Study shows risk alerts improve responses for vulnerable women and children

A study in NSW has found that an electronic alert on a patient’s medical record may help improve the responses of health staff to women and children at risk of violence, abuse or neglect.

Health workers are often the first people to respond to victims and survivors of violence. Having access to information about a client’s safety and wellbeing at the point of treatment means staff can make a more informed assessment, leading to better outcomes for vulnerable women and their children.

The research paper released today by Australia’s National Research Organisation for Women’s Safety (ANROWS) highlights results from a local study of health workers in Northern NSW Local Health District (NNSWLHD) using alerts applied to patients’ electronic medical records (eMR).

EMR is an electronic system used within hospitals to support provision of clinical care to patients, enhance communication between clinicians and inform their decision-making. Alerts are commonly used within hospital eMRs to highlight potential clinical safety risks, such as abnormal pathology results or interactions between different types of medications.

As part of the study, 180 health workers were asked to assess the impact of ‘child-at-risk’ alerts on the way they responded to at-risk children and pregnant women presenting through the health system.

“Around three-quarters of participants agreed or strongly agreed that the eMR alert system helped improve health worker responses to at-risk women and children,” Wayne Jones, Chief Executive, NNSWLHD, said.

“Results also show one-third of surveyed staff reported a change in their approach to the assessment of a patient after seeing an eMR alert on a patient file.”

Child-At-Risk eMR alerts enable health staff to share interpersonal violence, abuse and neglect concerns with each other 24 hours a day. These alerts are only accessible by the treating clinician, and are subject to the same privacy controls as other sensitive information on a patient’s medical record.

NNSW LHD has had a comprehensive Child-At-Risk (eMR) alert system in place since 2015.
NNSWLHD Child Protection Manager, Rosemaria Flaherty, said the system is not about re-reporting, but about additional referrals.

“It’s about making it easier to remove barriers for people at risk who need further follow up care,” Ms Flaherty said.

Around three-quarters of those staff in the study who had applied an alert to an eMR reported that they tried to resolve any barriers to client attendance at appointments.

“The national frameworks for protecting children and reducing violence against women and their children emphasise how important it is that this becomes everybody’s business,” Professor Fiona Arney from the Australian Centre for Child Protection, University of South Australia, said.

“This research shows that it can become everyone’s business, and that you can have, in a complex, large public health system, an approach that achieves this.”

ANROWS CEO, Dr Heather Nancarrow, says that the research could have implications for health sector practices across the country.

“We know that the health sector has an important role to play in addressing violence against women and children and it’s encouraging to see this role increasingly recognised,” Dr Nancarrow said.

The research was conducted by University of South Australia and NNSWLHD. The report, Research report Examining the power of Child-At-Risk electronic medical record (eMR) alerts to share interpersonal violence, abuse and neglect concerns: Do child protection alerts help? is out today through ANROWS https://www.anrows.org.au/node/1428