Documentation

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The Kempe Center
FOR THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT

University of Colorado Anschutz Medical Campus

Children's Hospital Color

LEARNING OBJECTIVES

- Define mandated reporter
- Explain the process of how to make a report
- Review key concepts of photodoumentation
- Discuss objective documentation for charting

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REPORTING- Who?

- Mandated Reporting Requirements
  - Any person specified who has reasonable cause to know or **suspect** that a child has been subjected to abuse or neglect, or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report this to law enforcement or social services.
  - Failure to report is a Class 3 Misdemeanor
  - It's not your job to determine whether abuse occurred, but rather to report any suspicions you may have
- Good faith clause
  - Immunity from prosecution for persons who in good faith report suspected child abuse or neglect under the State's reporting laws
  - Assumption that the reporter, to the best of his or her knowledge, had reason to believe that the child in question was being subjected to abuse or neglect
- Information sharing allowed by HIPAA
  - Allows for x-rays and photography
- Report regardless of what you think the family wants or what you think child protective services may do!

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Who does report get made to?

1-844-CO-4-KIDS

DHS/CPS – Report is made in the county where the child resides (at least half of the time)

- Physical Abuse
- Neglect
- Sexual Abuse:
  - Perpetrator is living in the home
  - Perpetrator is a relative
  - There are children in the perpetrator's home

Law Enforcement – Report to the jurisdiction where the abuse took place

- Physical Abuse
- Sexual Abuse
- Statutory Rape:
  - Victim under 15 yo, "perpetrator" 4 years older
  - Victim is 15-16 yo, "perpetrator" 10 years older
  - Victim is 17 yo, "perpetrator" in position of trust (no age limitation)

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What information is needed to make a report?

- Name, address and DOB of victim
- Name, address and DOB (if possible) of POC and other adults in the home
- Names and DOBs of siblings
- Name and address of alleged perpetrator
- Location where alleged abuse/neglect occurred
- Nature of concerns
- Objective observations of behaviors and interactions
- Strengths of family

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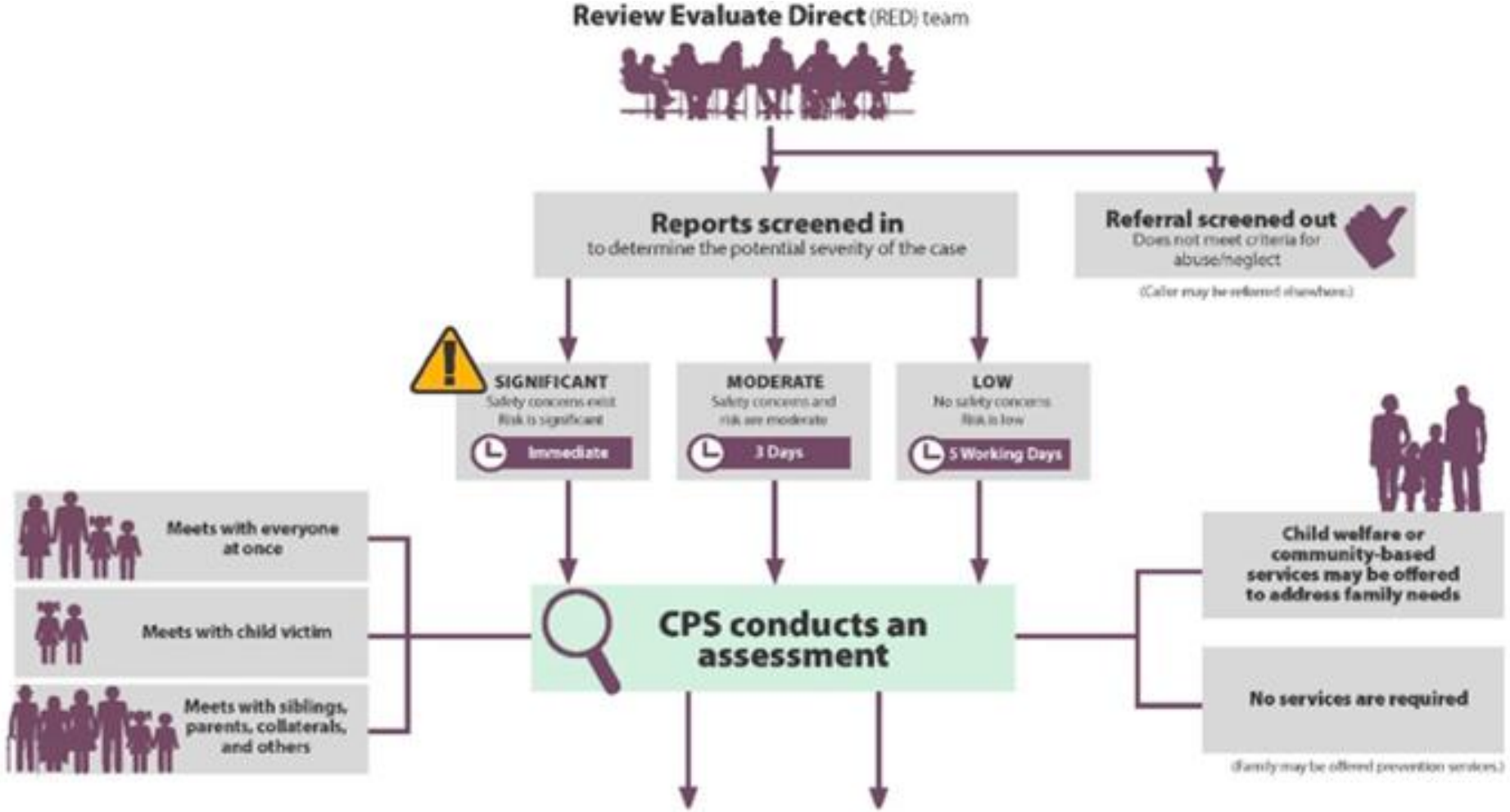
REPORTING- What comes next?



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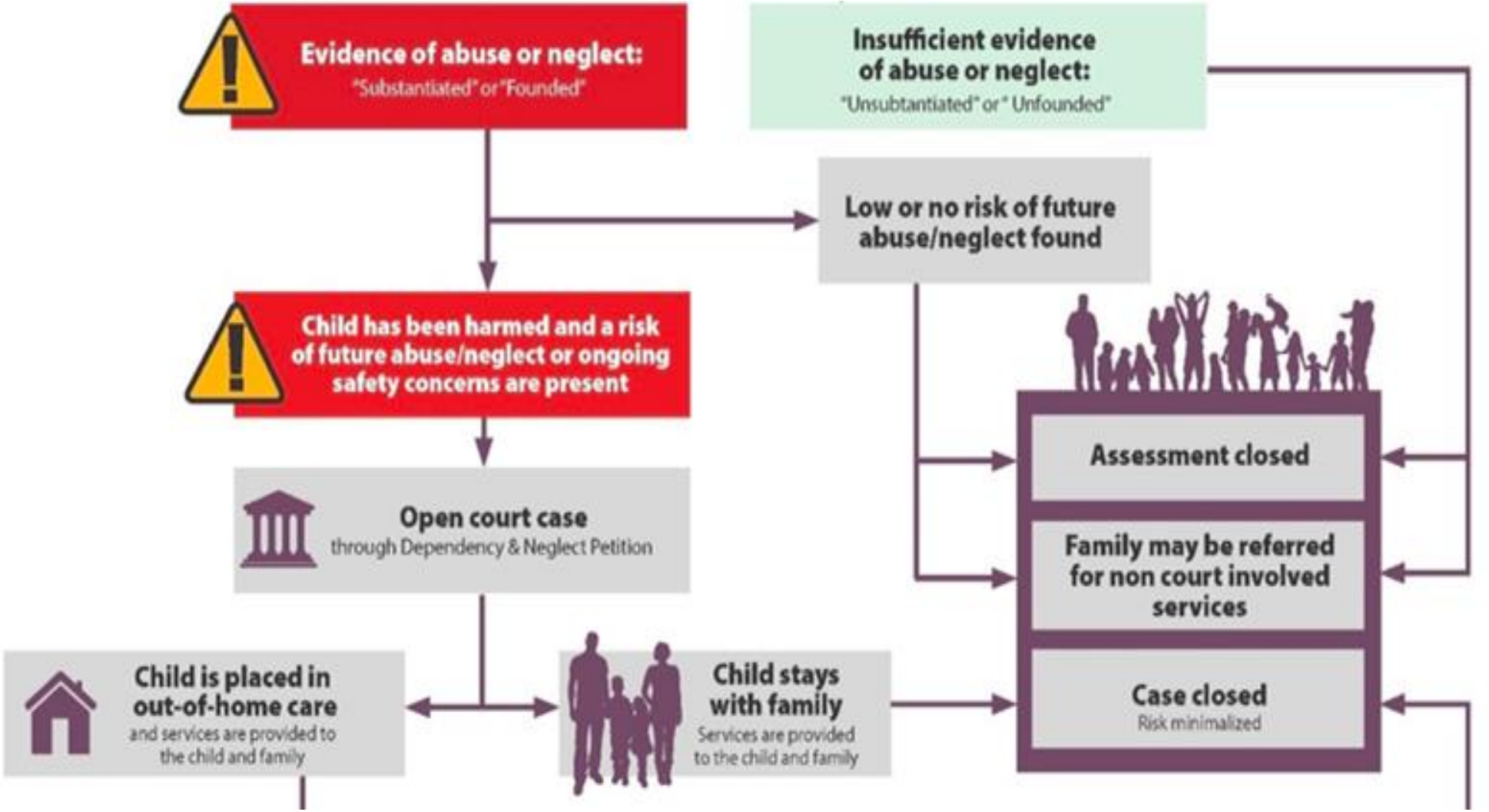
REPORTING



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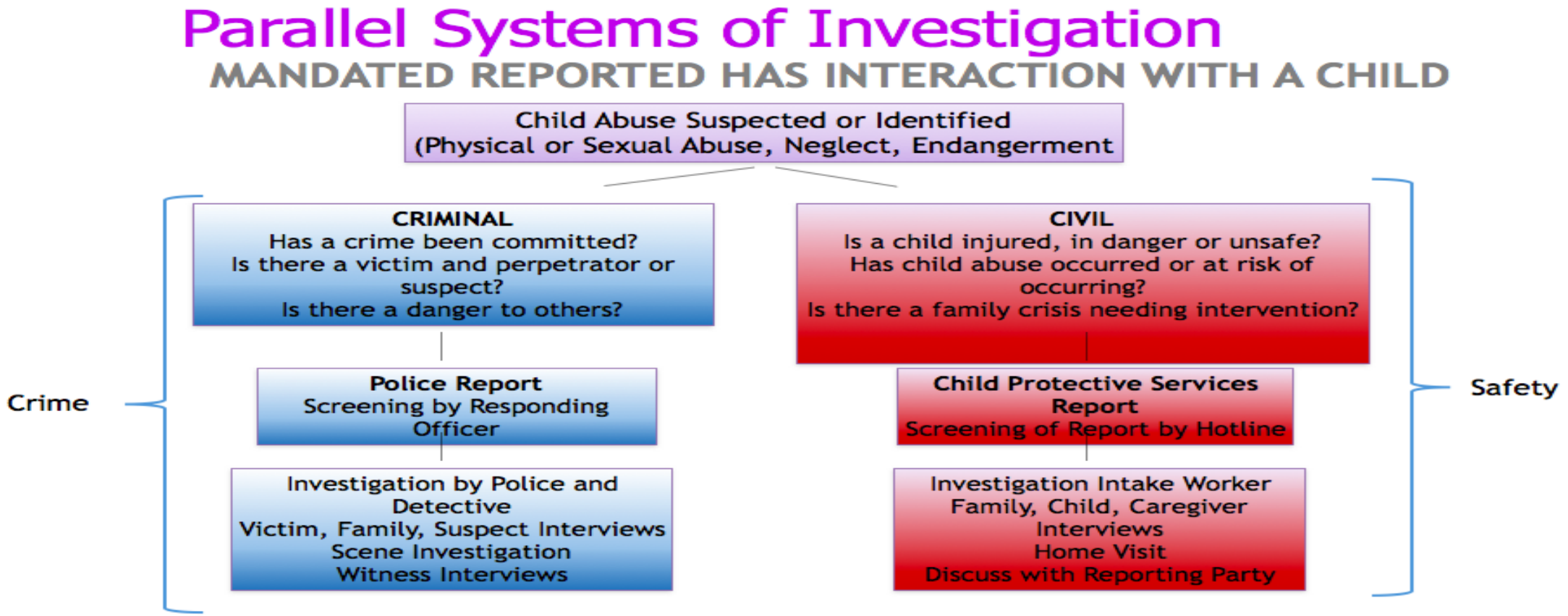

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REPORTING

- Addressing the issue of reporting with families
  - Be straightforward and honest
  - “As a mandated reporter I am required by law to report any suspicion of injuries that could be related to abuse”
  - “I am worried that someone may have hurt your child”
  - “I don’t have the ability to look into this comprehensively. That is the role of the outside agencies.”
  - “We don’t have a good history to support this injury and when that’s the case, we have to worry about inflicted trauma.”
  - “I, just like you, want to be sure your child is safe”
- Your information and report given to the statewide hotline is confidential to families, however, it is best practice to communicate your concerns to the family

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Communicating Concerns: Respect

- Respect your patient and his or her family
- It is NOT our place to judge families
- Use empathy when dealing with families where the suspected diagnosis is NAT
- Start from the positive
  - “I know you’re concerned…”
  - “I can see that you love your child…”

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Charting

- Be descriptive
- Be objective – including when documenting other risk/protective factors
- Use quotes where appropriate
- Avoid “appropriate” – describe how!
- Explain your diagnostic reasoning – including differential diagnosis and process for ruling out
- Qualifiers
  - “Suspicious for” is often less convincing than “consistent with” or “indicates”
  - Ok to say that an injury is “unusual”
  - OK to explain if you are unsure

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Charting

- Example #1:

  Jack is a 3 month old who presents with bruising. Differential diagnosis includes abuse, accidental trauma, hemangioma, slate gray nevi. Recommend reporting.

- Example #2:

  Jack is a 3 month old male who presents with bruising to the left cheek and thighs. Do not suspect underlying medical condition or bleeding disorder based on exam findings and testing. History of being stepped on by family dog does not explain the injuries. Bruises (blunt force trauma) over the soft tissues in a non-mobile infant without an adequate explanation is consistent with child physical abuse. Additional imaging and lab work did not reveal additional injuries; however, this does not rule out the possibility of abuse. Psychosocial history reveals concerns about maternal postpartum depression and attachment as well as financial strains limiting access to quality child care services. Family strengths include extended family support from both sets of grandparents and consistent well child care. Recommendations:

  1) Reporting to social services regarding concerns of abuse

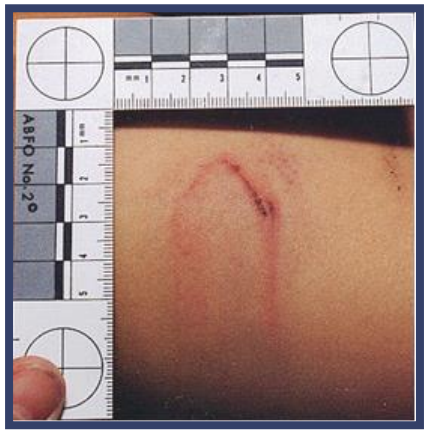
  2) Assessment of possible postpartum depression

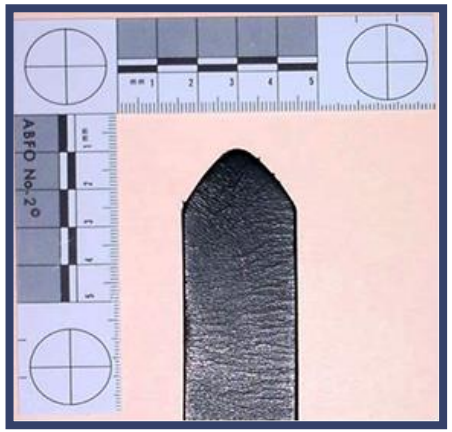
  3) Review for eligibility for Colorado Child Care Assistance (CCAP) benefits

  4) Follow up with PCP in one week and repeat skeletal survey in 2 weeks

PHOTODOCUMENTATION

- Benefits of photodocumentation
  - Allows for exam review and confirmation of findings
  - Allows for comparison of lesions to implements potentially used to cause injury
  - Allows for second opinion of any potential unclear findings and allows for later peer review
  - Allows for comparison of injuries as new injuries may appear or as injuries heal
  - May be helpful for review in preparation for testimony and for presentation of injuries in court
- Consent for obtaining photos is not needed as part of a child abuse evaluation





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PHOTODOCUMENTATION

- Equipment modalities
  - Cell phone
    - Privacy concerns unless able to utilize directly within EMR system
  - Digital cameras
    - Very good choice for basic digital photodocumentation
    - Images must be saved and stored securely and in compliance with HIPAA guidelines
  - Colposcope
    - Excellent but NOT NECESSARY for documenting anogenital injuries

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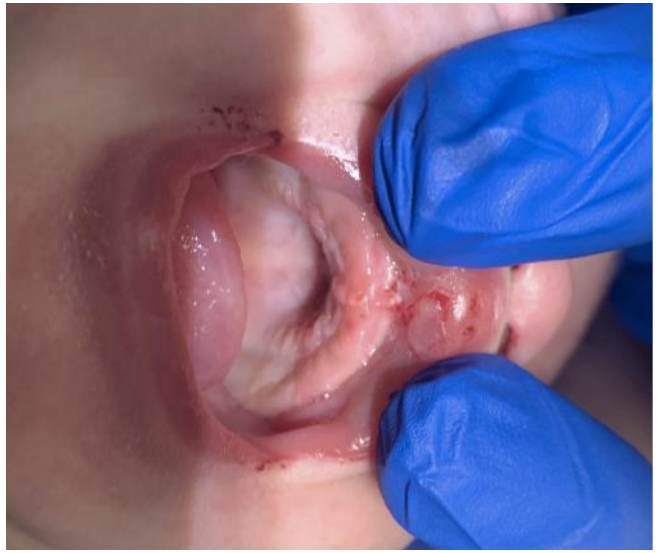
PHOTODOCUMENTATION

- Obtaining photographs with children
  - Explain what you are doing in a clear, developmentally appropriate manner
- Aim to obtain clear photos with good lighting
  - In general photos should not be deleted even if due to poor image quality
  - Images should also not be cropped or altered in any way
- Photos of wounds and excessive blood
  - Best practice to take photos before and after wounds are cleaned when possible
  - In some cases, photos with excessive amount of blood may be excluded from court evidence



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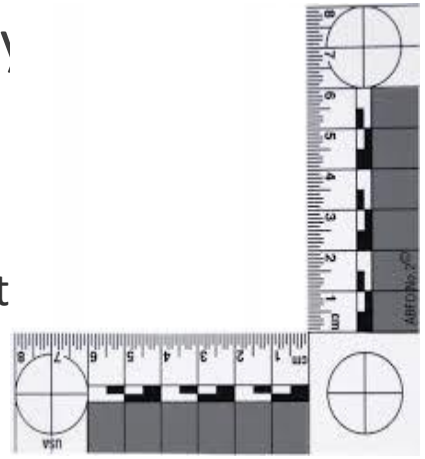
PHOTODOCUMENTATION

- Three photograph method:
  - Photo 1- wide view to orient to the position of the injury on the body
  - Photo 2- zoomed in, detailed view of the injury
  - Photo 3- photo of the injury with forensic scale +/- patient identifier
    - Photos should be taken perpendicular to the lesion or injury in order to accurately depict size/measurements
    - *If three photos are not taken, be sure to include documentation of the body part captured in the photo for later clarification



- Inclusion of patient ID label in each photograph can be used to verify the photos are of the correct patient

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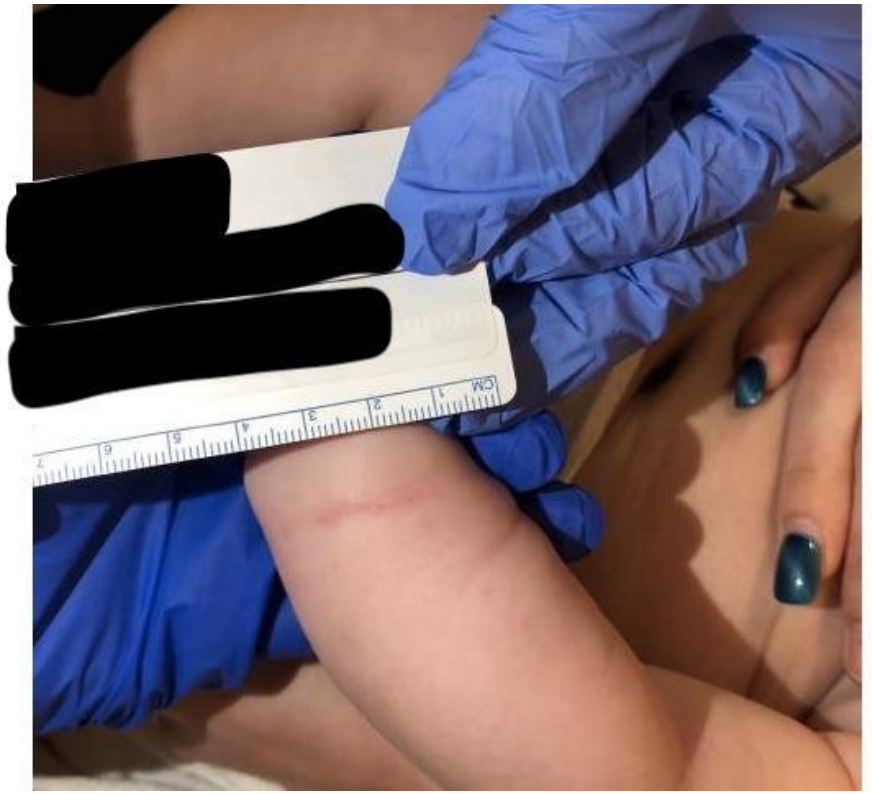

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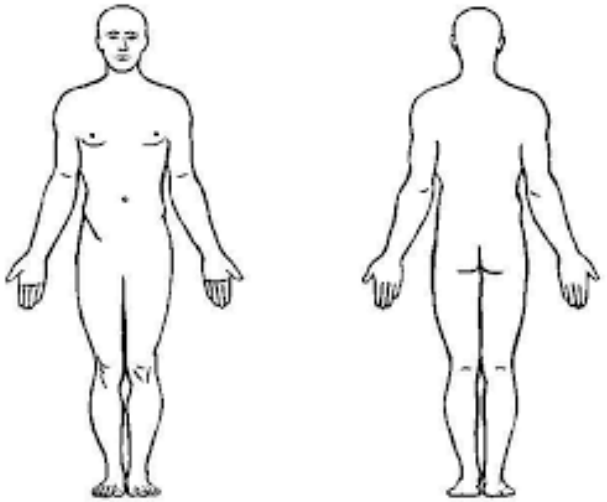
PHOTODOCUMENTATION

- Photodocumentation does not replace the need for written documentation
- Injuries should still be documented in detail in the PE and/or using a body diagram
  - Especially important when photo images are blurred or shadowed to document the physical exam as it was seen, not as it is recalled by photo images



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RESOURCES

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- Ricci, MD, L., 2011. Photodocumentation in Child Abuse Cases. In: C. Jenny, ed., *Child Abuse and Neglect- Diagnosis, Treatment and Evidence*. St. Louis: Elsevier Saunders.

THANK YOU!

- Questions? Brittany.lively@childrenscolorado.org

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