Examining the power of the eMR to share interpersonal violence, abuse and neglect concerns

Child-At-Risk eMR alerts are applied to the electronic medical record (eMR) of children and pregnant women who had been reported to the statutory child protection agency or the child wellbeing unit.

Research

This research sought to **understand the impact of eMR alerts on the practice of health workers**, and whether other health departments across Australia were using alerts.

Research was carried out in the **Northern NSW Local Health District,** which employs 6900 health workers.

180 health workers who had engaged with the alert system **completed an online survey** (74% completion rate).

Practice change in response to eMR alerts

One-third of surveyed staff reported a **change in practice after seeing an eMR alert** on a patient file.

87% of workers actively assess whether **additional referrals are needed.**

75% of workers actively **share information** with other prescribed bodies.

60% of workers assertively **follow up missed appointments.**

Perceived outcomes of eMR alerts

Survey responses demonstrated:

The alert:

- Allowed health workers to **immediately see the child protection status** of woman/child (53%)
- Provided **easy-to-access** clinical information (40%)
- **Changed** the health worker's **approach to the assessment** of the client (37%)

Health workers:

- Had high levels of agreement that the alert system **improves responses** to at-risk children and at-risk pregnant women (77%)
- Believed at-risk children and pregnant women are **safer** now the system is in place (38%)

But:

- **63%** of health workers want ongoing professional development in the area of violence, abuse and neglect
- **50%** said they need more time to spend with the client

Implications

The eMR alert system has the potential to **cross-pollinate information** spanning the boundaries of community health and acute care (hospital) settings.

Despite this potential **only three states** in Australia currently **have an eMR alert** system in place.

It is recommended that:

- Case file review research is used to further **explore client outcomes.**
- Features of electronic alert systems should **meet the needs of the user.**
- **Established procedures** should be used to implement new systems.
- Health workers need **ongoing training and information** on responding to victims.
- **National-level discussion** about eMR alerts is facilitated.