

Thank you for Attending the TCCN Risk Management Program Event

Sterling Seacrest Pritchard and Curi Present:

Top Pediatric Risk Management Concerns



STERLING SEACREST PRITCHARD

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Founded in 1960
Largest independent brokerage in the Southeast
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Global Presence/Private Ownership

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Full-Service Agency

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Award Recognition

2023 IIABA Best Practices Agency
2023 Best Places to Work (Insurance Journal)
Insurance Journal's #43 in the U.S.
Business Insurance's Best Places to Work



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Risk Issues and Strategies for Risk Reduction in Pediatric Practices: FAQs

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PROTECT. OPTIMIZE. GROW. LEARN.

Agenda

1. Minor Consent
2. Vaccine Administration Errors
3. Use of Medical Chaperones for Pediatric Patients
4. Mandatory Reporting Requirements
5. Involuntary Drug Testing

Objectives

1. Outline applicable federal/state/ and licensing board requirements related to minor consent, use of medical chaperones, and mandatory reporting requirements.
2. Explain evidence-based guidelines/recommendations related to vaccine-related errors.
3. Summarize risk reduction strategies related to audio-video recordings and in dealing with discord among parents of pediatric patients.
4. Outline policies on minor drug testing based on evidence-based recommendations.

CME Information

- **Physician Accreditation Statement**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Curi and The Children's Health Care Network (TCCN). Curi is accredited by the ACCME to provide continuing medical education for physicians.

- **Physician Credit Designation**

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- **Instructions to Receive Credit**

In order to successfully complete the activity, participants must participate in the live activity, complete an activity evaluation and claim credit commensurate with their participation in the activity. An email link will be provided to claim your CME credits,

- **Contact Information**

For information about the accreditation of this program, please contact the Curi CME Team at 800.662.7917 or at CMETeam@curi.com.

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- The following reported no relevant financial relationships:
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Disclaimers

- Hopefully helpful, but...
- Not legal advice.
- No endorsements.
- No guarantees.



- A parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with some important exceptions.
- These exceptions are based on a minor's status, or the type of care requested.

Minor Consent

Minor Consent Based on Status

1. Emancipated
2. Married Minor
3. Pregnant Minor
4. Minor Parent

Minor Consent Based on Type of Care

Parental consent is not required for minors for:

- Emergency medical, surgical, hospital, or health services if the parent/legal guardian cannot be reached or is not readily available
- Contraceptives and family planning services, including emergency contraception
- Testing and treatment for STIs, including HIV
- A minor may consent to an abortion, but the minor's parent(s) or legal guardian must be notified at least 24 hours in advance
- Pregnancy and prenatal care
- Drug abuse treatment and services, including alcohol

Minor Consent Based on Service

Minors need parental consent for:

- Vaccines, including HPV
- Inpatient and outpatient mental health treatment

Minor Access to Pre-exposure Prophylaxis:

- Georgia does not have any specific laws or statutes indicating the use of PrEP (HIV prevention) for adolescents.

Confidentiality and Disclosure to Parents

There are a few circumstances where a provider is **permitted** (but not required) to notify a parent.

- Testing and/or care for STI (O.C.G.A § 31-17-7(b))
- Treatment or the need for treatment for HIV (O.C.G.A § 31-17-7(b))
- Treatment for drug abuse, including alcohol (O.C.G.A. § 37-7-8)

In each of these situations, the provider should use discretion in deciding whether telling a parent is in the best interest of the minor or encourage the minor to involve their parent/guardian whenever possible.

Accessing Records

In general, a minor's parent/legal guardian is authorized to access the minor's medical records. However, a minor's confidentiality may be protected if:

- The parent/guardian's consent was not required for the service
- When the minor obtains care by direction of the court
- The parent/guardian consented to a confidential relationship between the minor and health care provider
- The health care provider believes the minor is being abused or neglected or may be harmed by disclosure



- Can I terminate the relationship because of a refusal to vaccinate?
- What are the proper procedures for vaccine related errors?

Vaccine-Related Issues

Vaccine Hesitancy

- Some practices choose to terminate the physician-patient relationship when parents refuse vaccination. This is an individual decision; however, if a termination policy is implemented for such patients, it must be evenly enforced.
- The American Academy of Pediatrics advises that dismissing patients from a practice is not a decision to be taken lightly but is an option in circumstances in which all other recommended avenues have been exhausted.¹

[AAP Documenting Parental Refusal to Have Their Child Vaccinated](#)

AAP Position on Dismissal

“The decision to dismiss a family who continues to refuse immunization is not one that should be made lightly, nor should it be made without considering and respecting the reasons for the parents’ point of view. Nevertheless, the individual pediatrician may consider dismissal of families who refuse vaccination as an acceptable option. In all practice settings, consistency, transparency, and openness regarding the practice’s policy on vaccines is important.”

Implement a Vaccine Policy

Sample Language

Pediatric Practice will not accept patient families who have no intention of vaccinating their infants. If you are requesting an altered vaccination schedule, we require initiation of vaccinations by the age of X months with a plan to complete the primary vaccination series by age X years.

We will not accept transfers of unvaccinated children over the age of X months into our practice. Children who transfer to Pediatric Practice Pediatrics will be given X days in which to provide confirmation of all childhood vaccines that are currently due per the AAP's vaccine schedule or will need to initiate vaccinations within X days.

Vaccine Errors

Reporting Vaccine Errors

CDC

- CDC recommends that healthcare professionals report vaccine errors to the Vaccine Adverse Events Reporting System (VAERS). Adverse events should be reported to VAERS regardless of whether a healthcare professional thinks it is related to the vaccine or not, as long as the event follows administering a dose of vaccine. Report at <https://vaers.hhs.gov/index>

ISMP

- The Vaccine Error Reporting Program (VERP) was created to allow healthcare professionals and patients to report vaccine errors confidentially. By collecting and quantifying information about these errors, ISMP will be better able to advocate for changes in vaccine names, labeling, or other appropriate modifications that could reduce the likelihood of vaccine errors in the future. Report at www.ismp.org/form/verp-form. Helpful Resource: In March 2015, VERP published an excellent guide on avoiding vaccine errors: www.ismp.org/newsletters/acutecare/showarticle.aspx?id=104

Other Vaccine-Related Resources

You can send questions related to vaccines to CDC's immunization experts at nipinfo@cdc.gov.

[Vaccine Manufacturers Contact and Product Information](#)

Training Resources:

CDC's e-Learn: Vaccine Administration

[Immunization: You Call the Shots-Module Eighteen- Vaccine Administration \(e-Learn\) 2021](#)

Disclosure of Vaccine Error

- Disclosure is an ethical standard endorsed by the AMA, AHRQ, and the National Patient Safety Foundation.
- Be empathetic and listen to the patient and family. Do not approach the conversation with a defensive attitude.
- Tell the patient/family member what you know about the adverse event. It is acceptable to talk about future steps that will be taken to minimize the problems that led to this adverse event.
- Be alert a family member may request to record the conversation (or alternatively, may record the conversation and you are unaware of a recording taking place). Some states allow a recording to take place with only one side of the party aware a recording is being made.

Use of Medical Chaperones

Conducting a physical examination of the breast and/or genitalia without a chaperone present, unless the patient or the patient's parent or guardian specifically requests that a chaperone not be present for this portion of the clinical encounter, which shall be documented in the patient's medical record. Physicians, at their discretion, may refuse to conduct an examination of the breast and/or genitalia without a chaperone present.

Rule 360-3-.02 (12).

AMA Code of Ethics

- The physician should have a policy that patients are free to make a request for a chaperone.
- This policy should be communicated to patients, either by means of a well-displayed notice or preferably through a conversation initiated by the intake nurse or the physician.
- The request by a patient to have a chaperone should be honored.
- It is recommended that an authorized health professional should serve as a chaperone whenever possible.
- In their practices, physicians should establish clear expectations about respecting patient privacy and confidentiality to which chaperones must adhere.
- If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be allowed.

AMA Code of Ethics: Use of Chaperones

American Academy of Pediatrics

- Communication in advance regarding the components of the physical examination is of critical importance. Effective communication will help ensure that there is no misunderstanding about the reasons for and conduct of the examination.
- If the patient is an adolescent or young adult and the examination requires inspection or palpation of anorectal or genital areas and/or the female breast, a chaperone is recommended. However, the use of a chaperone should be a shared decision between the patient and physician.
- If a medical chaperone is indicated and the patient refuses, the patient or parent should be given alternatives, including seeking care elsewhere.
- Pediatricians should develop a policy about the use of chaperones in the office or clinic setting and document in the medical record if they are unable to adhere to the policy or state medical board regulations.

Use of Family Members as Chaperones

Family members or friends of an adult patient should not be expected to undertake any chaperoning role in normal circumstances. A family member may be present during sensitive examinations or procedures if it is the expressed desire of the patient but should not serve as a chaperone.

Family members should not act as the chaperone for adolescent patients, nor should family members opt out of a chaperone on behalf of their adolescent child.

EXCEPTION: A family member, parent or legal guardian may serve as a chaperone for a pediatric patient (age 0-10) examination except for examinations or procedures where there is placement of finger(s), speculum, swabs, or any other instruments into the vagina or rectum or if there is a suspicion of abuse.



Mandatory Reporting Requirements

Physicians have a duty to report suspected abuse of children, disabled adults, and the elderly to their local Department of Family and Children's Services. The department then may assign a law enforcement officer to investigate the complaint. If an officer acting as an agent for the DFCS requests information related to child or disabled adult abuse, you should provide the information requested; the patient's or guardian's consent is not necessary for you to do so. However, the information given should be limited to the minimum amount necessary to fulfill the request.

O. C.G.A. § 19-7-5

What is Reportable?

- Child physical abuse
- Child neglect
- Child sexual abuse and exploitation
- Child labor trafficking-
- Child emotional abuse
- Prenatal Abuse
- Imminent risk of serious harm to the child's physical, mental, or emotional health.

When in doubt, make a report.
If it is not reportable, it can be
screened out by DFACS.

How to Report

- A report must be made **within 24 hours** by phone or electronically
- DFCS' centralized intake is available 24/7 by calling: **1-855-GACHILD** ([1-855-422-4453](tel:1-855-422-4453))
OR reporting [online](#) (requires online training prior to report)
- If the child is in immediate danger, report to law enforcement (911).
- Comply with any internal workplace protocols.
- **For child resources and support**, Call 1-800-CHILDREN ([1-800-244-5373](tel:1-800-244-5373)) to speak with a resource navigator or search the online resource map, FindHelpGA.org.



Chapter 360-3 INVESTIGATIONS AND DISCIPLINE

(13) Practicing medicine while mentally, physically, or chemically impaired.

(20) Failing to report to the Board within 30 days of becoming unable to practice medicine with reasonable skill and safety by result of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, unless the physician has reported to the Physician Health Program.

Impaired Colleague

Investigating Complaints

“When the Medical Board receives a complaint about a physician or other allied health care professional and there is reason to believe that the complaint warrants investigation, the board has the legal power to investigate complaints, hold hearings, impose disciplinary actions such as fines, mandate continuing education, order medical or psychiatric treatment, (including treatment for drug or alcohol addiction), or seek suspension, probation or revocation of a doctor's or other allied health professional's license or certificate.”

<https://medicalboard.georgia.gov/faqs>

Impaired Colleague

- You can assist your colleague in obtaining confidential care through Georgia PHP
- The Georgia Professional Health Program, Inc. (Georgia PHP) is the selected and contracted provider of the Georgia Composite Medical Board to provide referral to evaluation or treatment and monitoring services to licensees who develop substance use disorders and other mental health conditions.
- Each case is handled uniquely based on clinical need.
- Some cases require a direct referral to an assessment or treatment.
- The Georgia PHP can direct you in obtaining additional information and in ways of helping assist a colleague in obtaining needed care.
- They can also help you protect the practice while investigating your concerns.

Georgia PHP Contact Information

Addiction & Behavioral Health



Help

The Georgia Professional Health Program (Georgia PHP, Inc.) is a nonprofit organization formed in 2012 to assist all licensees of the Georgia Composite Board of Medical Examiners and in 2022 the Georgia Board of Veterinary Medicine who develop potentially impairing conditions, mental illnesses, substance abuse and other addictive disorders. We are not, per se, a treatment organization. Rather, we provide initial triage, referral into treatment, treatment quality monitoring, and long-term care for addiction and mental/behavioral health disorders.

Contact Us



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Risk Management Tips

- Properly drafted employment and shareholder documents policies can help your practice plan for unanticipated events, such as an ill or impaired provider.
- It is best to have a roadmap for how you will deal with these issues before a problem arises.
- Make a safe environment for personnel to report problems.
- Implement a Code of Code of Conduct for providers and staff.
- Follow your policies when these matters arise.
- Consult with your attorney.



Curi Resources

Employee Code of Conduct
Provider Code of Conduct
Impaired Provider Policy

www.curi.com

Involuntary Drug Screening

The American Academy of Pediatrics advises that testing can be an invasive breach of trust that may damage the relationship between parent and child. If not done correctly, you may be viewed as a police officer rather than a parent, which does little to promote a healthy, trusting relationship.

Risk Recommendations

- Know the minor consent laws about substance abuse diagnosis and treatment in the state in which you practice.
- Obtain a detailed description of the parents' concerns prompting the drug test request.
- Advise parents that a single positive drug test does not indicate substance abuse, and a negative test does not prove its absence.
- Discuss parental concerns with the patient without the parents present.
- When appropriate, obtain patient assent and permission to conduct the drug test and to share the results of the test before ordering the test.
- Consider referring the minor to an addiction or mental health specialist if you suspect substance abuse.

References

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Thank you!

Questions?

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