

Maryland CHAMP Continuous Quality Improvement (CQI)

In order to assure and maintain the highest quality care for Maryland children with suspected abuse, CHAMP highly recommends that all medical professionals who evaluate children for suspected abuse participate in expert review by an Advanced Medical Consultant. Medical professionals who work for, or in collaboration with a child advocacy center (CAC) must follow the CQI guidelines for sexual abuse as a requirement for ongoing accreditation of their CAC by the National Children’s Alliance.

1. DEFINITIONS

Abnormal Sexual Abuse Exam: An exam in which acute or healed genital or anal injuries are identified as consistent with sexual abuse or an exam with findings that are of unclear significance to the examiner.

Advanced Sexual Abuse Medical Consultant: A Child Abuse Pediatrician, Physician or Advanced Practice Nurse who:

- a. Has met the minimum training outlined by National Children’s Alliance for a CAC professional¹
- b. Has performed at least 100 child sexual abuse examinations
- c. Current in CQI requirements (continuing education and participation in expert review on their own cases)

Advanced Physical Abuse Medical Consultant: A Child Abuse Pediatrician or Physician who:

- a. Has Child Abuse Pediatrics (CAP) Subboard eligibility or certification from the American Board of Pediatrics
- b. Is a physician without board certification or eligibility in Child Abuse Pediatrics, but has advanced training in the field, has practiced in the field for a minimum of 5 years and/or is engaged in a practice in which at least 50% of their cases include child physical abuse

Case Consultation: A review of medical records and other documents, including laboratory studies, x-rays, photographs, etc. in order to provide an assessment about the likelihood of child maltreatment. Case Consultations may or may not involve a medical exam by the CHAMP medical professional.

CHAMP Faculty: CHAMP program leadership, which includes AAP board certified Child Abuse Pediatricians and forensic nurses with extensive experience in conducting child abuse medical evaluations.

¹ *National Children’s Alliance Standards for Accredited Members*, Revised 2023.

CHAMP Medical Professional: Any physician, advanced practice nurse, or pediatric forensic nurse who performs medical evaluations of children for suspected abuse in the State of Maryland as part of a multidisciplinary team. A CHAMP medical professional must participate in peer review. They may or may not receive salary support from the CHAMP program.

Children’s Advocacy Center (CAC): A community-based, child-friendly, and trauma-informed organization that coordinates a multidisciplinary response to child maltreatment allegations. A CAC delivers a best practice model that bring together, often in one location, child protective services investigators, law enforcement, forensic interviewers, prosecutors, family advocates, and medical and mental health professionals to provide a coordinated, comprehensive response to victims and their non-offending caregivers and their families. Some CACs in Maryland focus primarily on sexual abuse while others may address additional forms of maltreatment, including physical abuse and child sex trafficking.

Continuous Quality Improvement: The process-based, data-driven approach to improving the quality of a product or service. It operates under the belief that there is always room for improving operations, processes, and activities to increase quality.

Continuous Quality Improvement Activities: Continuing education or expert review

Evaluation: An in-person assessment, where a medical exam is completed.

Expert Review: Expert review of examination assessment and findings is a de-identified continuous quality improvement activity and is NOT a consultation/second opinion. It is protected from discovery in legal proceedings.

2. CHAMP CONTINUOUS QUALITY IMPROVEMENT (CQI) GUIDELINES

These guidelines are **mandatory** for CHAMP medical professionals who receive salary support from CHAMP. They are strongly recommended for all Maryland medical professionals who evaluate children for suspected abuse. The National Children’s Alliance requires that medical professionals working for or in collaboration with a Children’s Advocacy Center participate in CQI to receive or maintain NCA Accreditation.

- (a) For medical professionals new to evaluating child sexual abuse, all evaluations should be reviewed, and feedback given until the medical professional has completed at least 50 exams. Until this time, the medical professional’s assessment will not be considered final until review by two advanced medical consultants has occurred.
- (b) Once 50 sexual abuse evaluations have been completed, the number and frequency of cases to be reviewed may be adjusted based on the level of comfort of the medical provider in consultation with the advanced medical consultant. However, ALL abnormal and questionable sexual abuse evaluations must be reviewed by an advanced medical consultant even after the completion of 50 evaluations.

For medical professionals new to evaluating child physical abuse, all evaluations of cutaneous injury should be reviewed, and feedback given until the medical professional has completed at least 50 exams. All evaluations of multisystem, head, abdominal or skeletal trauma should be reviewed, and feedback given for all cases. Until this time, the medical professional's assessment will not be considered final.

- (c) Once 50 cutaneous injury evaluations have been completed, the number and frequency of cases to be reviewed may be adjusted based on the level of comfort of the medical professional in consultation with the advanced medical consultant.
- (d) Given the complexities inherent in the process of evaluation and diagnosis of physical abuse, medical professionals should strongly consider CQI for all physical abuse cases.
- (e) Case Consultations for any type of child maltreatment should be reviewed by at least one member of the CHAMP faculty until the medical professional has completed 15 case consultations. Until this time, the medical professional's assessment will not be considered final until review by at least one faculty member has occurred.
- (f) All case consultations should be documented using a standard format, such as TeleCAM or CHAMP medical exam forms for physical and sexual abuse to facilitate the expert review by an advanced medical consultant.
- (g) Medical professionals must be familiar and up to date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect, the American Professional Society on the Abuse of Children, and the Centers for Disease Control and Prevention.
- (h) Medical professionals must demonstrate continuing education in the field of child maltreatment consisting of a minimum of eight contact hours every two years.
- (i) Medical professionals must provide documentation of participation in CQI activities, including continuing education and expert review by an advanced medical consultant in order to stay current in the field of child maltreatment.
- (j) Those medical professionals who receive salary support from CHAMP must adhere to these guidelines for continued support.

3. LANGUAGE FOR MEDICAL REPORTS REGARDING CQI

NAME CAC/forensic medical program participates in continuous quality improvement as required by the National Children's Alliance for Child Advocacy Center accreditation. This includes expert review of all abnormal sexual abuse exams and all physical abuse exams.

4. CONTINUOUS QUALITY IMPROVEMENT PUBLISHED STANDARDS

Continuous Quality Improvement Activities are based upon published standards for both physicians and forensic nurses that include statements about the importance of ongoing Continuous Quality Improvement Activities. Sources and links to these standards are below:

- (a) **Adams JA, et al. Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018. *J Pediatr Adolesc Gynecol.* 2018; 31: 225-231.**

[https://www.jpagonline.org/article/S1083-3188\(17\)30542-9/fulltext](https://www.jpagonline.org/article/S1083-3188(17)30542-9/fulltext)

- (b) **Adams JA, et al. Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *J Pediatr Adolesc Gynecol.* 2016; 29: 81-87.**

<https://pubmed.ncbi.nlm.nih.gov/26220352/>

- (c) **U.S. Department of Justice Office on Violence Against Women. A National Protocol for Sexual Abuse Medical Forensic Examinations – Pediatric. *National Training Standards for Sexual Assault Medical Forensic Examiners.* Washington, D.C.: U.S. Department of Justice; April, 2016.**

<https://www.justice.gov/ovw/file/846856/download>

- (d) ***National Children’s Alliance Standards for Accredited Members, Revised 2023.***

<https://www.nationalchildrensalliance.org/wp-content/uploads/2021/10/2023-RedBook-v5B-t-Final-Web.pdf>

<https://www.nationalchildrensalliance.org/wp-content/uploads/2022/03/2023-Optional-Standards-Book.pdf>

- (e) **Adams JA, et al. Updated guidelines for the medical assessment and care of children who may have been sexually abused. *J Pediatr Adolesc Gynecol.* 2016;29:81-87.**

<https://pubmed.ncbi.nlm.nih.gov/26220352/>

- (f) **U.S. Department of Justice Office on Violence Against Women. National Training Standards for Sexual Assault Medical Forensic Examiners. Washington, D.C.: U.S. Department of Justice; 2006.**

<https://www.ojp.gov/pdffiles1/ovw/213827.pdf>