

Child-At-Risk eMR Alert

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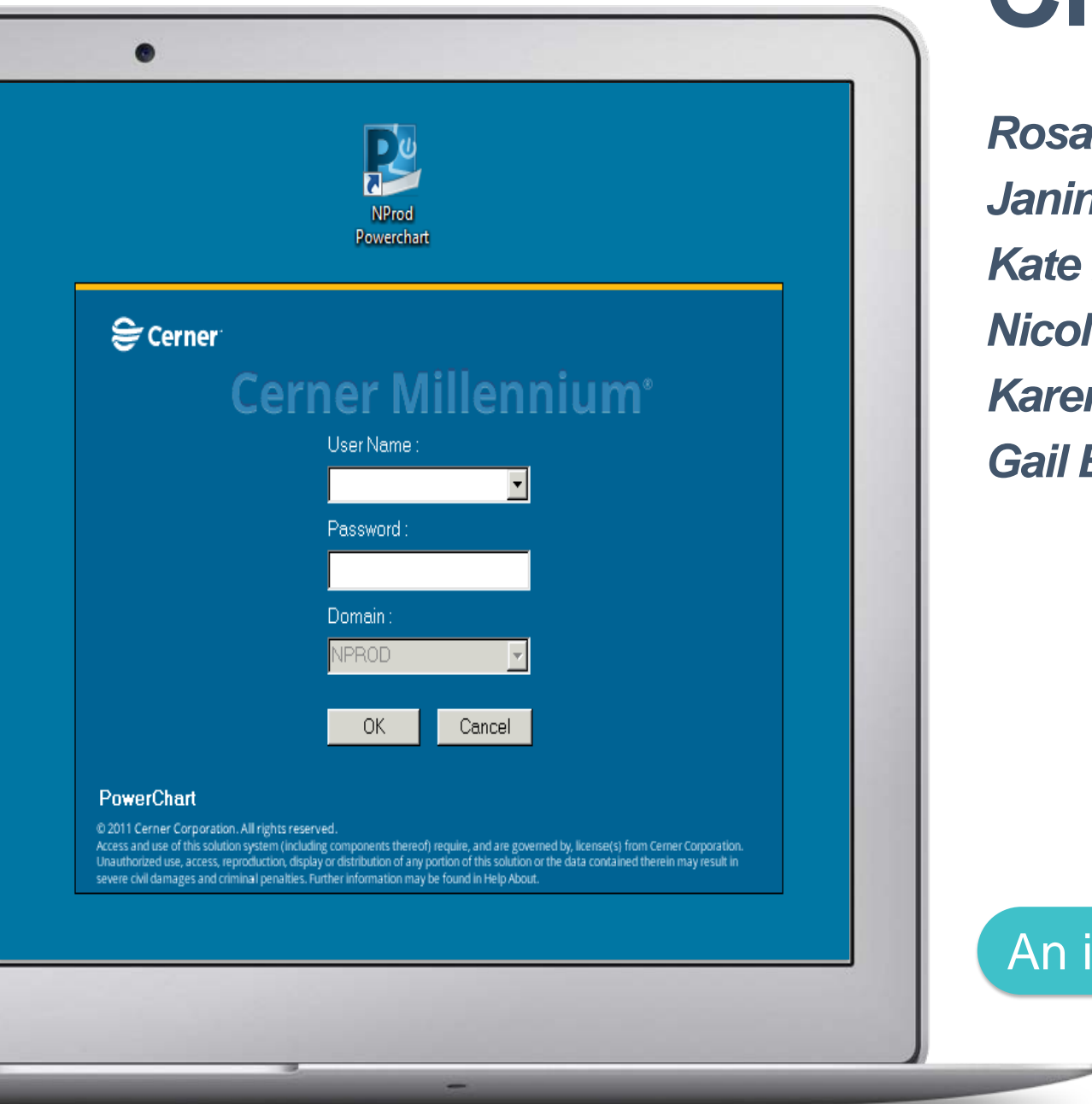
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Health
Northern NSW
Local Health District



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 Drake and Belinda Sydes

Abstract

In December 2006 a data matching trial was conducted at Children's Hospital (WCH) and Families So Close (FSC) to identify children and young people under guardianship those already registered on the WCH Patient Administration System (PAS). The data supplied by Families SA identified those children, a priority health response could be compared against the WCH PAS, which identified patients who were already registered on the PAS so that individuals were registered on the PAS so that measures could be taken to ensure they received appropriate care.

Keywords (MeSH):

Data Collection; Children; Social Protection; E

Injury Prevention

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Topic collections

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Inj Prev 2012;18:50-57 doi:10.1136/ip.2011.031849

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

Article

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

Emily M. Douglas¹

International context – who else uses data linkage?

New Zealand

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2016, 28th - 31st August

21st ISPCAN International Congress on Child Abuse and Neglect

 Conference Programme

Information sharing in child protection matters: The development of the National Child Protection Alert System in New Zealand

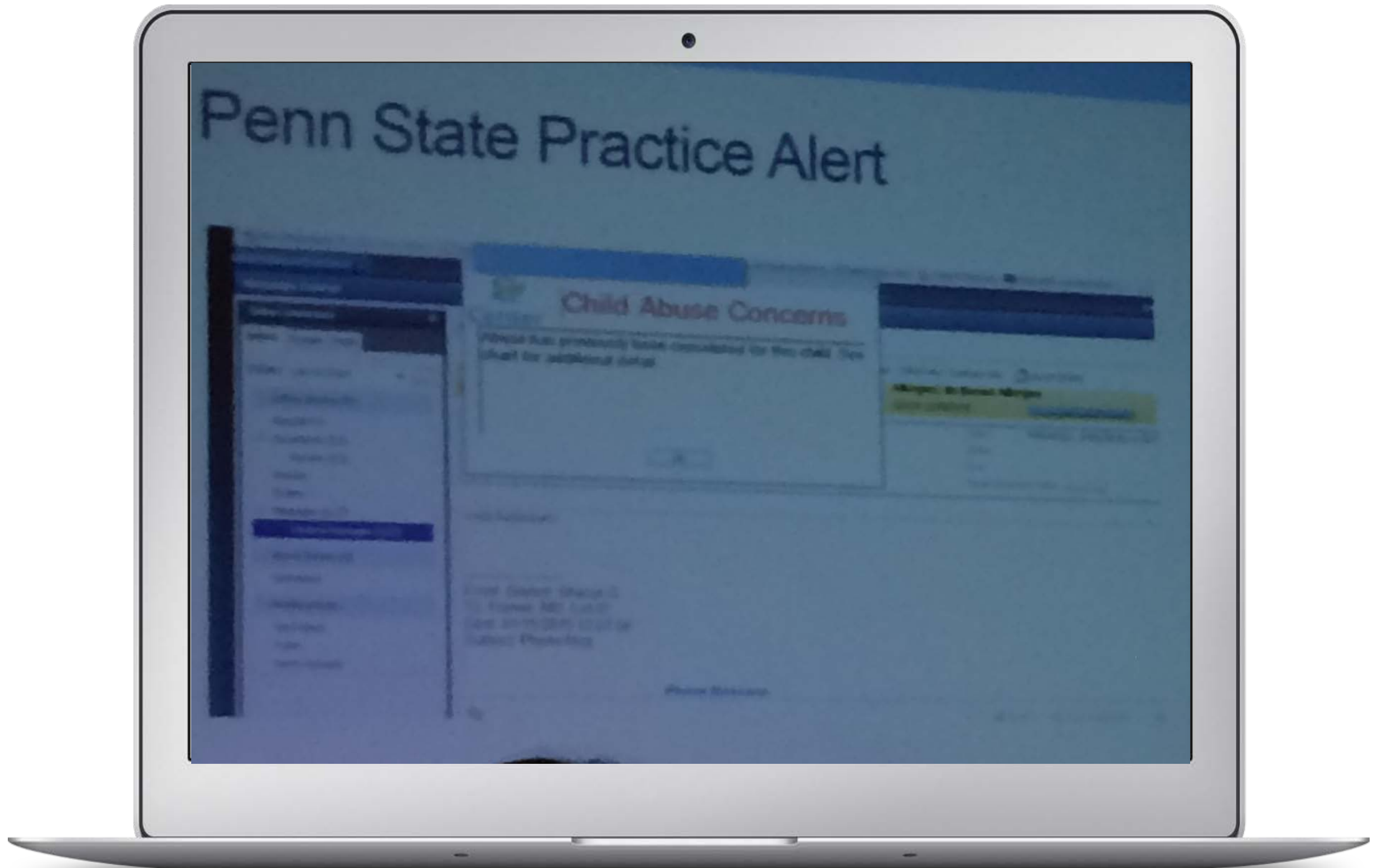
Abstract

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

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are building you a better website. You might be interested to [see the new look here](#), and [let us know what you think](#).

> [News archive](#)

New hospital alert system to help prevent child abuse goes live

November 28, 2014

stry **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 Univers 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.

f
.....
ult 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.

.....
port 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 cl 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*)

Risk Category	
1	Clinical care and patient safety
2	Health of the population
3	Workforce
4	Communication and information
5	Facilities and assets management
6	Emergency and disaster response
7	Finance and legal
8	Safety and security
9	Leadership and management
10	Community expectations

RISK MATRIX		CONSEQUENCE				
		Catastrophic	Major	Moderate	Minor	Minimal
LIKELIHOOD	Almost certain	A	D	J	P	S
	Likely	B	E	K	Q	T
	Possible	C	H	M	W	W
	Unlikely	F	I	N	U	X
	Rare	G	L	O	V	Y

PD2012_069 p. 8

Policy Directive



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...

Health Care Records - Documentation and Management

Document Number PD2012_069

Policy Directive



Ministry of Health, NSW
73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Fax (02) 9391 9101
<http://www.health.nsw.gov.au/policies/>

Child Wellbeing and Child Protection Policies and Procedures for NSW Health

Document Number PD2013_007

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

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The screenshot displays a medical software interface for a patient named TESTCHOC, Mr Co. The patient's age is 3 years, sex is Male, and location is LIS OOHC. The MRN is 78-19-14. The interface shows a menu on the left with options like 'Alerts, Problems, and Diagnoses'. The main area is divided into two sections: 'Diagnosis (Problem) being Addressed this Visit' and 'Problems'. The 'Problems' section contains a table with the following data:

Name of Problem	Onset Date	Classification	Confirmation	Vocabulary
Child-at-Risk	-	Medical	Confirmed	Alerts
Child-at-Risk	-21/01/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-07/03/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-25/05/2016	ED-Medical	Confirmed	Alerts
Child-at-Risk	-25/05/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-25/05/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Medical	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Medical	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-14/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-18/10/2016	Alerts	Confirmed	Alerts
Child-at-Risk	-18/10/2016	Alerts	Confirmed	Alerts

Identify patient eMR
(e.g.: PowerChart, Firstnet, CHOC)

Apply CAR Alert
Apply the CAR Alert

Observe CAR Alert

- Refer family to support services
- Share information (within & outside of Health under Chapter 16A)

eMR CAR Alert

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TESTCHOC, Mr Co Age: 3 years Sex: Male EDD: MRN: 78-19-14
 Allergies: Allergies Not Recorded DOB: 10/10/2013 Location: LIS OOHC NSW CPCS Community [10/09/16 11:00 - <No - Discharge Date>]

Community Client Summary

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)

Service Episodes (0)

Main Service Provided	Principal Drug	Start Date	End Date
No results found			

Allergies (0)

All Visits
No results found

Alerts (1)

All Visits
Child at Risk

Diagnoses

Selected visit
No results found

Problems (1)

All Visits
Child at Risk

Visits (10)

All Visits

▶ Previous (10)

Date	Type	Location
10/09/16	Community	NNSW CPCS LIS OOHC
22/08/16	Community	CMN COF Viral Hep Nur/Allied
01/08/16	Community	WCH LIS C&F

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 1-2345 ZK. Please advise paediatric clinic on (02) 66 XXXX91 if patient presents for treatment, due to previous missed appointments.

CAR Alert system



Managing the CAR Alert

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



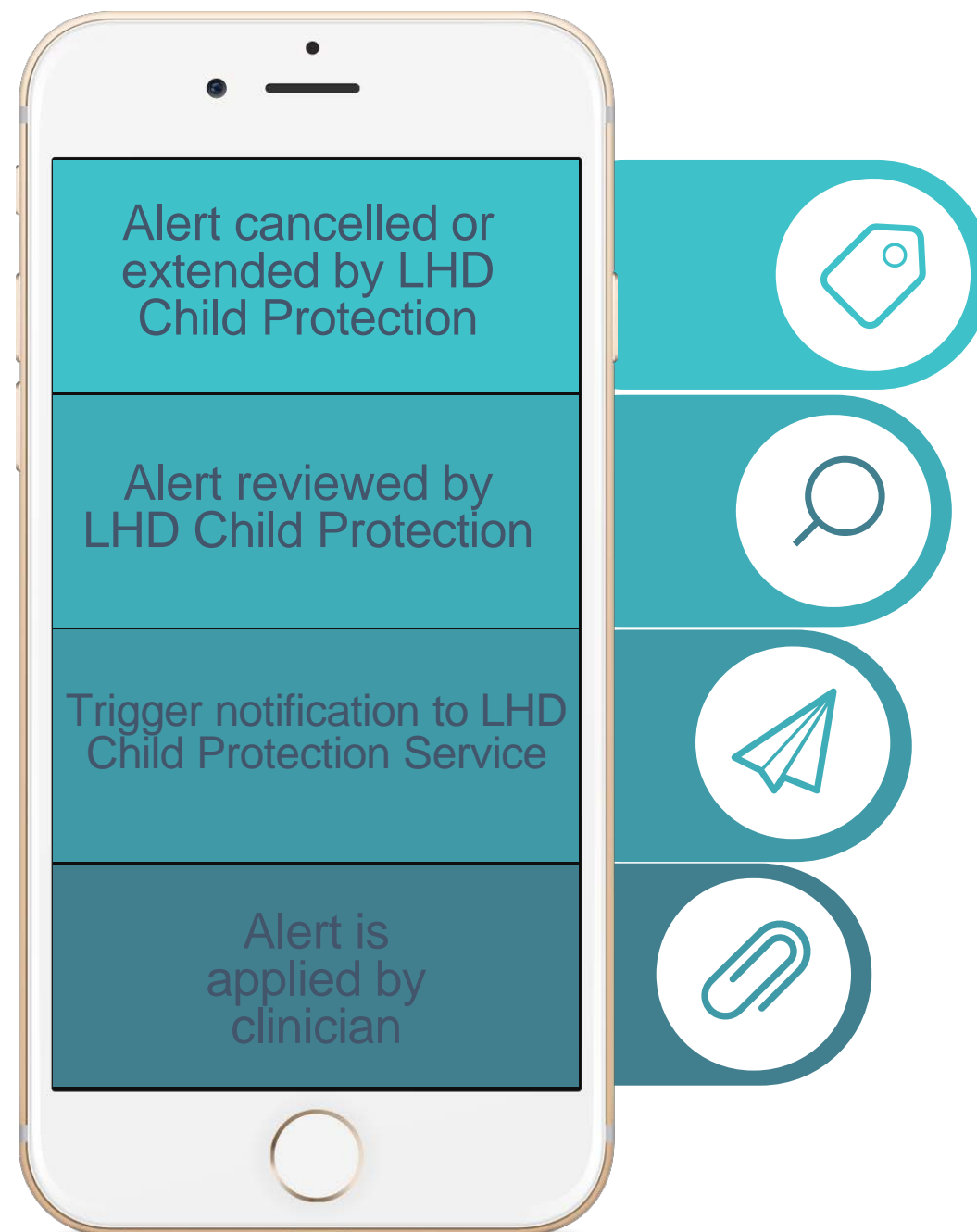
Review of the CAR Alerts (in the first instance) will be undertaken by the NSW LHD Child Protection Manager under formal 16A information exchange with Family & Community Services in 12 months.

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



Requesting Information under Chapter 16A - Letter
(To be used by prescribed bodies seeking information under Chapter 16A)

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 provides for the exchange of information regarding the safety, welfare or wellbeing of a particular child or young person or class of children or young persons.

To: NSW Department of Family and Community Services

At: [insert FACS office that the form is being sent to e.g. serviceoutlet@ etc.]

From: Northern NSW Local Health District

This information is sought in relation to the following issues of concern held for the above mentioned child/young person or class of children or young persons:

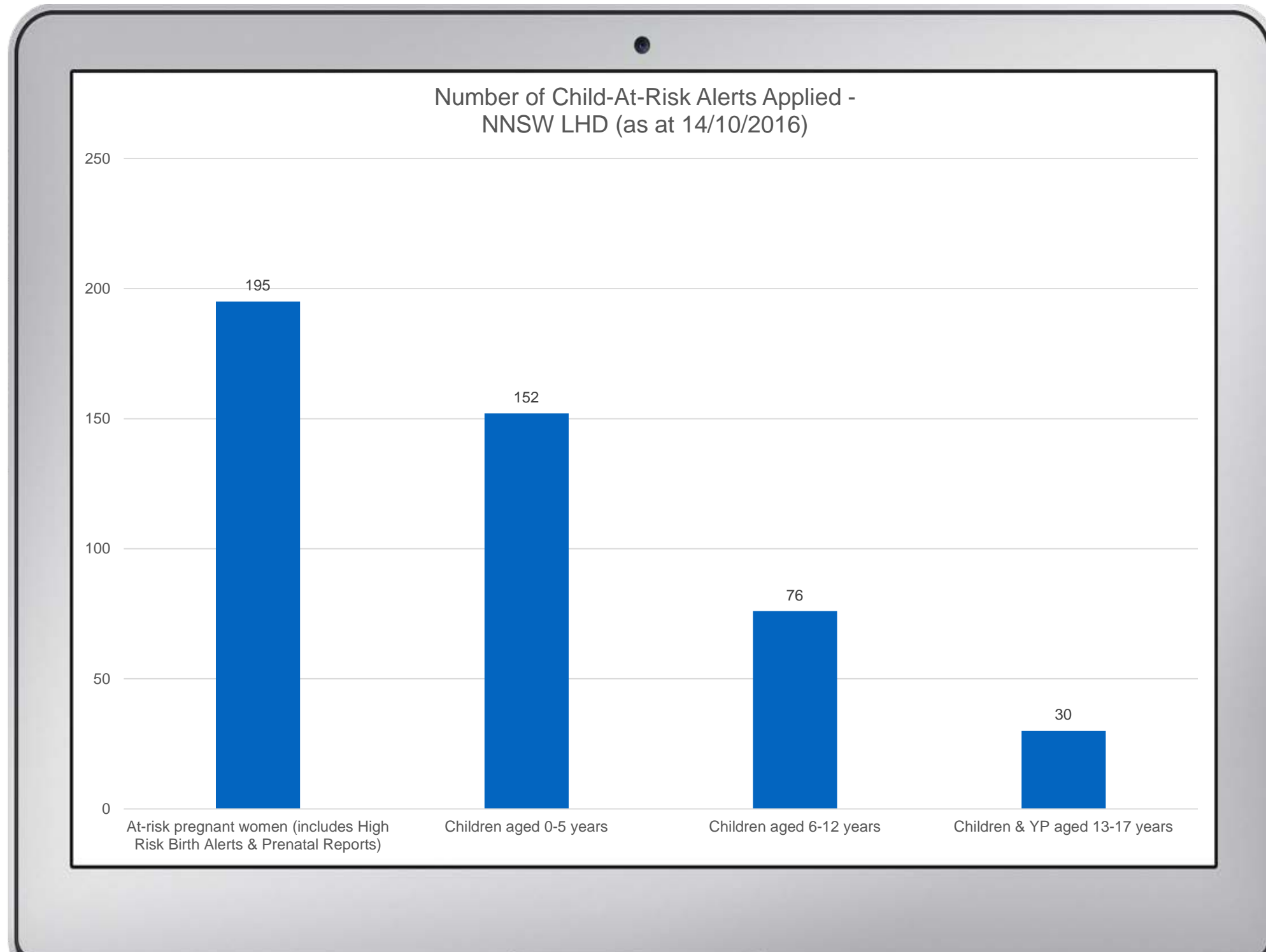
- Previous child wellbeing concerns were reported about this child
- In order for the Northern NSW Local Health District to provide Health Services to [child's name] we request an update on whether FACS still has child wellbeing concerns for [child's name].
- If FACS has current child wellbeing concerns for this child, please advise the nature of these concerns. Examples (that may or may not be relevant to this child): exposed to domestic and family violence, concerns re: supervision, issues of neglect, medical neglect, educational neglect; ongoing reports of risk of significant harm received etc.

This information is sought because it relates to the safety, welfare or wellbeing of the child or young person (or class of children or young persons) and will assist with:

- making a decision, assessment or plan
- initiating or conducting an investigation
- providing a service and/or
- managing a risk, to a child or young person that might arise in this agency's capacity as an employer or designated agency.

- 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



Staff story

you continue to type, please use all available room)

After hours report received: Concerns for [redacted] 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 [redacted] report (ROSH) on [redacted], '16 by speech pathologist. Child referred to maxilo-facial specialist at [redacted] Hospital at [redacted] hours. Some delay arriving; neglect report withheld.'

Follow up p/c to HW on [redacted] / [redacted] /16 - HW advised that [redacted] had suffered an extensive mouth injury. [redacted] states [redacted] climbed onto the verandah railing and fell (approximately 2 meters) onto [redacted] buttocks on the grass. Mother states she was inside when this occurred, she heard crying and went outside to investigate. HW stated that for [redacted] to have injured [redacted] mouth would've hit [redacted] head, however [redacted] denies this. [redacted] denied any back or buttock pain. [redacted] health staff spoke with ED Dr [redacted] and Dr [redacted]. Discussion around requiring an x-ray and follow up by maxilo facial surgeon. HW advised [redacted] also noted a **child at risk alert** on file. Nil previous ED presentations of concern for [redacted], however [redacted] made a report to FACS on [redacted] / [redacted] /16 after sibling [redacted] disclosed that mother's [redacted], had been beating [redacted] mother. [redacted] also disclosed that when they [redacted] play with [redacted] and hit [redacted] he gets angry - NFI.

HW noted that [redacted] did not appear afraid of mother and mother appeared attentive to [redacted]. Mother also sought medical attention straight away. HW advised [redacted] does not believe [redacted] 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

PROCESS



Policy + Staff Training

- Resources have been developed
- Engaging senior managers enabled staff to be released for training

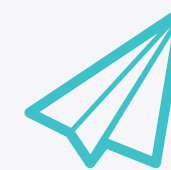
Phase 1



Manage CAR Alerts + Monitor system

- Policy & procedure
- Process develops over time to suit needs
- Staff feedback

Phase 2



Evaluate + Improve

- Clinical outcomes
- Research – formal evaluation

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.

Decide how you would like to manage the CAR Alert

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

Create your own implementation blueprint

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

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



Implementation

2015



Monitoring

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



Formal Evaluation

- 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?