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Medical Neglect: Trends in Reporting Practices and Patient Characteristics

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Research Abstract Title

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Describe role of Submitting/Presenting Trainee in this project (limit 150 words):
I am the primary investigator and was responsible for study design, data collection and data analysis with the assistance of my mentors.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: Medical neglect, an important but less commonly recognized subset of child maltreatment, has significant consequences on child health and well-being. Improved processes for defining, recognizing, and reporting medical neglect are needed, however there is limited published data on the subject. Insight into patient characteristics and current reporting practices will help identify areas for intervention to improve outcomes for children at risk for medical neglect.

Objectives/Goal: To describe characteristics of children identified for concern of medical neglect and trends in reporting of cases to child protective services (CPS).

Methods/Design: We performed a 1-year retrospective descriptive study of subjects < 18 years of age at a single, tertiary-care, academic pediatric institution for whom a Patient at Risk (PAR) assessment was completed exclusively for the concern of medical neglect. The PAR is a unique institutional process by which health professionals and social workers document concerns for child maltreatment. Medical records were reviewed for data regarding demographics, medical history, health care utilization and psychosocial risk factors. The role of the initiating provider and healthcare setting in which the PAR was recorded were also obtained.

Results: Of 270 children with a PAR completed for medical neglect concerns, 97.4% were reported to CPS. PARs were most frequently initiated in the ambulatory (60.7%) setting by physicians (43%) or social workers (28.5%). Missed ambulatory appointments were common, with 62.2% of subjects

having more than 5 missed appointments since establishing care. Chronic medical conditions were present in 80% of subjects. Over half (53%) of subjects had prior known involvement with CPS and 20% of subjects had a prior PAR completed for concern of medical neglect. Subjects were primarily African American (40%) or Caucasian (38.9%) and the majority were publicly insured (80.4%). Of the 5 psychosocial risk factors routinely addressed in PAR assessments (caregiver substance abuse, mental health issues, incarceration; intimate partner violence; transportation or financial challenges) over half (59.6%) of patients had at least one identified risk factor.

Conclusions: Children with reported concerns of medical neglect commonly have chronic health conditions and are most frequently identified in the ambulatory care setting. Psychosocial risk factors that may create a barrier to care are common. Data informed next steps include systemic monitoring of missed ambulatory clinic appointments and design of a standardized process to improve consistency of diagnosis and intervention in cases of medical neglect for children with chronic medical conditions.