

Example Clinical Work Flow for Child Trafficking Survivors in the Outpatient Pediatric Setting

Prior to Visit:

- Information to Obtain from Referring Agency or Individual Prior to Visit
 - Patient name, DOB, contact information (two numbers if possible)
 - Primary custodian
 - Get permission to treat from custodian or county if applicable
 - Living situation
 - General information/background about youth and referral
 - Any known medical needs or history
 - Screen for any emergent medical needs that need to be seen in the ED
 - Transportation needs for visit
 - Insurance information
- Intake form:
We suggest minimizing paperwork prior to and during the visit.
 - U-card model: (see attachment)
 - Name, pronouns, sexual identity, gender identity, date of birth
 - Topics not to discuss
- Chart review: Look up patient any existing patient history that can be accessed prior to patient coming in
 - Inpatient/outpatient electronic medical record
 - Immunizations

Day of Appointment

- Touch base with front desk staff to expect patient and to call back upon arrival
- Ensure patient room is reserved
- Suggestions for setting up room in a therapeutic manner
 - Calming scents and imagery
 - Music or white noise maker
 - Adult Coloring Sheets

Patient Arrival

- Patient checks into the front desk. Registration immediately calls physician, physician personally greets and rooms them

Physician - History and Physical¹

- Introduction to visit
 - Express gratitude for their courage for starting down this new path, and your appreciation of being part of their recovery

¹ Adapted from Dignity Health Medical Safe Haven, "Physician Tip Sheet: Clinical Patient Visit."
<https://www.dignityhealth.org/sacramento/for-physicians/dignity-health-methodist-hospital-of-sacramento-family-medicine-residency-program/human-trafficking-safe-haven-clinic/medical-safe-haven-resources>

- Inform patient they are in control of this visit both in what history they share and what physical exam is done
- Explain the layout of the visit and what they can expect
 - Let them know we will need a urine sample and they can decide when they are able to leave it
- Give patient option to be separated from chaperone if applicable
- Disclose limits of confidentiality up front -- active suicidal ideation, if someone is physically or sexually abusing you right now
- Register Patient - at any point before patient leaves visit
- History
 - General principles:
 - Ask permission to ask invasive questions. Preface/explain why you are asking them and how it will help your management
 - Try to stream together timelines as trauma can disrupt these
 - Validate emotions: patients are having normal reactions to abnormal situations
 - Involve case manager as much as possible if patient has a beneficial relationship with them
 - See "Sample Patient Visit History Form"
 - To maximize eye contact with patient, use of a pen and paper to take notes is recommended, which can be inputted into the EMR after the visit.
 - Suggested History to Obtain:
 - Open Ended Questions:
 - How are you feeling today?
 - Is there anything you want to discuss initially?
 - Are there any current medical concerns/acute issues?
 - Past medical history:
 - PMH/PSH
 - Pregnancy/obgyn hx/contraception and interest in starting any
 - Meds, Allergies, Immunizations (look up on impactsis beforehand)
 - HEADSS Assessment
 - Home/environment
 - Where were you born/where are you from
 - Where are you living now
 - Supportive adults
 - Education
 - Employment
 - Activities/Interests
 - Drugs
 - Sexuality
 - Mental health screening
 - Angela will open up as a conversation and screen for:
 - General assessment of mental health needs

- general symptoms of depression, anxiety, PTSD
- ACES/resiliency factors
- Will then determine if a screen is needed and will ask for permission to administer via paper or orally
- Trauma history and safety screening:
 - Do you feel safe at your current residence?
 - Is anyone hurting you now physically or sexually?
 - Suicidal ideation screening
- Trauma informed care plan for EMR
 - Ask patient what are things they don't feel comfortable with, what they don't want to be asked, what they want their provider to know about them, pronouns, etc
 - Document in FYI/header of AEMR and on inpatient EMR header

*Leave to allow patient to prepare for physical exam, give option to wear gown

- Physical Exam
 - Vitals
 - With awareness of body image/weight issues (might not take a weight)
 - Trauma informed physical exam → asking for permission at each step, avoiding examination pieces that could re-traumatize

*order lab tests/referrals, mental health worker if available may take over visit at this time.

- **Suggested testing options**
 - Urine pregnancy
 - STD: g/c, trich, hiv, syphilis, HCV, HBV
 - CBC, CMP, TSH, Vitamin D, non-fasting lipid, +/- HbA1C
 - Quantiferon
 - +/- Drug screening (urine or blood)
 - +/- Immunization titers: measles, rubella, hep b
- **Potential Treatments**
 - In office
 - STI treatment
 - Immunizations
 - Prescriptions
- **Referrals & Follow Ups**
 - Make referrals with patient: schedule me now or phone calls
 - Schedule multiple close follow-ups for primary care
 - Make plan for referrals to ancillary services if needed

Closing of Visit

- Make follow up visits/referrals with patient

- Inform patient and normalize that they may see another provider at the next visit
- Create plan and expectations for testing results (and verify phone numbers)
- Closing activity (breathing/meditation)
- Walk patient to lab or pharmacy if applicable
- Walk patient to financial counselor if applicable (for insurance needs)

Visit follow up

- Obtain feedback from referring agency
- Obtain feedback from patient
 - Consider creating patient feedback protocol or form
- Call patient 1 week after to check-in

Documentation

- Input documentation into the EMR in a protected area of the chart that cannot be accessed by parents or guardians
- Follow updated guidance regarding use of ICD codes, ensure no print-outs can include information on diagnosis of trafficking

Protocol for patient no-shows:

- Call patient for update
- Call referring agency or individual for any updates on youth status
- Call caseworker if applicable
- Consider informing local human trafficking task-force
- If patient is missing, consider calling:
 - Local law enforcement
 - Child protective services (must do if mandated reporting laws include human trafficking)
 - Local human trafficking task-force