Child-At-Risk eMR Alert

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An innovative & simple way to help protect children
Presentation Overview

- Data linkage can protect children
- International context – who else uses data linkage?
- Why did NNSW LHD need a Child-At-Risk (CAR) Alert?
- What we did
- Who, How, System, Managing the CAR Alert
- Data, Staff story, Patient stories
- Governance
- Malleability of the CAR Alert system – make it yours
- Future Directions
Data linkage can protect children

Professional practice and innovation:
Identifying and flagging children and young people under state guardianship on the Patient Administration System (PAS)

Tanya Enike and Brinda Spides

Abstract
In December 2006 a data matching trial was conducted at Children's Hospital (WCH) and Families SA, whereby children and young people under guardianship were identified. Children already registered on the WCH patient administration system (PAS) and also those identified via theVFCH were matched. The data supplied by Families SA is compared against the WCH PAS, which identifies patients who were already registered on the PAS and those who were not. The information provided is used to ensure that children under guardianship are not overlooked and that appropriate data is collected to ensure that they receive the best care possible.

Keywords (MeSH):

Testing if Social Services Prevent Fat Child Maltreatment Among a Sample of Children Previously Known to Child Protective Services

Emily M. Douglas

Original article
Assessing the concordance of health and child protection data for ‘maltreated’ and ‘unintentionally injured’ children

Kirsten McKenzie¹, Debbie Scott¹, Jennifer A Fraser², Michael P Dunne³
Information sharing in child protection matters: The development of the National Child Protection Alert System in New Zealand

Abstract

Background

Secondary care services in New Zealand are arranged into 20 autonomous District Health Boards (DHBs), with little ability for DHB information technology systems to share clinical information. Mortality reviews frequently identify poor information sharing contributes to negative child protection outcomes.
United States of America

Penn State Practice Alert

Child Abuse Concerns

[Webpage content showing a child abuse alert with details]

Phone Number
New hospital alert system to help prevent child abuse goes live

November 28, 2014

*Joint release from the Department of Health, the Health and Social Care Information Centre and NHS England*

A new system to help doctors and nurses spot children suffering from abuse and neglect has successfully gone live. Homerton University Hospital NHS Foundation Trust and Lancashire Teaching Hospitals Trust are the first hospitals in the country to use the new Child Protection - Information Sharing (CP-IS) system which is designed to help avoid tragic cases such as Baby P being repeated.

The system will now be rolled out across the country, connecting emergency departments, out of hours GPs, walk in centres and local authorities through a national system that will alert clinical staff to those at risk of abuse or neglect.

Under the new system, when a child attends one of these care settings, a flag will appear on the child’s record if they are subject to a child protection plan or are being cared for by a local authority.
Why a CAR Alert for NNSW LHD?

**Child Protection: Corporate Risk**

**Risk Rating:** 1 (*Clinical care and patient safety*)

**Risk Matrix:** H (*Likelihood of Possible / Consequence of Major*)

<table>
<thead>
<tr>
<th>Risk Category</th>
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<tbody>
<tr>
<td>1 Clinical care and patient safety</td>
</tr>
<tr>
<td>2 Health of the population</td>
</tr>
<tr>
<td>3 Workforce</td>
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<tr>
<td>4 Communication and information</td>
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<tr>
<td>5 Facilities and assets management</td>
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<tr>
<td>6 Emergency and disaster response</td>
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<tr>
<td>7 Finance and legal</td>
</tr>
<tr>
<td>8 Safety and security</td>
</tr>
<tr>
<td>9 Leadership and management</td>
</tr>
<tr>
<td>10 Community expectations</td>
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**RISK MATRIX**

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
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<tbody>
<tr>
<td>Almost certain</td>
<td>A</td>
</tr>
<tr>
<td>Likely</td>
<td>B</td>
</tr>
<tr>
<td>Possible</td>
<td>C</td>
</tr>
<tr>
<td>Unlikely</td>
<td>F</td>
</tr>
<tr>
<td>Rare</td>
<td>G</td>
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**Policy Directive**

**PD2012_069 p. 8**

Clinicians must flag issues…

(d) Child Protection/Wellbeing matters including:

- Alerts and flags for High Risk Alerts or prenatal reports
- Children at risk of significant harm…

PHOs must implement systems…

**PD2013_007 p. 16**

LHDs…

Flag client files where a High Risk Birth Alert or general alert from Community Services or the NSW Police Force has been received regarding a child or young person at risk…
What we did

- Governing Board supported the strategy to reduce the identified risk
- Project funding, project officer, reference group, engagement of senior management
- eMR Alert built (state build), Alert tested, LHD Alert policy amended, communication & training strategy developed, governance tool developed
- Executive & manager briefing, staff training, Helpdesk set up for go-live
- Alert management, incorporated new categories to meet policy need (e.g.: Safety Action Meeting), data reports, patient stories
- Ongoing improvement, plans for formal evaluation
Who has a CAR Alert applied to their eMR?

- **Children** reported to either the NSW Child Protection Helpline or to the NSW Health Child Wellbeing Unit
- Children re-referred to the Domestic & Family Violence “Safety Action Meeting”
- Children on whom a Chapter 16A information request has been issued by NSW Family & Community Services (FACS)
- **Pregnant women** who have been prenatally reported or on whom an Unborn Child High Risk Birth Alert has been issued
- General Alerts (issued by NSW Police or FACS)
How to apply a CAR Alert

1. Identify patient eMR (e.g.: PowerChart, Firstnet, CHOC)
2. Apply CAR Alert
3. Observe CAR Alert
   - Refer family to support services
   - Share information (within & outside of Health under Chapter 16A)
eMR CAR Alert

Interpreter required: N
Country of Birth: Australia
Preferred Language: English
CALD Status: --
Legal Status: --
Home Risk Assessment: Completed (16/02/2016 12:42)
Associated Group: --
Children: --
Chronic Disease for Aboriginal Health:
  Mother Information (1)
  Carer Information (0)

Visits (10)
All Visits

Problems (1)
All Visits
Child at Risk

Alerts (1)
All Visits
Child at Risk
Alert: Child at Risk
Annotated Display Name: Child at Risk
Onset Date: 14/10/2016
Last Update: 17/10/2016
Responsible Provider:
Comments: Report to Child Protection Helpline. Suspected physical abuse. Reference number 12345 ZK. Please advise paediatric clinic on (02) 66 XXXX91 if patient presents for treatment, due to previous missed appointments.
CAR Alert system

Alert triggers a notification
Managing the CAR Alert

**NOTE** Do not alter the client “Child At Risk” (CAR) Alert once the initial alert has been placed on the patient record.

Review of the CAR Alerts (in the first instance) will be undertaken by the NNSW LHD Child Protection Manager under formal 16A information exchange with Family & Community Services in 12 months.

**NOTE** The “Child At Risk” (CAR) Alert will not “pop-up” when the patient file is opened – therefore you will need to check to see if there is an Alert in place.

Every time a patient/client presents – who has an existing “Child At Risk” (CAR) Alert activated – acknowledge awareness of the alert – or add further information if so required.

**NOTE** If a second report to the Child Wellbeing Unit or Child Protection Helpline is required involving the same patient/client however regarding a different matter/issue – another “Child At Risk” Alert will be required to be added to the patient/client record.
Managing the CAR Alert - continued

- Formal 16A alert-review system was deliberate at implementation
- Currently switching to a LHD-based review system due to data obtained from the implementation phase
- May eventually move to an auto-cancellation, pending formal evaluation of the system
CAR Alert data

Number of Child-At-Risk Alerts Applied - NNSW LHD (as at 14/10/2016)

- At-risk pregnant women (includes High Risk Birth Alerts & Prenatal Reports): 195
- Children aged 0-5 years: 152
- Children aged 6-12 years: 76
- Children & YP aged 13-17 years: 30
After hours report received: Concerns for regarding physical abuse. Narrative from fax states: ‘Child fell approximately 2 metres onto grass lawn. Child states landed on buttocks. Mother states fall not witnessed by her. Mechanism of injury possibly related to inflicted injury. Previous report (ROSH) on ’16 by speech pathologist. Child referred to maxillo-facial specialist at Hospital at hours. Some delay arriving; neglect report withheld.’

Follow up p/c to HW on /16 - HW advised that had suffered an extensive mouth injury. states climbed onto the verandah railing and fell (approximately 2 meters) onto buttocks on the grass. Mother states she was inside when this occurred, she heard crying and went outside to investigate. HW stated that for to have injured mouth would've hit head, however denies this. denied any back or buttock pain. Health staff spoke with ED Dr and Dr . Discussion around requiring an x-ray and follow up by maxillo facial surgeon. HW advised also noted a child at risk alert on file. Nil previous ED presentations of concern for , however . made a report to FACS on /16 after sibling disclosed that mother's had been beating mother. also disclosed that when they play with and hit he gets angry - NFI. HW noted that did not appear afraid of mother and mother appeared attentive to . Mother also sought medical attention straight away. HW advised does not believe is in a relationship with mother anymore.
Patient stories

8 week old baby
- ICE use
- Domestic & Family Violence
- Neglect

2 year old child
- 6 CAR Alerts
- No obvious physical wellbeing concerns on presentation to E.D.
- UTI

Pregnant woman
- Unborn Child High Risk Birth Alert
- Attending all health care appointments
- Ceased relationship with domestically violent partner
Governance

Policy + Staff Training
- Resources have been developed
- Engaging senior managers enabled staff to be released for training

Manage CAR Alerts + Monitor system
- Policy & procedure
- Process develops over time to suit needs
- Staff feedback

Evaluate + Improve
- Clinical outcomes
- Research – formal evaluation

Phase 1
Phase 2
Phase 3
Malleability of the CAR eMR Alert – make it yours

Choose the categories of patients to whom you apply the CAR Alert

- Tailor the CAR Alert categories to your LHD’s: priorities, resources etc.

Create your own implementation blueprint

- Use NNSW LHD’s or develop your own communication & training strategy
- Trial with a small purposive sample first

Make the CAR eMR Alert your LHD’s alert

Decide how you would like to manage the CAR Alert

- Centralised system?
- Managed by the clinician who applies the Alert?
- Auto-cancellation date?

Set your evaluation strategy

- Define the parameters that measure what your LHD is trying to achieve with the CAR Alert
- Choose your method e.g.: Quality initiative? Research project?
Future directions

• Management of existing & new CAR Alerts
• Staff training – ongoing & use different modalities
• To date, there has been no failure of the I.T.

Do clinicians check the Alerts tab?

How does the presence of the Alert influence the clinician’s decision making?

What are overseas jurisdictions doing with their Alert systems?