



Pediatric Champions

A Program of ISF

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Disclosures

Project funded by The Thomas Scattergood
Behavioral Health Foundation



Learning Objectives

1. Identify a multi-faceted approach to improving screening and response to IPV in pediatrics & obstetrics settings;
2. Understand common barriers to implementing routine IPV screening in these clinical settings and strategies to overcome these barriers;
3. Recognize how to use a quality improvement (QI) tool to evaluate clinical IPV practices and to design a strategic plan based on the clinic's strengths and needs.



The goal of the Pediatric Champions project is to identify, coach, and mentor the leadership of regional clinical and academic champions committed to addressing intimate partner violence in their pediatric and/or obstetric settings.

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Why Pediatric Champions?

- ✓ Most studies cite that 5-15% of pregnant women experience abuse
- ✓ Over 15 million children in US exposed each year
- ✓ Childhood IPV exposure associated with adverse health consequences
- ✓ ACOG, AAP, and IOM recommend routine screening
- ✓ Many providers do not screen



Characteristics of Successful IPV Screening Programs in Health Care Settings:

What Most Improves Provider Self-Efficacy?

1. Institutional Support
2. Effective Screening Protocols
3. Thorough Initial and Ongoing Training
4. Immediate Access/Referrals to Onsite and/or Offsite Support Services- Most effective programs had ONSITE counselor

Pediatric Champion Objectives

The Pediatric Champions Project sought to help participating sites:

1. Understand the health impact of child IPV exposure;
2. Develop comprehensive protocols to screen caregivers for IPV exposure; and
3. Connect with community resources to respond to affirmative responses.



Step 1: Engaging Health Care Teams



- Cooper University Hospital
Ambulatory Pediatric Practice
- Einstein Medical Center
Pediatric Clinics
- Holy Redeemer Health Systems
Pediatric and Obstetric Practices



Step 2: Enlisting a Team of National Advisors

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Johns Hopkins Children's Center

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Center for Non Violence and Social Justice, Drexel University School of Public Health

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The Philadelphia Collaborative Violence Prevention Center, CHOP

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Texas Children's Health Plan

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Child Witness to Violence Project, Boston

Mario Cruz, MD

Maria McColgan, MD, Med

Lee Pachter, DO

St. Christopher's Hospital for Children

Lutheran Settlement House

Bi-Lingual DV Program



Step 3: Team Teaching through Grand Rounds/Webinars

- ✓ As kickoff, ISF sponsored Grand Rounds about impact of IPV on child health and IPV screening
- ✓ Followed that day by meeting of Pediatric Champion Teams
- ✓ 5 additional “booster” trainings delivered in person and also via webinar
- ✓ ISF also provided ongoing support and technical assistance

Pre-Project Data about Participants

- ✓ 91 pediatricians and obstetricians; 64% female
- ✓ Physicians felt that they should screen for IPV, but only 47% currently screened caregivers
 - *67% screened less than half of the time.
- ✓ The majority were somewhat (75%) or not at all (13%) familiar with the health effects of childhood IPV exposure.
- ✓ Only 7% felt very comfortable dealing with a positive IPV screen.

Pre-Project Data about Participants

Physicians' Practices Related to Family Violence

	Yes	No
Do you have contact information for IPV services in your area?	33%	67%
Do you talk to new parents about early brain development, effects of trauma on brain, and potential for brain to heal and grow?	27%	73%
If offered training on how to screen and intervene with parents/caregivers experiencing IPV, would you take it?	71%	11%



Step 4: Rapid Assessment/Quality Improvement Tool for Domestic Violence

- ✓ Developed by neuroscientist, Linda Chamberlain, PhD, MPH
- ✓ Each program completed QI instrument at first Grand Rounds as a needs assessment and planning guide
- ✓ Assisted Pediatric Champions teams in developing strategic plan and charting their progress in terms of program development and implementation.
- ✓ Key component was to facilitate relationships with domestic violence services that are working on site



Initial Needs of Three Programs and Lessons Learned

- ✓ Each site at a different place with a different need
- ✓ Some with more “in place”
 - ✓ For example, Einstein had written IPV screening protocol, but not all staff completed IPV-related trainings
- ✓ ISF and advisors used results on QI to help three programs develop strategic plans



Common Barriers & Strategies Used to Address Barriers

- ✓ Providers need to know what to do/have an “intervention” if they are asked to screen
- ✓ Time. Time. Time.
- ✓ How to screen the caregiver without the children in room?
- ✓ Solution: Having an on-site DV Advocate and Pediatric Champions



Einstein as an Example

- ✓ Academic medical center serving North Philadelphia
- ✓ Comprised of Pediatric & Adolescent Ambulatory Center, Community Health Sites, Obstetric practices
- ✓ Patients predominantly African American and Medicaid insured
- ✓ Before Pediatric Champions, recognized IPV as an issue and desired a change, but no plan
- ✓ Described on QI, no protocols for screening or intervention



Einstein as an Example

- ✓ Formed DV Task Force to explore options. Comprised of OB, Pediatrics, Nurses, Social Work, Administrators. Met monthly.
- ✓ Obtained funding to hire a part-time DV Counselor
- ✓ Established screening tools for each area (OB, Peds)
- ✓ Heightened awareness
- ✓ Trained physicians and staff in peds/adolescent
- ✓ Implemented screening in two sites



Einstein as an Example

- ✓ Implement Screening at Other Sites
 - ◆ Post-partum floors
 - ◆ OB/Academic Practice (Train staff; interdisciplinary approach)
- ✓ Ongoing Training – ID Barriers
- ✓ Obtain full time domestic violence counselor
 - ◆ Collect data/establish need: pre-post screening



Importance of Multi-faceted Approach to IPV Screening

- ✓ Advocacy Leadership Model promotes leadership, teamwork, shared organization values and goals, multidisciplinary teams and intervention, buy-in from top-level administrators
- ✓ Value/importance of expanding medical home concept to include on-site services/co-location of services

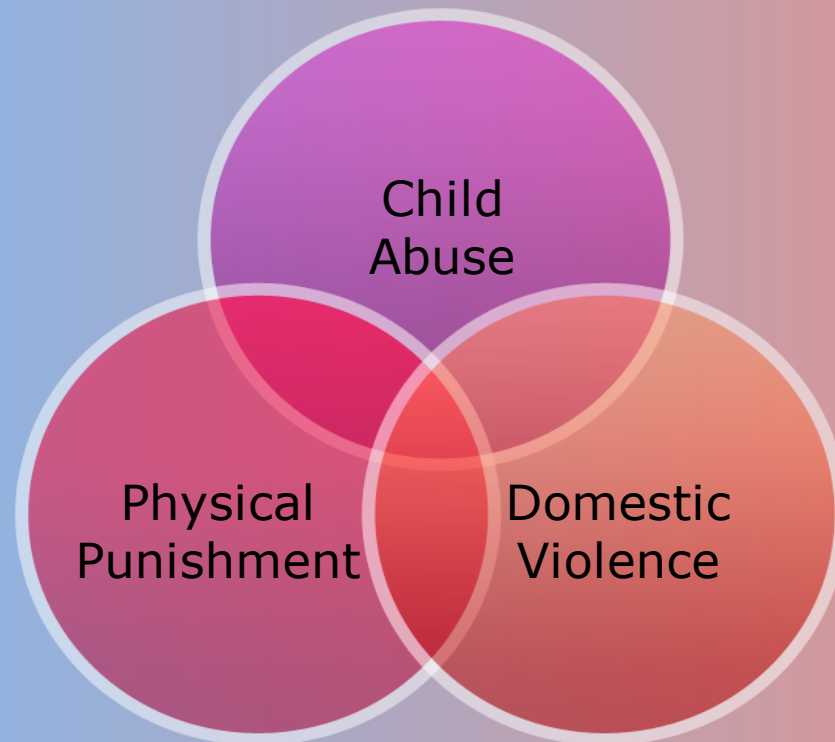


Next Steps

- ✓ Support Pediatric Champion teams to develop second phase – CAMP (Children & Moms Project)
- ✓ Promote policy development and fully-funded on-site IPV intervention
- ✓ Establish 8 new Pediatric Champions in City health centers
- ✓ Form The Philadelphia ACE Taskforce – going beyond IPV screening to include a range of toxic stressors



Making the Connection: Screening for Toxic Stress



AAP & Toxic Stress

“In addition to the currently recommended screenings at 9, 18, and 24/36 months to assess children for developmental delays, pediatric practices have been asked to consider implementing standardized measures to identify other family- or community-level factors that put children at risk for toxic stress”
- AAP Dec 2011



“There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace.”

Kofi Annan

7th Secretary-General of the United Nations