Committee on Child Abuse and Neglect (COCAN)
Meeting Minutes, August 9, 2017
12-1:30pm

Attendees in person
Patrick Dolan, MD, FAAP
Sheree Hammond, RN, LCSW
Paula Jaudes, MD, FAAP
Veena Ramaiah, MD, FAAP (co-chair)
Margaret Scotellaro, MD, FAAP

Attendees on phone
Kathleen Buetow, MD, FAAP
Ray Davis, MD, FAAP
Marjorie Fujara, MD, FAAP
Jill Glick, MD, FAAP
Gina Lowell, MD, MPH, FAAP
Emily Sifferman, MD, FAAP
Kathy Swafford, MD, FAAP (co-chair)

ICAAP Staff
Juanona Brewster, MDiv, MTS, MJ
Elise Groenewegen
Jose Muñoz
Jennie Pinkwater, MNM

1. Welcome & Introductions
Drs. Ramaiah and Swafford facilitated welcome and introductions.

2. Approve Minutes 4/18/17
Motion to approve minutes initiated by Dr. Ramaiah, seconded by Dr. Swafford and Dr. Scotellaro. Motion was unanimously carried.

3. Priority areas to consider

Education

Topic – co-sleeping

Note: COCAN members spent significant time discussing this topic, though in the end this was determined a non-priority issue. The conversation is documented below, for information and tracking purposes.

Dr. Ramaiah explained that she and Dr. Swafford identified topics that seemed most urgent for COCAN to focus on, grouped into each of the following categories: education, advocacy, and legislation. COCAN members were queried as to what topic they felt was important to focus efforts on, especially those that are “low-hanging fruit.”
Dr. Scotellaro suggested that issues related to co-sleeping were important to focus on, and could be easily addressed. Dr. Jaudes stated that the new DCFS director is keen on this issue. She has been in communication with Dr. Kyran Quinlan (Rush University Medical Center), who has been working on a registry of SIDS cases. Dr. Swafford agreed that this was important, as no analytics currently exist in regards to alcohol and other variables and mitigating factors of SIDS cases. Dr. Swafford mentions a group working with the AAP, who have endorsed an interagency approach regarding better tracking and analytics of SIDS cases.

Dr. Jaudes mentioned that DCFS is working on a grant from CDC to implement better tracking of SIDS cases. Dr. Ramaiah states that they do not get information from the medical examiner about co-sleeping deaths, and suggests an educational/advocacy campaign in partnership with CDRT regarding co-sleeping. Dr. Ramaiah stated that COCAN must figure out how to advocate with groups. Dr. Jaudes pointed to a JAMA article (July 25th, 2017, Vol 318, #4) which discusses how nurses have approached this (included with attachment).

Dr. Swafford mentioned an AAP smartbrief about using texting as a way of providing education and advocacy regarding co-sleeping. Dr. Swafford stated that they have been using a billboard campaign in Southern Illinois.

Dr. Jaudes provided anecdotal information which says that one SIDS-related death is reported every other day, and the mothers tend to 20 year old mothers (as opposed to teens). She questions what works in terms of education, and states that we don’t know all the answers.

Dr. Lowell reported currently working with Dr. Kyran Quinlan and the medical examiner (Dr. Eric Eason) to understand classification of SIDS cases. Dr. Glick stated that the problem is with the public health model, which doesn't capture additional information about negligent death. SIDS cases are often categorized as “indeterminate cause of death,” and investigations are not standardized in Illinois. Dr. Lowell said she has had candid discussions with Dr. Eason about the lack of standard, and per his words, “philosophical” judgments, rather than judgments based on guidelines. They had discussed creating a registry to provide the detail that others need to capture.

**ACTION:** Ask if Dr. Quinlan is interested in joining the CDRT.

Ms. Pinkwater suggested that COCAN focus on what we’re talking about in terms of education. Is this about provider education, legislation issue, agencies working together? Quinlan is the chair on AAP Committee on Injury Prevention. Should ICAAP open this issue up to broader membership?

Dr. Ramaiah asked if the the issue of co-sleeping would be related to the COCAN mission? Dr. Lowell echoed her concerns, as only a subset of SIDS cases are caused by neglect (drugs & alcohol combined with co-sleeping). Dr. Glick stated that in terms of procedure, the medical examiner will trigger a DCFS report only if there is reasonable cause to believe neglect is a factor. Dr. Buetow asked a procedural question about when we report concerns about co-sleeping as a cause of death. Dr. Ramaiah stated that the ME often determines “unexpected death.” Dr. Glick said that DCFS Director George Sheldon wanted to investigate all unexpected (not unexplained) deaths. Dr. Davies stated that if he needed to report co-sleeping to DCFS, he would be making reports 3-4 times per week.

Dr. Ramaiah again posed the question about whether a co-sleeping campaign should be part of the COCAN work. Is this something COCAN should pursue or should they choose something else? Dr. Glick stated that co-sleeping is a public health issue, and suggested making a list of the most important topics to focus on.
Ms. Brewster let the group know that ICAAP had met with Denise Kane’s office about Safe Sleep issues and concerns about the popularity of Baby Boxes. Ms. Brewster suggested that any educational campaign around safe sleep should not just be targeted at the primary caregiver but also other caregivers, such as maternal grandmother.

COCAN members appreciated Ms. Brewster’s feedback.

Ms. Pinkwater suggested COCAN make recommendations for speakers/topics for ICAAP’s annual educational conference on COCAN issues.

**ACTION:** Recommend topic/speakers for ICAAP annual educational conference. Dr. Ramaiah volunteered to speak about sexual abuse and/or invite someone to talk about bruising or sentinel injuries.

**Advocacy**

**Topic – child abuse awareness month & mandated reporting**

Dr. Glick stated that she would want to focus on mandated reporter training and tie this to licensing, but the AMA were opposed. Dr. Glick suggested an awareness campaign in April (child abuse awareness month) for PCPs. DCFS has training available online. Ms. Pinkwater confirmed that ICAAP could easily share awareness information through its various communication channels. Ms. Pinkwater also suggested sending letter to pediatric residency directors about resources for training, and connecting with resident family physicians.

Dr. Glick suggested working with medical students before they go to the clinics. She also suggested administering a survey to see who is doing the training?

Dr. Ramaiah and Dr. Swafford agreed that COCAN can suggest topic/speaker for ICAAP annual educational conference related to mandated reporting.

Dr. Glick asked Dr. Jaudes if something can be put on the DCFS website regarding mandated reporting for example: What you can do, what you need to know, what to expect following a report, when you receive outcome of the report. Dr. Glick said that many PCPs are not comfortable reporting because they are not sure what will happen next.

Ms. Pinkwater further reiterated that it would be helpful to all members to have something that lists what happens after you report child abuse and neglect, and the information can be duplicated for other communications. Dr. Buetow further stated that the definition of ineligible perpetrator makes it harder to make a report and needs clarification.

**ACTION:** Dr. Ramaiah volunteered to write something for the ICAAP newsletter about mandated reporter training, including the link and encouraging all ICAAP members to take the training.

**Topic – vitamin K refusal**

Dr. Glick stated that Vitamin K refusal should automatically be referred to DCFS as medical neglect. Dr. Ramaiah suggested education of what constitutes medical neglect is needed, and suggested that ICAAP is a good avenue for this.

Dr. Jaudes stated that the DCFS – perinatal group does not have issue with Vitamin K refusal. She will report back to the group that COCAN does not agree.

Dr. Glick stated the urgent need for advocacy and education, and suggested COCAN write a letter to DCFS. Dr. Davis remarked how DCFS seems to go to everyone for input but CAN pediatricians.
Dr. Ramaiah suggested adding the topic of vitamin k refusal to newsletter. The next steps should be to put data together from the CDC before drafting the letter to DCFS.

**ACTION:** Dr. Glick will draft a letter regarding Vitamin K refusal and COCAN’s support of automatic referral for medical neglect to DCFS. Dr. Ramaiah & Dr. Swafford will collect additional data and discuss further offline.

**Topic - Umbilical cord testing**
Dr. Jaudes raised the question of the rate of substance abuse exposed infants decreasing dramatically in the last year, according to DCFS data. Dr. Jaudes said 650 cases were reported last year. DCFS plans to try again with the bill regarding umbilical cord testing for substance-exposed mothers. Though ICAAP supported the umbilical cord testing bill, Ms. Pinkwater clarified that the objection to the bill was for automatic referral for neglect Dr. Jaudes stated that COCAN should continue to advocate for umbilical cord testing.


Dr. Jaudes said that providers should be helping both the mom and child, and not reporting the mom if she’s struggling with drugs. Dr. Lowell brought up that providers should identify those women who are using drugs, since this is also connected to safe sleep and co-sleeping. Dr. Scotellaro said that PCPs should model safe sleep practices and what parents should or shouldn’t do. Dr. Swafford said that PCPs are currently often only getting information from parents, and they have limited ways in which they might coach mothers.

Dr. Ramaiah asked if records were being shared between hospitals/PCPs about substance abuse exposure. Per Dr. Swafford, not all hospitals share records, especially if it’s between two different hospital systems or happening across state lines.

**Legislation**

**Topic – SASETA**

Dr. Ramaiah provided a brief overview of the status of SASETA, and COCAN’s work to try to change the language in the proposed bill. Dr. Swafford stated that she has spoken with the Attorney General’s office, and they are more concerned about compliance with the law. Dr. Swafford also stated that she had never seen voucher for children or received questions about other options – acute exams, sex assault kits, use of SANE nurses, courses for nurses. Dr. Swafford suggested that COCAN form a separate workgroup regarding this topic. Dr. Swafford stated that Representative Unes & Representative Morris open to discuss further.

There was further discussion about IDPH being very obstructive regarding proposed changes to the bill. IDPH is affiliated with 50 hospitals. Dr. Swafford would like to look for people who would like to be a part of the group to deal with IDPH licensing.

Dr. Ramaiah proposed separate SASETA legislation for children under 13 (age of consent according to law) rather than change existing SASETA language.

Dr. Swafford stated that there is no current data that supports old data regarding language in the bill. Dr. Davis states that he was suspicious that the bill is not asking for best practices, but compliance.
ACTION: Dr. Glick, Dr. Swafford, and Dr. Buetow agreed to form the workgroup. Dr. Channing Petrak (who has been closely involved with this) will also be invited. It was suggested that the group meet with Dr. Shah to address the IDHP licensing barrier.

4. Overview of Advocacy/legislative process
   Tabled due to time constraints.

5. Announcements
   No announcements shared.

6. Next steps/next meeting
   The next meeting will be held October 11 from 12-1:30pm.

Meeting adjourned at 1:35pm.

Respectfully submitted,

Elise Groenewegen