

3rd annual UPMC Children's Hospital of Pittsburgh Child Abuse Clinical Decision Support Conference

Day 1: October 21 1-5pm EDT

1:00–1:15pm	Welcome & Introductions of societies participating The schedule for the next 2 days	Rachel Berger, MD, MPH Chief, Division of Child Advocacy UPMC Children's Hospital of Pittsburgh  Srinivasan Suresh MD, MBA, FAAP Vice-President, CIO & CMIO UPMC Children's Hospital of Pittsburgh
1:15-1:45pm	Where We've Been and Where We Want to Go: Making Child Abuse Clinical Decision Support a Standard Part of ED Clinical Care	Rachel Berger, MD, MPH Chief, Division of Child Advocacy UPMC Children's Hospital of Pittsburgh
1:45-1:50pm	PCORI Introduction	Ethan Chiang, PhD Associate Director, Dissemination and Implementation Patient Centered Outcomes Research Institute (PCORI)
1:50-1:55pm	The Beckwith Institute Introduction	Amy Ranier, MA Senior Director, Consumer Engagement The Beckwith Institute
1:55-2:25pm	Systematic evaluation of EHR-based CA-CDS Tools: Literature and Practitioner Perspectives	Beth Gifford, PhD Associate Research Professor, Sanford School of Public Policy Duke University
2:25-2:40pm	What do our Stakeholders Tell us?	PCORI Stakeholder members: Patrick B. Donohue, JD, MBA Founder & Chairman, International Institute for the Brain (iBRAIN) and Brain Injury Rights Group Sarah Jane Donohue's (survivor of abusive head trauma) dad  Cathleen Palm Executive Director, The Center for Children's Justice Survivor of abuse  Dawna Gilvarry MS, BA MS Of Operational Excellence Former foster youth New parent
2:40-2:45pm	STRETCH	
2:45-3:15pm	Moving Beyond Cerner: Bringing EPIC and All-Scripts into the Picture	Joshua Ross, MD Executive Vice Chair

		<p>Department of Emergency Medicine, Associate Professor of Emergency Medicine &amp; Pediatrics University of Wisconsin</p> <p>Isabel Barata, MD Director, Emergency Medicine and Pediatrics Northwell Health</p>
3:15-3:45pm	Expanding within Cerner – Moving to Every Coast	<p>Jennifer Andrews, DO Child Abuse Fellow Baptist Medical Center Jacksonville</p> <p>Theodore Heyming, MD Chief, Division of Pediatric Emergency Medicine Children’s Hospital of Orange County</p> <p>Usha Sethuraman, MD Division of Pediatric Emergency Medicine Children’s Hospital of Michigan</p>
3:45-4:05	How to Move a Grant into a Sustainable Program	<p>Ellen Mazo, BA Director of Government Affairs UPMC Children’s Hospital of Pittsburgh</p>
4:05-4:20	Collaborating with Insurers to Protect Children	<p>John Lovelace, MS President, UPMC for You</p> <p>James Schuster, MD, MBA Associate Chief Medical Officer &amp; Sr. VP Medical &amp; Behavioral Services UPMC Insurance Division</p>
4:20-5:00pm	Keynote	<p>Joon S. Lee, MD CMO, UPMC Insurance Services Division</p>
5-5:05pm	Concluding Remarks and Plan for Tomorrow	<p>Emily Heineman, MA Senior Research Coordinator UPMC Children’s Hospital of Pittsburgh</p>

Day 2: October 22<sup>nd</sup> 9:30am-1:30pm EDT

9:30-9:35am	Introduction	Rachel Berger, MD, MPH Chief, Division of Child Advocacy UPMC Children's Hospital of Pittsburgh
9:35-9:55am	Screening for Abuse – Can We do it with Fewer Questions?	Daniel Lindberg, MD Associate Professor of Emergency Medicine Children's Hospital of Colorado  Niti Shahi, MD General Surgery Resident University of Massachusetts
9:55-10:15am	Connecting Disparate Systems: Reducing Occurrences of Child Abuse and Neglect by Connecting Emergency Departments (ED) and Child Protective Services (CPS)	Liz Oppenheim, JD Human Services Solutions Architect The MITRE Corporation  David Winters, PhD Principal Engineer The MITRE Corporation
10:15-10:30am	The Child Abuse Dashboard - Real-Time Tracking in the ED	Gabriella Butler MSN, RN Director, Healthcare Analytics & Strategy UPMC Children's Hospital of Pittsburgh  Celia Pulver, RN, BSISM Systems Analyst Expert UPMC Children's Hospital of Pittsburgh  Dann Hekman, MA Data Analytics Specialist University of Wisconsin
10:30am-11:55am	Breakout sessions of consensus groups	N/A
12-12:50pm	Presentation by groups – 10 minutes each	N/A
12:50-1pm	STRETCH	
1-1:20pm	Next steps – timeline	Srinivasan Suresh MD, MBA, FAAP Vice-President, CIO & CMIO, UPMC Children's Hospital of Pittsburgh
1:20-1:30pm	Concluding remarks/Re-cap and next steps	Rachel Berger MD, MPH Chief, Division of Child Advocacy UPMC Children's Hospital of Pittsburgh

## **Consensus Groups**

### **Group 1:** Identification of child maltreatment using CA-CDS: From the pre-hospital setting into the ED

#### *Issues to be discussed:*

1. How do we trigger the CA-CDS? What are the options? (e.g. Child abuse screening, use of chief complaints, discharge diagnoses, orders, discrete fields/natural language processing)
2. What are the pros and cons of different types of triggers?
3. How do we assess the sensitivity and specificity of triggers?
4. What are current concerns about the different types of triggers?
5. What additional research/studies need to be done?

*Facilitators:* Daniel Lindberg MD and Tammy Bimber RN

### **Group 2:** Evaluation of child maltreatment using CA-CDS: Alerting providers and Offering Order Sets

#### *Issues to be discussed:*

1. How do alert providers that the CA-CDS has been triggered? Interruptive vs. passive alerts – Pros and cons of each
2. What should be included in the alert – short and sweet vs information filled
3. Alerts with and without direct links to order sets
4. Approaches to order sets – injury-based vs single lists, combined trauma, and child abuse vs child abuse only, ED only vs in-patient and ED, what to include, incorporating local practice, allowing for clinical judgement, general EDs vs pediatric EDs
5. Interpreting the AAP guidelines for evaluation of physical abuse
6. Is there a role for a neglect order set?
7. What additional research/studies need to be done?

*Facilitators:* Barbara Gaines MD and Joshua Ross MD

### **Group 3:** Reporting Child Maltreatment: Handing off Information between Medical Providers and CPS

#### *Issues to be discussed:*

1. What does the hand-off literature tell us?
2. How can we improve the hand-off within emergency medicine given the limitations of an ED setting?
3. Documentation of mandated reporting
4. The role of technology – linkage of data systems –
5. What additional research/studies need to be done?
6. How can we engage CPS?

*Facilitators:* Dana Kaplan MD, Alanna Peterson MD, and Jacki Hoover LSW

Group 4: How do We Measure the Success or Failure of a CA-CDSS?

*Issues to be discussed:*

1. How do we define success? More abuse identified? More reports to CPS? More indicated report? Fewer deaths? Following AAP guidelines/skeletal survey use?
2. What are the potential negative outcomes and how to we evaluate them?
3. Defining negative outcomes?
4. What additional research/studies need to be done to have metrics for success?

*Facilitators:* Suresh Srinivasan MD, MBA and Emily Heineman MA

Group 5: Long-term Sustainability for Dissemination and Implementation of CA-CDS: How Do we Get There?

*Items to be discussed:*

1. What are the options for achieving widespread dissemination of CA-CDSS?
2. What are the barriers to dissemination of how can we think about solving them?
3. Who are the stakeholders? Where could the financial incentives come from?
4. What are the next steps to reach the goal of making CA-CDSS part of standard clinical care?
5. What research/data is needed to determine next steps?

*Facilitators:* Emily Webber MD/Jessica Kanis MD and Tony Escobar MD