

## Peer Review and Quality Improvement

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San Diego, California

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## Definitions

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## Peer Review

- Reviewing cases, including written and photographic records of examinations
- A peer is someone with the same or similar level of training
- Review can be done with individuals working at the same or different locations
- Review can be done in person or remotely
- Required for anyone who does child sexual abuse evaluations for CACs

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## Expert Review

- An expert in child sexual abuse medical evaluation is a physician or advanced practice provider who has extensive experience performing CSA medical evaluations and usually has examined thousands of children
- This person keeps up to date with the research in the field, lectures to others on the topic, and who has experience reviewing the work of others

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## Case Review

- The best way to learn and to improve your own technique
- Ensures that findings will be correctly interpreted
- The most common mistake by newly trained examiners is to call something abnormal that is actually normal or caused by something other than abuse

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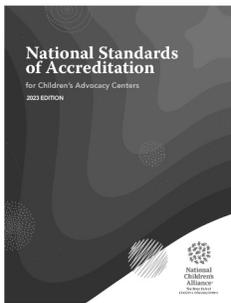
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## Purpose of a Medical Evaluation

The purpose of a medical evaluation in suspected child abuse extends far beyond providing an evidentiary examination for the purpose of the investigation.

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## Primary Goals of the Medical Evaluation

- Help ensure the health, safety, and wellbeing of the child
- Evaluate, document, diagnose and address medical conditions resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions

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## Primary Goals of the Medical Evaluation (cont.)

- Document, diagnose and address medical conditions unrelated to abuse
- Assess the child for any developmental, emotional, or behavioral issues needing further evaluation and treatment and make referrals as necessary
- Educate the child and family regarding all aspects of the medical examination and outcomes

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### Primary goals of the medical evaluation (cont.)

- Provide support relative to any recommended next steps and reassurance regarding child's overall health and wellbeing
- Make recommendations regarding mental health and other services to address trauma related to the abuse/assault in coordination with other members of the MDT/CAC

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### NCA Essential Component

Medical evaluations are conducted by health care providers with specific training in child sexual abuse who meet at least ONE of the following training standards:

- Child Abuse Pediatrics Subboard eligibility or certification
- Physicians without board certification or eligibility in the field of child abuse pediatrics, advanced practice nurses, and physician assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse

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### NCA Essential Component (cont.)

- Sexual assault nurse examiners (SANEs) without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency-based clinical preceptorship with an experienced provider in a clinical setting where the SANE can demonstrate competency in performing exams

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|                          | Foundational Training Requirements  | NCA Training Requirements   | Licensing Entity    |
|--------------------------|---|---|---------------------|
| Physician (MD or DO)     | Undergraduate Degree<br>4 years of Medical School<br>3 years of Residency<br>1-3 years of Fellowship (optional)   | ✓<br><br>16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse | State Medical Board |
|                          | Pediatrics, Family Medicine, or other physician,<br>Undergraduate Degree<br>4 years of Medical School<br>3 years of Residency                                   |   | State Medical Board |
| Child Abuse Pediatrician | Undergraduate Degree<br>4 years of Medical School<br>3 years of Residency<br>3 years of Child Abuse Fellowship<br>Board certification in Child Abuse Pediatrics | No additional training requirements   | State Medical Board |

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|  | Foundational Training Requirements  | NCA Training Requirements   | Licensing Entity   |
|--|---|---|--|
| Advance Practice Nurse (APRN), Nurse Practitioner (NP), Pediatric Nurse Practitioner (PNP) | Undergraduate Degree<br>2 years of Graduate School<br>Certification Exam  | ✓<br><br>16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse | State Nursing Board  |
|  | Physician's Assistant (PA)<br>Undergraduate Degree<br>2 years of Graduate School<br>Certification Exam  |   | State Licensing Board  |
| Sexual Assault Nurse Examiner (SANE)- Adult and Pediatric                                  | Nursing Degree (RN or BSN)<br>License Exam  | ✓<br><br>40 hours of formal didactic training in the medical evaluation of Child Sexual Abuse | State Nursing Board  |
|  | Adult and/or pediatric and adolescent SANE training consistent with IAFN guidelines<br>Competency Based Clinical Preceptorship<br><br>Providers who have completed SANE training and preceptorship may also choose to apply for SANE-A and/or SANE-P certification by IAFN. | Competency Based Clinical Preceptorship   | Some states have state-specific forensic nursing requirements. |

Note: Must demonstrate continuing education in the field of child abuse consisting of a minimum of eight contact hours every two years (teaching experience in child abuse that is approved to provide CEU or CME activity also qualifies)

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## Medical Director

A medical director (physician or advanced practice provider) is needed for non-advanced practice nurses to assist with the development of practice protocols and the treatment needs of the patient, including referrals for other medical or mental health issues that are discovered during the evaluation

- The medical director may or may not also meet qualifications as an “advanced medical consultant” who can perform review of examination findings
- If the medical director does not also serve as a medical provider for the CAC, this person should, at a minimum, be familiar with the essential components of the medical standard and the mission of the CAC

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## NCA Expert Review

- Expert review with a child abuse pediatrician is preferred and can occur in multiple ways
  - Direct linkage agreement with a specific provider
  - MyCasereview sponsored by the Midwest Regional CAC
  - Other identified state-based medical expert review systems that have access to an advanced medical consultant

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## NCA Expert Review (cont.)

- Physicians or advanced practice nurses can also provide the review if they have the following qualifications:
  - Meet the minimum training standards outlined for a CAC medical provider
  - Have performed at least 100 child sexual abuse exams
  - Are current in CQI requirements

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## Continuous Quality Improvement

- Goals
  - Good patient care
  - Good forensic assessment and documentation
  - Efficient and thorough program operation
- Process
  - Identify unacceptable outcomes
  - Monitor incidence
  - Study problems – extrinsic or intrinsic
  - Institute change based on analysis
  - Evaluate the efficacy of changes

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### Continuous Quality Improvement (CQI) for the CAC's Medical Component

Accuracy in interpretation of examination findings is vitally important to the child, family, and the MDT as a whole.

- The medical provider must be familiar and up to date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect, the American Professional Society on the Abuse of Children, and the Centers for Disease Control and Prevention.

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### Continuous Quality Improvement (CQI) for the CAC's Medical Component (cont.)

- The medical provider must provide documentation of participation in CQI activities, including continuing education and expert review of positive findings with an advanced medical consultant in order to stay current in the field of child sexual abuse.

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### How Does Peer Review Work?

- Chart review by an examiner different from the examiner who saw the patient
- Use of a peer review tool to guide the reviewer
  - Are history and physical exam adequate?
  - Do photos show findings as described?
  - Are findings interpreted correctly?
- Peer examiner should be able to review the findings
- Alternative model is for an experienced examiner to review all charts

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## Peer Review

- Strength: Ongoing refinement of knowledge/skills through case/photo review
- Weakness: Only as good as the peer's experience and knowledge
- Availability
  - Program/center-based, regional, virtual
- Models
  - Protected hospital committee v. formal second opinion process
  - Policy/procedure for examiner to change opinion

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## Necessary Components of Peer Review

- Photographs
- Written documentation of exam
- Assessments

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Multi-institutional collaborative and QI network research

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### A Standardized Peer Review Program Improves Assessment and Documentation of Child Sexual Abuse

Suzanne P. Starling, MD\*; Kimberly A. Martinez, APRN, CPNP, MPH†; Lori D. Frasier, MD‡

#### Abstract

**Introduction:** The objective was to assess the impact of interventions associated with ongoing expert peer review on the quality of child abuse medical providers' written and photograph documentation in child sexual abuse cases. **Methods:** Pediatricians participated in a HIPAA compliant blind peer review process on a web platform developed to provide the American Board of Pediatrics maintenance of certification. Participants submit sequential photograph and written documentation of child sexual abuse examinations over 1 year. Documentation includes genital examination descriptions and interpretation of findings. Reviewers evaluate the photographic quality and written documentation of examination findings utilizing a numerical rating system. Each case cycle is reviewed by one of four experts in child abuse who received training in a uniform evaluation process. Reviewers follow each case throughout three cycles of documentation, selecting from several interventions that have been customized to address the quality issues noted. The third and final cycle includes summary comments from the reviewer. **Results:** Forty-one participants completed the program at the time these data were collected. A paired *t* test analysis of the combined scores of the three measures, such as Image Quality, Quality of Written Documentation, and Accuracy of Exam Interpretation, showed a statistically significant improvement ( $P < 0.031$ ) between the first and last sets. In addition, each of the individual measures was statistically significant between the first and last case sets with a *P* value of  $< 0.05$  for each. **Conclusion:** Peer review with interventions customized to address quality issues improved the quality of the assessment and documentation of child sexual abuse evaluations. (*Pediatr Qual Saf* 2022;7:e522; doi:10.1097/pqs.0000000000000522; Published online January 21, 2022.)

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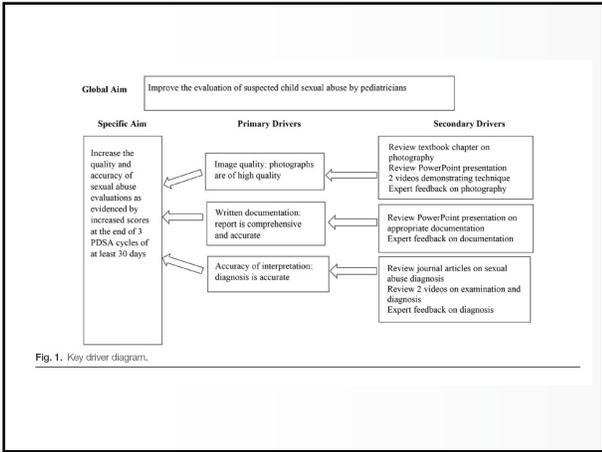
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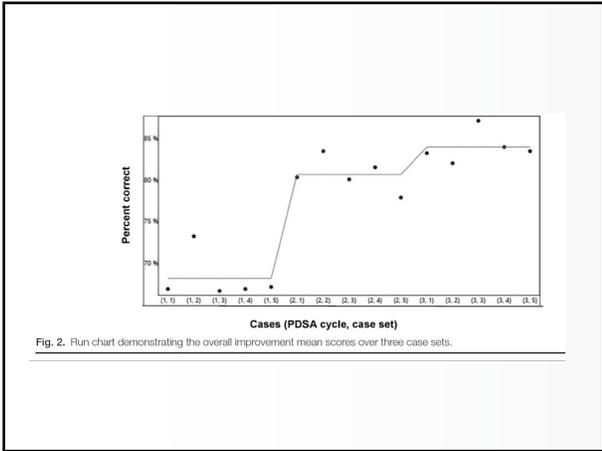
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## Photography

- Documentation for the chart
- Supports written notations and/or diagrams
- Assures notation and clarification of multiple injuries

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## Photography

- Visual reminder for court preparation
- Substantiates your testimony
- Allows for outside analysis
- Provides for independent defense evaluation
- Allows for medical peer review

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## Photography

- Protocol
  - Images linked to the correct patient
  - Correctly identified and stored
    - Should have policies in place for storage and release of examination images that protect the sensitive nature of the material
  - Should be mindful of patient confidentiality and sensitivity
  - Should be acceptable to community partners
- Various workable protocols exist

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## Why are High Quality Photos Important?

- A poor photograph cannot be adequately reviewed by an expert
- A poor quality photograph may not show an injury that is really there
- A poor quality photo may suggest the presence of an injury that is not there

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### Case Example

- 7-year-old boy with a detailed history of abuse receives an exam and anal exam is called abnormal
- Defense exam calls in an expert for second opinion
- Expert opines that the exam is normal and the defense prevails
- We want justice but not at the expense of the truth

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### Take Good Photos

Review photos immediately

- To ensure they depict what you thought they did
- Ensure they are a fair and accurate representation
- Allows you to retake any photos needed

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### Can Photo Quality be Improved?

- An expert reviews photos, grading the quality of the photos
- Examiners receive specific training on how to improve photos
  - Lighting, magnification, focus
- Cases are reviewed again after training is complete and photos are re-graded
- Cycle repeats as necessary

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## Documentation

- The medical history and physical examination findings must be carefully, thoroughly, and legibly documented in the medical record.
- The medical record should also include a statement as to the significance of the findings and treatment plan.
- Medical records should be maintained in compliance with federal rules governing protection of patient privacy.

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## Documentation (cont.)

- Medical records may be made available to other medical providers for the purpose of needed treatment of the patient and to those agencies mandated to respond to a report of suspected child abuse.
- Even in situations where the medical record can legally be provided without separate written consent or court order, a log of disclosures should be maintained with the medical record in accordance with federal privacy rules.

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## Methods of Documentation

- Forms of documentation
  - Written notes
  - Diagrams
  - Photographs
- Notes should be descriptive
  - Size
  - Shape
  - Color

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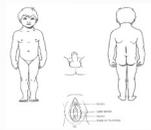
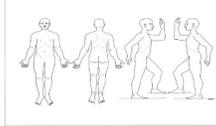
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## Documentation Diagrams

- Photographs do not replace diagrams
- Some photos may be disallowed in court
- Helps you with court preparation
- You may not realize how many injuries there are



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## Written Documentation

- Use appropriate terminology to describe genital anatomy
- All structures should be included and documented as normal or abnormal
- Describe all abnormalities in detail
- Include Sexual Maturity Stage of child
- “Intact hymen” is terminology to be avoided in describing the hymen

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## Documentation Issues

- Documentation of a positive exam with positive history
- Documentation of a positive exam with no history
- Documentation of a negative exam with a positive history

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## Current Issues in Case Review

- Calling abnormal exams normal
  - Not a big problem
- Not interpreting the exam accurately
  - Missing an exam finding
  - Not knowing what an exam finding means

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## Calling Normal Exams Abnormal

- Genital findings
  - Thin rims
  - Shallow notches
  - Hypervascularity/erythema
  - Scars
- Anal findings
  - Dilation
  - Folds and tags
  - Scars

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## Terms to Avoid

- Enlarged opening
- Attenuated rim (suggests a change)
- Partial healed transection (unless you see the acute)
- Hypervascular
- Asymmetry of the hymen, implying it is abnormal

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### Why are cases overcalled?

- Inexperience
- Lack of current training
- Lack of oversight
- Group think
- Influenced by the history
- Influenced by practice setting
- Influenced by law enforcement

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### Possible Wording of Normal Assessments

- A normal examination neither confirms nor excludes the possibility of sexual abuse
- A normal examination does not preclude the possibility of sexual abuse
- A normal examination is consistent with sexual abuse
- A normal examination does not rule out sexual abuse

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### Possible Review Models

- Chart documentation, assessment, and photographs
- All exam photographs
- Only photos of positive exams
- Random review

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### Review of Protocols and Processes for Issues that Can be Improved

- Did all cases receive appropriate prophylaxis for STI?
- Were appropriate meds given?
- Were all forms completed appropriately?
- Are the photos diagnostic quality?

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### NCA Essential Component

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.

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### NCA Diagnostic Accuracy

- The accuracy and integrity of forensic medical evaluation findings is critically important in child sexual abuse cases.
- While a small percentage of medical evaluations result in a positive or diagnostic finding for sexual abuse (about 3–5% in the literature), it is critical to both the future safety of the child and the integrity of any criminal justice case that the findings are accurate.

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## NCA Diagnostic Accuracy (cont.)

- Research indicates that the most important factor in diagnostic accuracy over time is consistent review. Because a false positive (overcalling) can lead to a miscarriage of justice, given the reliance of MDT members on medical findings in making charging decisions and the reliance on such findings at trial, it is essential to have 100% of all medical findings diagnostic for child sexual abuse be reviewed by an advanced medical consultant.

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## Research on Diagnostic Accuracy

- Adams and Wells, 1993 – Physicians that examined more children total and more per month were more likely to correctly identify and interpret finding.
- Makaroff et al, 2002 – Emergency Dept MDs incorrectly called an exam abnormal 83% of the time than cases reviewed by specially trained child abuse pediatricians.

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## Factors Associated with Higher Diagnostic Accuracy

- Self identification as a Child Abuse Pediatrics specialist
- At least quarterly review by an expert of cases with photos
- Keeps up to date with research by reading literature such as the Quarterly, a child abuse publication abstracting recent research

Adams JA, Starling SP, Frasier LD, et al. Diagnostic accuracy in child sexual abuse medical evaluation: role of experience, training, and expert case review. *Child Abuse and Neglect* 2012 36: 383– 392. PMID 22632855

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## Summary

- Case review/peer review is standard of care
- Photos/videos should be reviewable quality
  - If not, the QI cycle can be implemented
- Documentation is critical in child abuse cases and must be as accurate and descriptive as possible
  - Inaccurate documentation and diagnoses can be improved with education
- Continuous quality improvement is mandatory

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## Suggested References

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