

Clinical practice improvement project: an audit of non-accidental, unexplained injuries and sexual assault for young people within the Te Whatu Ora Southern region (previously Southern District Health Board)

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Background:

An act of harm to tamariki (children) encompasses non-accidental injury (NAI) (the deliberate physical force used against a child, or a failure to prevent injury), unexplained injuries and sexual assault(1), under the umbrella term child maltreatment(2). Internationally, the overall rate of maltreatment in tamariki is reported to be 9.5/1000 girls and 7.5/1000 boys(2). In Aotearoa, 12/1000 abuse and neglect substantiations occurred in 2021(3). There is an established Memorandum of Understanding (MOU) existing between Oranga Tamariki (OT), Police and Te Whatu Ora that sets out guidelines for non-accidental/unexplained injuries and sexual assault presentations. However there is no collation of data to be able to demonstrate accurately who these tamariki are and what is occurring for them and their whānau. Historically in Aotearoa the family violence sector has been funded primarily for crisis-support, rather than prevention(4). In 2007 the Violence Intervention Programme was launched to provide early interventions for individuals impacted by violence and abuse to reduce associated impacts on health and wellbeing(5, 6). Yet, there is no mandatory in depth data collection to audit these interventions and inform the needs of tamariki and their whānau.

Aim: To develop a sustainable audit tool and reporting system, and conduct a Clinical Practice Improvement (CPI) audit of non-accidental injuries (NAI), unexplained injuries and sexual assault cases presenting to Te Whatu Ora Southern.

Methods:

This project involved the development of an audit tool and retrospective clinical audit, and completed within Te Whatu Ora catchment areas. Cases included tamariki aged 0 – ≤18 years who presented to secondary or tertiary care public hospitals based within Te Whatu Ora Southern catchment areas between January 2017 to December 2021 for NAI, unexplained injuries and sexual assault. Cases were identified from two data sources, 1) clinically coded admissions during 2017-2021 and 2) child protection alert cases reviewed by a multidisciplinary (MDT), child protection specialist, team. The audit tool captured tamariki/whānau characteristics and aspects of the NAI, unexplained injuries, and sexual assault service delivery processes and procedures over time.

Results:

A total of 255 tamariki were identified through both data sources and of these 75 (29.4%) were audited. For the audited cohort the age group 2-5 years was most common (38.7%). Males and females presented equally. Aotearoa Māori (29.3%) and European (68.0%) were the most common ethnic groups. Non-specific physical abuse (24%) and bruising (22.7%) were the most commonly documented presentations. Approximately two thirds of cases received a Child Protection Alert (CPA). Of the 75 case files that were audited, 16 (21.3%) of these received formal clinical coding for their presentations or admissions. Of the 255 children, 196 (76.9%) received formal clinical diagnostic coding for their presentations or admissions.

Conclusion:

This audit tool can inform on-going community needs, necessary resource allocation, and evaluate interventions. Data highlight potential discrepancies in cases being formally coded and reported and the actual number of cases being treated within Te Whatu Ora Southern. Future mahi (work) is required to determine why some cases are formally coded and others are not.

References:

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