

Track proposal:

“Detection of Family Maltreatment at the Emergency Department”

The emergency department (ED) is the main system for crises based health care visits. It is estimated that 0.2% -10% of ED visits concern child abuse. Screening tools, increasing awareness by training with learning, recognizing parental risk factors and abuse in the elderly at the ED are discussed in this symposium.

Detection of Child maltreatment: screening at the emergency departments

Systematic screening can improve the detection rate of suspected child abuse . Important questions for optimal implementation are:

1. What is the validity of the (ESCAPE) screening tool? This instrument included the items: consistent history, delay in seeking medical help, injury fits with developmental level, interaction, top-toe exam, doubt about safety). The validity was evaluated in the Netherlands in 18,275 children and the predictive value for suspected child abuse was high (sensitivity 0.80 and specificity 0.98).
2. The screening instrument need also to focus on emotional abuse.
3. Are suspicions of child abuse as detected by screening at the ED justified? 10% of the positive screened children were referred to the hospital/local child abuse team for further evaluation. The number needed to screen to detect one case of child abuse is 850.
4. Training of ED nurses and making screening mandatory increased the screening rate from 20% to 67%. The detection rate for suspected abuse was 5 times higher for screened compared to non-screened children.

Systematic screening for child abuse in emergency departments is effective. The ESCAPE instrument and ED staff training are recommended to improve screening and the detection rate of child abuse.

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A new successful method for detecting child maltreatment based on parental characteristics

Everyone deserves a happy childhood. Parents who are a victim of domestic violence, substance abuse or severe mental problems have a high risk of being unable to provide their children with the basic needs for a happy childhood. These parents need help from the community to succeed in this goal. The Emergency Department is a unique location for detecting these parents and referring them to an organization that can offer these parents and their children the support they need.

Abstract

Purpose

The Hague Protocol describes how professionals at the adult Emergency Department (ED) can detect child abuse based on parental characteristics;

1. Domestic Violence
2. Substance abuse
3. Severe psychiatric problems.

The children of these parents were referred to the Reporting Centre for Child abuse and Neglect (RCCAN), who can offer these families voluntary community based services. The positive predictive value of a scientific study (2008-2011) based on more than 550 cases, was 0.91. In 91% of all cases, child maltreatment was confirmed by the RCCAN after investigation, based solely on the parental characteristics.

In July 2013 detecting child maltreatment based on parental characteristics was made mandatory by law for all (semi-) medical professionals in the Netherlands. During implementation projects started in 2013, this method is now used in all hospitals, all general practitioners offices, all ambulance services and all mental health professionals/clinics.

In January 2017 Norway and Switzerland will be part of a multi-center study. They will start a pilot in this new and successful additional method of detecting child maltreatment.

Learning objectives

During this presentation regarding the Hague Protocol, the outcomes of the following research questions will be handled;

1. Was child maltreatment confirmed after investigation by the RCCAN?
2. What are the barriers and facilitators during implantation at the ED?
3. Where cases missed at the ED?
4. Can the three parental categories be extended with other parental characteristics?
5. What help was initiated by the RCCAN for these families (monitoring)?

6. Does the implementation of this approach lead to patients avoiding the ED?
7. How was this method successfully implemented in the Netherlands for all medical professional?

The participants will be actively involved during the session.

Desired outcomes

Amongst other outcomes, participants will learn more about the importance of;

1. Adding a protocol to detect child abuse based on parental characteristics to existing protocols focusing on the child characteristics to detect more victims of child maltreatment,
2. monitoring these families after help is initiated to help prevent re-occurrence and an overlap in services provided to these families and
3. not to fear losing patients as a result of referral based on parental characteristics and
4. the effective method used to successfully implement the Hague protocol for all other sectors, as the ambulance services, General practitioners offices and Mental health sector.

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Implementation with the help of mandated training and e-learning

Most child abuse and neglect (CAN) goes undetected. Even among those mandated to report.

Research shows that training of professionals significantly contributes to better identification and reporting of child maltreatment. But many countries struggle with the same problem: the majority of their professionals lack knowledge and skills on recognizing CAN; training materials reach only a small percentage of the professionals.

Experience from The Netherlands shows that by using e-learning it is possible to effectively and successfully train large numbers of professionals in these topics online in a short period of time. In this country, hospitals became the number 1 CAN reporter within 10 years. To begin with, Dutch hospitals started implementing screening procedures and the Health Inspectorate began to actively monitor the implementation of their child abuse policies. Moreover, training was implemented on a large scale. As a result, the share of medical staff that completed training on detecting CAN increased from approximately 10% to more than 75%.

The development and availability of online courses of Augeo made it possible to effectively and successfully train 140.000 Dutch professionals in health, social care and (pre)education within 10 years. This also includes medical staff in hospitals, such as doctors and nurses. Besides an introductory course on recognizing and dealing with worrying situations in a child's environment other courses for these professionals deal with specific topics. The courses have been developed in close collaboration with professional associations and other national and international partners, such as the government, knowledge institutes, and ISPCAN.

This approach has proven to be successful. Nowadays, 65% of all Dutch hospitals use online courses of Augeo. The effectiveness of the online training courses for the healthcare sector has been researched by University Medical Centre Utrecht and the results have been published in the Archives of Diseases in Childhood (Smeekens et al. 2013). The research shows that those who complete the online course 'Recognizing the Signs' are able to ask their patients a greater number of more effective questions aimed at identifying possible abuse, and are also better at recognizing cases of abuse. In addition to this, a survey revealed that 86% of people who complete the courses feel they are now better equipped to tackle cases of child abuse and domestic violence.

Besides this another 2 surveys have been carried out into the effectiveness among primary-education teaching staff.

Mariëlle Dekker Msc, Managing director

Augeo Foundation

Early recognition of elderly abuse in the emergency department and ambulance EMS

Background

The prevalence of elder abuse is underestimated. Diagnosis of elder abuse in the emergency department (ED) is found in 0.02% of the ED visits in patients > 60 years, which doesn't come close to the estimated 5-10% prevalence of elder abuse in the community. Many negative health outcomes are associated with elder abuse, such as pain, depression, decreased quality of life, increased hospitalization and higher rates of mortality.

As the population of elderly increases, elderly account for 38% of the emergency medical services (EMS) responses by emergency medical technicians (EMTs) and 28% of the ED visits. Furthermore, elderly become increasingly frail and dependent of (in)formal caregivers due to longer life's, growing comorbidity, and changing of the health care systems. Professionals in EMS and the ED play an important role in identifying elderly at risk for abuse. Since in many situations, it will be the first contact of these patients at risk with the emergency health care chain.

There are several barriers in identifying elder abuse in EMS and the ED, such as lack of training to recognize elder abuse, absence of a brief screening tool, difficulty in differentiating abuse or neglect from similar looking illness in the elderly, absence of an automated reporting system, busy ED environments and time constraints.

Study purpose, design and outcomes (brief)

We developed and tested a brief screening tool and protocol for the recognition of elderly abuse in ambulance EMS and the ED, based on the literature and best practices in the Netherlands. Furthermore, we developed and examined an e-learning program on the recognition of potential elder abuse with forensic aspects, tailored to the acute setting of ambulance EMS and the ED. These tools were implemented and we tested the feasibility in a pilot in a Dutch ambulance EMS and ED setting of a regional teaching hospital. We used a mixed methods design with Self Efficacy Scale tests (pre- post design) and focus groups meetings to evaluate the e-learning, screening tool and protocol. Results showed that the brief screening tool and protocol was feasible and detected elderly (at risk for) abuse.

Learning objectives

During this presentation/workshop we will present the brief screening tool, protocol and the results of the feasibility study. Furthermore, we provide recommendations for implementation of the screening of elder abuse in EMS and the ED. We will show elements of the e-learning program on the recognition of elderly abuse, which is currently translated into English. Participants will be actively involved during this session.

Desired outcomes

1. Professionals have knowledge of the epidemiology, definition and types of elder abuse;
2. professionals are aware of the importance of early detection of elder abuse in ambulance EMS and the ED and can describe the adverse events and outcomes of elder abuse;
3. professionals are informed on the brief screening tool for the detection of elder abuse, and receive recommendations for implementation of this tool in the chain of emergency care;
4. professionals feel competent and inspired to critically discuss medical, psychological, social and forensic aspects of the recognition of elder abuse with colleagues of their department/organization.

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