



Background: Non-accidental trauma (NAT) is one of the leading causes of death in children. A number of studies have shown that a significant portion of children with severe abusive head trauma had a prior visit to a healthcare provider with a missed opportunity to recognize child abuse. Introduction of a universal screen that is based on the TEN-4-FACESp tool can help identify children at risk for more severe abuse with the possibility of earlier intervention. Routine screening and evaluation for NAT can decrease bias that often affects provider ability to recognize NAT.

Problem Statement: Children with NAT often have missed opportunities to identify NAT before morbidity or mortality at previous medical encounters. Here at Children’s Hospital Colorado – Colorado Springs, we do not have a universal NAT screening process.

Project AIM (Goal Statement):

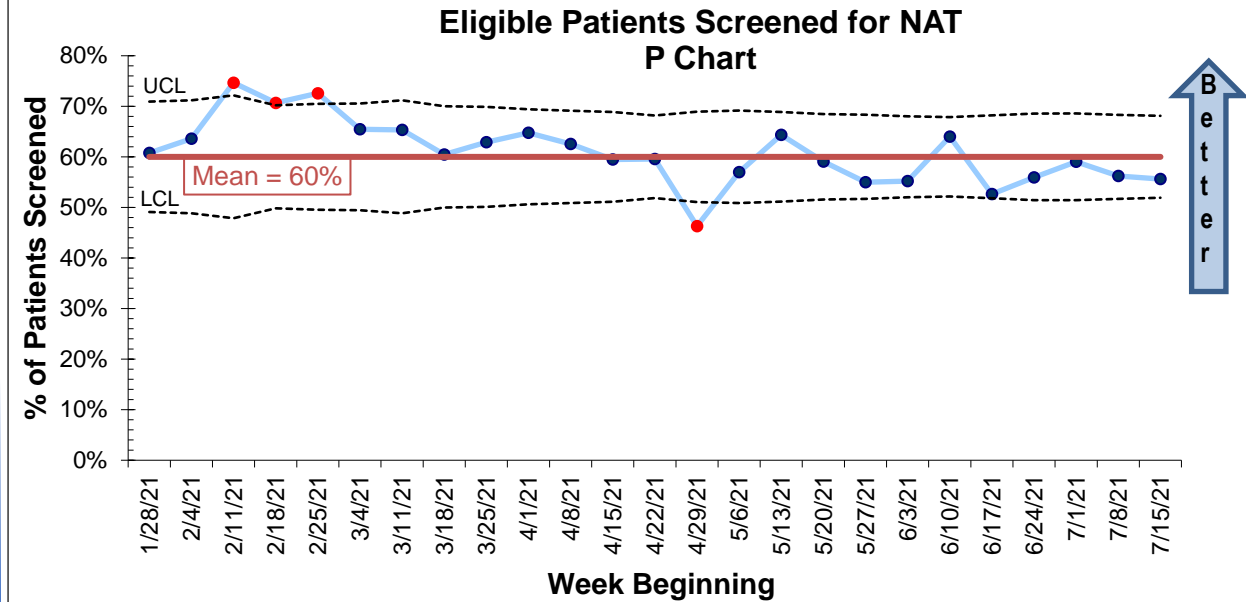
Global AIM: To provide standardized, consistent care to all patients and improve identification of children at risk for non-accidental trauma.

SMART AIM: By January 2022, we will increase utilization of a standard NAT screening tool in children <5 yrs of age from 0% to 90% in the CHCO Colorado Springs Emergency Department.

Key Drivers and Interventions

- Easily accessible tool
 - Best Practices Advisory for RN
- Enhance team member skill in identifying concerning history/exam findings
 - Education
- Screening system that does not increase ED LOS
 - Gown patients in secondary assessment
 - Assessment integrated in workflow
 - Verbal handoff between RN and provider on positive screen
- Provide increased support and resources to patient/family with positive screen
 - Education to providers on how to address positive screen
 - SW engagement in project
- Incorporate team member feedback
 - Monthly RN/Provider surveys
- Deliver consistent messaging to families

Project Results / Performance (January 28, 2021 to July 21, 2021)



Challenges and Barriers:

- Concerns about medical-legal issues
- Resistance to adding an additional task for team members in a busy ED setting
- Screening not readily visible to team members
- Delayed access to data and lack of public data tracking
- Unclear outcomes to key players

Lessons Learned and Next Steps:

- Sharing patient stories helps foster buy-in
- Data is key: Team thought screening was happening more consistently until received the data report in July.
- Data will now help us develop targeted interventions to improve ease of completing screening
 - Future efforts will focus on improving alert/BPA for both RN and provider, ensure small child gowns readily available in unit and children <2 yrs gowned prior to exam

Key Measures	Definitions	Baseline Jan 2021	Goal	Progress 1/28/21-7/25/21
Outcome	Percent of eligible patients who are screened	0 %	90%	60.0%
Process	Percent of patients with a positive screen who have social work assessment	0%	75%	50.3%
Balancing	Team member report that screening “somewhat negatively” or “significantly negatively” impacts department flow	0%	<10%	12.5%