

Utilizing Joint Commission Standards to Promote Domestic Violence (DV) Education for Hospital Employees

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Standard PC.01.02.09

- **The Hospital Assesses The Patient Who May Be A Victim Of Abuse**

Rationale For PC.01.02.09

- The CDC Estimates “Intimate Partner Abuse Results Each Year In Two Million Injuries To Women And 600,000 Injuries To Men”
- Definition Of DV (Uniform Throughout Your System)

Standard PC.01.02.09 Continued

Elements of Performance For PC.01.02.09

- To Assist With Referrals Of Possible Victims Of Abuse, The Hospital Maintains A List Of Private And Public Community Agencies That Can Provide Or Arrange For Assessment And Care (Applicable To Long Term Care And Home Health Only)
 - National And State Specific Referrals For DV
- The Hospital Educates Staff To Recognize Signs Of Possible Abuse And Their Role In Follow-up Including Reporting Abuse
- The Hospital Has Criteria To Identify The Patient Who May Be A Victim Of Abuse
 - National Consensus Guidelines On Identifying And Responding To Domestic Violence Victimization In Health Care Settings
 - American Medical Association Diagnostic And Treatment Guidelines On Domestic Violence

Standard PC.01.02.09 Continued

Elements Of Performance For PC.01.02.09 (cont.)

- The Hospital Uses Their Criteria To Identify Possible Victims Of Abuse Upon Entry Into The Hospital And On An Ongoing Basis
- The Hospital Internally Reports Cases Of Possible Abuse (Social Service, Security)
 - Learn How To Document DV
 - Information On Photo Documentation And Forensic Evidence Collection
 - Further Information On Confidentiality

Standard PC.01.02.09 Continued

Elements Of Performance For PC.01.02.09 (cont.)

- The Hospital Reports Cases Of Abuse To External Agencies, In Accordance With Law And Regulation
 - State Laws Differ For Child Abuse, Partner Abuse And Elder Abuse. Some States Have Requirements To Report Current Victimization To Law Enforcement Or Social Services
 - Learn Applicable State Statutes
 - View State Codes Specific To DV
 - If You Practice In A State With A Mandated Reporting Law, Inform Patients About Any Limits Of Confidentiality Prior To Conducting Screening

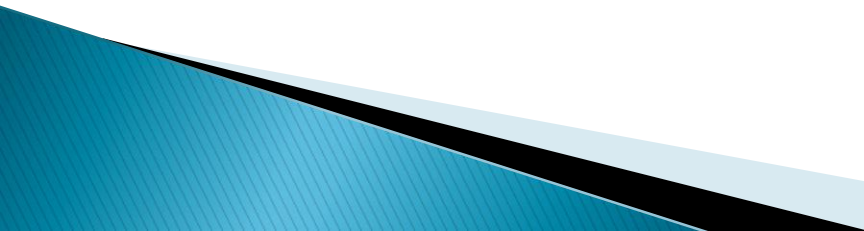
Standard PC.3.10

- Applies To Behavioral Health Only
 - If Your Hospital Has A Behavioral Health Facility Attached, The Standard Applies To You
 - Very Similar To PC.01.02.09

Standard RI.01.06.03

- **The Patient Has A Right To Be Free From Verbal, Mental, Physical, And Sexual Abuse**

Elements Of Performance For RI.01.06.03

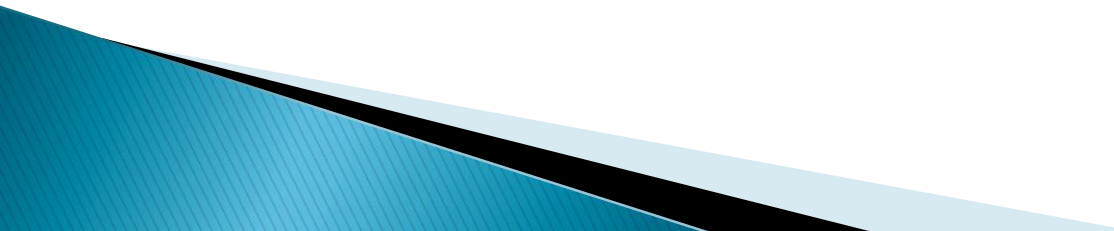
- The Hospital Determines How It Protects The Patient From Abuse While The Patient Is Receiving Care, Treatment, Or Services
 - The Hospital Evaluates All Allegations, Observations And Suspected Cases Of Abuse That Occur Within The Hospital
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Standard RI.01.06.03 Continued

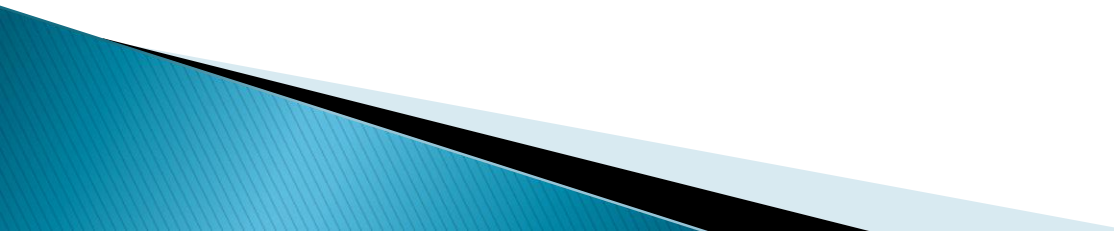
Elements Of Performance For RI.01.06.03

- The Hospital Reports Allegations, Observations, Suspected Cases Of Abuse To Appropriate Authorities Based On Evaluation Of Suspected Events
 - National Consensus Guidelines On Identifying And Responding To DV Victimization In Health Care Settings
 - View State Laws And Regulations Specific To DV

Standard HR.01.05.03

- (1) Staff Participate In Ongoing Education And Training To Maintain Or Increase Their Competency. Staff Participation Is Documented.
 - (5) Staff Participate In Education And Training Specific To The Needs Of The Patient Population Served By The Hospital. Staff Participation Is Documented.
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Summary Of Standards

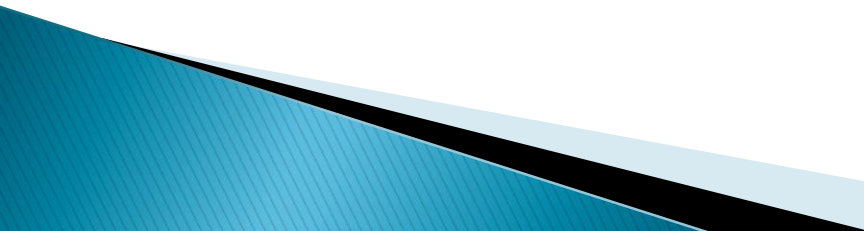
- Criteria For Identifying Victims
 - Staff Education
 - List Of Agencies For Referral
 - Ongoing Screening
 - Assessment And/Or Referral Of Identified Victims
 - Internal Reporting
 - Reporting To Outside Agencies
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Why Educate Hospital/Medical Center Staff?

- Evidence Demonstrates That Victims Of DV Use Medical Services At Least Six Times More Often Than Average Patient
- Victims Of DV Are The “Frequent Fliers” For Chronic Back Pain, Chronic Abdominal Pain, Migraines, Etc.
- Nurses Have At Least As High Or Higher Incidence Of DV In Their Personal Lives (Staff Issue)
- Futures Without Violence Points Out That “Most Americans Are Seen At Some Point By A Health Care Provider And The Health Care Setting Offers A Critical Opportunity For Early Identification And Even Primary Prevention of Abuse”

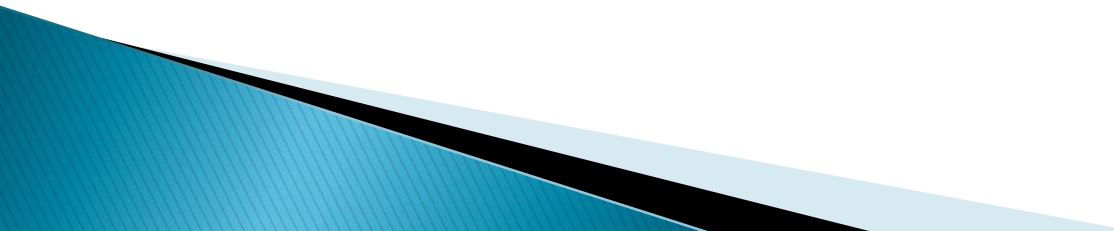
Why Educate Hospital Staff ?

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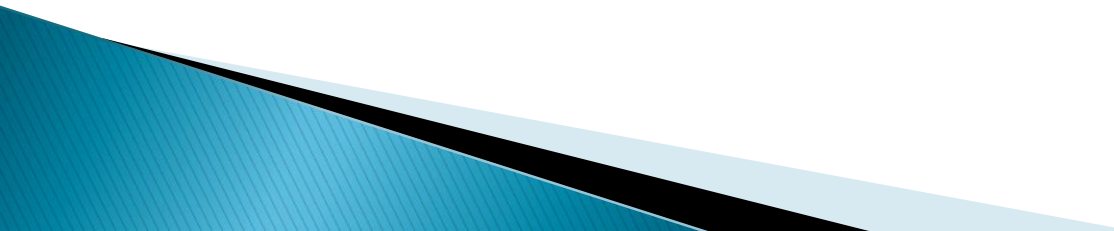
- Some Victims Never See A Courtroom Or Inside Of A Police Station
 - Environmental Services Or Nutrition May Be In The Patient's Room And Overhear Something That Should Be Reported. If Their Awareness Is Not Raised They Will Not Know To Report It To The Patient's Nurse
 - Many Colleges Of Nursing And Colleges Of Medicine Either Do Not Include DV Education In The Curriculum Or If They Do, It Is Minimal And Not Integrated
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Why Educate Hospital Staff ?

Continued

- We Screen For Many Other Issues, i.e. Alcohol Use, Tobacco Use, Sexually Transmitted Diseases, Number Of Sexual Partners, Last Bowel Movement, Last Menstrual Period, Etc.
 - We Need To Screen For DV; This Is Very Important Health Information That We Need To Know To Give Our Patients The Very Best Care Possible
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How To Begin ?

- Contact The Joint Commission In Your State And Ask How To Best Prepare To Be Surveyed On DV And If They Have a Safety Goal Related To DV
 - Contact Hospital Staff Responsible For Joint Commission Preparation
 - Obtain Champions Such As Physicians, Nurse Administrators, Educators, Etc.
 - Take DV Content Through Necessary Departments (Education And Development, Councils, Etc.); Need To Acquire “Buy-In” And Obtain Support
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Next Steps

- Educate Existing Employees First Or Simultaneously
 - Group Offerings (Begin With These)
 - Through The Intranet
- Existing Employees As Well As New Employees Need To Be Aware
 - New Nurse Vs. Experienced Nurse

Next Steps Continued

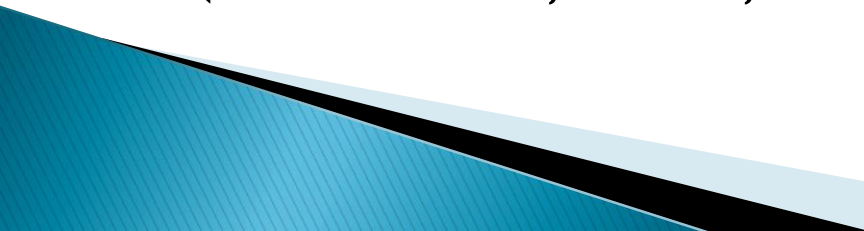
- Place DV Education For Existing Employees On Intranet–Involve IT
- Once It “Goes Live”, Work Out Glitches
- Be Certain You Are Doing Testing At The End Of The Information
- If Employees Are Being Tested, It Lends Credence To The Information And Strongly Suggests They Will Read It More Carefully
 - Must Obtain A Score Of 80%
- The Reason To Assess The Patient For DV Is NOT Because It Is A Joint Commission Requirement, It Is To Provide The Very Best Care Possible, It Is The Right Thing To Do, And You May Save Someone’s Life

Developing Effective Community Partnerships

- **History And Council Structure**

- 27 Councils
- Beginning In 1993
- Completed In 2006
- Judicially Lead By Chief Judge In Each Circuit
- 23 Coordinators Who Facilitate The Efforts Of The Council
 - Establish A Forum To Discuss Information In Order To Promote A Coordinated Response In The Community
 - Improve Institutional And Professional Response
 - Engages In Education, Prevention, And Coordination Of Intervention And Services For Victims And Perpetrators Of Domestic Violence
 - Contributes To The Improvement Of The Legal System And Administration Of Justice

Developing Effective Community Partnerships Continued

- Education In The Schools
 - Conferences For Healthcare
 - Develop Protocols
 - Raise Community Awareness
 - Provide Resources And Referrals To Domestic Violence Agencies
 - Collaborate With The Family Justice Center
 - Provide Training For Law Enforcement
 - Establish Multi-Disciplinary Committees (Healthcare, Elder, Etc.)
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Funding For Inter-Disciplinary Initiatives

- Research Grant Opportunities
 - Received Appellate Prosecutors Grant For Strengthening Prosecution Of Domestic Violence And Sexual Assault Cases
 - Through Grant, Collaboration With Four Hospitals, Illinois Institute For Addiction Recovery, The Center For Prevention Of Abuse, And Family Justice Center Resulted In A Conference: “The New Agenda For Healthcare: The Joint Commission Standard For Follow-Up In Domestic Violence”
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