violence intervention programme

The Snapshot Audit Session Three: What is being measured 24th April 2024

Our team:

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Funded by Te Whatu Ora

CENTRE FOR INTERDISCIPLINARY TRAUMA RESEARCH
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AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Karakia

Tūtawa mai i runga
Tūtawa mai i raro
Tūtawa mai i roto
Tūtawa mai i waho
Kia tau ai
Te mauri tū
Te mauri ora
Ki te katoa
Haumi e hui e tāiki e!

Karakia by Scotty Morrison

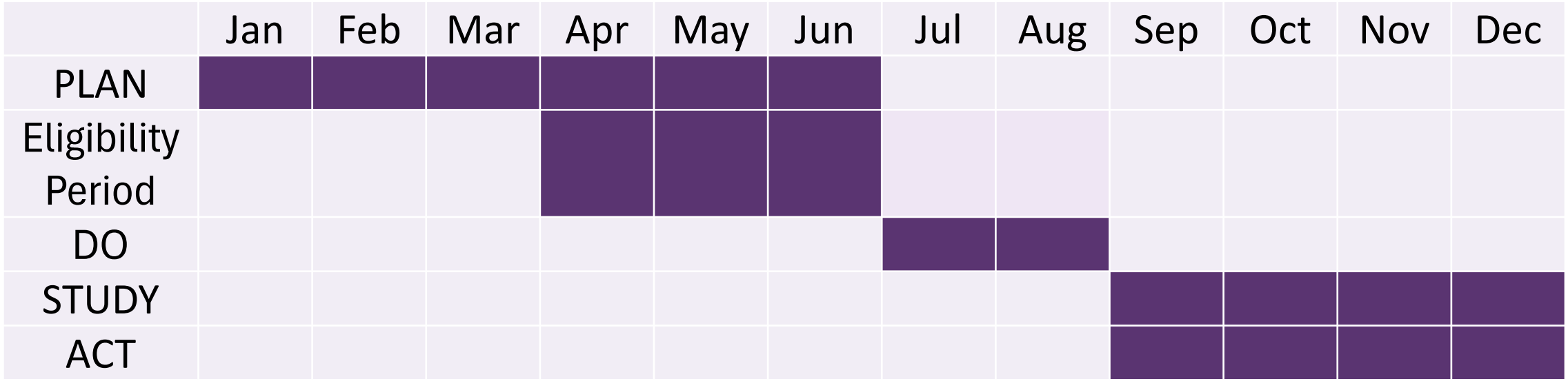
Come forth from above, below, within, and from environment.
Vitality and well being, for all strengthened in unity

Snapshot Session Three: Measuring

- What is being measured
- Process measures
- IPV measures
- CAN measures
- Why do I need to record ethnicity and what is it used for?
- What is the difference between an active and a passive referral?

SESSION	DATE AND TIME
1: Introduction	10th April
2: Preparing (eligibility & sampling)	17th April
3: What is being measured	Wed 24th April
4: Entering the data (this session is being offered twice)	Mon 29th April AND Wed 1st May
5: Doing the mahi!	Wed 12th June

2024 Snapshot Timeline (still in planning ☺)



Breakout groups

- Whakawhanaungatanga
- What does this quote mean for you?

Not everything that counts can be counted and not everything that can be counted counts.

Attributed to Albert Einstein

What variables are included?

System, audit process, audit service context

- District, Hospital
- CAN or IPV, Service
- USER (entering data, email)
- Date of data entry
- # ADMITTED (number eligible)
- # PATIENTS (number records audited)
- TYPE (‘official’ vs ‘ad hoc’)
- STATUS (In progress or Done)
- Proportion of staff trained
  - (MD, NURSE, MW, SW)

What variables are included per selected record?

- Ethnicity
- IPV routine enquiry (Yes/No)
- IPV disclosure (Yes/No)
- IPV referral (No/Yes Active/Yes Passive)
- CP assessment (Yes/No)
- CP concern (Yes/No)
- CP consultation (Yes/No)

- ED – age, triage, admitted to ICU, coronary care or high dependency unit
- Child health (inpt) – child age

Ethnicity Data

- Inform funding
- Allow for targeted health services
- Monitor the health systems' performance

"Māori have the right to be counted. Being counted is an acknowledgement of being valued"

(Paine et al. 2020)

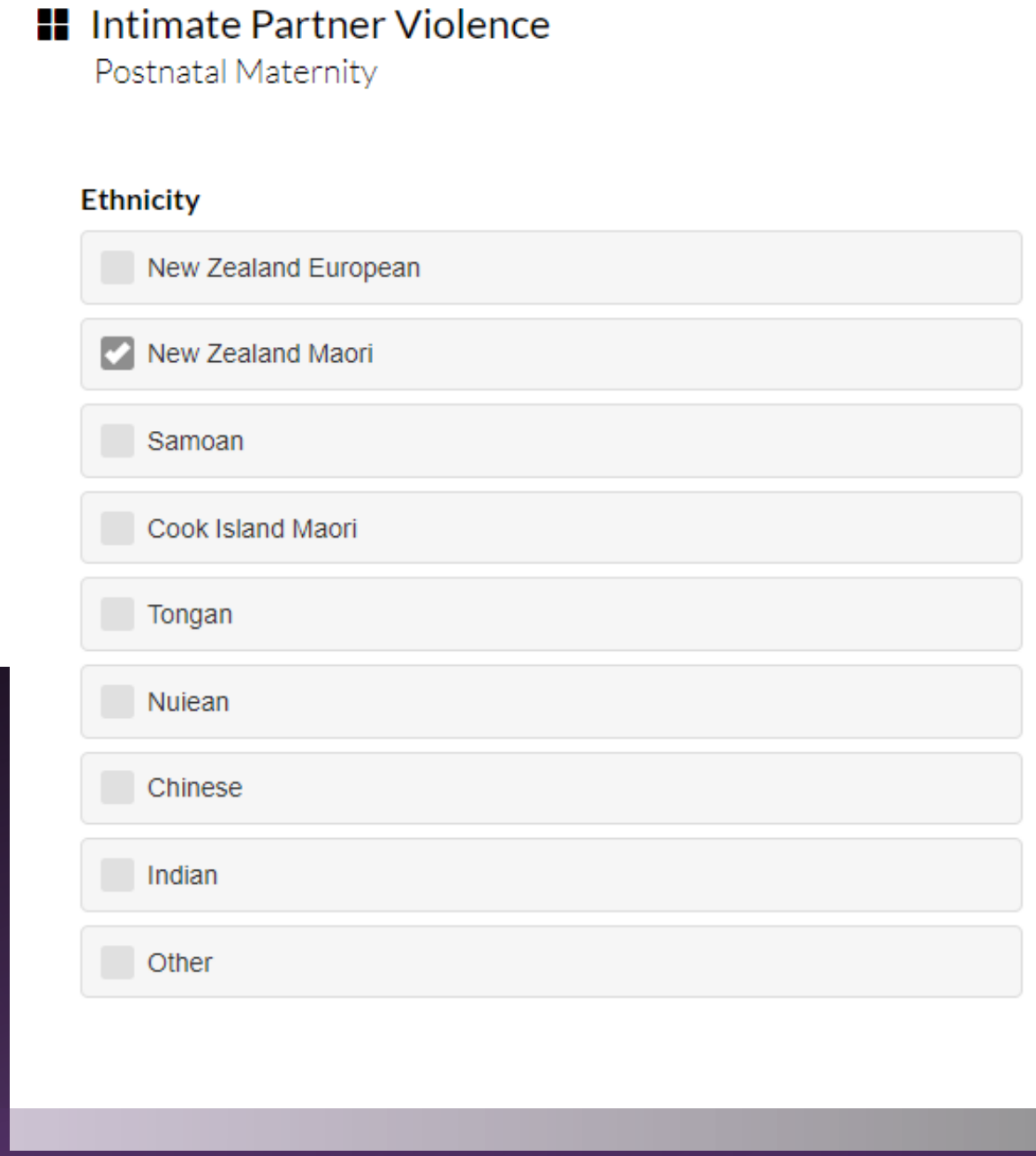
https://www.teakawhaiora.nz/assets/Uploads/Ethnicity-Data-Action-Plan.pdf

Ethnicity Data Collection in Health - Protocols

- Responsibility for high quality ethnicity data sits with the entire health sector
- A classification of the ethnicity of an individual person as self-identified by the person (Stats NZ, collected at least every 3 years)
  - ‘Which ethnic group do you belong to? Mark the space or spaces which apply to you’
- Ethnicity Classification (2005; 4 levels). Level 1 – top of hierarchy – Asian, European, Māori, Middle Eastern/Latin American/African, Pacific Peoples, Other

In Snapshot (Stats NZ 2018 Census ethnicity response options):

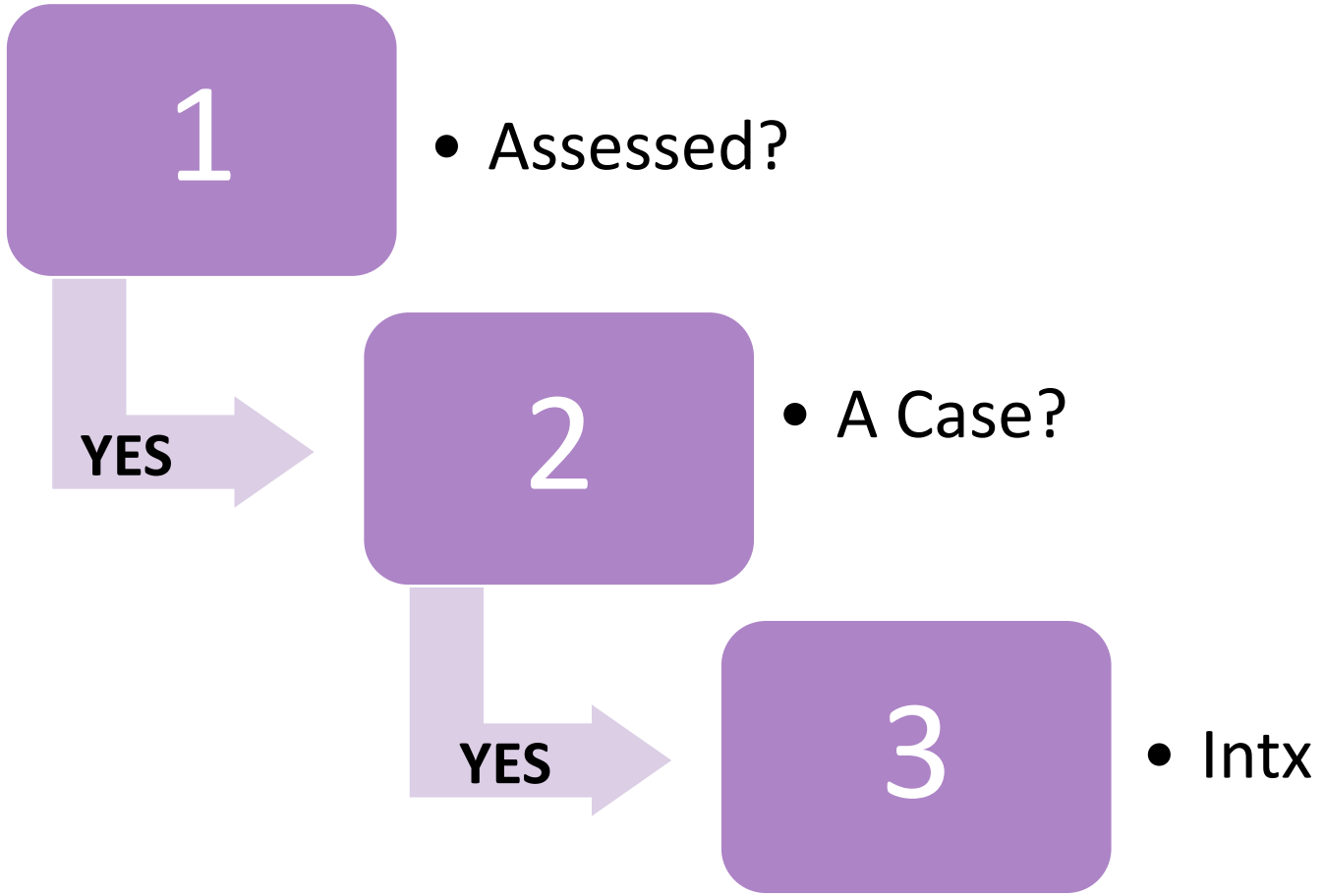
Can enter multiple ethnicities

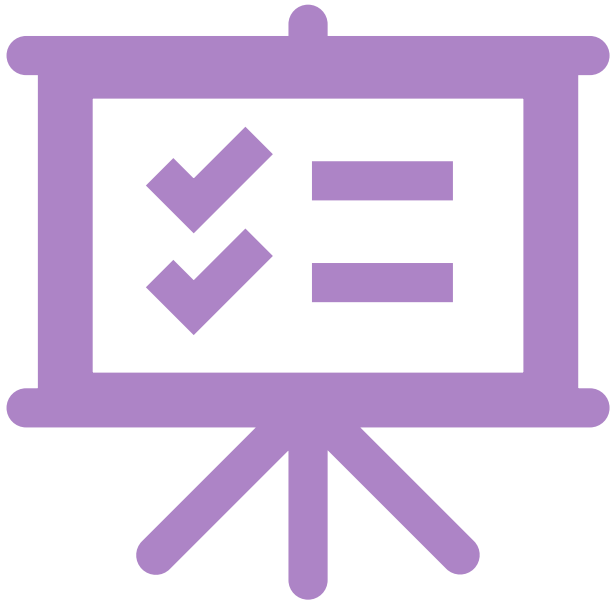


How we use the data…with caution, recognising the limitations

- Māori evaluation team members must lead interpretation (by Māori for Māori).
- Reporting Māori non-Māori is a ‘blunt’ approach.
- Population data cannot tell us about unmet need, failure to respond.
- Institutional racism embedded within health system does not allow for accurate and true experiences of violence within whānau to be known. There are multiple stories behind the data. The data provides only one view.
- “Overall, 2019 VIP snapshot findings show both Māori and non-Māori are under-served, with high variation in the quality and consistency of both IPV and CAN assessment and disclosure rates across target services and DHBs.”

IPV & CAN
Service Delivery Flow – skip patterns





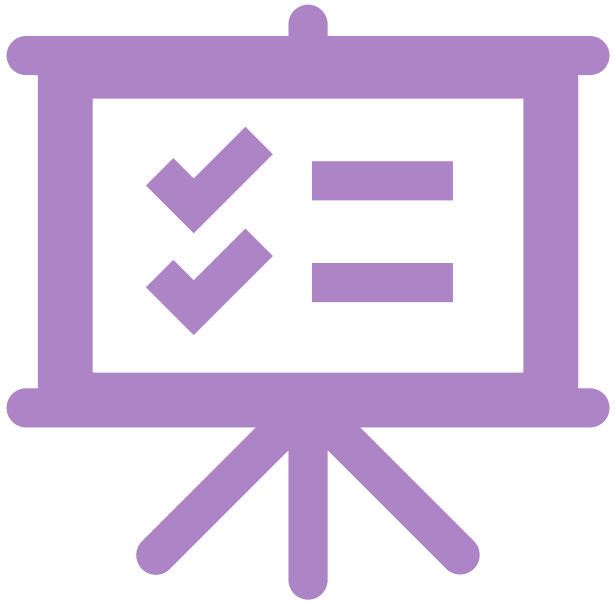
Was a child protection(CP) assessment done?

NO

- No evidence of a CP checklist, flowchart or equivalent in the notes.
- Documentation present but is blank or only partially completed.

YES

- Evidence of a thorough CP assessment (i.e. CP checklist, flowchart or equivalent fully completed including legible signature).



Was a CP concern identified?

NO

- No CP concerns or risk factors of child abuse and neglect were documented.
- Incomplete documentation.

YES

- CP concern (i.e. one or more risk factors) is identified.
- A Report of Concern, suspected child maltreatment or child protection concern is included in the notes.

Consultation. Were identified CP concerns discussed?

NO

- No indication of discussion about CP risk factors and assessment.
- Plan appears inappropriate, unclear or misleading.
- Plan but no indication who the case was discussed with.

YES

- Evidence that consultation occurred with person's name and designation. e.g., senior ED consultant, paediatrician, specialist nurse, SW, OT, or other member of CP MDT. Discussion of the CP risk factors, assessment of the level of risk and plan is recorded.

IPV Routine enquiry (RE)

Was the woman asked the four FVAIG recommended RE questions about IPV occurring in the past 12 months?

NO	There is no documentation that the woman was asked RE questions.
	Documented reason for NOT asking RE questions (such as ‘with partner).
	NO female caregiver. Documented that no female parent, guardian or caregiver for a child health admission.
YES	Documented that woman was asked RE questions about IPV within the past 12 months.
	Woman self-disclosed IPV. (Assume FV assessment followed).
	IPV case identified by referral source (e.g. brought to ED by police post assault). (Assume FV assessment followed).

Was IPV disclosed/identified?

NO	Woman did not disclose IPV.
	Woman was asked RE IPV questions, but no documentation regarding response.
YES	Woman disclosed abuse occurring within the past 12 months.
	IPV case identified by referral source (e.g. brought to ED by police post assault).

Were appropriate referrals made?

NO	No identification in notes that referrals were discussed
	Notes indicate referrals were made, but do not specify to whom, or appear incomplete.
	An offered referral was refused.
YES	Active, Onsite
	Passive, Offsite

Referrals

notion of ‘warm referrals

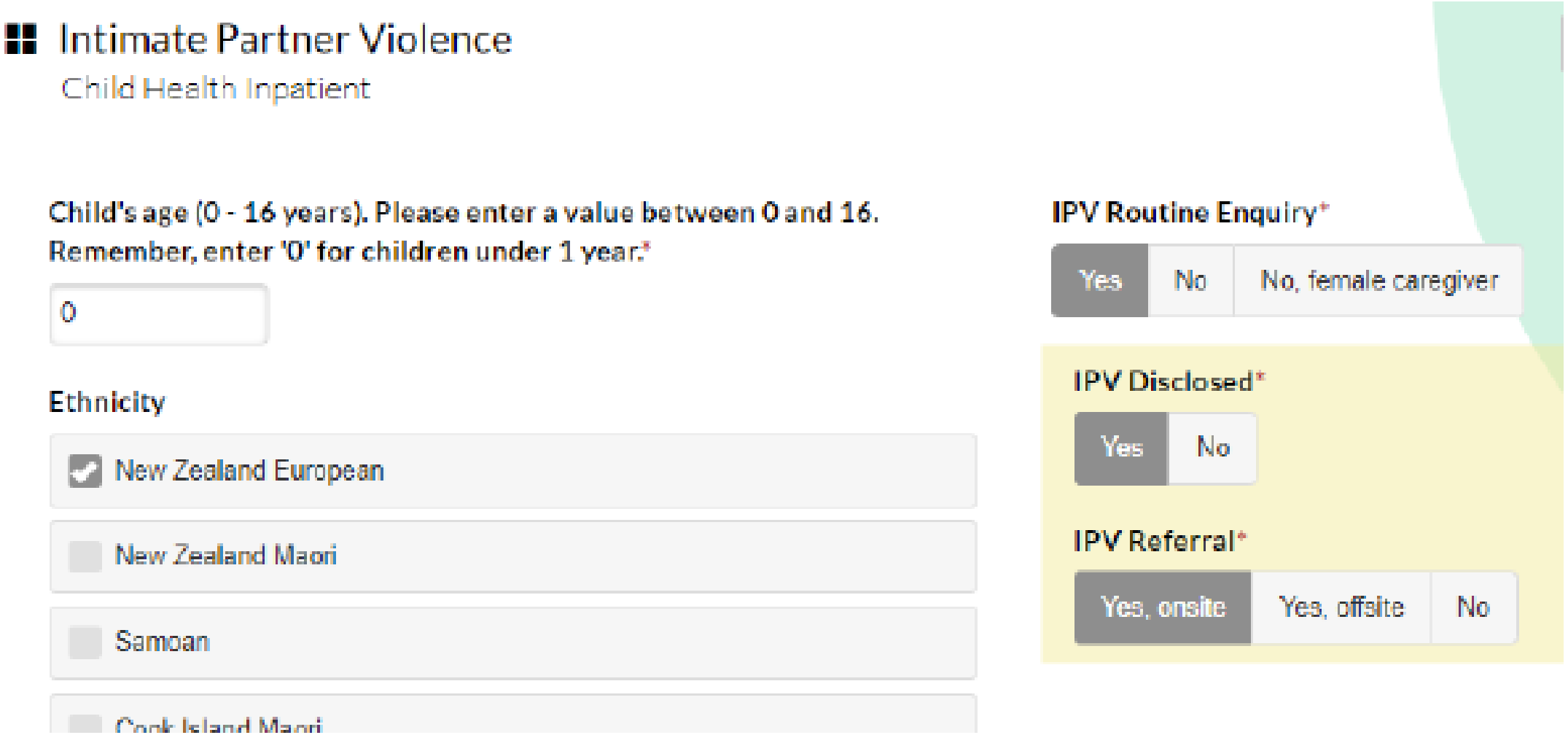
Active (onsite)

Direct referral to timely access for support by a family violence trained specialist who can provide the victim with danger assessment, safety planning and access to community services. (The trained specialist may include for example, police, social worker, or family violence advocate.)

Passive (offsite)

Evidence in notes of appropriate referrals to specialised family violence support. This would include, for example, providing the woman with a brochure with contact information.

IPV


Intimate Partner Violence
Child Health Inpatient
Child's age (0 - 16 years). Please enter a value between 0 and 16. Remember, enter '0' for children under 1 year.*
0
Ethnicity
New Zealand European
New Zealand Maori
Samoan
Cook Island Maori
IPV Routine Enquiry*
Yes
No
No, female caregiver
IPV Disclosed*
Yes
No
IPV Referral*
Yes, onsite
Yes, offsite
No

Next Session #4: Entering the data (offered twice)

- Can I only use the database for the official Snapshot audit?
- What if the services in my locality don't match the ones in the database?
- What if I don't know the percent of current staff who have completed VIP training?
- Does Child Protection screen mean the Child Protection Checklist that is usually done in ED?
- How do I work out ethnicity? Does it have to be one ethnicity?
- Your curly questions

He Patai?

Questions?

How can we assist you?

W: www.aut.ac.nz/vipevaluation

E: vip-eval@aut.ac.nz

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Te Aorerekura (p. 34). Adapted from The Auckland Co-Design Lab and the Southern Initiative, 2021.

Karakia whakamutunga

Kia whakairia te tapu

Kia wātea ai te ara

Kia turuki whakataha ai

Kia turuki whakataha ai

Haumi e. Hui e. Tāiki e!

Restrictions are moved aside So the pathways are clear To return to everyday activities