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4-2024

Improving Frequency of Peer Review of Abnormal Genital Exam Findings in Patients Undergoing Sexual Abuse Evaluation

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Improving frequency of peer review of abnormal genital exam findings in patients undergoing sexual abuse evaluation

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Disclosures

- None



Background

- Appropriate interpretation of sexual abuse exam findings is crucial for accurate diagnosis and provision of medical information to MDT.
- Genital exam findings may be misinterpreted as findings of trauma.
- Peer review of exam findings is an emerging standard.

Kellogg ND, Farst KJ, Adams JA. Interpretation of medical findings in suspected child sexual abuse: An update for 2023. *Child Abuse Negl.* 2023 Nov;145:106283. Epub 2023 Sep 19.

Starling SP, Martinez KA, Frasier LD. A Standardized Peer Review Program Improves Assessment and Documentation of Child Sexual Abuse. *Pediatr Qual Saf.* 2022 Jan 21;7(1):e522.



Background

National Standards of Accreditation

for Children's Advocacy Centers

2023 EDITION

Essential Component C

Medical professionals providing child sexual abuse evaluations to CAC clients must demonstrate that all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an "advanced medical consultant."

The CAC and medical provider must work collaboratively to establish a method to track de-identified case information as part of the CQI process (see Med-Appendix 3).

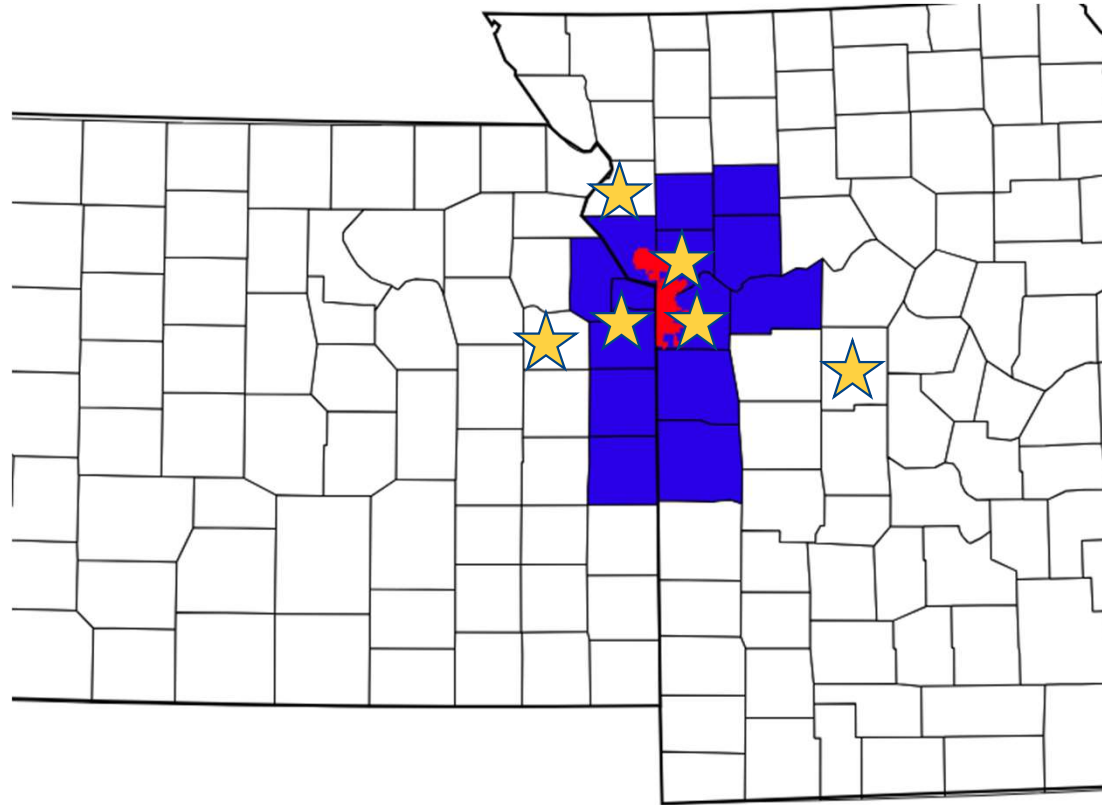


CMKC Case Review

- Internal, medical case review
 - One hour weekly to every other week
 - 6 CAPs, 3 CAP fellows, 1 PEM/CAP fellow, 1 APRN
 - SANE RNs as available
- Baseline process: primarily PA cases, SA cases as requested
- Peer review of every case not feasible
 - Up to 80 SA cases monthly
 - 60-70 PA clinic visits monthly
 - Level 1 pediatric trauma center with large catchment area



Barriers at CMKC

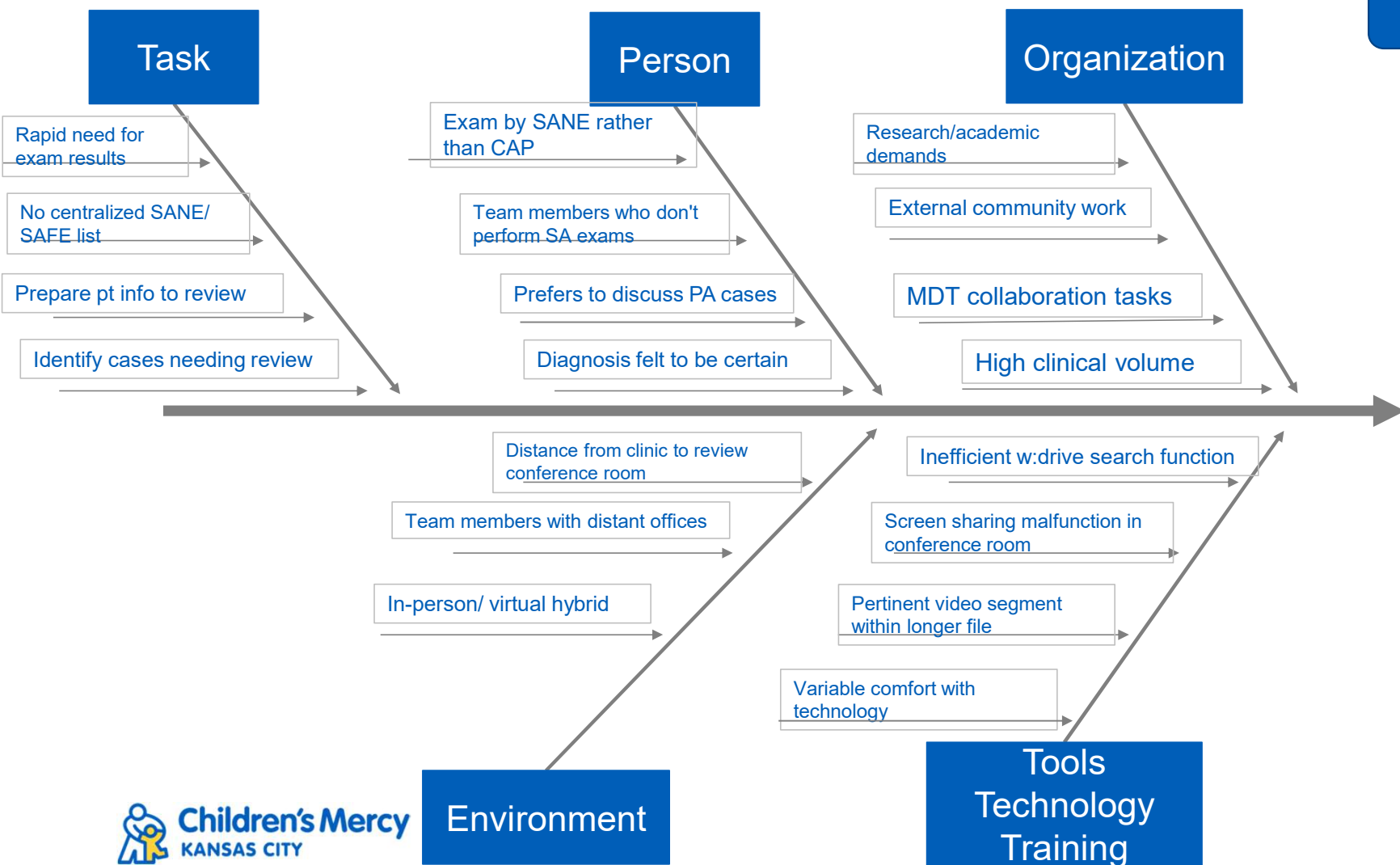


Specific aim

- Using quality improvement (QI) methodology, we aimed to increase completion of peer review of abnormal acute and non-acute genital exam findings from baseline of 27% to 75% by March 15, 2023.



**Identify Root Cause
Fishbone Diagram**



Peer review of abnormal genital findings is below accreditation standard of 100%.

PDSA-1

- Defined cases eligible for review
 - Findings of trauma
 - Findings without expert consensus
 - Visible signs of STIs
 - Medical mimics
 - CAP request
- Education provided to CAPs on new CAC accreditation standard



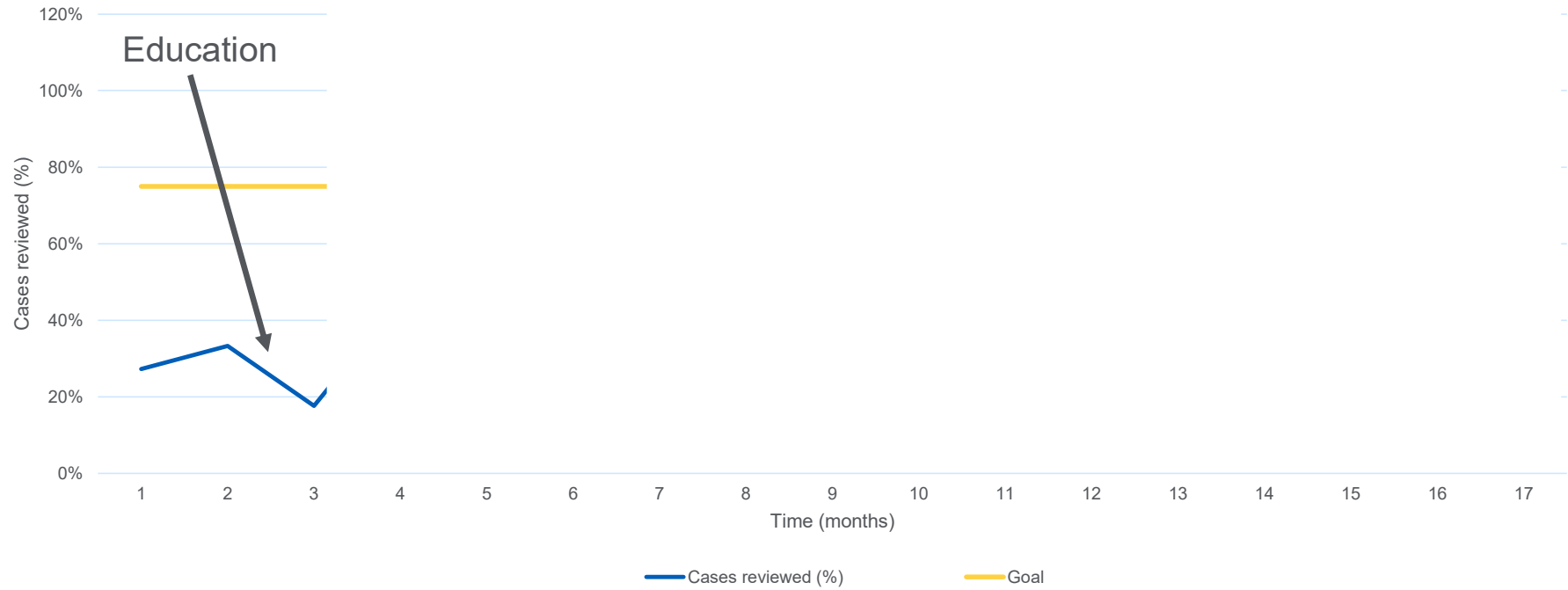
Methods

- Outcome measure: Completion of peer review
- Process measure: Number of cases reported for review
 - Are the steps in the process working?
 - Estimate case volumes to monitor for decrease
- Balancing measure: CAP rating of balance of cases at case review
 - Are changes to one part of the process causing new problems in other parts of the process?



PDSA 1

Peer Review of Sexual Abuse Exams



PDSA 2

SA Abnormal Finding Peer Review QI

Findings qualifying for review include, but are not limited to:

1. Anatomic variants
 - a. Significant hymenal variants (imperforate, septate)
2. Medical conditions that could be mistaken for abuse
 - a. Urethral prolapse
 - b. Lichen sclerosis
3. No expert consensus
 - a. Deep notch in the posterior rim of the hymen
 - b. Complete cleft at 3 or 9:00
4. Findings caused by trauma
 - a. Transections in the posterior rim of the hymen
 - b. Acute lacerations, bruising, petechiae
 - c. Anogenital scarring (in cases with available comparison from SANE to clinic)
5. Findings of significant infections in the anogenital area with visual signs (such as HSV, HPV, syphilis)

Please fill out the linked [REDCap](#) for any cases to be added to the Wednesday case review list.



PDSA 2

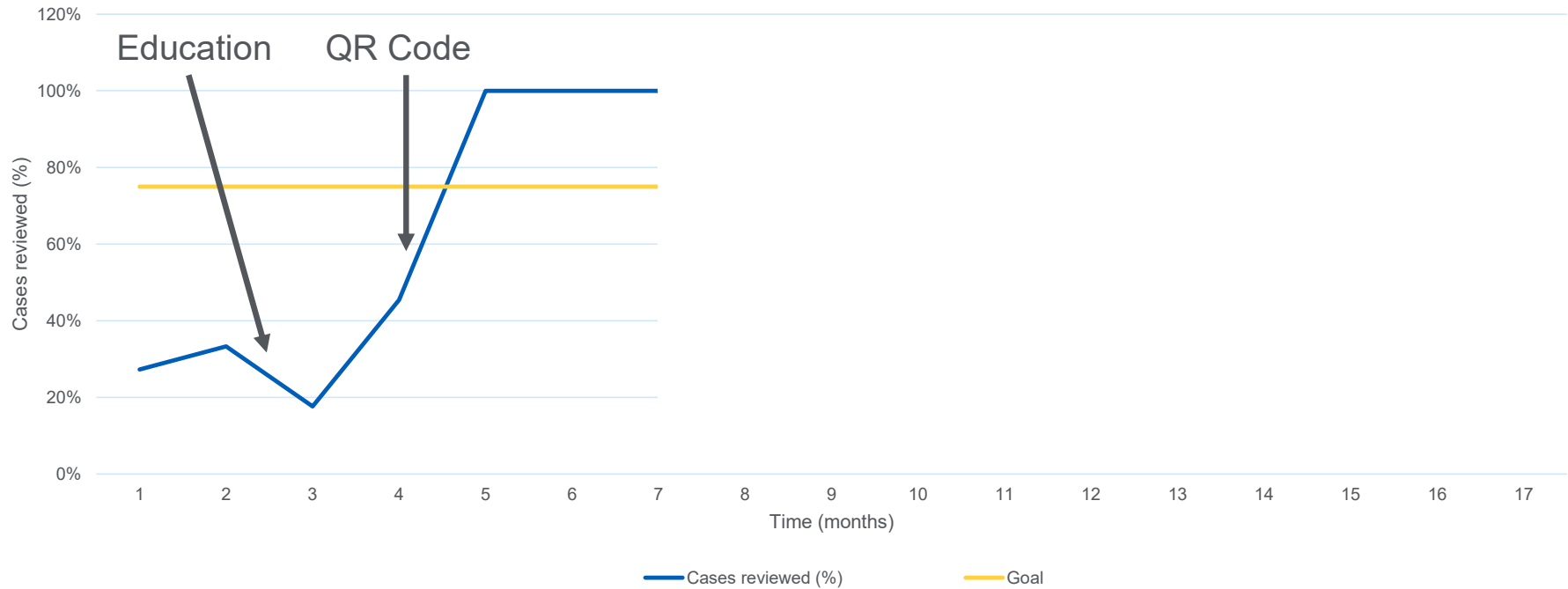
Record ID	89
MRN <small>* must provide value</small>	<input type="text"/>
Exam date <small>* must provide value</small>	<input type="text"/> Today M-D-Y
Case location (state) <small>* must provide value</small>	<input type="radio"/> 1. Missouri <input type="radio"/> 2. Kansas <input type="radio"/> 3. Other
Attending <small>* must provide value</small>	<input type="radio"/> 1. Jim Anderst <input type="radio"/> 2. Terra Frazier <input type="radio"/> 3. Jennifer Hansen <input type="radio"/> 4. Danielle Horton <input type="radio"/> 5. Sara Kilbride <input type="radio"/> 6. Emily Killough <input type="radio"/> 7. Mary Moffatt
Was a fellow involved in the case? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No
Abnormality Type <small>* must provide value</small>	<input type="radio"/> 1. Anatomic variant <input type="radio"/> 2. Medical mimic <input type="radio"/> 3. No expert consensus <input type="radio"/> 4. Finding caused by trauma <input type="radio"/> 5. Significant anogenital infection with visual signs <input type="radio"/> 6. Other (I would like this video to be peer reviewed for another reason)
Comments	<input type="text"/> <small>Note: For SANE cases, please indicate the timestamp that best demonstrates the finding to be reviewed.</small>
Form Status	
Complete?	Incomplete
<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & ..."/>	

Record ID	89
Exam follow-up	
MRN:	_____
Was the exam peer reviewed? <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date of review <small>* must provide value</small>	<input type="text"/> Today M-D-Y
Review outcome <small>* must provide value</small>	<input type="checkbox"/> 1. Agree with interpretation <input type="checkbox"/> 2. Disagree with interpretation <input type="checkbox"/> 3. Additional medical recommendati
Form Status	
Complete?	Incomplete
<input type="button" value="Save & Exit Form"/> <input type="button" value="Save & ..."/>	

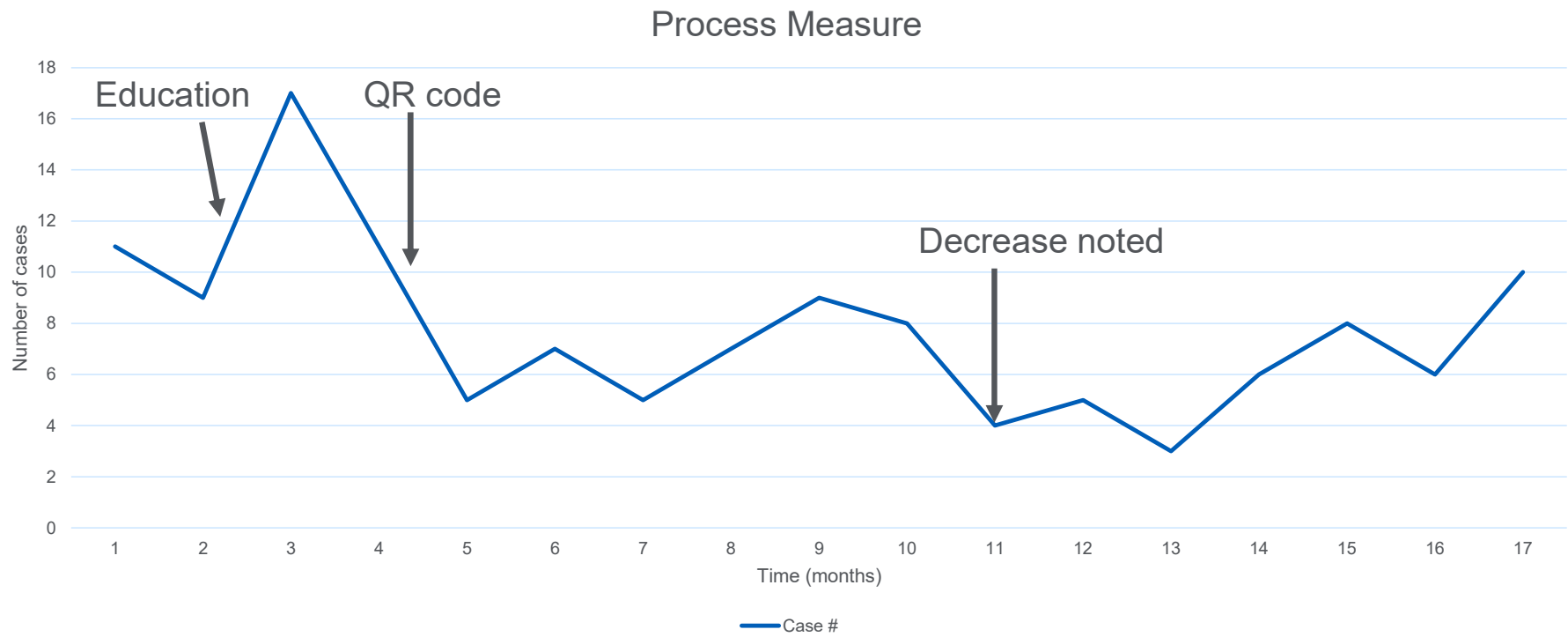


Results

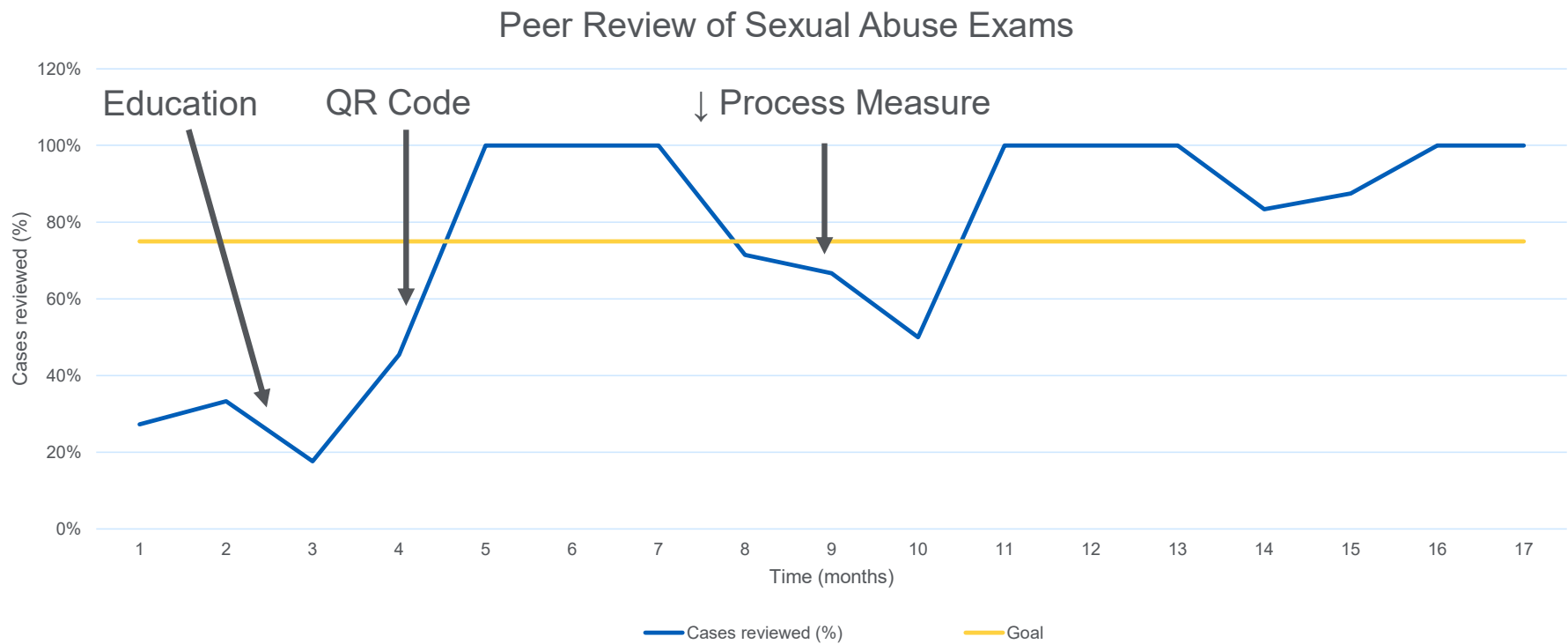
Peer Review of Sexual Abuse Exams



Results



Results



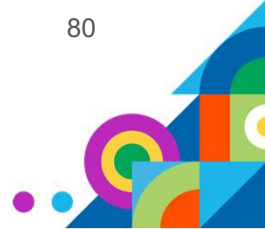
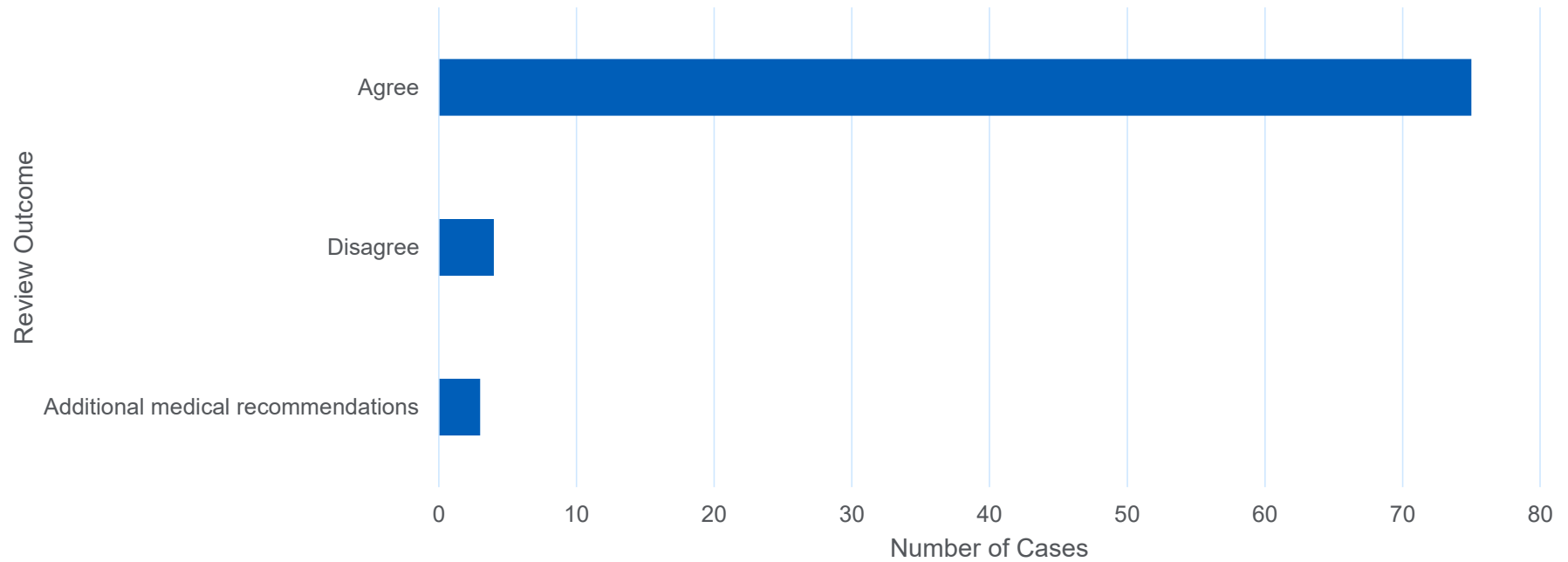
Results

- Balancing measure: CAP rating of balance of cases at case review
 - Pre: 70% just right, 30% not enough sexual abuse
 - Post: 100% just right
- Anonymous feedback:
 - QR code easy to use
 - More exposure to abnormal genital exam findings for fellows



Results

Peer Review Outcomes

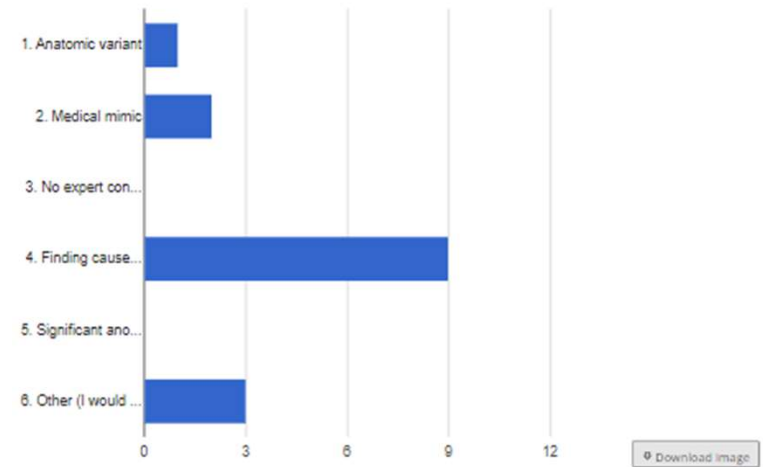


Conclusions

Abnormality Type (*abnormality_type*) [Refresh Plot](#) | [View as Bar Chart](#) ▼

Total Count (N)	Missing*	Unique
15	0 (0.0%)	4

Counts/frequency: 1. Anatomic variant (1, 6.7%), 2. Medical mimic (2, 13.3%), 3. No expert consensus (0, 0.0%), 4. Finding caused by trauma (9, 60.0%), 5. Significant anogenital infection with visual signs (0, 0.0%), 6. Other (I would like this video to be peer reviewed for another reason) (3, 20.0%)



54	Initial exam	9/7/2023	1. Missouri	18. Ray
54	Exam review			
56	Initial exam	9/28/2023	1. Missouri	17. Platte
56	Exam review			
59	Initial exam	10/17/2023	1. Missouri	8. Clay



Conclusions and Next Steps

- Success with implementation of QR code
- Stable to improved process satisfaction
- Next Steps
 - Ongoing case reporting adherence monitoring
 - Process standardization
 - Expanding case list access



