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

Liza Eshilian-Oates, MD FVPP Regional Physician Coordinator
Danielle Flowers, MD SCAN Committee Regional Physician Coordinator
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

Executive Sponsors:
Michael Kanter, MD Medical Director of Quality and Clinical Analysis
John Brookey, MD Assistant Medical Director Quality, Risk Management and Patient Safety

Regional Chair
Family Violence Prevention Program
Liza Eshilian-Oates, MD

Regional FVPP Committee
Local FVPP Committees at all 13 Medical Centers

Associate Consultant
Lynette Ramirez, MFT
supporting FVPP and SCAN

Regional SCAN Committee
Local SCAN Committee at all 13 Medical Centers

Regional Chair
Suspected Child Abuse and Neglect Committee
Danielle Flowers, MD
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

Inquiry & Referral
- Direct inquiry by clinician in any department
- Questions on health history form
- Prompt included in electronic medical record
- Exam room poster prompts discussion
- Materials describing services which patient can contact directly

On-site IPV Services
- Danger Assessment
- Safety Plan
- Triage to other mental health services
- Referral to other on-site or community resources
- On-site support groups or advocacy services
- Employee Assistance Program (EAP) resources for staff

Supportive Environment
- Posters, pamphlets in waiting area and exam room
- Resource cards in restrooms
- Online resources
- TV, radio, newspapers
- Well informed and trained staff

Community Linkages
- 24-hour crisis response
- Emergency housing
- Transitional housing
- Legal services
- Support groups for victims
- Children’s services
- Batterers’ groups
Collaborative Format
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
## 2014 SCAN Cases by Medical Center Q1-4, 2014

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### 2014 Number of Encounters Documented with any SCAN related code

- Q1: 567
- Q2: 764
- Q3: 731
- Q4: 722

### 2014 Manual SCAN Cases vs Cases Coded

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25% Coded
Collaborative Educational Projects
SCAN and FVPP Collaborative Projects: Family Violence Symposium

First Annual Family Violence Symposium
March 21, 2014 - Pasadena Hilton - Pasadena CA

*Currently Planning the 2016 Family Violence Symposium
SCAN & FVPP
Educational Materials
Pocket cards with local resources

Being Hurt?
We Can Help

LOSANGELES MEDICAL CENTER

Kaiser Permanente.

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) 660-5906
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 (237373)
National Runaway Safeline ....... 1-800-786-2929
Sexual Assault Hotline, National .... 1-800-656-HOPE (4673)
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 .... 1-888-543-4564
Interpreters Service ........ 1-888-930-7776

Líneas de ayuda (24 horas al día)
California Youth Crisis Hotline ................. 1-800-843-5200
Child Abuse Hotline, LA County ............... 1-800-540-4000
Child Abuse Hotline, National ............... 1-800-422-4453
Domestic Violence Hotline, LA Gay/Lesbian .. (323) 660-5906
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
or text to BeFree (237373)
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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) 993-1400
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
Women’s Health Center Services ........ 1-800-888-8688
Abuse Prevention link on KP HealthConnect Physician Dashboard
Family Violence Prevention Website

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

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

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

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.”

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 Program
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 (Bam-Spm); Pager: 323-699-0987
   - SCAN Champion (Inpatient): Julie Valencia, MD office: 626-583-2210, Cell 626-855-9787
   - SCAN Champion (Inpatient): Susan Martinez, MD (223-783-4371 (Bam-Spm))
   - After hours, contact the on-site social worker at: 323-783-6923, pager 0984 for 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 310-319-4248 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):
   - D01 SS572 Suspected Child Abuse Report (must always be filled out if you are filing a report regardless if there are findings)
   - CallMAMA 2-900 aka 05900 (only needs to be filled out if there are physical findings)
   - CallMAMA 2-925 aka 05952 (only for colposcopy 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/365 days/year).

6. Within 36 hours of being informed of or identifying abuse, submit written report to DCFS either online or here via mail:
   1934 S. Broadway, 5th 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 to the Department of Social Medicine, 1555 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 877-757-5273.

2. Police take sexual abuse victims to:
   - Rape Treatment Center at Santa Monica UCLA Medical Center, 1250 16th Street, Santa Monica, California 90404 (310-319-4000).
   - 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: 213-745-1717
   - 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
   - Have you been threatened, slapped, kicked or otherwise physically hurt?
   - Have you been afraid of your partner?

2. AFFIRM
   - “This is a common problem, we can help.”
   - “There is no reason to stay.”
   - “I am glad you told me about this.”
   - “I am sorry this has happened to you.”

3. ASSESS
   - “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 Smart Set 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 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, visit: Clinician Online Training Video (14 minutes) available on our website.
   - Abuse codes do not print on the AVS nor are they visible on copy.

5. MANDATED REPORTING
   - Involuntary report to: 818-799-SAFE
   - In addition to the above reporting process, email patient to call a local shelter or National Domestic Violence Hotline: 1-800-799-SAFE
   - Notify Security, Building and Department Director for any safety/security issues related to the abusive partner.
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 [Order]
- 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...
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

Liza Eshilian-Oates, MD
Family Violence Prevention Program Regional Chair
Direct Line: (714) 672-5243
Liza.D.Eshilian-Oates@kp.org

Lynnette Ramirez, MFT Associate Consultant supporting FVPP and SCAN Clinical Consulting and Implementation
Phone:(626)405-5807 Tieline: 335 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
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<th>DX_NAME</th>
<th>DX_NAME COUNT</th>
<th>Percentage of DX_NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>VICTIM OF BULLYING</td>
<td>650</td>
<td>21.00%</td>
</tr>
<tr>
<td>HX OF CHILD SEXUAL ABUSE</td>
<td>276</td>
<td>8.90%</td>
</tr>
<tr>
<td>CHILD SEXUAL ABUSE</td>
<td>248</td>
<td>8.00%</td>
</tr>
<tr>
<td>PARENT CHILD COUNSELING FOR CHILD ABUSE</td>
<td>160</td>
<td>5.20%</td>
</tr>
<tr>
<td>SUSPECTED NEGLECT CHILD ABUSE MANDATORY REPORT</td>
<td>160</td>
<td>5.20%</td>
</tr>
<tr>
<td>SUSPECTED SEXUAL CHILD ABUSE MANDATORY REPORT</td>
<td>149</td>
<td>4.80%</td>
</tr>
<tr>
<td>SUSPECTED PHYSICAL CHILD ABUSE MANDATORY REPORT</td>
<td>124</td>
<td>4.00%</td>
</tr>
<tr>
<td>HX OF CHILD PHYSICAL ABUSE</td>
<td>121</td>
<td>3.90%</td>
</tr>
<tr>
<td>PROBLEM RELATED TO SOCIAL ENVIRONMENT, UNSPECIFIED</td>
<td>117</td>
<td>3.80%</td>
</tr>
<tr>
<td>ALLEGED CHILD SEXUAL ABUSE, OBSERVATION AND EVALUATION</td>
<td>79</td>
<td>2.60%</td>
</tr>
<tr>
<td>SUSPECTED EMOTIONAL CHILD ABUSE MANDATORY REPORT</td>
<td>75</td>
<td>2.40%</td>
</tr>
<tr>
<td>CHILD SEXUAL ABUSE, NONFAMILY MEMBER, INIT</td>
<td>73</td>
<td>2.40%</td>
</tr>
<tr>
<td>CHILD PHYSICAL ABUSE</td>
<td>66</td>
<td>2.10%</td>
</tr>
<tr>
<td>SUSPECTED CHILD ABUSE, INIT</td>
<td>63</td>
<td>2.00%</td>
</tr>
<tr>
<td>HX OF CHILD ABUSE</td>
<td>58</td>
<td>1.90%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE</td>
<td>54</td>
<td>1.70%</td>
</tr>
<tr>
<td>SUSPECTED CHILD ABUSE MANDATORY REPORT EXISTS OUTSIDE OF COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE, BY NONPARENT</td>
<td>46</td>
<td>1.50%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE, BY NONPARENT</td>
<td>46</td>
<td>1.50%</td>
</tr>
<tr>
<td>CHILD SEXUAL ABUSE, INIT</td>
<td>39</td>
<td>1.30%</td>
</tr>
<tr>
<td>CHILD ABUSE</td>
<td>27</td>
<td>0.90%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD EMOTIONAL ABUSE, BY PARENT</td>
<td>25</td>
<td>0.80%</td>
</tr>
<tr>
<td>HX OF CHILD NEGLECT</td>
<td>23</td>
<td>0.70%</td>
</tr>
<tr>
<td>SUSPECTED CHILD EMOTIONAL ABUSE, INIT</td>
<td>20</td>
<td>0.60%</td>
</tr>
<tr>
<td>SUSPECTED CHILD ABUSE</td>
<td>18</td>
<td>0.60%</td>
</tr>
<tr>
<td>CHILD PHYSICAL ABUSE, BIOLOGICAL FATHER, INIT</td>
<td>18</td>
<td>0.60%</td>
</tr>
<tr>
<td>CHILD ABUSE, BIOLOGICAL FATHER, INIT</td>
<td>18</td>
<td>0.60%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD ABUSE</td>
<td>18</td>
<td>0.60%</td>
</tr>
<tr>
<td>HX OF CHILD EMOTIONAL ABUSE</td>
<td>17</td>
<td>0.50%</td>
</tr>
<tr>
<td>VICTIM OF CHILD ABUSE</td>
<td>15</td>
<td>0.50%</td>
</tr>
<tr>
<td>SUSPECTED CHILD PHYSICAL ABUSE</td>
<td>15</td>
<td>0.50%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD PHYSICAL ABUSE, BY PARENT</td>
<td>15</td>
<td>0.50%</td>
</tr>
<tr>
<td>CHILD PROTECTIVE SERVICES MANDATED PHYSICAL EXAM</td>
<td>15</td>
<td>0.50%</td>
</tr>
<tr>
<td>SHAKEN BABY SYNDROME</td>
<td>13</td>
<td>0.40%</td>
</tr>
<tr>
<td>CHILD NEGLECT</td>
<td>11</td>
<td>0.40%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD PHYSICAL ABUSE</td>
<td>10</td>
<td>0.30%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD NEGLECT, BY PARENT</td>
<td>10</td>
<td>0.30%</td>
</tr>
<tr>
<td>SUSPECTED CHILD ABUSE, RULED OUT</td>
<td>10</td>
<td>0.30%</td>
</tr>
<tr>
<td>CHILD PHYSICAL ABUSE, BIOLOGICAL MOTHER, INIT</td>
<td>9</td>
<td>0.30%</td>
</tr>
<tr>
<td>CHILD ABUSE, INIT</td>
<td>9</td>
<td>0.30%</td>
</tr>
<tr>
<td>COUNSELING FOR VICTIM OF CHILD SEXUAL ABUSE, BY PARENT</td>
<td>8</td>
<td>0.30%</td>
</tr>
<tr>
<td>SUSPECTED CHILD EMOTIONAL ABUSE</td>
<td>8</td>
<td>0.30%</td>
</tr>
<tr>
<td>CHILD ABUSE, BIOLOGICAL MOTHER, INIT</td>
<td>8</td>
<td>0.30%</td>
</tr>
<tr>
<td>SUSPECTED CHILD PHYSICAL ABUSE, INIT</td>
<td>8</td>
<td>0.30%</td>
</tr>
</tbody>
</table>
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.