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

Lyndsey Hultman

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IRB Number (if applicable): N/A

Describe role of Submitting/Presenting Trainee in this project (limit 150 words): Drs. Hultman, Hansen, and Frazier conceptualized the project. Dr. Hultman completed QI tools, developed intervention instruments, and collected data for run chart. Dr. Harris provided QI mentorship through the Fellow Quality Improvement course.

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question: Child Advocacy Centers (CACs) coordinate child abuse MDTs, and 2023 CAC accreditation standards require that "all medical professionals providing services to CAC clients must demonstrate that 100% of all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an advanced medical consultant." Scheduled Case Review occurs among Children's Mercy child abuse pediatricians (CAPs), but current practice is to review cases only upon CAP request.

Background/Project Intent (Aim Statement): Appropriate interpretation of sexual abuse exam findings is crucial for accurate diagnosis and provision of medical information to multidisciplinary child protection teams (MDTs). Medical mimics and normal anatomic variants exist which may be misinterpreted as trauma. Peer review is the emerging standard to ensure diagnostic accuracy and MDT response. Our primary aim was to increase completion of peer review of abnormal exams from a baseline of 15% to 75% by March 15, 2023.

Methods (include PDSA cycles): Quality improvement methodology was used to increase frequency of peer review of abnormal exam findings. Based on published consensus of interpretation of exam findings, criteria were defined for review: findings caused by trauma, visual signs of significant anogenital infections, and findings of medical conditions which could be mistaken for abuse. Education was provided to CAP attendings and fellows on the new accreditation standards with requirement for peer review. In the first PDSA cycle, a form was completed by CAPs at the time of the exam to generate a list of cases for the next session. Our outcome measure was completion of peer review of abnormal findings, and our process measure was reporting of abnormal exams for case review.

Results: Initial intervention resulted in peer review of 100% of submitted cases during the first two weeks, though overall case numbers were low. Ongoing data collection will occur with data to be portrayed in a run chart.

Conclusions: By currently available preliminary data, the CAP team was able to make modest improvements to the percent of abnormal exams undergoing peer review. This intervention remains under investigation for continued improvement and development of subsequent PDSA cycles. Future directions include optimizing process standardization in workflow and automation to increase sustainability.