

HOSPITAL HIGH RISK MEDICAL DISCHARGE PROTOCOL

PURPOSE

The purpose of this protocol is to ensure that children and youth (birth to age 18) with special medical needs that are reported by Delaware hospitals to or active with the Division of Family Services (DFS) are discharged in a planned and safe manner. Moreover, it is the intention of this protocol to ensure that the child or youth is discharged into an environment that is safe and supportive of their medical needs. This document also defines the roles of DFS and hospital staff and the process that will be followed.

DEFINITION

A high risk medical discharge is one in which there is increased risk for physical, developmental, behavioral or emotional conditions that require health and related services of a type or amount beyond that required by a child generally, and the child's family is unable or unwilling to provide or ensure the necessary care.

ROLES AND RESPONSIBILITIES

Division of Family Services (DFS)

- It is the responsibility of DFS to assess safety utilizing the agency's policies and procedures. In the event that the child cannot be discharged to the care of the parent(s) DFS will work with the family to identify an alternative caretaker. The primary point of contact for the DFS caseworker to plan for discharge will be the assigned hospital social worker or nurse case manager. The DFS caseworker will provide the hospital social worker with his or her business card. Note: This does not preclude contact by the DFS caseworker with other hospital personnel for investigatory purposes. DFS will provide the hospital with a Social Discharge Approval Letter (Attachment One) which will specify to whom the child may be discharged when a hospital report is made related to the admission.

Hospitals

- Reporting: An oral report should be made to the DFS Child Abuse Report Line at 1.800.292.9582 followed by a written Mandatory Reporting Form (Attachment Two) within 72 hours. Drug-exposed infants and Fetal Alcohol Spectrum Disorder infants will be reported by the close of business the date the diagnosis is confirmed. Safe Arms for Babies should be reported to the Report Line immediately and procedural information is found online at:
<http://www.dhss.delaware.gov/dhss/dph/chca/dphahsab01.html>.

- Medical plan: It is the responsibility of the hospital to develop a comprehensive medical plan of care for the infant or child that includes identifying and referring the the child for any necessary medical services upon discharge.
- Discharge notification: The hospital will provide DFS with as much as possible advance notice of a projected discharge date, especially when the expected discharge date will occur after normal working hours, a weekend or holiday.

DISCHARGE PLANNING PROCESS

The discharge planning process should be done utilizing a team approach. At a minimum, the team will include the family, social workers or nurse case manager from the hospital, DFS caseworker, and the alternative caretaker if the child will not be returned to the family. However, the team can also include any other medical professional that is or will be providing services to the child and the child's family.

Once the discharge date is known, the hospital social worker will coordinate the date and time of the discharge planning meeting. Ideally, the meeting will be face to face. However, in the event that the parties cannot meet face to face, individuals can participate via telephone or video conferencing. The medical plan will be discussed and provided in writing to the child's family, DFS, and as required, the alternative caretaker. The hospital will provide discharge instructions that will include the medical diagnosis(es), scheduled tests or appointments, type of care required, and needed equipment. The Hospital Discharge Summary will be available upon request of DFS or the child's primary care physician. DFS should provide the hospital with an information release from the parent/custodian. (Note: The Discharge Summary may take up to two weeks to be completed).

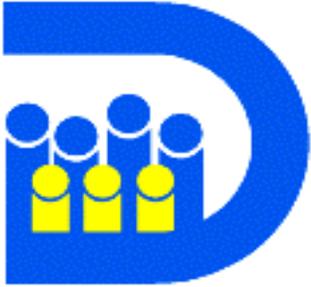
CONFIDENTIALITY

Unless the hospital will be directly involved in the child's medical care following discharge, DFS is not legally permitted to share information after the discharge date.

PROBLEM RESOLUTION

- Report acceptance (24/7): The reporter should request to speak to the Report Line Supervisor. If the issue cannot be resolved, the reporter should contact the Statewide Services Administrator.
- Discharge issue: When a problem cannot be resolved by the hospital social worker and DFS caseworker directly, the problem should be addressed jointly by their respective supervisors. Problems that cannot be resolved by the supervisors should be referred to the child's hospital physician and the DFS Assistant Regional Administrator (ARA) of the assigned caseworker.

See Attachment Three for all phone numbers.



State of Delaware

*The Department of Services
for Children, Youth and
Their Families*

Division of
Family Services

● Regional Letterhead ●

(302)
Fax: (302)

Social Discharge Approval

Date: _____

To: [Insert Name of Hospital]

The Division of Family Services has determined that [Insert Name of Child and DOB], may be discharged to [Insert name of Parent/Alternate Caretaker] who resides at _____

Sincerely,

(Child's DFS Caseworker)

(Phone Number)



State of Delaware
The Department of Services
For Children, Youth and
Their Families

Division of Family Services
CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM
(Title 16, Delaware Code, Chapter 9, Subsections 901-914)
Toll Free 24-Hour Report Line 1-800-292-9582

INSTRUCTIONS: As required by, 16 Del. C, § 903 and 904 "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, 'person' shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. Any report of child abuse or neglect required to be made under this chapter shall be made to the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division.

Within 72 hours after the oral report, mail or fax (302-577-5515) a completed Child Abuse/Neglect Mandatory Reporting Form to the address below. Please type or print the information and sign the form on the back.

DIVISION OF FAMILY SERVICES - STATE OF DELAWARE

3601 North Dupont Highway
New Castle, DE 19720-6315

IDENTIFYING INFORMATION

Child's Name Date of Birth/ Age Sex Race Victim (Yes / No)
(Last, First, Initial)

1.

Current Address:

2.

Current Address:

3.

Current Address:

4.

Current Address:

5.

Current Address:

Parents'/Custodians'/Caretakers' Names Date of Birth/ Age Sex Race Perpetrator (Yes / No)
(Last, First, Initial)

Mother

6.

Current Address:

Father

7.

Current Address:

Custodian/Caretaker (Relationship)

8.

Current Address:

Please specify for numbers 1-8 above: Foreign language spoken: #'s Specify type:

Disabilities: #'s Specify type:

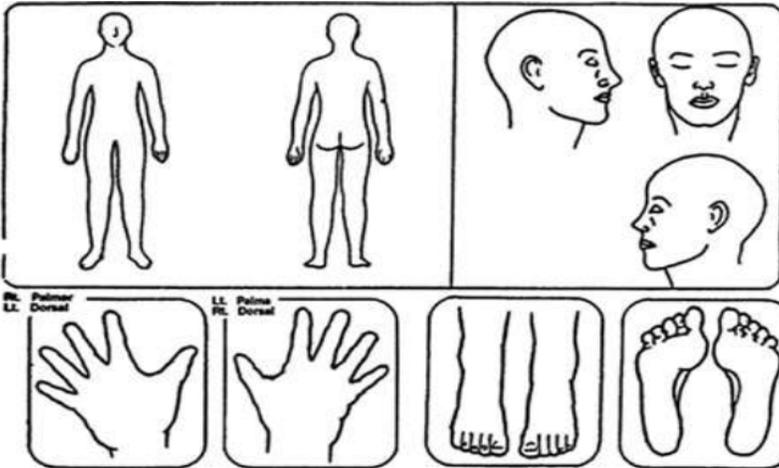
Attachment Two (Continued)

DESCRIPTION

1. Describe the child's current conditions/injuries and the reason you suspect abuse/neglect. Include evidence, if known, of prior abuse and/or neglect to this child or sibling. Add pages or attach further written documentation as needed.

2. If applicable, note the exact location of any injury by placing a number on the model below. Use the space to the right of the models to describe the corresponding injury that each number represents. Check the category of injuries:

Physical Abuse Sexual Abuse Physical Neglect



3. Actions: Taken (T) or Pending (P)

Medical Examination Notification of Police
 X-Rays Notification of Medical Examiner
 Photographs Other: _____

REPORTING SOURCE (Confidential)

<i>Signature</i>	<i>Title or Relationship to Child</i>	<i>Date of Report</i>
<i>Facility/Organization</i>	<i>Address</i>	<i>Telephone Number</i>

REPORT LINE USE ONLY

Date of Oral Report: _____ Report was: Accepted Screened Out
 Date Written Report Received: _____
 Prior DFS Case Activity Reports? Yes No If "yes", specify dates: _____

The form is online:
http://kids.delaware.gov/pdfsFillSave/fs_CAN_MandatoryForm_v2_FS.pdf

PHONE NUMBERS

Division of Family Services

Report Line, 24/7 1-800-292-9582

Report Line Supervisors:

- Jean Gardner (302)577-5509, Ext. 3010 (Monday – Friday 8:00 a.m. – 4:30 p.m)
- Robin Hamilton (302) 577-5509, Ext. 3001 (Monday – Friday, NCC After-Hours Second and Third Shifts)
- Geoff Howard 422-1400, Ext. 103 (Monday-Friday, KC and SC After-Hours Second and Third Shifts)
- Tom Schoenbeck (577-5509, Ext. 3001 (After Hours Weekends and Holidays)

Statewide Services Administrator for the Report Line, Special Investigators, and Institutional Abuse Investigators:

- Michael Sullivan (302)633-2659 .

Office of Children’s Services (OCS) Administrator:

- Shirley Roberts (302)633-2601

Program Manager – Intake & Investigation:

- Linda Shannon (302)633-2663

Child Protection Registry Substantiation Hearing Coordinator and Constituent Relations:

- Kriston Lowry-Sims (302)633-2714

To resolve a problem when a case is active in Investigation or Treatment, start at the lowest level and go up the chain of command: Worker → Worker’s Supervisor → Assistant Regional Administrator → Regional Administrator → OCS Administrator

Assistant Regional Administrator (ARA) Phone Numbers

- Beech Street, Wilmington (302)577-3824, Ext. 3161
- University Plaza, Newark (302)451-2800, Ext.3339
- Barratt Building, Dover (302)526-5716
- Georgetown State Service Center (302)856-5371, Ext. 155

Training for Medical Professionals

- Jessica Begley, CJA Training Coordinator, Office of the Child Advocate (302)255-1730

HOW TO DETERMINE AGE OF CONSENT FOR SEXUAL CONTACT

Consensual sexual contact between two minors does not require a mandatory report, even if that sexual contact results in a pregnancy. However, there are certain instances where sexual contact requires a mandatory report. These instances are dependent on the age of the child and are outlined below.

- **Any suspected rape of a minor** (even by another minor) must be reported. Any suspected act of unlawful sexual intercourse against an individual under the age of 18 requires a report. 11 Del. C. § 761(g)
- **18 years and older:** Can consent to sexual contact with other adults. There is no Mandatory Reporting unless there is knowledge that perpetrator has access to child victims.
 - Even if the victim was 18 or older, if force or coercion occurred on school grounds or at a school function, or if sexual contact occurred between a student and a school employee, then a school employee must report.
- **16 and 17 year-olds:** Can consent to sexual contact with someone who is under 30 years of age. However, 16 and 17 year-olds can NOT legally consent to sexual contact with anyone who is in a position of authority (e.g. family member, babysitter, coach, teacher, doctor, clergy, etc.) If the person is in a position of authority or trust, you must report. If the perpetrator has immediate access to the victim, report as soon as possible (e.g. perpetrator is with them, or lives in the household).
- **12-15 year-olds:** Can ONLY consent to sex with someone who is no more than 4 years older than the child. (For example, a 13 year-old can consent to have sexual contact with a 15 year-old. A 13 year-old can NOT consent to have sexual contact with an 18 year-old.) However, 12-15 year olds can NOT legally consent to sexual contact with anyone who is in a position of authority or trust. If the person is in a position of authority or trust, you MUST report. If the perpetrator has immediate access to the victim, report as soon as possible (e.g. perpetrator is with them, or lives in the household).
- **Under 12 years-old:** Children under 12 years old can NOT legally consent to sexual contact. All of these cases MUST be reported. If the perpetrator has immediate access to the victim, you must report immediately (e.g. perpetrator is with them, or lives in the household). Note: Verbal consent by the victim (e.g. saying “yes” to sexual activity) without satisfying the criteria above is still “Without Consent” and must be reported. 11 Del.C. § 761

HOSPITAL HIGH RISK MEDICAL DISCHARGE PROTOCOL COMMITTEE

Louis Bartoshesky, M.D, - Christiana Care

Lynn C. Davis, MSW – Bayhealth Medical Center

Diana Fraker - Delaware Division of Family Services

Marc Gorum, MSW – Bayhealth Medical Center

Diane Nau – St. Francis Hospital

Nancy Oyerly – Nanticoke Hospital

Elaine H. (Holly) Powers, MS, LPCMH– Beebe Medical Center

Suzanne Raab-Long – Delaware Healthcare Association

Brenda Roslyn - Delaware Division of Family Services

Linda M. Shannon, MSW – Delaware Division of Family Services

Jennifer Spahr, LSW – Nemours/A.I DuPont Hospital for Children

Jaime Zebroski - Delaware Division of Family Services