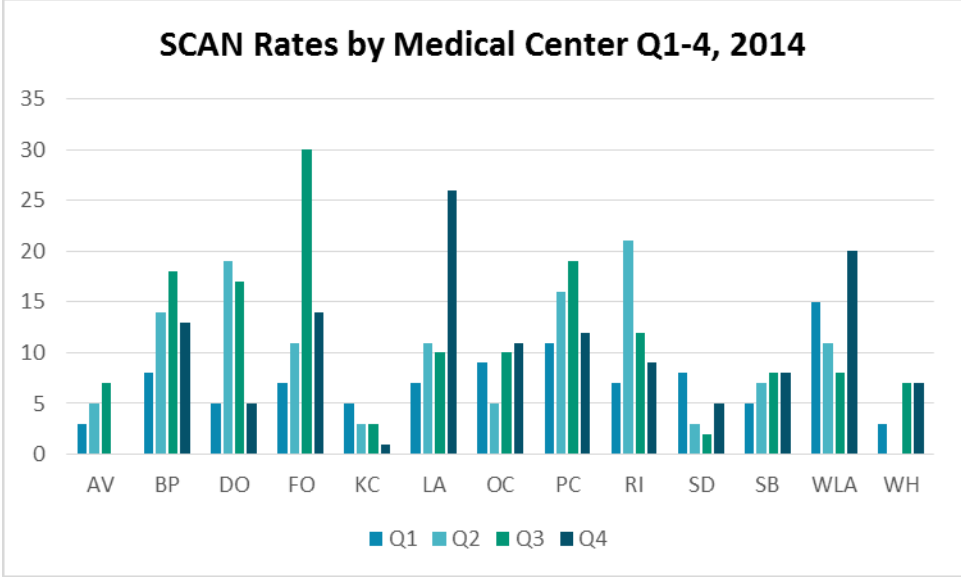
# 2015 Collaborative Goals

- Regional Chairs hold quarterly meetings.
- Both Regional Committees meet together once a year.
- Joint presentations to stakeholders and high risk departments.
- Streamlining data on the Regional Performance and Quality Dashboard.
- Plan Biannual Family Violence Symposium.
- Review, revise and update all Regional child abuse, intimate partner violence and elder abuse educational materials.
- Lead Medical Center site visits: Regional sponsor and Regional Chairs meet with local leadership and FVPP and SCAN champs to assess local processes, discuss goals and to provide support for the local team.

# Collaborative Protocols and Data Collection

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# SCAN Data Charts

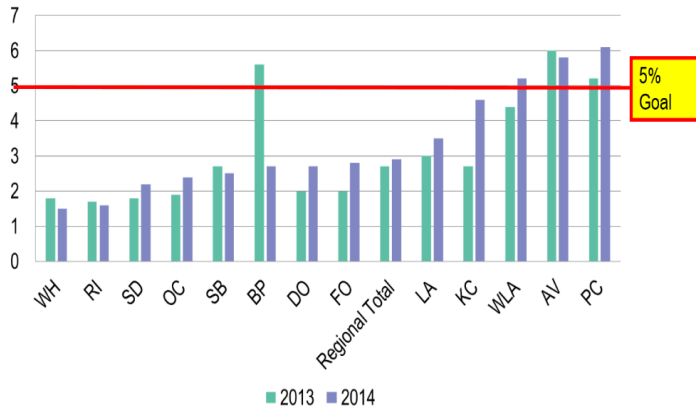


### 2014 Manual SCAN Cases vs Cases Coded

2014 SCAN Cases	Q1	Q2	Q3	Q4	Total Cases	ICD-9/10 Cases Coded
AV	16	0	0	7	23	15
KC	25	17	23	47	112	12
BP	24	46	29	38	137	53
DO	38	57	70	35	200	46
FO	128	139	100	142	509	62
LA	32	39	30	25	126	54
OC	71	40	38	27	176	35
PC	24	26	21	18	89	58
RI	38	42	50	0	130	49
SD	115	106	46	104	371	18
SB	31	31	0	32	94	28
WLA	37	29	24	29	119	54
WH	13	5	3	23	44	17
<b>Totals</b>	<b>592</b>	<b>577</b>	<b>334</b>	<b>527</b>	<b>2030</b>	<b>501</b>
						<b>25% Coded</b>

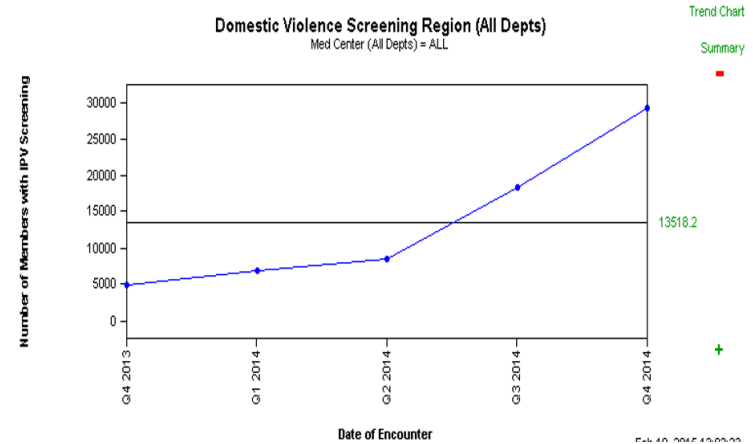
# FVPP Data Charts

## IPV Identification Rate by Medical Center 2014



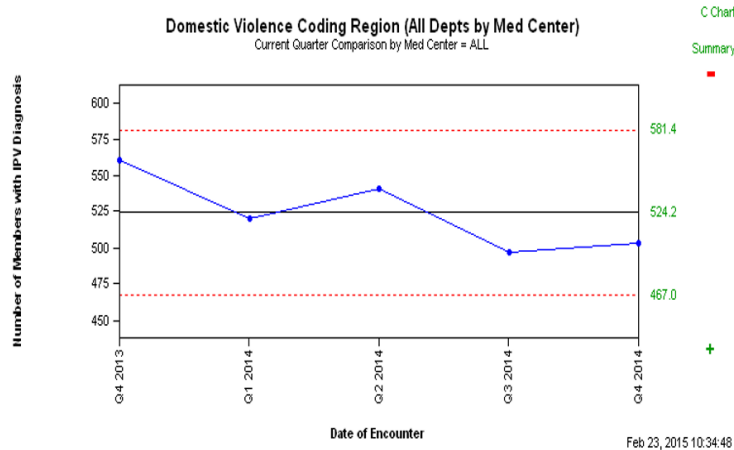
## Regional IPV Screening Totals

Domestic Violence Screening Region (All Depts)  
Med Center (All Depts) = ALL

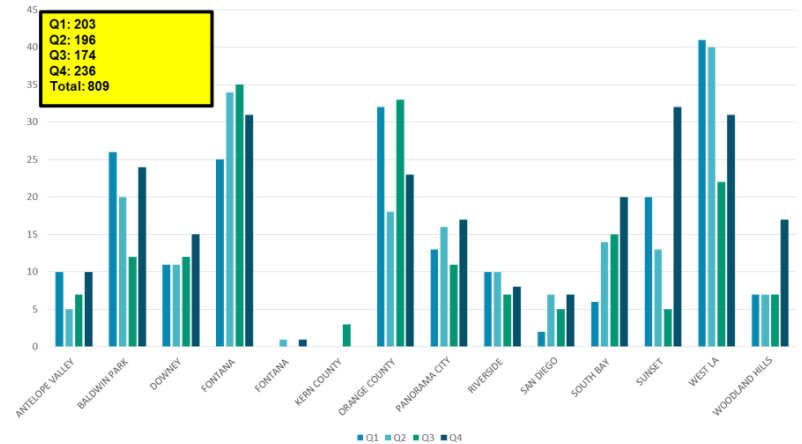


## Regional IPV Coding Totals

Domestic Violence Coding Region (All Depts by Med Center)  
Current Quarter Comparison by Med Center = ALL



## Members 65+ diagnosed with Elder Abuse by Medical Center (Q1-4 2014)



# Collaborative Educational Projects

# SCAN and FVPP Collaborative Projects: Family Violence Symposium



## First Annual Family Violence Symposium AGENDA

March 21, 2014

7:00 a.m.	Registration, Breakfast and Exhibit Viewing
8:00 a.m.	Welcome and Announcements
8:15 a.m.	Keynote: Adverse Childhood Experiences (ACE) Study Integration into Practice Vincent Felitti, MD
9:10 a.m.	Member Testimonial
9:30 a.m.	A Little Encouragement: A Healthcare Approach to IPV Juliane Toohey, MD
10:25 a.m.	Break and Exhibit Viewing
10:40 a.m.	Suspected Child Abuse and Neglect for the Front-Line Clinician Janet Arnold-Clark, MD
11:35 a.m.	KP Support Tools: Making it Easier to do the Right Thing Danielle Flowers, MD and Liza Cshiban-Dales, MD
12:05 p.m.	Lunch
1:05 p.m.	Member Testimonial
1:25 p.m.	Elder and Dependent Adult Abuse for Clinicians Kerry Burnight, PhD
2:26 p.m.	Break and Exhibit Viewing
2:40 p.m.	<b>Breakout Session A</b> IPV: Strengthening our Response Juliane Toohey, MD Suspected Child Abuse and Neglect: Pearls for Interviewing and How to Best Utilize Community Resources Janet Arnold-Clark, MD Elder and Dependent Adult Abuse: Overcoming the Challenges Kerry Burnight, PhD
3:36 p.m.	<b>Breakout Session B</b> (Repeat of Breakout A) IPV: Strengthening our Response Juliane Toohey, MD Suspected Child Abuse and Neglect: Pearls for Interviewing and How to Best Utilize Community Resources Janet Arnold-Clark, MD Elder and Dependent Adult Abuse: Overcoming the Challenges Kerry Burnight, PhD
4:25 p.m.	Adjourn

\*Currently Planning the 2016  
Family Violence Symposium

# SCAN & FVPP Educational Materials

Pocket cards with local resources

## Being Hurt? We Can Help

LOS ANGELES MEDICAL CENTER



### 24-Hour Hotlines

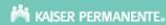
- California Youth Crisis Hotline . . . . . 1-800-843-5200
- Child Abuse Hotline, LA County . . . . . 1-800-540-4000  
or (213) 639-4500
- Child Abuse Hotline, National . . . . . 1-800-422-4453
- Domestic Violence Hotline, LA Gay/Lesbian . . (323) 860-5806
- Domestic Violence Hotline, LA County . . . . . 1-800-978-3600
- Domestic Violence Hotline, National . . . . . 1-800-799-7233  
(TTY for hearing/speech impaired) . . . . . 1-800-787-3224
- Elder Abuse, Adult Protective Services . . . . . 1-877-477-3646
- National Human Trafficking Resource Center . . 1-888-373-7888  
or text to BeFree (233733)
- National Runaway Safeline . . . . . 1-800-786-2929
- Sexual Assault Hotline, National . . . . . 1-888-843-4564
- Suicide and Crisis Line . . . . . 1-800-784-2433 or 1-800-273-8255
- Violence and Sexual Assault  
Hotline, LA County . . . . . (310) 392-8381 or (213) 626-3393

### Community Services

- Animal Safety Net . . . . . (323) 733-0219
- Deaf Community Services . . . . . (323) 478-8000, gladinc.org
- GLBT National Hotline . . . . . 1-888-843-4564
- Interpreters Service . . . . . 1-888-930-7776

## ¿Alguien te lastima? Podemos ayudarte.

LOS ANGELES MEDICAL CENTER



### Líneas de ayuda (24 horas al día)

- California Youth Crisis Hotline . . . . . 1-800-843-5200
- Child Abuse Hotline, LA County . . . . . 1-800-540-4000  
o (213) 639-4500
- Child Abuse Hotline, National . . . . . 1-800-422-4453
- Domestic Violence Hotline, LA Gay/Lesbian . . (323) 860-5806
- Domestic Violence Hotline, LA County . . . . . 1-800-978-3600
- Domestic Violence Hotline, National . . . . . 1-800-799-7233  
(TTY para problemas de audición y habla) . . . . . 1-800-787-3224
- Elder Abuse, Adult Protective Services . . . . . 1-877-477-3646
- National Human Trafficking Resource Center . . 1-888-373-7888  
o text to BeFree (233733)
- National Runaway Safeline . . . . . 1-800-786-2929
- Sexual Assault Hotline, National . . . . . 1-800-656-4673
- Suicide and Crisis Line . . . . . 1-800-784-2433 o 1-800-273-8255
- Violence and Sexual Assault  
Hotline, LA County . . . . . (310) 392-8381 o (213) 626-3393

### Servicios comunitarios

- Animal Safety Net . . . . . (323) 733-0219
- Deaf Community Services . . . . . (323) 478-8000, gladinc.org
- GLBT National Hotline . . . . . 1-888-843-4564
- Interpreters Service . . . . . 1-888-930-7776
- LA County Social Services . . . . . www.211la.org
- LA Gay & Lesbian Center . . . . . (323) 993-7400
- Women's Resource Center . . . . . (323) 655-3807

### Servicios legales

- LA County District Attorney Victim/  
Witness Assistance (8 a.m.–5 p.m.) . . . . . 1-800-380-3811
- Local Aid Foundation for Abuse . . . . . 1-800-380-3500





# Abuse Prevention link on KP HealthConnect Physician Dashboard

The screenshot displays the Epic Provider Dashboard interface. The top navigation bar includes various tools like Home, Schedule, In Basket, Chart, Encounter, Tel Enc, Message Enc, Patient Lists, Secure, KPHC Support, Remind Me, Panel Mgmt, View Sched, Print, and Log Out. The main dashboard is divided into several sections:

- Schedule Glance:** Shows patient information for FLOWERS, DANIELLE RODIN (M.D.) on 7/23/2013. It includes a table for appointments and a 'Refresh' button.
- Schedule Status:** Displays key performance indicators: 0 patients waiting, 100% AVS printed, 0 no shows, 8 of 9 patients seen, and 8 of 9 visits closed.
- In Basket Glance:** Lists message categories: Pt Messages, Results, Result Notes, and Staff Messages.
- Communications:** Lists communication channels: MyHelp, KPHC Support Numbers, Ambulatory Communications, Inpatient Communications, and iNotes.
- Ancillary Links:** Lists external resources: POINT, External Referrals, Muse Website, SCPMG Lab Net, Teleradiology, and KP.org.
- Clinical Reference:** Lists clinical resources: MD Consult, SCAL Clinical Library, Clinical Abbreviations, FRAX, Point of Care Learning, Abuse Prevention (highlighted with a red circle and arrow), Infectious Disease, and Dynamed.
- Pharmacy Links:** Lists pharmacy resources: CURES (State controlled substances database), KP Drug Formulary, BEERS List, and Opioid Calculator.
- Patient Safety and Quality:** Lists safety resources: Unusual Occurrence Report - Online.
- Reports and KPHC Info:** Lists reporting and information resources.

# Family Violence Prevention Website

Make this your home page | Contact us | Other KP FVPP sites

## Family VIOLENCE PREVENTION PROGRAM Southern California

Home | Report Abuse | Child Abuse | Intimate Partner/Domestic Violence | Elder/Dependent Adult Abuse | Resources | Links



### Featured Stories

- Addressing the Bigger Picture in Pediatric Settings: Adverse Childhood Experiences
- First Annual Family Violence Symposium
- A Hidden Cause of Chronic Illness
- April is National Child Abuse Awareness Month
- HHS Requires Coverage of DV Screening

► Feature Archive

### How to Report Abuse

Choose your area:

- Antelope Valley
- Baldwin Park
- Downey
- Fontana
- Kern County
- Los Angeles
- Orange County
- Panorama City
- Riverside
- San Diego
- South Bay
- West Los Angeles
- Woodland Hills

### Clinician Training VIDEO



**Domestic violence: how to ask, how to respond, and how to use KP HealthConnect™ tools**

14-minute training specifically designed for Kaiser Permanente clinicians, that includes: comments from KP SCAL

clinicians, scenarios that show what to say and do when a patient reveals intimate partner violence (when a report to law enforcement is necessary, and when it's not), and demonstration of how to use HealthConnect™ tools. more >>

### Manager Essentials



**Essentials for Managers: Human Resources: Domestic Violence Prevention**

This lesson is intended for supervisors, managers, and directors. Kaiser Permanente is a leader in domestic violence prevention for our

members and our employees. This training was developed to help managers learn to identify and respond to domestic violence in our workplace. more >>

### Upcoming Conferences

**San Diego International Conference on Child and Family Maltreatment**  
Jan 26 - 29, 2015  
Sheraton San Diego Hotel and Marina

**2015 National Conference on Health and Domestic Violence**  
March 19-21, 2015  
Renaissance Washington, DC Downtown Hotel

### Useful Links

- American Psychological Association
- California Courts Self-Help Center
- California Emergency Management Agency
- California Health & Human Services Agency
- Futures Without Violence
- Kaiser Permanente Domestic Violence



### KP Says NO MORE Domestic Violence & Sexual Assault

Kaiser Permanente is a proud sponsor of the NO MORE campaign to end domestic violence and sexual assault. Find out how you can say NO MORE at [nomore.org](http://nomore.org)



### Child Abuse Training Module

Child Abuse Identification and Training Module for California Medical Providers: A guide to identifying and reporting

### Evidence Based Medicine



**'The use of scientific data to confirm that proposed diagnostic or therapeutic procedures are appropriate in light of their high probability of producing the best and most favorable outcome'**

Evidence-based medicine (EBM) looks at assessing the strength of the evidence, of risks and benefits of treatments or non treatment, and diagnostic tests. This helps

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### Child Abuse

### Intimate Partner/Domestic Violence Abuse

### Elder/Dependent Adult Abuse

## How to Report Abuse - Los Angeles

### Child Abuse

### Intimate Partner/Domestic Violence

### Elder/Dependent Adult Abuse

### Local Area Contacts

## Resources for Los Angeles

- Los Angeles Printable Checklist for Child Reporting Abuse [pdf]
- Los Angeles Printable list for reporting Intimate Partner Violence [pdf]
- Being Hurt? (English and Spanish) [pdf]
- Pocket Card for Patients [pdf]
- Release of Medical Information Form [doc]

## Hotline Numbers

800-540-4000 (Child Abuse)  
800-992-1660 (Elder Abuse)

## Los Angeles Social Medicine Department

1505 N. Edgemont Ave  
Los Angeles CA 90027

Phone: 323-783-4371  
Tie Line: 8-363-4371  
Fax: 323-783-6824

## Local Police Departments

Los Angeles Police Dept.  
1-877-275-5273

Los Angeles Metro:  
213-626-5273

Contact us | last updated December 2013

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# Checklists with Outlined Workflow and Local Resources for both SCAN and IPV

## Suspected Child Abuse Checklist Los Angeles

<http://kpnet.kp.org/scal/violenceprevention>

### Report and Document

1. Open Child Abuse Smart Set (outpatient) or Child Abuse Order Set (inpatient) in KP HealthConnect to access diagnoses, lab tests, x-rays, links to reporting forms and other suspected child abuse information.
2. Update patient demographics to make sure phone number, address and names are correct. If there is a safety issue, please notify law enforcement immediately.
3. If you are not sure if you should be reporting this case or if you have questions, call:
  - Social Work: Lawrence Laterza, LCSW, at 323-783-4371 (8am-5pm); Pager: 323-699-0987
  - SCAN Champion (Outpatient): Julie Valencia, MD Office: 626-583-2210, Cell 626-825-9787
  - SCAN Champion (Inpatient): Susan Martinez, MSW 323-783-4371 (8am-5pm)
  - For after hours, contact the on-site social worker at: 323-783-6923, pager 0984 the after hours MD, or the Medical Center Operator 323-783-4011, and ask for social worker on-site.
  - In Los Angeles County, you can always call Department of Children and Family Services (DCFS) and discuss the case with a case worker and they will tell you if this is reportable. Dial toll-free at 800-540-4000 or 213-639-4500 (24 hours/365 days a year).
  - Social Work services are available 24 hours per day. After 5:00pm, please page 323-783-6923, pager 0984.
  - For an outside forensic center to call with questions, contact the Rape Treatment Center at Santa Monica UCLA Medical Center, 1250 16th Street, Santa Monica, California 90404 at 310-319-4000 or Stuart House at 1250 16th Street, Santa Monica, CA 90404-1249 310-319-4248.
4. Fill out necessary reporting forms: (for Los Angeles County)
  - **DOJ SS8572 Suspected Child Abuse Report** (must always be filled out if you are filing a report regardless if there are findings)
  - **CalEMA 2-900 aka OES900** (only needs to be filled out if there are physical findings)
  - **CalEMA 2-925 aka OES925** (only for colposcopic and/or consult exams)
5. Immediately phone in report to Department of Children and Family Services (DCFS) at 800-540-4000 or 213-639-4500 (24 hours/354 days/year).
6. Within 36 hours of being informed of or identifying abuse, submit written report to DCFS either online here or via mail: 1934 S. Broadway, 5<sup>th</sup> Floor, Los Angeles, CA 90007
7. In progress note/ smart set/ order set, indicate that the report was made and include case number given by the agent or website. **Scanning this report to KP HealthConnect is prohibited.**
8. Before closing the chart, make sure there is a suspected mandated report code diagnosis recorded. See Child Abuse Smart Set/Order Set for all suspected abuse mandatory report codes.
9. Please print a copy (if done online) or copy your written report and forward it inter-office to the Department of Social Medicine, 1505 Edgemont, 1st Floor.

### Sexual Abuse

1. Call the police if SEXUAL abuse is suspected and it has been less than 96 hrs since the most recent incident. Please call 911 to report the suspected abuse. Non-urgent calls may be directed to the Los Angeles Police Department dispatch number at 877-275-5273.
2. Police take suspected sexual abuse victims to:
  - Rape Treatment Center at Santa Monica UCLA Medical Center, 1250 16th Street, Santa Monica, California 90404 (310-319-4000), or
  - Stuart House at 1250 16th Street, Santa Monica, CA 90404-1249 (310-319-4248).
3. To review the case to see if anything else needs to be done at KP before patients are transported for their forensic exam, contact:
  - Rape Treatment Center at Santa Monica UCLA Medical Center  
1250 16th Street, Santa Monica, California 90404  
310-319-4000 (24 hours/365 days).
  - Dedicated Fax Lines for DCFS Offices: 213-745-1727
  - Mailing Address for DCFS: 1934 S. Broadway, 5th Floor, Los Angeles, CA 90007

## Intimate Partner Violence Checklist Los Angeles

<http://kpnet.kp.org/scal/violenceprevention>

### 1. ASK (HealthConnect Screening Questionnaire)

**Brief interventions are effective:**

- "Within the past year, has your partner hit, slapped, kicked or otherwise physically hurt you?"
- "Within the past year, has your partner forced you to participate in unwanted sexual activities?"
- "Are you afraid of your partner?"

### 2. AFFIRM

**Provide a supportive response**

- "This is a common problem, we can help."
- "No one deserves to be hit."
- "I am glad you told me about this."
- "I am sorry that has happened to you."

### 3. ASSESS

**Brief Danger Assessment**

- "Is your partner here with you today, in the building?"
- "Is it safe for you to go home today?"
- "Has your partner threatened to kill himself, you or your children or pets?"
- "Has your partner ever attempted to choke or strangle you?"
- "Is there a gun or other weapon in the home?"

### 4. DOCUMENT

**Progress Note**

- The Domestic Violence SmartSet has progress notes to document DV with injury and DV without injury and patient instructions you can use.
- Consider photo documentation of injuries. (Not legally required.) Signed consent from patient is not required for photo documentation.
- **Diagnosis:**
  - Type "domestic violence" in "enter entry" box and accept diagnosis, move it onto the problem list.
  - For more options, see DV diagnosis codes listed in the smartset.
  - For more help, view [Clinician Online Training Video](#) (14 min) available on our website
  - Abuse codes do not print on the AVS nor are they visible on kp.org

### 5. MANDATED REPORTING see FVPP website for all documents and phone numbers to local PD

**You are required to report if:**

- There is PHYSICAL injury and you are the treating provider
- Use form OES 928
- Must notify law enforcement in the city where the injury occurred as soon as possible
- Hard copy must be filed (usually by fax) within 48 hours
- Fax report to Social Medicine at 323-783-6824.
- Do not keep copies of reports in the office or the chart.

### 6. REFER

- Notify Medical Social Worker (see contact info below).
- Provide medical center specific pocket cards and community resources.
- Schedule patient for follow up with primary care physician to discuss the impact on the patient's health.
- If elders, dependent adults or children are in the home consider reporting to Child Protective Services or Adult Protective Services (see FVPP website for details).
- **If Emergent Situation: (not safe to return home, patient wants or needs immediate services/shelter)**
  - In addition to the above referral process, assist patient in calling a local shelter or National Domestic Violence hotline: 1-800-799-SAFE.
  - Notify Security, Building and Department DA for any safety/security issues related to the abusive partner.

# Family VIOLENCE PREVENTION PROGRAM

Southern California



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- Resources**
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## How to Report Abuse

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## Child Abuse

## Intimate Partner/Domestic Violence Abuse

## Elder/Dependent Adult Abuse

## Resources

### Posters, Flyers, and Brochures

- Are You Being Hurt by Someone You Love? Brochure [Order](#)
- Being Hurt? We Can Help [Order](#)
- "Being Hurt? We Can Help" pocketcard poster insert [Download](#)
- Child Abuse: After Your Child's Visit - PI National
- Violence in the Family [Order](#)

### Regional Data

#### Child Abuse (yearly and quarterly data):

- 2013 [xls]
- 2012 [xls]
- 2011 [xls]
- 2010 [xls]

#### IPV (yearly and quarterly data):

- Q4 [xls]
- Q3 [xls]
- Q2 [xls]
- Q1 [xls]

#### Elder (quarterly data):

### Bullying Resources

- Roles For Health Professionals Tipsheet [pdf]

### Child Abuse Awareness Month Resources

### Domestic Violence Awareness Month Resources

### Elder Abuse Resources

- Detecting Elder Abuse and Neglect: Assessment and Intervention[pdf]
- Elder Abuse: Research, Practice, and Health Policy. The 2012 GSA Maxwell

## Upcoming Conferences

**San Diego International Conference on Child and Family Maltreatment**  
Jan 26 - 29, 2015  
Sheraton San Diego Hotel and Marina

**2015 National Conference on Health and Domestic Violence**  
March 19-21, 2015  
Renaissance Washington, DC Downtown Hotel

## silentWitness

"Silent Witness" is a powerful display that features domestic violence stories from the people of Kaiser Permanente, using their own words.

- > [Read more](#)
- > [Order the display](#)

# What Do You Need for a Successful Collaboration?

- Commitment
- Organization
- Shared mission/vision
- Shared goals
- Identification and active involvement of key stakeholders
- Uniform structures
- Shared internal resources
- Active relationships with community resources

# Key Learnings

- Incorporate all forms of violence/ include all 3 types
- Continuous analysis and evaluation
- Active involvement in education and awareness efforts
- Strategic interaction with key groups including collaborative presentations to Regional Leadership, reporting of data, protocol, workflows
- Collaborating with departments with high risk patients
- Site visits: Top leadership meets with champions responsible for the work
- Data presentation makes child abuse, intimate partner violence and elder abuse measureable / quantifiable/ concrete
- Consistent commitment to changing the culture is essential for success

# Thank you for your time

Feel free to contact us with any questions:

## **Danielle Flowers, M.D.**

Suspected Child Abuse/Neglect  
Committee Regional Chair

Direct Line: (818) 838-4062

[Danielle.R.Flowers@kp.org](mailto:Danielle.R.Flowers@kp.org)

## **Liza Eshilian-Oates, MD**

Family Violence Prevention  
Program Regional Chair

Direct Line: (714) 672-5243

[Liza.D.Eshilian-Oates@kp.org](mailto:Liza.D.Eshilian-Oates@kp.org)

Lynette Ramirez, MFT Associate Consultant supporting FVPP and SCAN  
Clinical Consulting and Implementation

Phone:(626)405-5807 Tieline: 335 [Lynette.D.Ramirez@kp.org](mailto:Lynette.D.Ramirez@kp.org)



# Appendix

# Suspected Child Abuse and Neglect (SCAN) and Family Violence Prevention Program (FVPP) Committees: Mission and Vision

## SCAN

The Regional SCAN Committee is an interdisciplinary regional group of health professionals that serve to promote best practices in prevention, recognition and reporting child abuse and suspected child abuse for the Kaiser Permanente Southern California Region

### Scope

Encompass all forms of child abuse including physical abuse, emotional abuse, sexual abuse, neglect and teen dating violence

## FVPP

The Regional FVPP Committee is an interdisciplinary regional group of health professionals that serve to recognize and capture high risk patients in abusive families by providing our clinicians, staff and members with the means of identifying and breaking the cycle of violence

### Scope

Encompass all forms of family violence: Intimate partner violence, elder abuse, partner with SCAN for child abuse.

# SCAN 2015 Goals

## **To increase documentation of SCAN internal codes for all cases of child abuse reported to at least 50%.**

- Educate physicians, social workers and nurse practitioners to use the following codes to document when a mandated report is made:
  - Suspected Physical Child Abuse Mandated Report
  - Suspected Sexual Child Abuse Mandated Report
  - Suspected Neglect Child Abuse Mandated Report
  - Suspected Emotional Child Abuse Mandated Report
  - Suspected Child Abuse Mandatory Report Exists outside of KP
  - To have 100% of mandated reports documented in Kaiser Permanente HealthConnect.

## **To implement a SCAN Best Practice Alert**

- The Best Practice Alert is aimed at improving child abuse reporting rates by prompting the physician to consider child abuse in the cases where specified high risk diagnosis codes are identified in children less than 1.
- BPA Committee has accepted the BPA. We will now focus on piloting the BPA and implementation across the region.

## **To increase training, education and collaboration with the Emergency Department, Urgent Care, Adult Primary Care/ Internal Medicine, Psychiatry and Addiction Medicine.**

- D. Flowers, MD will present to all of the above Regional Chiefs of Service at their Regional meetings.
- Champions to present data and provide education to their local leaders and providers for all of the departments above.

## **To continue collaboration with Regional and local Quality Committee**

- To present yearly and quarterly SCAN data to QuEST and SCQC Committees.
- Local champions to collaborate with local Quality Committee to implement SCAN goals.

## **To conduct a needs assessment and training on bullying**

- Invite expert speaker to present on bullying at the Regional Committee meeting

## **To collect child abuse screening data collected at every Well Baby and Well Child visit for patients under 18 years old**

- Questionnaire data will be analyzed and compared to regional and local reporting rates.

## **To continue to monitor Open Notes pilots to ensure safety of patients and health care workers**

- Creation of a Best Practice Alert reminding physicians to hide notes with sensitive diagnosis codes

# FVPP 2015 Goals

## **To increase identification and coding of domestic violence cases to at least 5% of the expected cases for women members 18-65 years old**

- Increase intimate partner violence documentation and education in key departments such as Obstetrics and Gynecology, Primary Care, Urgent Care and Emergency Departments.

## **To increase training, education and collaboration with the Emergency Department**

- L. Eshilian-Oates will present to Emergency Department Chiefs of Service.
- Local Champions to present data and provide education to their local Emergency Department leaders and providers.

## **To increase elder abuse data collection, education and awareness.**

- To collect and analyze manual statistics on the number of elder abuse mandated reports made on the local level
- To obtain Regional data on coding and documentation of elder abuse.
- To create unique Kaiser Permanente HealthConnect codes to track the number of elder abuse mandated reports.
- To create Regional elder abuse educational materials for distribution at the local medical centers.
- To include elder abuse education in Regional Committee meetings

## **To continue collaboration with Regional and local Quality Committee**

- To present yearly and quarterly FVPP data to QuEST and SCQC Quality Committees
- Local champions to collaborate with local Quality Committee to implement FVPP goals.

# SCAN Data Collection: What is Measured

## Mandated Reports Filed: Manual Statistics

- Local Champions collect Suspected Child Abuse Reports and tally the number of reports based on the following categories:
  - Physical Abuse
  - Emotional Abuse
  - Neglect
  - Sexual Abuse
  - Emotional abuse
  - Emotional abuse due to domestic violence
  - Other (Including positive toxicology)
- Statistics are submitted to the regional consultant and reported on a quarterly basis

## KP HealthConnect Data

- Identifying cases coded with SCAN related ICD-10 codes (143 codes) in children 0-18 years old
- Recommended codes include:
  - Suspected Physical Child Abuse Mandated Report
  - Suspected Sexual Child Abuse Mandated Report
  - Suspected Neglect Child Abuse Mandated Report
  - Suspected Emotional Child Abuse Mandated Report
  - Mandated Report made outside of KP Separated by department, medical center,
- Separated by encounter and unique MRN
- Reported quarterly and yearly

# SCAN Most Used Diagnosis Rank Y13 Q4-Y14 Q4

DX_NAME	DX_NAME COUNT	Percentage of DX_NAME
VICTIM OF BULLYING	650	21.00%
HX OF CHILD SEXUAL ABUSE	276	8.90%
CHILD SEXUAL ABUSE	248	8.00%
PARENT CHILD COUNSELING FOR CHILD ABUSE	160	5.20%
SUSPECTED NEGLECT CHILD ABUSE MANDATORY REPORT	160	5.20%
SUSPECTED SEXUAL CHILD ABUSE MANDATORY REPORT	149	4.80%
SUSPECTED PHYSICAL CHILD ABUSE MANDATORY REPORT	124	4.00%
HX OF CHILD PHYSICAL ABUSE	121	3.90%
PROBLEM RELATED TO SOCIAL ENVIRONMENT, UNSPECIFIED	117	3.80%
ALLEGED CHILD SEXUAL ABUSE, OBSERVATION AND EVALUATION	79	2.60%
SUSPECTED EMOTIONAL CHILD ABUSE MANDATORY REPORT	75	2.40%
CHILD SEXUAL ABUSE, NONFAMILY MEMBER, INIT	73	2.40%
CHILD PHYSICAL ABUSE	66	2.10%
SUSPECTED CHILD ABUSE, INIT	63	2.00%
HX OF CHILD ABUSE	58	1.90%
COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE	54	1.70%
SUSPECTED CHILD ABUSE MANDATORY REPORT EXISTS OUTSIDE OF COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE, BY NONPARENT	46	1.50%
CHILD SEXUAL ABUSE, INIT	46	1.50%
CHILD ABUSE	39	1.30%
COUNSELING FOR VICTIM OF CHILD EMOTIONAL ABUSE, BY PARENT	27	0.90%
HX OF CHILD NEGLECT	25	0.80%
SUSPECTED CHILD EMOTIONAL ABUSE, INIT	23	0.70%
SUSPECTED CHILD ABUSE	20	0.60%
CHILD PHYSICAL ABUSE, BIOLOGICAL FATHER, INIT	18	0.60%
CHILD ABUSE, BIOLOGICAL FATHER, INIT	18	0.60%
COUNSELING FOR VICTIM OF CHILD ABUSE	18	0.60%
HX OF CHILD EMOTIONAL ABUSE	18	0.60%
VICTIM OF CHILD ABUSE.	17	0.50%
SUSPECTED CHILD PHYSICAL ABUSE	15	0.50%
COUNSELING FOR VICTIM OF CHILD PHYSICAL ABUSE, BY PARENT	15	0.50%
CHILD PROTECTIVE SERVICES MANDATED PHYSICAL EXAM	15	0.50%
SHAKEN BABY SYNDROME	15	0.50%
CHILD NEGLECT	13	0.40%
COUNSELING FOR VICTIM OF CHILD PHYSICAL ABUSE	11	0.40%
COUNSELING FOR VICTIM OF CHILD NEGLECT, BY PARENT	10	0.30%
SUSPECTED CHILD ABUSE, RULED OUT	10	0.30%
CHILD PHYSICAL ABUSE, BIOLOGICAL MOTHER, INIT	10	0.30%
CHILD ABUSE, INIT	9	0.30%
COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE, BY PARENT	9	0.30%
SUSPECTED CHILD EMOTIONAL ABUSE	8	0.30%
CHILD ABUSE, BIOLOGICAL MOTHER, INIT	8	0.30%
SUSPECTED CHILD PHYSICAL ABUSE, INIT	8	0.30%

# FVPP Data Collection: What is Measured

## Intimate Partner Violence

- Female and male members ages 18-65
- **Regional Report:** Data extracted from KP HealthConnect based on relevant ICD-10 diagnosis codes.
- Regional, Medical Service Area and department totals are reported.
- End of year “IPV identification rate” based on females age 18-64 is calculated.

## Elder Abuse

- Adults 65 years and older, dependent adults of any age
- **Regional Report:** data extracted from KP HealthConnect based on relevant ICD-10 diagnosis codes.
- **Manual Data Collection:** Local Champions collect APS reports and tally the number of reports.
- **Future:** To build in HC suspected abuse mandatory V report codes similar to child abuse.