Defining the Children’s Hospital Role in Child Maltreatment

OBJECTIVES

1. Improve medical care to children who have been maltreated.
2. Guide the development of children-based child protection teams, including structure, staffing and sustainability.
3. Reinforce the vital role of children’s hospitals in the identification and treatment of child abuse and neglect.

METHODS

• The second edition was developed with input from an advisory committee of ten child abuse experts.
• Approximately 65 child abuse experts contributed to consensus opinion via electronic communication and at in-person meetings.
• Leadership and direction were provided by the NACHRI Child Advocacy Committee.

“I think that set of guidelines was revolutionary. I can’t tell you how many people have said to me, “This is what I go to my hospital administration with and say,” “This is the gold standard. Do you want to be an A, B or C? Let’s build something.””

Carol Jenny, M.D., MBA, Director, Child Protection Program, Hasbro Children’s Hospital, Providence, RI

Defining Children’s Hospitals Services

Nearly two percent of children’s hospitals provide services to abused and neglected children.

No services 8%

Other services 5%

Child abuse prevention 4%

Child abuse services 61%

Child abuse teams 20%

BACKGROUND

Defining the Children’s Hospital Role in Child Maltreatment, Second Edition communicates the collective intent on the part of children’s hospitals to counter child maltreatment, empower child protection teams, and help more children grow up without the threat of abuse or neglect. These guidelines, which consider basic and advanced parameters, provide assistance in medical decision-making and provide criteria for accreditation. They outline what a child protection team at a children’s hospital should offer in way of infrastructure, staffing and functions to be considered “basic,” “advanced” or a “center of excellence.” The three levels are not a ranking for competitive evaluation, they are a framework for self-assessment to set goals for growth and development within the context of each community’s needs.

CORE MESSAGES

• Now a subspecialty, child abuse pediatrics should be utilized when their medical expertise is needed. The role of the general pediatrician remains the same: treat and refer, and take ownership when appropriate.
• The opinions rendered by child abuse experts in discerning the manner of injury are essential for the entire response system to work and to determine the next steps taken by protective and criminal justice agencies and the medical community.

RECOMMENDATIONS

NACHRI urges other national organizations to likewise pursue and define their roles within the complicated and interdependent system of child abuse response and prevention.

1. All acute care children’s hospitals should, at a minimum, meet the recommendations for a basic program.
2. All advanced programs and centers of excellence should be medically directed, in most cases by a certified child abuse pediatrician.
3. All acute care children’s hospitals with (1) a Level I or Level II trauma center designation and/or (2) an interventional care unit and/or, (3) an academic residency and/or (4) a burn unit, should have a medically directed child protection team at the advanced or center of excellence level.

In recognition that children’s hospitals account for less than five percent of the nation’s hospitals and as such see a minority of the nation’s child abuse cases, special consideration is provided for general hospitals.

4. All hospitals that care for children should have a system to access appropriate care and provide ongoing internal education for the identification and initial assessment of suspected child abuse.

SECOND EDITION HIGHLIGHTS

New subspecialty: The first cohort of 191 child abuse pediatrics was certified in October 2009. The second edition recommends that all advanced programs and centers of excellence be led by a board certified child abuse pediatrician, with the movement of the subspecialty a community benefit: Most children’s hospitals are classified as not-for-profit because the community services they provide qualify them as a public responsibility. Since the first edition, there has been increased scrutiny of hospitals’ qualifications for tax exemption. The second edition outlines hospital activities related to child protection treatment, education and prevention that can be counted as community benefit.

Prevention: Echoing a national focus on preventative health care, the second edition outlines how the child protection team contributes to prevention activities in the hospital and community.