

# SYNCHRONOUS EVALUATIONS OF CHILD ABUSE

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**W**e have been providing synchronous (real-time) evaluations of allegations of abuse from distant sites for the past three years as part of the Child Protection Team Program of the State of Florida, Department of Health, Children's Medical Services Telnets Initiative. We currently provide consultation and examination services in two hub (expert) sites and seven peripheral sites. The hubs provide 24/7 coverage for emergent and scheduled evaluations in rural areas with challenging geographical and service delivery problems. Connections between the hubs and peripheral sites are provided by either ISDN (3 bonded lines providing 384kb/sec) or T-1 lines. Peripheral sites are provided with telemedicine transmission equipment and a variety of peripherals to accomplish all standard evaluation of abuse allegations. The peripheral sites are operated by registered nurses recruited and trained specifically for the program, and the hub sites are operated by board-certified pediatricians or pediatric ARNPs recognized as experts in the evaluation of allegations of abuse.

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**T**he process for a distant examination is based on a written protocol that is designed for each peripheral site. The on-call nurse is contacted by the investigator who, in turn, contacts the hub examiner on call. The suitability of a telemedicine examination is determined, and the need for emergent local medical assessment is addressed. If a telemedicine examination is appropriate, the child and investigator travel to the peripheral site while the consultant travels to the hub site. This process usually takes 45-60 minutes. Before connection, the nurse speaks with the child, investigators, and family and explains the process, after which the connection is made. The hub examiner also speaks with the parents and the child and reassurances are given about the examination. A medical history is gathered as well as the history related to an allegation. The parents are often asked to leave the room during the history of the allegation, but the nurse remains to provide support to the child. A standard pediatric health assessment is accomplished with the nurse acting as hands of the hub examiner. This may include a colposcopic examination in sexual abuse cases. A record is created including photographs by the hub examiner. Evidence collection may be done by the nurse locally. The hub examiner speaks with the child, the family and the investigator separately after the examination. The hub examiner main-

tains all photographs and records of the event and will share records with qualified investigators.

**O**ur experience has convinced us of several things related to the use of telemedicine technology in child abuse evaluations, including the following:

1. Patient acceptance in all age groups has been universally good. Only one patient in three years has refused to cooperate. This child refused to cooperate for any other type of examination also. Observation would lead us to believe that the telemedicine experience actually enhances patient comfort and cooperation in some cases.

2. The photographic product from telemedicine is equal to that produced in-house and is adequate for peer review and quality assurance review. The distance between hub and peripheral site is immaterial.

3. Court challenges of data have been minimal and unsuccessful.

4. Evaluation of patients in the early stages of diagnosis has reduced the number of unnecessary investigations.

5. The need to travel long distances for evaluation has diminished for families and investigators.

6. Immediate feedback for investigators is available after each examination.

While much of our data is anecdotal, we are in the process of completing studies to test various hypotheses.

**I**t is clear to us that our concerns about patient acceptance and quality of photographic product were unfounded, and that this technology is a reliable, cost-effective method of expanding the effective range of multidisciplinary teams in a statewide system. In addition, this technology may be useful in interviewing and other assessment activities. The single most important factor in our success with this program has been the availability of sensitive, well-trained nurses who act as a support system for children and families at the peripheral site.

