Mission

The mission of the Child Advocacy Center (CAC) at Children’s Hospital of Pittsburgh of UPMC is to protect children and promote healthy families through excellence in:

- Assessment of child maltreatment
- Medical and social care for vulnerable children
- Collaboration with child-protection agencies
- Education and research
FACULTY

Rachel Berger, MD, MPH
Chief, Division of Child Advocacy
Professor of Pediatrics and Clinical and Translational Science
Associate Director, Safar Center for Resuscitation Research

Jennifer Clarke, MD
Assistant Professor of Pediatrics

Carmen Coombs, MD
Assistant Professor of Pediatrics

Adelaide Eichman, MD
Assistant Professor of Pediatrics

Janet Squires, MD
Professor of Pediatrics

Jennifer Wolford, DO, MPH
Assistant Professor of Pediatrics
Clinical Director

OVERVIEW OF DIVISION

Physicians of the Division of Child Advocacy have responsibilities of medical service, teaching, research, and administrative leadership for the CAC at Children’s Hospital of Pittsburgh of UPMC. The purposes of the clinical center are: (a) to ensure that injured, vulnerable patients receive competent assessment for concerns of maltreatment; and (b) to ensure that there are ongoing medical and social services for children who have been abused or are at risk of abuse. CAC combines two separate but complementary programs: (a) a traditional advocacy center model, including forensic interviewing, referrals, and therapy, as well as support of a community-based multidisciplinary team approach to child abuse; and (b) a hospital-based Child Protection Team program for evaluation and treatment of children when there is concern about abuse or neglect.

GOALS AND OBJECTIVES

CLINICAL SERVICE
• To provide consultative services for children receiving care at Children’s Hospital, including forensic medical and social evaluations of children who may be victims of child abuse or neglect. This service involves collaboration with other physicians on the medical staff, including specialists from trauma, neurosurgery, orthopedics, radiology, ophthalmology, emergency medicine, behavioral health, and pediatrics.
• To work with professionals from community-based child-protection agencies and to support the judicial system in the protection of children. This includes providing objective medical information through consultative reports and legal testimony for (a) the judicial system, both in family court and criminal court settings; (b) professionals working in the Office of Children, Youth, and Families (CYF); (c) law-enforcement agencies; and (d) district attorney offices.
• To provide pediatric medical care to vulnerable children in the child-protection system. This includes primary care, if needed, for children in foster care and kinship care; a temporary medical home for children in high-risk social situations, especially when CYF or police intervention is ongoing; identification of ongoing developmental and behavioral problems in children who have been identified as maltreated and/or neglected; and referrals for vulnerable children to appropriate support services in the community.

EDUCATION
• To teach medical students, pediatric residents, and fellows, as well as Children’s Hospital medical staff and employees, the principles of recognizing, evaluating, and reporting child maltreatment
• To work with other physicians in recognizing patterns of child maltreatment and meeting the requirement of mandated reporting of maltreatment
• To strengthen community relations through outreach and education for child-protection professionals and to participate in community education aimed at reducing violence toward and injury to children

RESEARCH
• To improve the scientific base to diagnose and treat victims of child maltreatment
• To improve techniques to differentiate abusive and accidental trauma
HIGHLIGHTS FROM THE PAST YEAR

• Continuation of a three-year grant funded by the Patient-Centered Outcomes Research Institute (PCORI): “Using the Electronic Medical Record to Improve Outcomes and Decrease Disparities in Screening for Child Physical Abuse.” Rachel Berger is principal investigator.

• Start of a grant funded by the Hillman Foundation to develop a multidisciplinary response to unsafe sleep deaths in Allegheny County

• Twelfth annual conference held during Child Abuse Prevention Month (April) titled Pittsburgh Conference on Child Maltreatment. The two-day conference provided expertise and education for 219 child-protection professionals from the tristate area surrounding Pittsburgh and from 10 counties in Pennsylvania.

• Continuation of the Child Advocacy and Community Health Rotation for second-year pediatric residents, a four-week educational program incorporating specific objectives of residency training program requirements

CLINICAL SERVICE ACTIVITIES

Clinical activities are multifaceted and provided at multiple sites. Data are given for fiscal year July 2016 through June 2017.

INPATIENT CONSULTATIONS

Service includes assessment of children who are hospitalized in the inpatient units of Children's Hospital, usually with concerns of physical abuse and/or neglect. The physicians on the Child Protection Team are available 24/7 for consultation.

There were 396 billable inpatient physician consultations.

• 173 (43.6%) patients were from Allegheny County, 198 were from 26 other Pennsylvania counties, and 25 were from two out-of-state locations (18 from Ohio, seven from West Virginia). The diagnosis of definite/probable abuse was made in 113 of the 396 consultations (26% of all consultations).

• Another 104 children received “nonbillable” consultative service, in which physicians participated in assessment and management decisions without physically examining the patients firsthand.

• Nine children died in cases where there was a concern of abuse or neglect.

Wolford, Eichman, Clarke, and Berger were on call for child-protection consultations on a rotating weekly basis.

EMERGENCY DEPARTMENT CONSULTATIONS

Services include on-site consultation in the emergency department (ED) during workday hours when there are concerns of abuse or neglect. Alternatively, ED staff may handle the initial presentation of a case and request follow-up services, which can include a forensic interview and/or a scheduled visit in the CAC outpatient clinic. By protocol, all cases of children seen in the ED with identified concerns of maltreatment receive next-day review, facilitating appropriate follow-up arrangements.

There were 1,027 initial or follow-up consultations for ED patients. Of those, 717 (70%) were from Allegheny County.

OUTPATIENT CLINIC VISITS (ARCH CLINIC)

Services include primary medical care for selected children who have open CYF cases or who have been placed outside their homes. Episodic consultation services include assessments for abuse, hospital follow-up visits, and CYF-mandated physical examinations.

There were 1,518 outpatient visits to the CAC.

FORENSIC ASSESSMENTS IN THE CAC

Services include oversight of the forensic interview process; consultations referred by child-protection agencies; facilitation of the multidisciplinary team’s response to concerns of abuse; and, when applicable, a specialized medical examination, including colposcopy for females.

There were 638 forensic interviews performed at Children's Hospital of Pittsburgh of UPMC. Of those, 564 (88%) were with patients from Allegheny County.
MEDICAL/LEGAL INTERFACE
Services include preparation of documents for legal issues, court testimony, preparation for court, and pretrial meetings.

The six physicians received 440 subpoenas for medical testimony. This was an increase of 101 subpoenas over the previous fiscal year.
• 317 (72%) were from Allegheny County.
• 283 subpoenas involved civil courts, and 157 involved criminal courts.
• Physicians gave court testimony in 88 cases:
  o 37 Allegheny County civil and 19 Allegheny County criminal
  o 24 outside-county civil and eight outside-county criminal
  o Court preparation was required for most of the cases, even those (80%) that ultimately were settled without the necessity for direct medical testimony.

Other activities included the following:
• Monthly Allegheny County child-protection multidisciplinary meetings were held the first Friday of each month.
• Suspected Child Abuse and Neglect (SCAN) meetings with teams of child-protection professionals from other counties were scheduled on individual, as-needed basis.
• Faculty reviewed photographs/videos from confiscated computers in cases of potential child exploitation and prepared court papers.

RESEARCH AND OTHER SCHOLARLY ACTIVITIES

Rachel Berger, MD, MPH

Rachel Berger became the chief of the Division of Child Advocacy in 2013. She joined the division in 2001 after completing a fellowship in general academic pediatrics and earning an MPH degree from the University of Pittsburgh Graduate School of Public Health. She is primarily a clinical researcher, and her predominant research focus is improving the diagnosis of physical abuse injury in young children by using electronic health records and novel types of clinical decision support.

RESEARCH
Berger is the director for the division’s research activities.

Using the Electronic Medical Record to Improve Outcomes and Decrease Disparities in Screening for Child Physical Abuse. The goal of this study is to decrease the well-recognized racial and economic disparities with which children are screened by physicians for physical abuse. The objectives of the parallel-group, randomized, controlled trial: (a) compare rates of compliance to evidence-based screening protocols for child physical abuse before and after implementation of a trigger system within the Cerner electronic medical record; and (b) compare the accuracy of screening by patient race (white versus non-white), insurance status (private versus public insurance), and hospital type (community versus academic) when physicians do and do not receive screening prompts that are embedded within the electronic medical record. The study, sponsored by PCORI, began in September 2013 and ended September 2017.

Decreasing Unsafe Sleep in Allegheny County: A Multidisciplinary, Multipronged Approach. The goal of this project is to better understand injuries and deaths due to unsafe sleep and to develop a multidisciplinary approach to decrease them. The study, sponsored by the Henry L. Hillman Foundation Opportunity Fund, began in April 2016 and will end in March 2018.

Development and Dissemination of an Electronic Health Record (EHR)-Based Child Abuse Clinical Decision Support System Toolkit. The goal of this project is to expand the use of a validated EHR-based child abuse–related clinical decision support system to other children’s hospitals which use Cerner. The study, sponsored by the Beckwith Foundation, began in July 2017 and will end in June 2018.
Jennifer Clarke, MD
Jennifer Clarke joined the Division of Child Advocacy in August 2015. She completed her fellowship in child abuse at the University of Texas Health Science Center at San Antonio, and she completed her pediatric residency at Maria Fareri Children’s Hospital at Westchester in Valhalla, N.Y. Clarke received her medical degree at the State University of New York Upstate Medical University in Syracuse, N.Y. Her areas of interest include sexual abuse, strangulation injuries, evidence-collection kits, and presentation of bleeding disorders.

ADVISORY COMMITTEE MEMBERSHIPS
• Trauma Medical Advisory Committee
• Children’s Hospital of Pittsburgh Sexual Assault Task Force

MAJOR LECTURESHIPS
• “Quarterly Child Maltreatment Update,” trauma conference (with Eichman and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., July 2016
• “CAC Case Reviews,” pediatric emergency medicine conference (with Eichman and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., August 2016
• “Evidence Kit Case Review,” Children’s Hospital of Pittsburgh Sexual Assault Task Force, Children’s Hospital of Pittsburgh of UPMC, September to December 2016
• “Evidence Kit Case Review,” Children’s Hospital of Pittsburgh Sexual Assault Task Force, Children’s Hospital of Pittsburgh of UPMC, January, March, and April 2017
• “Quarterly Child Maltreatment Update,” trauma conference (with Eichman and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., January and March 2017
• “Reviewing Evidence Collection and Injuries,” Children’s Hospital of Pittsburgh Sexual Assault Task Force, Children’s Hospital of Pittsburgh of UPMC, February 2017
HONORS

• Chair Distinction Award for providing outstanding services, Department of Pediatrics, Children’s Hospital of Pittsburgh, 2016

Carmen Coombs, MD

Carmen Coombs completed her fellowship in pediatric emergency medicine at Children's Hospital of Pittsburgh of UPMC. She completed her pediatric residency, including pediatric chief residency, at Johns Hopkins University School of Medicine in Baltimore, Md., and received a master’s degree in public health from Johns Hopkins Bloomberg School of Public Health. She received her medical degree from Johns Hopkins University School of Medicine. Her research is focused on early detection and management of sentinel injuries. Coombs worked one day per week at the CAC. The remainder of her time was in service in the ED.

MAJOR LECTURESHIPS

• “Physical Child Abuse: What Every Emergency Provider Should Know,” pediatric emergency medicine grand rounds, IWK Children’s Hospital, Halifax, Nova Scotia, Canada, March 2016
• “Whose Emergency Is It? Working With ED Physicians in Regard to Child Abuse Cases,” (with Maria Antonucci), 12th Annual Pittsburgh Conference on Child Maltreatment, Pittsburgh, Pa., April 2017

HONORS

• Content expert and clinical advisor, TREKK (Translating Emergency Knowledge for Kids), Canada: one of three content experts/clinical advisors for the development and implementation of clinical practice guidelines, bottom-line recommendations, and evidence repository for child physical abuse, 2016–2017
• National Board Examination for Pediatric Emergency Medicine Contributor and Question Writer, Saudi Arabia, 2016

Adelaide Eichman, MD

Adelaide Eichman joined the Division of Child Advocacy in July 2013. She was recruited to the CAC after completing her pediatric residency at Children's Hospital of Pittsburgh of UPMC. She received a bachelor of arts degree, a bachelor of science degree, and her medical degree with an area of concentration in women’s health from the University of Pittsburgh. Starting in October 2014, Eichman has worked to establish a consultation program with the UPMC Mercy Burn Unit. The program was developed out of a request from the Allegheny County district attorney’s office and Pittsburgh police. The CHP CAC now provides consultative services for pediatric burn patients in cases of possible abuse/neglect. In addition, the CAC provides ongoing education to the physicians and staff at Mercy Burn Unit to more effectively and accurately identify cases of abuse/neglect, as well as to perform proper work-up when abuse/neglect is suspected. Her areas of interest include toxic stress, intimate partner violence, and early childhood education.

ADVISORY COMMITTEE MEMBERSHIPS

• Board member, Educating Physicians in Their Community on Suspected Child Abuse and Neglect (“EPIC-SCAN”) Advisory Board, American Board of Pediatrics, Pennsylvania chapter

MAJOR LECTURESHIPS

• “Quarterly Child Maltreatment Update,” trauma conference (with Clarke and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., July and October 2016
• “CAC Case Reviews,” pediatric emergency medicine conference (with Clarke and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., August 2016
• “Child Maltreatment,” trauma nursing course, UPMC Mercy Hospital, Pittsburgh, Pa., August and November 2016
• “Physical Abuse Basics for Ophthalmologists,” Ophthalmology Department, Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., December 2016
• “Child Maltreatment,” trauma nursing course, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., December 2016
• “Quarterly Child Maltreatment Update,” trauma conference (with Clarke and Wolford), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., January and March 2017
• “Child Maltreatment,” trauma nursing course, UPMC Mercy Hospital, Pittsburgh, Pa., February 2017
• “Child Maltreatment,” trauma nursing course, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., April 2017

HONORS

• Chair Distinction Award for providing outstanding services, Department of Pediatrics, Children’s Hospital of Pittsburgh, 2016
• Bridges Education Champions Program, Office of Faculty Development, Department of Pediatrics, University of Pittsburgh School of Medicine, 2016–2017
Janet Squires, MD

Janet Squires joined the division as director in 2003. She served in that capacity until she semi-retired in July 2013. During FY 2016–17, Squires worked one day per week except during the 12 weeks when two of the CAC physicians were on medical leave. During those 12 weeks, she worked an average of two and a half days per week.

**ADVISORY COMMITTEE MEMBERSHIPS**
- Ethics Committee, Children’s Hospital of Pittsburgh of UPMC
- Institutional Review Board, University of Pittsburgh
- Residency Applicant Interview Committee, University of Pittsburgh School of Medicine

Jennifer Wolford, DO, MPH

Jennifer Wolford joined the Division of Child Advocacy in 2011, having completed a pediatric residency at Children’s Hospital of Pittsburgh of UPMC and served one year as chief resident. In July 2013, Wolford became the clinical director of the CAC. In addition, she became the assistant director of the Children’s Hospital of Pittsburgh of UPMC’s Pediatric Residency Program in October 2015.

Wolford’s specific interests include identification of social determinants of health, cultural competency, impact of domestic violence on children, and international health.

Wolford is the program director for the Child Health Evaluation and Coordination Services (CHECS) program. The CHECS program is a pilot program in which the CAC, in collaboration with the Allegheny County Child Protective Services, provides care coordination and health assessments for medically fragile children involved in the child welfare system.

The presence of nurses from the Children’s Hospital of Pittsburgh in Child Protective Services offices enhances the ability to provide real-time consultation and coordinated care for children. The nurses are located in the North Regional, Central Regional, and Mon Valley Regional offices, with plans to expand into two more locations.

**ADVISORY COMMITTEE MEMBERSHIPS**
- Program director, Pediatric Advocacy Leadership Service Residency Program
- Assistant program director, Pediatric Residency Program
- Faculty advisor, Residency Teaching Program Community-Oriented Resident Education
- Faculty codirector, Residency Global Health Interest Group, Children’s Hospital of Pittsburgh
- Advisory member, Near Fatality Review Committee, Allegheny County Child Protective Services
- Director, Pediatric Care Clinic, Pittsburgh Domestic Violence Shelter

**MAJOR LECTURESHIPS**
- “Quarterly Child Maltreatment Update,” trauma conference (with Clarke and Eichman), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., July and October 2016
- “CAC Case Reviews,” pediatric emergency medicine conference (with Clarke and Eichman), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., August 2016
- “Quarterly Child Maltreatment Update,” trauma conference (with Clarke and Eichman), Children’s Hospital of Pittsburgh of UPMC, Pittsburgh, Pa., January and March 2017
- “Let’s Get Social: Being an Advocate in the Digital World,” Southern Society for Pediatric Research, southern regional annual meeting, New Orleans, La., February 2017

**HONORS**
- Chair Distinction Award for providing outstanding services, Department of Pediatrics, Children’s Hospital of Pittsburgh, 2016
- Bridges Education Champions Program, Office of Faculty Development, Department of Pediatrics, University of Pittsburgh School of Medicine, 2016–2017
DIVISION OF CHILD ADVOCACY

MEDICAL STUDENTS AND PEDIATRIC RESIDENT TRAINING

- Direct four-week rotation for every second-year pediatric resident involving Child Advocacy and Community Health
- Oversight of four-week rotation for each first-year emergency room fellow
- Monthly lectures, MS3 curriculum on basics of physical abuse
- Quarterly case presentations to trauma team, ED staff, and pediatric house staff

COMMUNITY EDUCATION

- EPIC-SCAN presentations (two at Children’s Hospital, one at Butler Memorial Hospital, and one at Slippery Rock University): “Educating Physicians in Their Communities—Suspected Child Abuse and Neglect”
- American Academy of Pediatrics Physician Preceptorship Program: a teaching program for volunteer community physicians interested in improving skills in assessment of child maltreatment, administered through the Pennsylvania chapter of the American Academy of Pediatrics; includes 60 hours of didactic teaching at statewide meeting and multiple-day Children’s Hospital on-site trainings; one physician participated.
- The UPMC Child Abuse Initiative: an educational/peer-review program related to the evaluation of children with suspected maltreatment, which is present in all hospitals within the UPMC system. Training sessions were conducted at Magee-Womens Hospital of UPMC, UPMC East, UPMC Passavant, UPMC Mercy, UPMC Shadyside, UPMC McKeesport, and the ERMI Risk Management Annual Conference: The UPMC Child Abuse Initiative: Improving Detection, Evaluation and Reporting of Child Maltreatment in May of 2017.

THREE-YEAR BIBLIOGRAPHY

2015


2016


2017


