



NATIONAL CHILDREN'S HOSPITAL CHILD ABUSE SERVICES SURVEY: 2015 EXECUTIVE SUMMARY

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SIGNIFICANT FINDINGS

- **There are more hospitals offering advanced level of child abuse services, with fewer offering basic levels compared to prior surveys. However, not all hospitals are meeting the CHA's recommendation that all hospitals that have a burn service, trauma level, PICU or ACGME accredited pediatrics residency program offer at least advanced services.**
- **As programs mature in their development, there is a return on hospital's initial investment to fund the team that is seen in the decreased mean percentage of direct expenses covered by the hospital in combination with increased mean direct total costs.**
- **There is a noticeable diversity in funding sources that programs are utilizing. This is an area for additional exploration and sharing of strategies.**

RESPONSE RATE

- Survey invitations were sent to 230 children's hospitals. 49% (113) responded compared to 61% or 145 of 237 in 2012.¹ 9 offered no child abuse services, which automatically ended the survey. 104 provide child abuse services at some level—which makes up our survey population. 117 hospitals did not respond.

CHILD ABUSE SERVICE BENCHMARKING LEVELS AND PRIOR CHA RECOMMENATIONS

- **Definitions²:**
 - **Basic:** At minimum there is a physician providing medical and administrative coordination and social work services provided by staff trained in the field of child abuse. Representatives of community agencies routinely participate in meetings.
 - **Advanced:** Basic + team is led by a full-time medical director who is board certified in child abuse pediatrics, has additional staff, is an administrative unit of the children's hospital with centralized management and administrative functions, meets regularly to present and review cases, coordinates with community agencies involved in child protection, receives referrals from outlying communities, may offer an accredited fellowship.
 - **Center of Excellence:** Advanced + team may include additional professionals such as psychologists, offers advanced diagnostic and treatment services that often require consultation with hospital and surgical subspecialists, likely offers an accredited fellowship, may sponsor multi-center trials, is a regional and national leader in child maltreatment and related family violence intervention and prevention.
- Out of the 113 hospitals that categorized the level of services offered, 8% did not offer any child abuse services—unchanged from 2012.
- Hospitals that offer Basic services decreased from 27% in 2012 to 19% in 2015.
- Hospitals that offer Advanced services increased from 38% in 2012 to 45% in 2015.
- Hospitals that are a Center of Excellence remains unchanged at 27%.
- Comparing data to prior CHA recommendations that a children's hospital with any of the following offer at least Advanced level child abuse services: designated trauma level, PICU, burn center, or ACGME pediatric residency program². Where do children's hospitals stand now? (denominator is total programs that answered the both data points)



	Trauma designation	PICU	Burn Center	Peds Residency
Basic (n=22)	14/21**	19/21**	5/21**	18/21**
Advanced (n=51)	44/29	49/49	17/49	47/49
Center of Excellence (n=31)	28/30	30/30	11/29	30/30

**Child abuse services below benchmark level recommended by CHA based on reported hospital capabilities

***This survey was not designed to comment on hospitals that do not provide any child abuse service

CASELOAD

- 41% of respondents cover more than 1 hospital.
- Direct cases
 - 73,835 total direct cases were reported by 95 programs. Average caseload was 761 per year with a range of 0 to 3,098 per year and a median of 500.
 - Chart below shows % of each center type by direct care patient volume

# DIRECT CASES	Basic (n = 20)	Advanced (n = 46)	Center Excellence (N = 28)	Overall %	REF: 2012 REPORT
0-299	60%	33%	10%	32%	31%
300-599	30%	26%	14%	24%	21%
600-999	10%	20%	14%	14%	19%
1000-1499	0	4%	24%	10%	16%
1500+	0	17%	38%	20%	13%

- Indirect cases
 - 25,365 indirect cases were reported by 85 programs. Range 0-6000. Median 60.

STAFFING

- 89 of 103 teams (86%) reported that their teams are led by a board-certified child abuse pediatrician (73% in 2012).
- Average total FTE per team for all roles is 10.48 (9.26 in 2012). Chart below shows the average FTE for those who reported these positions. Those who reported 0 FTE were not included in the average.

	Basic	Advanced	Center of Excellence	Overall % reporting
Total average FTE	5.07	9.18	16.17	n/a
Physician	1.05	1.14	2.32	74%
CAP fellow physician	0.20	0.75	1.89	25%
Administrative support	1.79	0.67	1.67	74%
NP/PA	1.52	3.40	1.27	59%
RN	2.11	2.09	1.50	49%
Coordinator/Manager	1.03	0.81	1.07	47%
Psychologist	1.37	0.84	1.53	32%
SW-medical	1.20	1.60	1.90	77%
SW-therapist	2.00	2.90	3.90	31%

- Changes in staffing since 2012 report
 - Out of the 100 programs that responded 72% of programs reported that staff time had increased since the 2012 report. 12% reported a decrease, and 16% reported no change.
 - Out of the 21 basic programs that responded 57% reported a staff increase, 10% reported a decrease—1 was due to attrition.



- Out of the 49 advanced programs that responded 78% reported a staff increase, and 14% reported a decrease—4 were due to attrition.
- Out of the 30 center of excellence programs 73% reported a staff increase, and 10% reported a decrease—2 were due to attrition.

FINANCIAL

- 53% (49 of 92) respondents reported that their program was an independent cost center in the hospital
- 62 responders reported on total budget: max \$15,000,000; median \$712,500; mean \$1,400,000

	Basic	Advanced	Center of Excellence
Max	\$3,500,000	\$15,000,000	\$9,600,000
Median	\$57,500	\$855,000	\$1,215,614
Mean	\$540,713	\$1,517,902	\$1,691,312

- Total budgets by center type. Of note, there is no minimum listed, as all program types had at least 1 program that listed \$0.
- Overall mean costs of programs increased from the 2012 survey from 1.1 million to 1.9 million, while indirect costs stayed relatively unchanged.
- Overall direct costs covered by the hospital decreased from the 2012 survey from 47% to 25%.
- Medicaid is the most common top revenue source overall. However, there was great diversity in revenue sources. This area deserves more exploration.

RESEARCH

- 56% of programs conduct original research on child abuse for presentation or publication (26% basic, 53% advanced, 84% centers of excellence).
- 29% are externally funded, with the NIH as the most common funding source.
- 67% of those conducting original research have published within the previous year.

COMPARABILITY TO 2012 AND LIMITATIONS TO DATA

- **There is a 63% overlap in hospitals that responded to the survey compared to 2012.** Therefore, it is unknown whether this is representative of a true trend versus merely different respondents.
- None of the questions were mandatory, so not every program answered every question. Therefore, denominators are not consistent throughout.
- The survey was not designed to describe hospitals that provide NO child abuse services.

QUESTIONS?

- Please contact Angela Bachim at angela.bachim@bcm.edu if you have any questions, or if your program could benefit from additional summary survey data.

¹ Children's Hospital Association, 2012 Survey Findings of Children's Hospitals' Child Abuse Services. Accessed at <https://www.childrenshospitals.org/issues-and-advocacy/population-health/child-abuse/reports/2012/2012-survey-findings-childrens-hospitals-child-abuse-services>

² Survey respondents classified themselves based on these definitions: Hanson, N., & Seaver Hill, K. (2011). Defining the children's hospital role in child maltreatment. Accessed at <https://www.childrenshospitals.org/issues-and-advocacy/population-health/child-abuse/reports/2011/defining-the-childrens-hospital-role-in-child-maltreatment-second-edition>