Standardized Child Abuse Screening in a Community Hospital Emergency Department: Results From a Pilot Study

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BACKGROUND

- Childhood abuse is a major cause of lifelong morbidity and mortality, and in the United States, more than two million cases of suspected child abuse are investigated by child protective services (CPS) annually (1, 2).
- Two-thirds of CPS investigations are referred by professionals, but medical professionals under-screen and under-report compared to other fields (2).
- Increases in abuse screening and detection rates have been previously demonstrated following a systematic approach to provider education and documentation (3).

OBJECTIVES

- To understand the impact of a new education initiative and systematic child abuse screening protocol on the identification and reporting of suspected child abuse cases in a community hospital emergency department.

METHODS

- Samaritan Health Services’ Abuse Prevention Task Force developed a child abuse screening tool to be implemented in the electronic medical record (EMR) and performed in nursing workflows for all pediatric patients (under age 18) in the Samaritan Regional Medical Center pediatric emergency department (ED).
- The task force developed curriculum for training clinical and nursing staff on the recognition of signs of potential child abuse and use of the screening tool, involving in-person lectures, online modules, and in-depth training for nurse champions.
- Pilot program go-live occurred mid-May 2018.
- Data, including the number of pediatric visits to the ED, the number of children with documented abuse screening, the number of documented positive screens, and the number of referrals to community agencies, were collected via EMR reports and chart review for the year preceding go-live (May 2017 – April 2018) and the year following go-live (June 2018 – May 2019).
- May 2018 was excluded from analysis due to the education and roll-out of screening tool use occurring over the course of the month.

RESULTS

- **Child Abuse Screening Rates and Incidence of Positive Screens**
  - # + for abuse
  - % screened

- **Proportion of Positive Abuse Screenings**

- **Agency Referrals from Child Abuse Screenings**
  - Number of children + for abuse who were then referred

CONCLUSIONS

- The combination of thorough provider education and a screening protocol built into the standard workflow can dramatically increase the proportion of pediatric emergency rooms visits with documented child abuse screening.
- Standardizing and educating around child abuse screening procedures can increase the proportion of pediatric visits that result in a referral to child protective services.

FUTURE IMPLICATIONS

- Beginning in October 2018, the provider education and EMR-based screening tool were introduced to the emergency departments, inpatient units, and urgent care clinics across all five hospitals in the Samaritan Health System network.
- Future work includes comparing screening and reporting rates over time in these varying settings, as well as comparing between clinical settings.
- Collaborating with child welfare agencies to correlate screening results with eventual outcomes is also an area for future investigation.

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