

BACKGROUND

Though child abuse is prevalent and detrimental, health care providers fail to screen for abuse at sufficient rates to detect or preempt events. ¹ In Oregon reports by medical providers make up only 10.0% of the total reports of child abuse received. ² The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse has been studied. Adverse childhood experiences including abuse are linked to chronic health problems, mental illness and substance misuse in adulthood. ^{3,4} Routine child abuse screening is an approach to early identification of abuse. Screening is more likely to succeed if integrated into the electronic health record. ⁵

OBJECTIVES

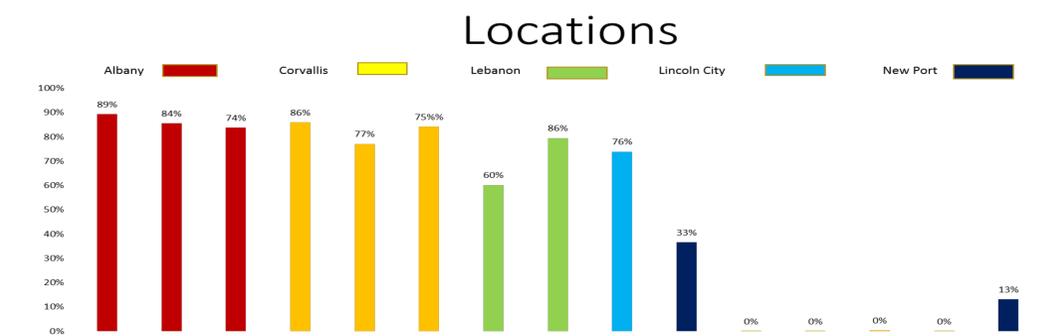
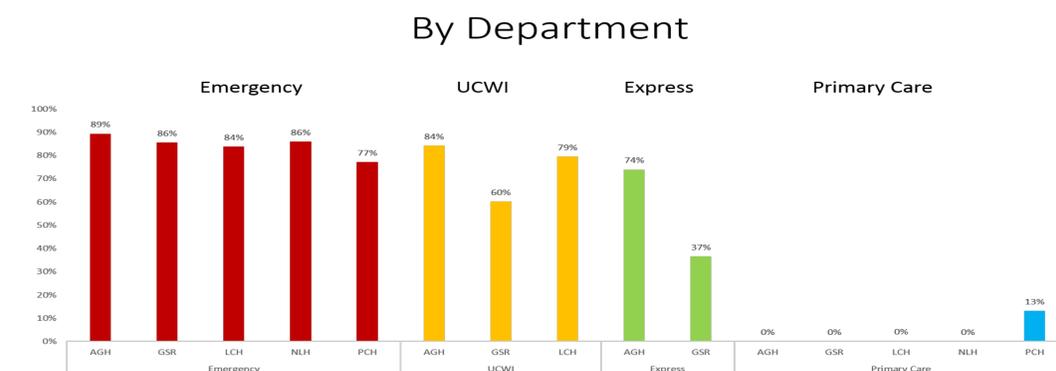
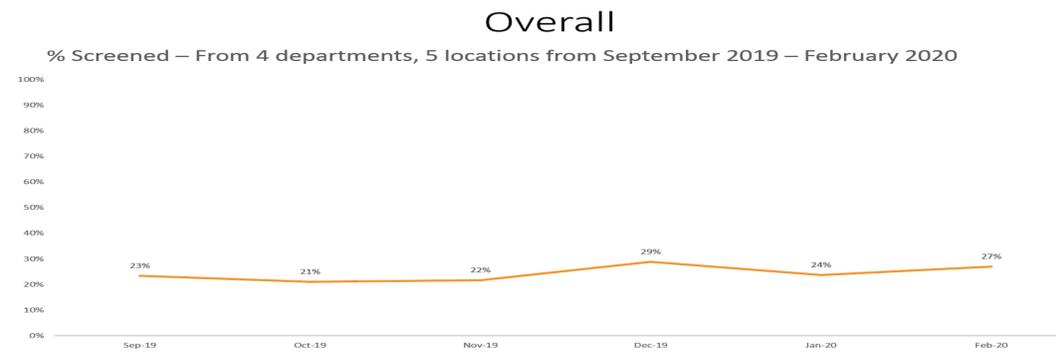
- To compare compliance of using the EPIC-based child abuse screening tool in different Samaritan health care settings, including: all Emergency Departments, Urgent Care, Sam Express, and Primary Care Clinics that treat pediatric patients.
- To compare compliance using the child abuse screening tool between geographical regions in the SHS system including; Albany, Corvallis, Lebanon, Lincoln City, and Newport, Oregon.
- Track the number of positive screenings.

METHODS

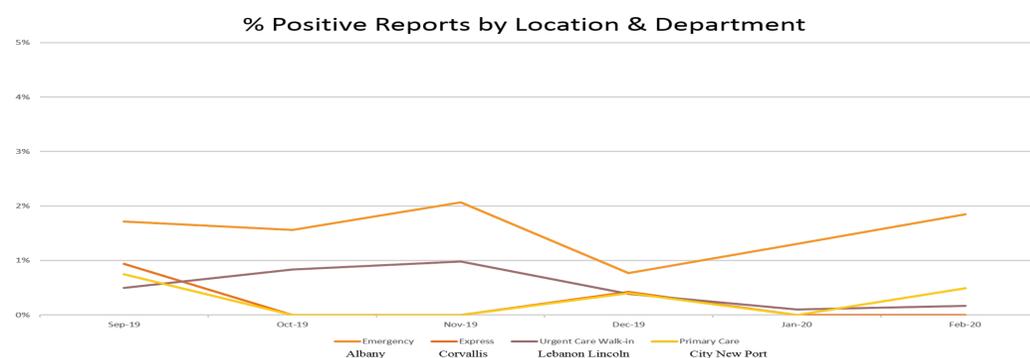
The SHS abuse prevention task force developed an optimized, standardized system to identify and report child abuse. This was initially implemented in the GSR ED in May 2018. It was later rolled out to other SHS hospitals and clinics in 2019. It is not currently mandatory in outpatient primary care clinics. Data was pulled from EPIC to show the number of abuse assessments completed in all SHS facilities from September 2019-February 2020 and the number of positive screenings.

RESULTS

A total of 14,310 pediatric patients were screened since September 2019 across all Samaritan departments, which is 24% of pediatric patients seen



A total of 128 (1%) screened positive. Of those positive screenings, 75 (59%) were reported.



CONCLUSIONS

Since implementing our electronic health record-based screening for child abuse in the Samaritan Health Services system, the compliance of screening has overall been low. It is very low in the primary care clinics, so making it mandatory on all pediatric encounters would be helpful. More training on the tool itself, identifying suspected child abuse, and a better reporting system with electronic communication with DHS would be ideal to track outcomes.

FUTURE IMPLICATIONS

There is a need for a comprehensive screening instrument or protocol that will capture all forms of child abuse and neglect that is available to use with children at every point of care in the health care system. Ultimately if this screening that is integrated into EPIC could be linked to DHS electronically, it could result in a more streamlined reporting system.

REFERENCES & ACKNOWLEDGEMENTS

- Shakil A, Day PG, Chu J, Woods SB, Bridges K. PedHITTS: A Screening Tool to Detect Childhood Abuse in Clinical Settings. *Fam Med* 2018 Nov, 50 (10):763-769
- 2018 Child Welfare Data Book. (2019), Retrieved from Oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf
- CDC.gov
- Relationship of Childhood Abuse and Household Dysfunction to many of the leading Causes of Death in Adults, The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Med*, May 1998, Vol 14, issue 4,245-258
- Rumball-Smith J, Fromkin J, Rosenthal B, Shane D, Skrbin J, Bimber T., Bergen RP. Implementation of Routine Electronic Health Record-Based Child Abuse Screening in General Emergency Departments. *Child Abuse Negl* 2018, Nov 85:58-67
- Data from EPIC electronic health record