



Improvement
INSTITUTE

Domestic Violence Screening in Women's Health: Rooming Alone

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Sponsors: Kelli Kane Senior Operations Director and Simon Payne MD Area Medical Director

What Are We Trying to Accomplish?

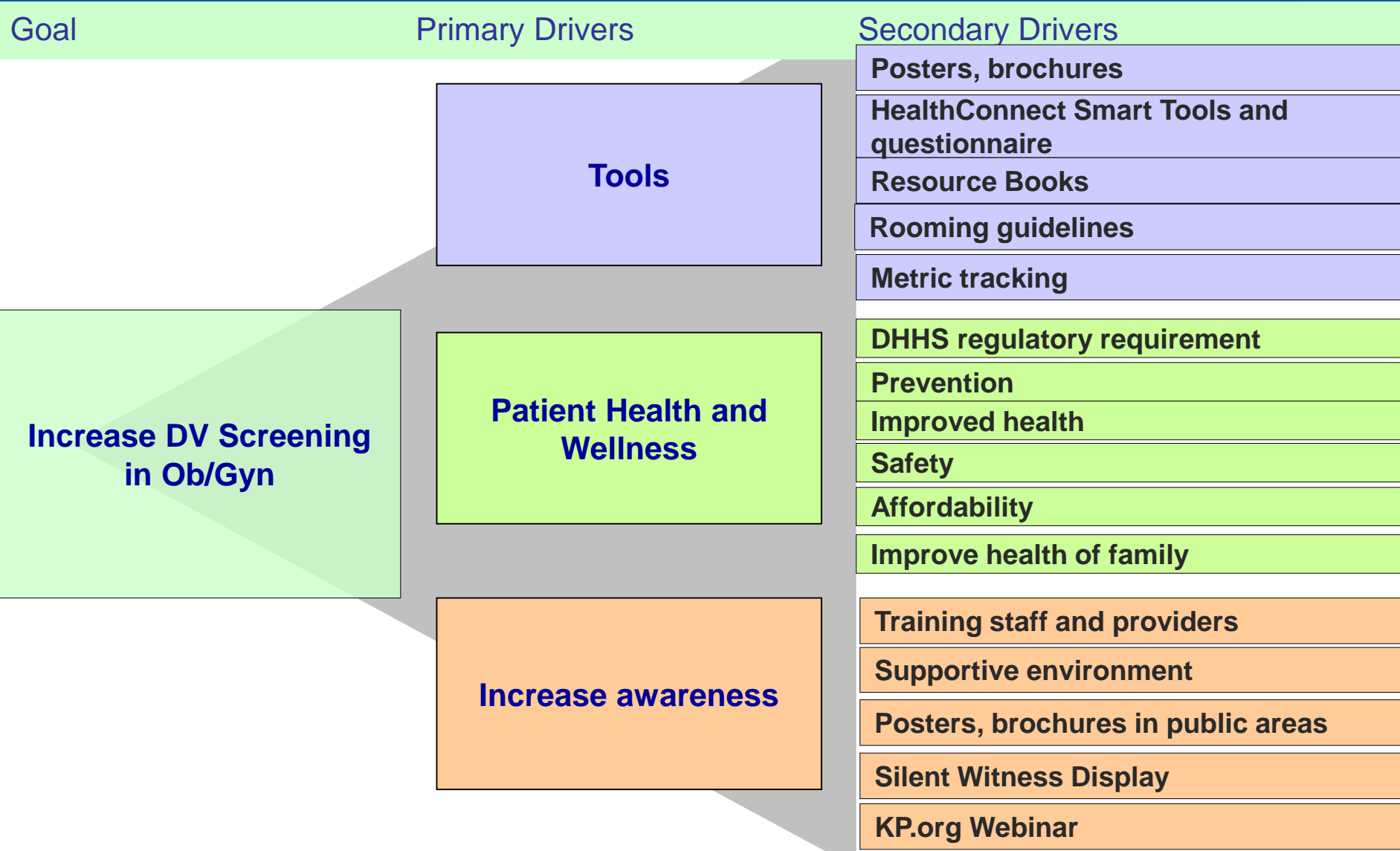
- Project Background

- In 2011, Health and Human Services (HHS) mandated that all women and adolescent girls be screened and counseled for domestic violence as part of prevention services. When DV screening is left to the medical providers, there is no formal way of documenting and tracking domestic violence screening.

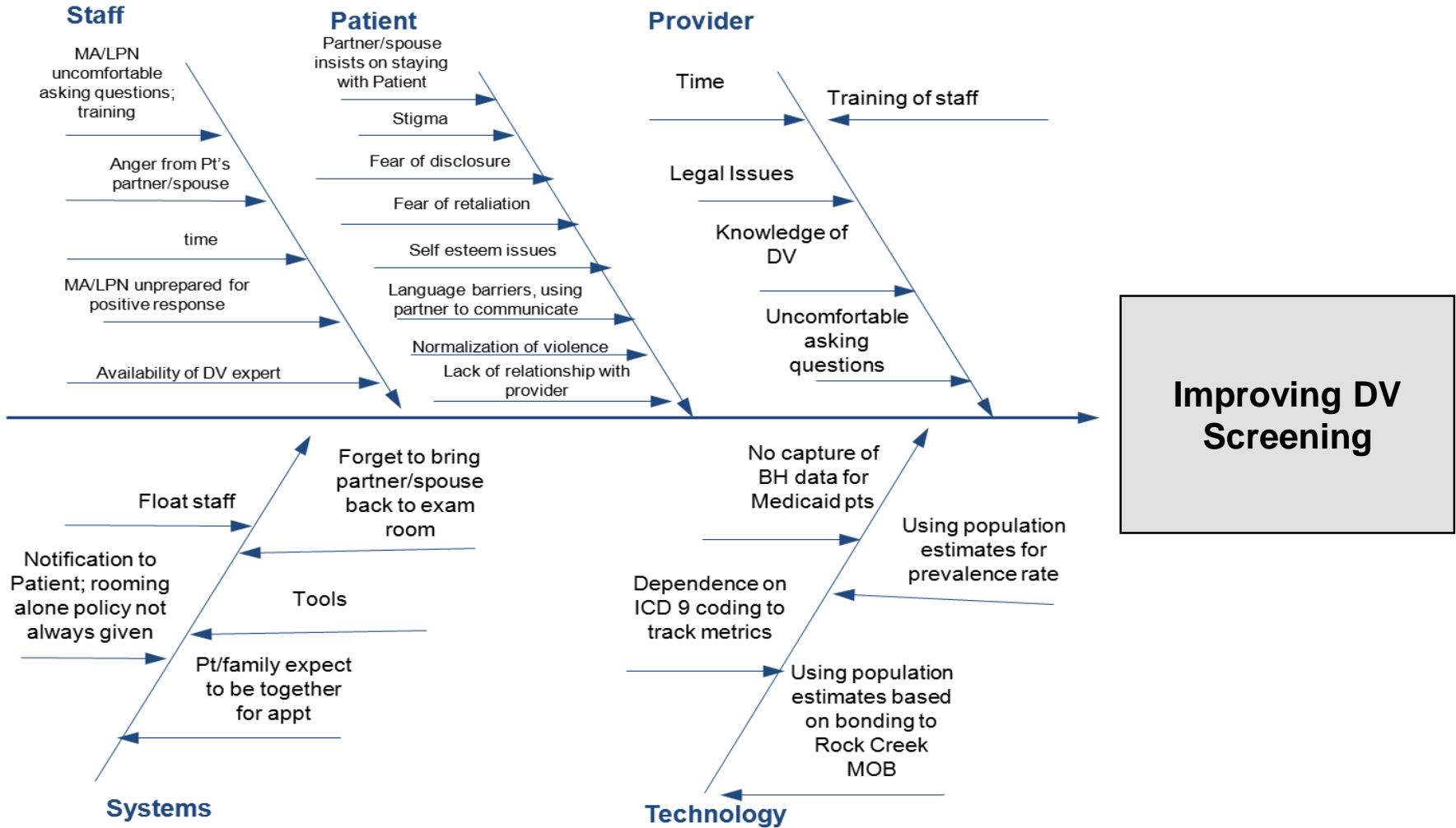
- SMART Goal

- Increase Domestic Violence screening in Ob/Gyn at Rock Creek from 0% to 50% by February 1, 2014.
- Screening questionnaire tool was chosen due to simplicity of measurement vs tracking the % of patients identified with domestic violence since the actual population of women experiencing domestic violence is unknown.
- It is a sequential goal leading to increasing identification of patients experiencing domestic violence and to provide quality service to include behavioral health care to these members.

Quality Roadmap: Drivers of Quality



Identifying Barriers



Provider Barriers to Screening

- Time
- Privacy (family members present)
- Fear of offending patient
- Unfamiliar with resources and reporting obligations

Project Implementation

Project Deliverables	Due Date	Status
Baseline data collected, goal set	Jan 2011-Aug 2013; goal set Sept 2013	Completed
Sponsor/champion engaged, team kickoff	Sept 2013	Completed
Project charter finalized	Sept 2013	Completed
Process development	Oct 2013	Completed
Set of changes identified through PDSAs	Sept 2013-Feb 2014	Ongoing
Annotated run/control charts showing results	Feb 2014	
Sustainability plan with project manager assigned	July 2014	Ongoing

Rooming Alone Process

- MA brings patient back alone for intake and processing
- MA asks DV screening questions
 1. Within the past year, has your partner or anyone else hit, slapped, kicked, or otherwise physically hurt you?
 2. Within the past year, has your partner or anyone else forced you to participate in unwanted sexual activities?
 3. Are you afraid of your partner or anyone else?
 4. Patient could not be roomed alone or refused screening.

DV Questionnaire

Hyperspace - GEN SURG FRNK - MASTER - HCPRDCOM PRODCOM

Epic Apts View Sched Arrived Dept Apts Staff Dly Wait List Confirm Resched Cpy Tmplt Edt Tmplt Open Case Print Log Out

Zz,Test

Zz, Test Joe MRN: 900856786 PCP: None Pt Comm Pref None Allergies No Known A... **FYI** BMI: None Benefit Plan: None
 Female, 14 year... Loc: WATERP... None **NEW MEMBER...** BSA: 0.71 m2 kp.org: Active

Questionnaires Close

Current Questionnaires

DV SCREENING DOMVIOL CO [1370]

Add Remove Restore

Adv	Question	Answer	Comment
	DV SCREENING DOMVIOL CO		
	In the past year, has your partner or anyone else hit, slapped, kicked, or otherwise physically hurt you?		
	In the past year, has your partner or anyone else forced you to participate in unwanted sexual activity?		
	Are you afraid of your partner or anyone else?		
	Patient could not be roomed alone today or refused screening		

SARAH D. CC'd Charts Staff Message Letters-Unsent Patient Call Email 9:37 AM

Positive Screen Workflow

- MA informs the trained RN and the provider of a positive screening response.
- RN with DV expertise to review the answers on the questionnaire and assess patient as soon as possible using the DV SmartSet.
- Document conversation as guided by DV SmartSet Progress Notes “Charting (with current injury) or “Charting (without current injury).
- Provide educational handouts from DV Smart Set Patient Instructions, or wallet-size resource card.
- During this time MA to communicate with guest as needed
- If guest becomes agitated, notify a manager and call security or 911.

Domestic Violence Smart Set

Zztest- Will Not Go To Cm... MRN 1010 Age 26 year Sex F Mult PCP Culig, Pamela L (Np) PCP Loc Waterpark I Allergies Acetaminophen, Vicodin, No Lab Alert N Spec Feat N kp.org Inactive

DOMESTIC VIOLENCE ASSESSMENT CO

Association Primary Dx Edit Item Favorite Pharmacy Providers Questionnaire Health Maint Accept/Pend Sign Sign/Print Cancel

GUIDELINES AND QUESTIONNAIRES

- ▼ Clinical Practice Guidelines
 - DOMESTIC VIOLENCE CLINICAL PRACTICE GUIDELINES - NW (Right Click to View)
 - For screening and danger assessment tool, click Questionnaire on toolbar above.
 - If questionnaire is used with a clinic visit for a medical condition or assault, consider using Progress Note
- ▼ PROGRESS NOTES
 - ▼ Progress Notes
 - CHARTING (With Current Injury) [20995]
 - CHARTING (Without Current Injury) [20980]
 - DV REQUEST FOR MENTAL HEALTH OUTREACH (Complete outreach - then route to "p MH") [
 - BLANK (FOR PERSONAL SMARTPHRASES)
- ▼ DIAGNOSES (Right Click to add Comments)
 - ▼ Diagnoses for Domestic Violence
 - DOMESTIC VIOLENCE [995.81A]
 - ADULT ABUSE, PHYSICAL [995.81B]
 - ADULT ABUSE, EMOTIONAL [995.82A]
 - ADULT ABUSE, SEXUAL [995.83A]
 - VICTIM OF PHYSICAL ABUSE IN MARITAL OR PARTNER RELATIONSHIP, COUNSELING [V61.11A]
 - COUNSELING FOR VICTIM OF SPOUSAL OR PARTNER ABUSE [V61.11B]
 - COUNSELING/EDUC. DOMESTIC VIOLENCE, INDIV/GRP. [V61.10E]
 - DOMESTIC VIOLENCE RESPONSE TEAM REFERRAL IN MARITAL OR PARTNER RELATION
 - DOMESTIC VIOLENCE, OBSERVATION AND EVALUATION [V71.6E]
 - Diagnoses - Other. Use only if no DV-specific diagnosis applies, or for contraception
- ▼ EMERGENT AND ROUTINE PHONE NUMBERS

SmartSet Notes

Legend

- Standing order
- Future order
- Interaction alert
- Previously defaulted

Right click data row to edit. Loading SmartSet succeeded.

CRISTIN S P RESULTS, Addendum Notification, CC'd Charts, My Open Encounters, Patient Call, Email, Result Notes 2:28 PM

Patient Handout



Domestic Violence

You have the right to be safe!

Is someone hitting or threatening you? That's abuse. It's a crime. Help is available to you and your children.

Are you being abused?

If you are unsure whether your relationship is abusive, here are some questions to ask. Does your partner:

- Hit, shove, slap, kick, or choke you?
- Threaten to hurt or kill you?
- Regularly humiliate or belittle you?
- Hurt your pets or destroy things that are special to you?
- Blame you for the abuse he or she commits?
- Limit where you can go, what you can do, and who to talk to
- Force you to have sex against your will?

If you answered "yes" to any of these questions, you are in an abusive relationship.

What should you do?

Seek support. Help may come from friends, family members, neighbors, health care workers or one of the agencies listed on the back of this sheet. Talk to them in a private, safe place.

If you think a friend is being abused

- Call 911 if an assault is occurring now.
- Don't downplay the danger.
- Don't judge your friend's choices. They may feel they have nowhere to go, or that it is their fault.
- Give emotional support. Your friend may feel hurt, angry, afraid, ashamed or trapped. They may love the abuser.
- Offer to help with childcare or transportation.
- Express concern for your friend's safety.
- Tell your friend about agencies that can help. (See the back of this page for resources.)

Services for Kaiser Permanente members

■ **Crisis:** Call 911 if you are in immediate danger, or call a crisis line listed on the back.

■ **Call 303-338-4545** to find out about group or individual counseling services from Kaiser Permanente.

National Domestic Hotline 1-800-799-7233 | 1-800-787-3224 (TTY)

Shelter Referral Line 303-561-2222 or 2211
Provides daily updated info on local shelter availability and referrals to health related community resources

DOVE

Voice/TTY: Office, 303-831-7932, Crisis, 303-831-7874
Support services for abused deaf women and children. **Colorado Anti-Violence Program** Crisis 303-852-5094 Toll free 888-557-4441 Support for Lesbian, Gay, Bi, Trans victims of partner abuse/other violence.



Resources, Crisis Counseling, and Hotlines

Adams County

Alternatives to Family Violence, 303-289-4441

Arapahoe County

Gateway Battered Women's Services, 303-343-1851

Boulder County

SafeHouse Progressive Alliance for Nonviolence, 303-444-2424

Clear Creek

County Advocates, 303-569-3126

Conifer

Mountain Resource Center, 303-838-7552

Denver County

SafeHouse Denver, Inc., 303-318-9989

Catholic Charities - Father Ed Judy House 303.866.7641

Volunteers of America - Brandon Center 303.620.9190

Douglas/Elbert County

Women's Crisis & Family Outreach Center, 303-688-8484

Jefferson County

Family Tree/Women in Crisis, 303-420-6752

Larimer County (Estes Park)

Estes Valley Victim Advocates 970.577.9781

Larimer County (Ft. Collins)

Crossroads Safehouse* 888.541.7233

Larimer County (Loveland)

Alternatives to Violence 970.278.2083

Longmont/Niwot

Safe Shelter of St. Vrain Valley, 303-772-4422

Pueblo County

YWCA of Pueblo Family Crisis Shelter* 719.545.8195

Weld County

A Woman's Place 970.356.4226

Safety Plan Checklist

1. **Call 911** if you are in immediate danger.
2. **Talk** to someone you trust. Ask for help in case you need to leave.
3. **Call** the numbers on this sheet. You can get help in planning ways to stay safe.
4. **Plan** where you will go and how to get there. Locate the nearest safe phones. Remember, you might need to leave in the middle of the night.
5. **Teach** your children how to call 911 in an emergency.
6. **Pack** a bag that won't be missed. Hide the packed bag or keep it with someone you trust. Pack these items:
 - Cash (including coins for phone calls) and checks
 - Clothes and personal items for you and the children
 - Medications
 - House and car keys
 - Important phone numbers
 - Copies of important papers: driver's license/picture ID, birth certificates, passports, health insurance, food stamps, house and car titles, rent receipts, marriage license, immunization records
 - Special toys or books for your children

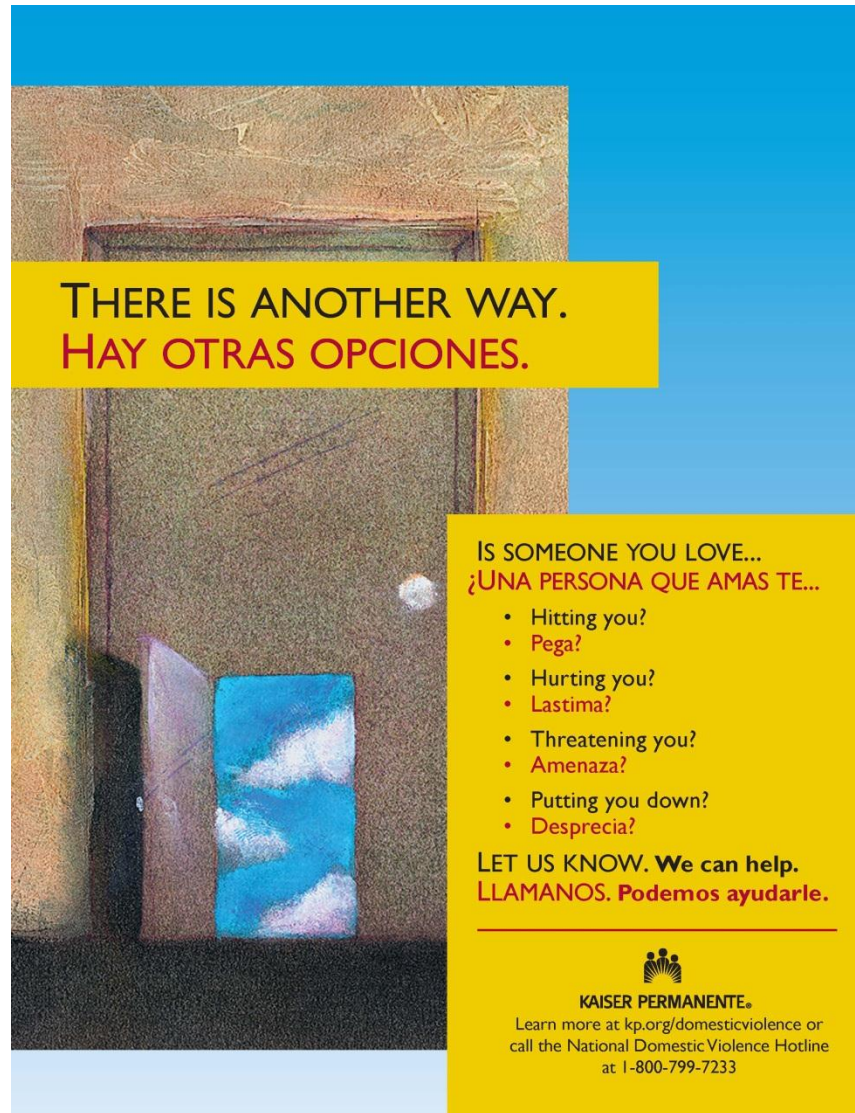
Positive Screen Workflow (Con' t)

- RN to document a DV diagnosis and place in problem list. Domestic violence diagnoses are confidential and will not display in kp.org.
- RN to make report to the police, if the encounter meets criteria for mandatory reporting.
- After assessment, provider to complete visit or reschedule as appropriate.
- Provider to reinforce the importance of the above intervention, offer further support as necessary and address issue in subsequent visits.
- All patients may be referred to the on-site Behavioral Medicine Specialist for counseling and connection with community resources

Implementing Rooming Alone

- Training in workflow for the entire team
- Training for all MA/LPNs in scripting
- Training for all RNs in DV management and coordination of care
- Privacy posters in waiting & other public areas; privacy flyers in initial phase

Exam Room Poster


The poster features a textured, painterly background of a doorway. The door is slightly ajar, revealing a bright blue sky with white clouds. The text is overlaid on yellow rectangular boxes. The top box contains the text 'THERE IS ANOTHER WAY. HAY OTRAS OPCIONES.' The middle box contains a list of questions in English and Spanish. The bottom box contains the text 'LET US KNOW. We can help. LLAMANOS. Podemos ayudarle.' and the Kaiser Permanente logo and contact information.

**THERE IS ANOTHER WAY.
HAY OTRAS OPCIONES.**


**IS SOMEONE YOU LOVE...
¿UNA PERSONA QUE AMAS TE...**

- Hitting you?
• Pega?
- Hurting you?
• Lastima?
- Threatening you?
• Amenaza?
- Putting you down?
• Desprecia?

**LET US KNOW. We can help.
LLAMANOS. Podemos ayudarle.**


KAISER PERMANENTE.
Learn more at kp.org/domesticviolence or
call the National Domestic Violence Hotline
at 1-800-799-7233

Rooming Alone Handout



Your privacy matters.

Su privacidad es importante

The confidentiality of the patient-provider relationship is important to us. That's why we ask family members and friends to remain in the waiting area during the initial intake. Afterward, at the patient's request, family or friends may be invited into the exam room.


Thank you for your understanding and support.

Kaiser Permanente protects the privacy and security of your personal information in accordance with state and federal laws.

La confidencialidad de la relación entre el paciente y el médico **es importante** para nosotros. Por eso pedimos que la familia y los amigos se queden en la sala de espera durante el inicio de la cita. Después, se podrían invitar la familia y los amigos a la sala de examen del paciente si se les pide.

Le agradeceremos su comprensión y asistencia.

Kaiser Permanente protegé la privacidad y seguridad de su información médica personal de conformidad con las leyes estatales y federales.



Laminated Questionnaire

If screening questionnaire cannot be read aloud



Women's Health

Family Violence Prevention

In the past year, has your partner or anyone else hit, slapped, kicked, or otherwise physically hurt you?

- Yes
- No

In the past year, has your partner or anyone else forced you to participate in unwanted sexual activity?

- Yes
- No

Are you afraid of your partner or anyone else?

- Yes
- No

I decline to answer these questions today.

- Yes



Salud de la mujer

Prevención de la violencia familiar

¿En el último año su pareja u otra persona le han pegado, pateado o golpeado físicamente?

- Si
- No

¿En el último año su pareja u otra persona, la ha forzado a participar en actos sexuales en contra de su voluntad?

- Si
- No

¿Le teme a su pareja u a otra persona?

- Si
- No

Me rehúso a contestar estas preguntas el día de hoy.

- Si



Patient Satisfaction Survey



KAISER PERMANENTE OBGYN DEPARTMENT

Thank you for visiting the OBGYN Department today. We highly value your opinion and feedback. We would like to know how you think we are doing on service and if we met your expectations. Please Circle 'Yes' or 'No' for each question below.

- | | | |
|--|-----|----|
| 1. Were you brought back to the exam room alone (children excluded) today? | Yes | No |
| 2. Were you offered the opportunity to privately discuss any confidential concerns with your provider? | Yes | No |
| 3. Did anyone offer to bring your guest back later in the appointment? | Yes | No |
| 4. Were you asked a series of questions related to domestic violence? | Yes | No |
| 5. If you answered yes to any of the questions, did you receive the support and resources you needed? | Yes | No |

If you would like for someone to follow up with additional domestic violence resources please leave your contact information opposite side of this page.



(over for comments)



KAISER PERMANENTE OBGYN DEPARTMENT

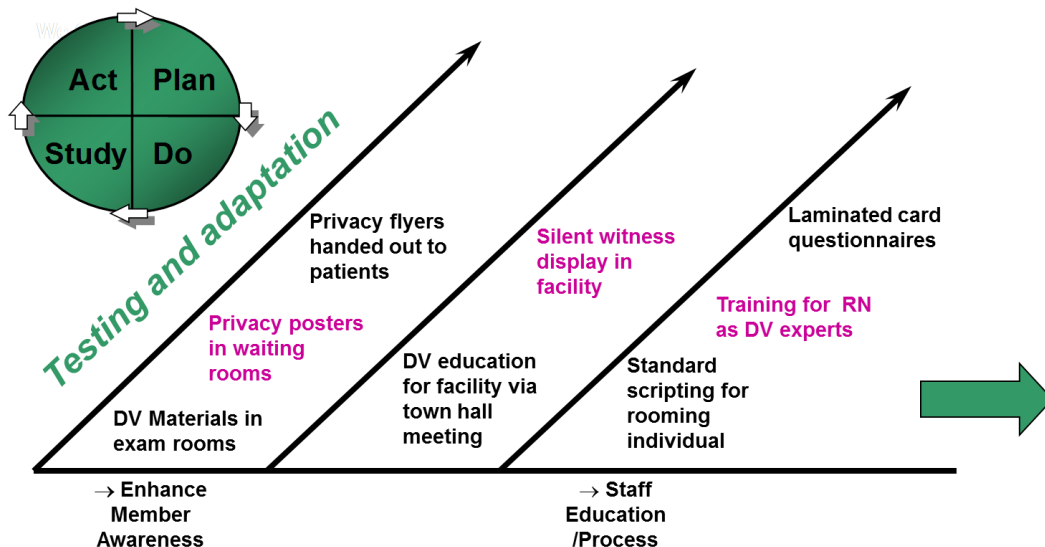
Please provide any additional comments about the service we provided during your visit.

If you would like a member of our staff to follow up with additional resources regarding domestic violence please leave your name and contact information below.



What Changes Lead to Improvement?

Change Concept	PDSAs	Adopt, Adapt, Abandon?
Room patient alone to ask DV questions in private	Use posters to notify patients of the new rooming alone process	Adapt
Increase notification of families about rooming alone process	Use flyers in addition to posters to notify patients of rooming alone process	Adopt
Modify questionnaire to address privacy	Started with verbal questionnaire and then added a laminated card to administer questionnaire silently where patients could point to response when young child was present	Adapt then adopt
Capture reasons for which questionnaire is not completed	Add 4 th question to questionnaire for patient refusal to be roomed alone or answer questionnaire	Adapt
Provide more inclusive screening for violence	Generalized questionnaire terminology from 'your partner' to 'your partner or anyone else'	Adapt



How Will We Know a Change Is an Improvement?

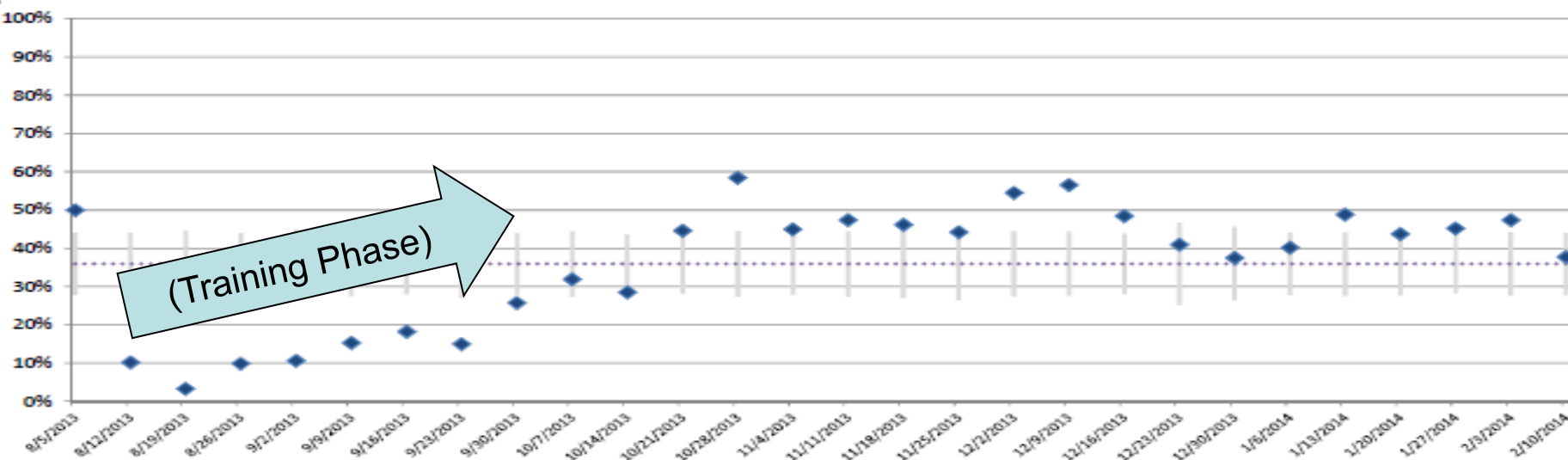
Improvement INSTITUTE

Family of Measures

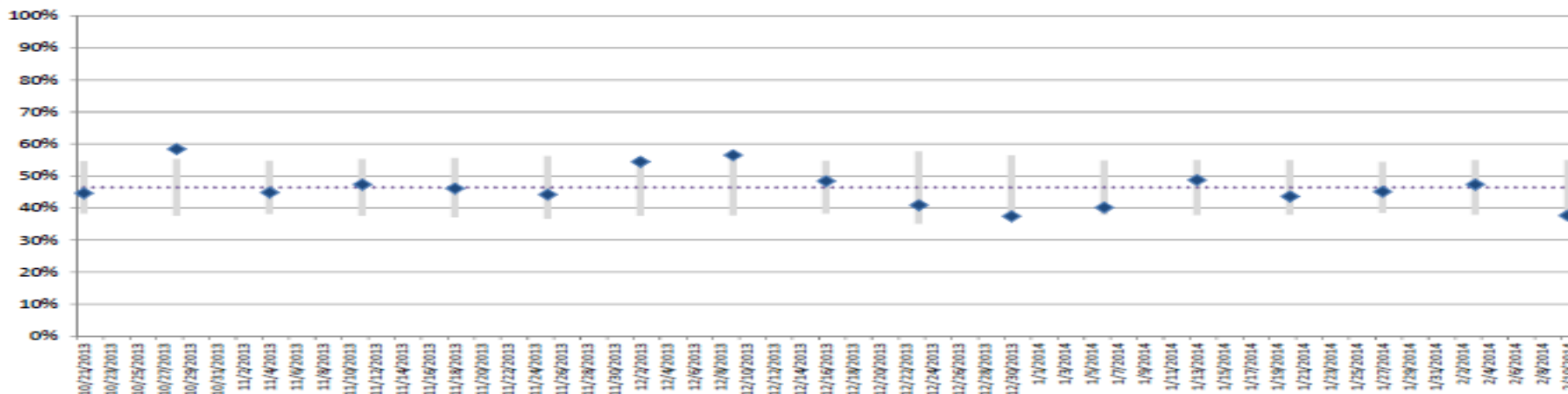
Key Measures for the Project

Measure	Operational Definition (How is the measure calculated?)	Type (outcome, process, balancing)	Data Collection Plan (How will you collect data & how frequently)
% of our targeted population with diagnostic codes for domestic violence in the last 12 months	Unique HRNs with ICD-9 <u>code for DV</u> (Female members age 18-65 x .04)	Outcome	HealthConnect data pulled quarterly
% of identified patients seen within KP Behavioral Health Department	Patients seen in BH within 2 months of ICD -9 <u>code for DV</u> All pts with ICD-9 code for DV	Outcome	HealthConnect data pulled quarterly
% of members with KP HealthConnect DV Screening Questionnaire Data out of total ob/gyn visits monthly at Rock Creek	# of encounters with a minimum of 1 question answered on DV <u>questionnaire</u> Total # of encounters	Process	HealthConnect data pulled weekly and summarized monthly
staff satisfaction in implementing rooming alone project	Yes/no multiple choice survey	Balancing	Survey administered to staff after implementation

% of Total Ob/Gyn Visits with completed DV Screening Questionnaire at Rock Creek

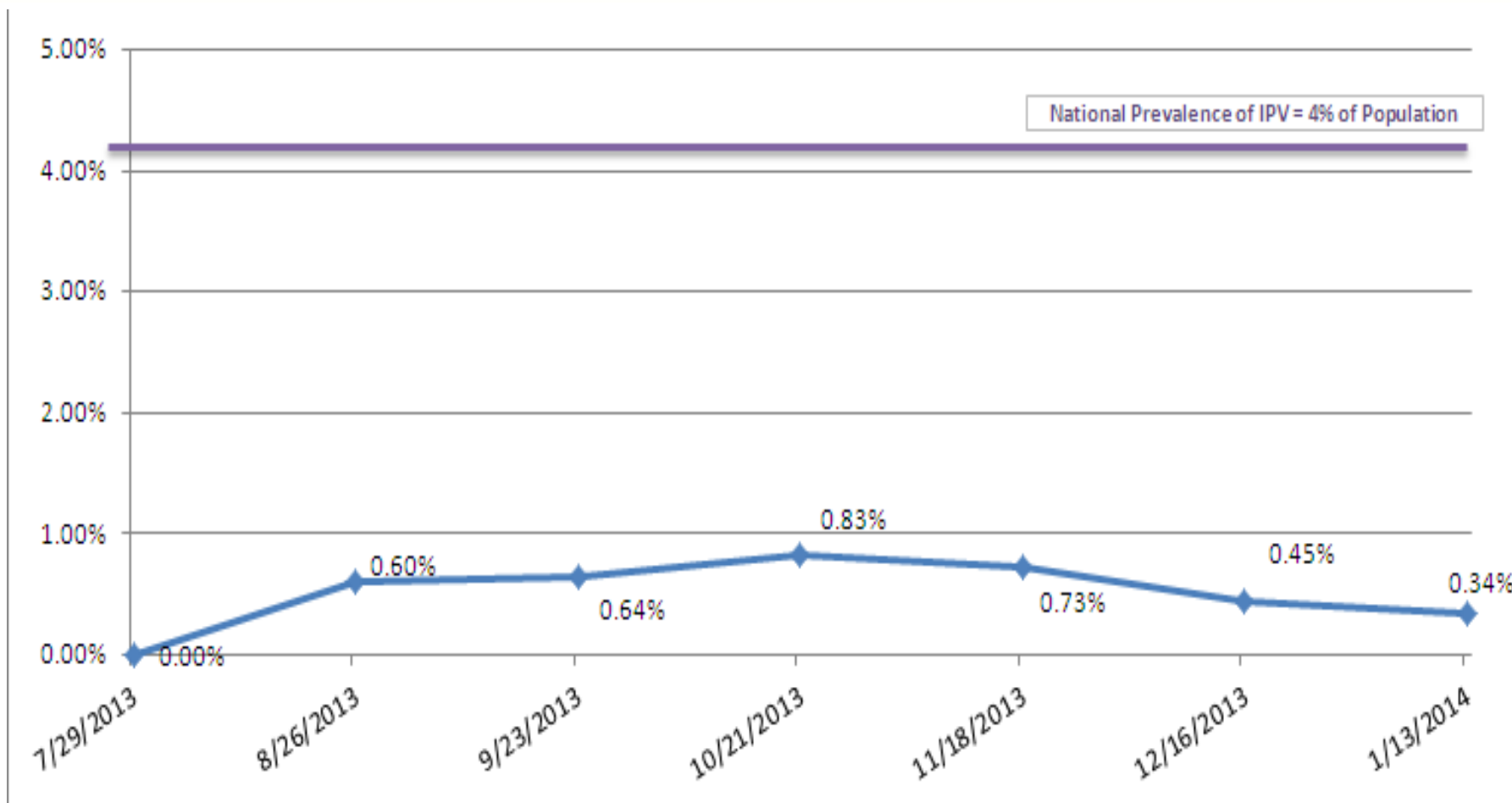


After implementation in August 2013, the process took two months to stabilize.



Process stabilized after 10/21/2013, consistently achieving around 46.5%
Targeted goal 50%

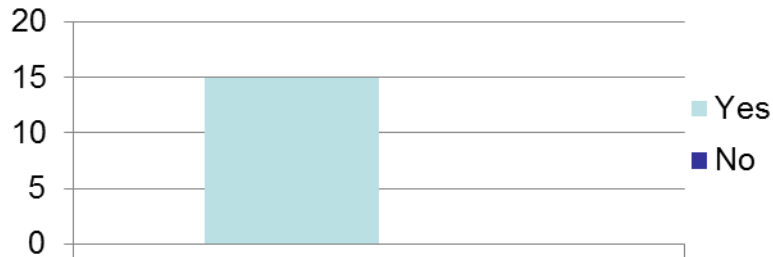
% of Questionnaires with a Positive Screen for IPV – Rock Creek



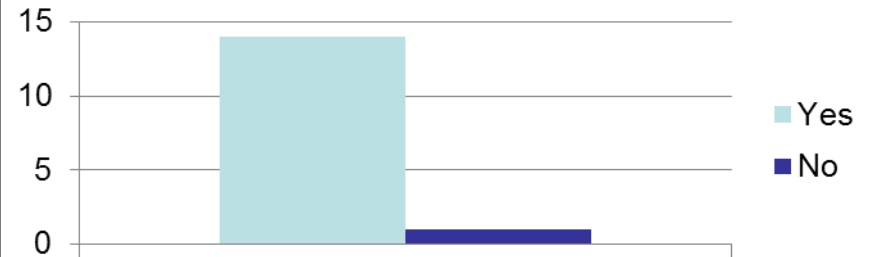
Average % of positive screens is 0.59%, 15% of the IPV population based on national prevalence. Prior to the Clinical PI project, we were detecting 1% of the IPV population at Rock Creek Ob/Gyn.

Employee Survey

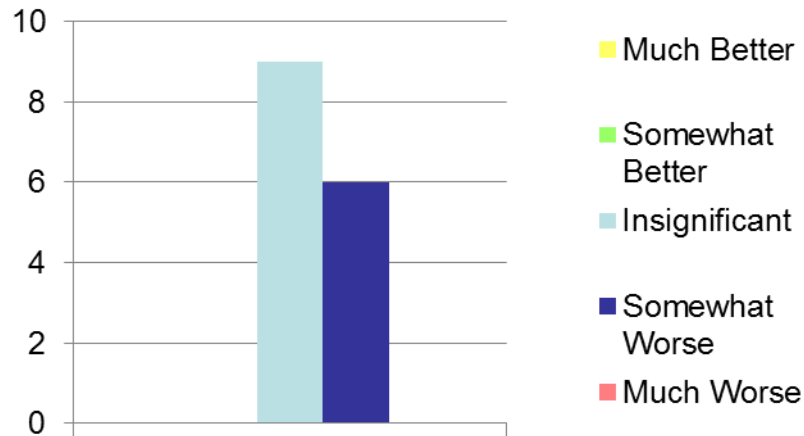
Are you familiar with the new rooming alone and domestic violence screening workflow?



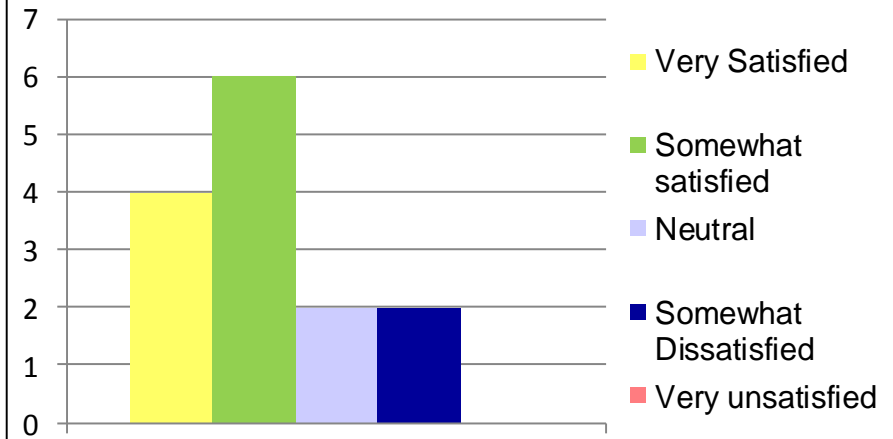
Are you comfortable talking with our patients about domestic violence and its' health effects?



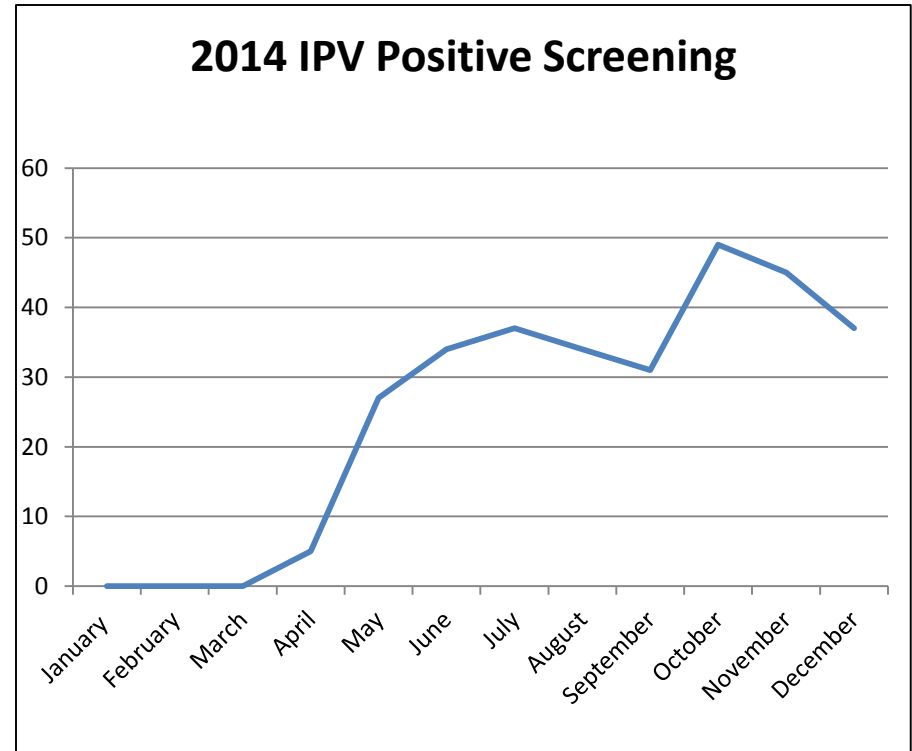
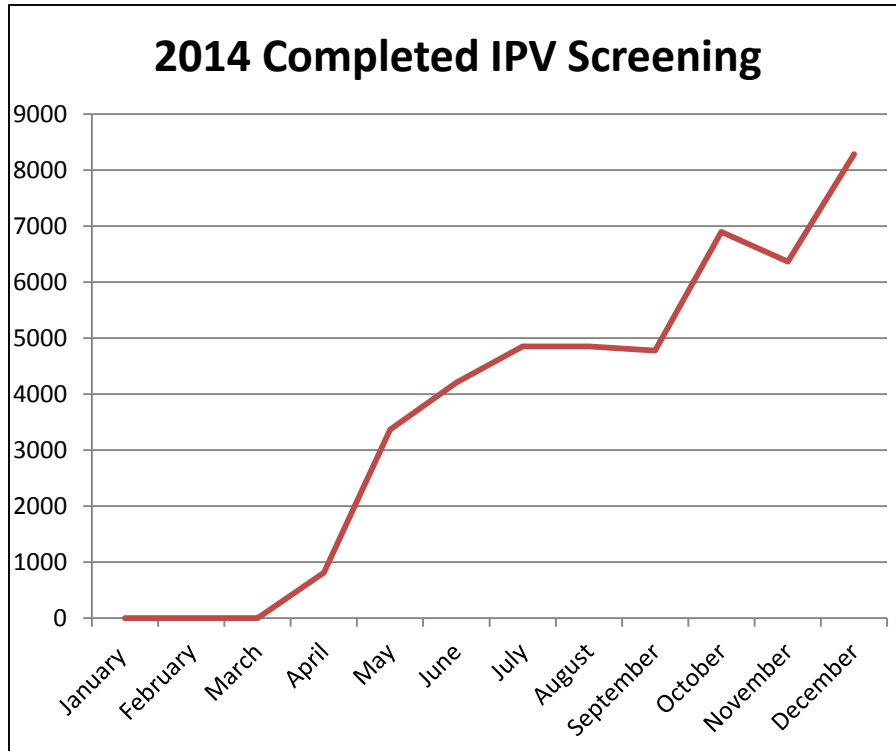
How has it impacted rooming time/ease and the flow of the clinic?



How satisfied are you with the rooming alone and domestic violence screening protocol?



Expanding the Pilot

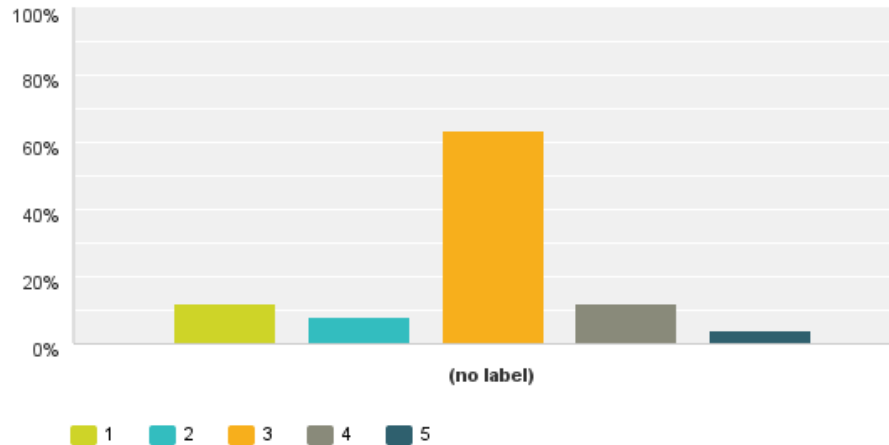


March 2015 Results from Provider Survey

Impact on Workflow

Q5 On a scale of 1 to 5 how has the domestic violence/rooming alone process impacted rooming time/ease and the flow of the clinic? 1= Much worse 5= Much better

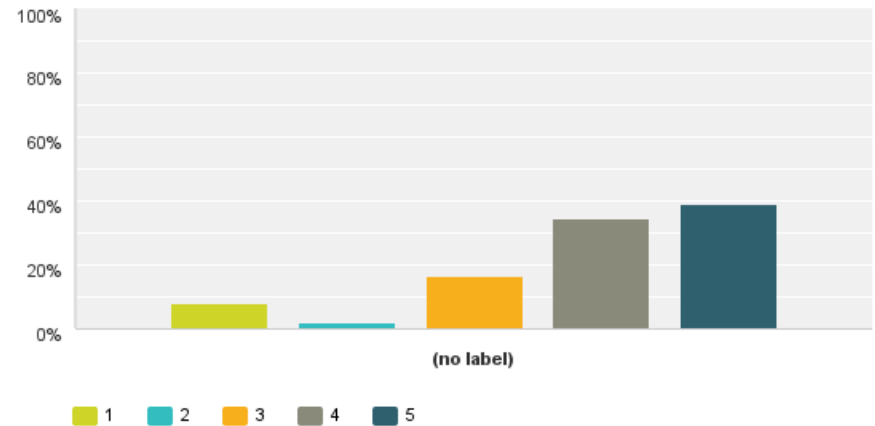
Answered: 49 Skipped: 0



Comfort talking to patients

Q3 On a scale of 1 to 5, how comfortable are you with talking to our patients about domestic violence and its' health effects? 1= Not comfortable 5= Very comfortable

Answered: 49 Skipped: 0



Sustainability Plan

- Provide meaningful data to demonstrate the value of the rooming alone process and the DV screening tool
- Secure support from executive and operational leadership
- Engage key stakeholders to include DV champions, BMS, Behavioral Health, and patients
- Request project management and data analytics support
- Develop Family Violence and Abuse Prevention intranet site
- Share/implement best practice in Primary Care setting
- Accountability for staff by providing individual bi-weekly metrics regarding questionnaire completion.

Starting your own DV screening project

- **Key to Success**
 - Obtain sponsorship to improve process for Domestic Violence screening
 - Engagement of staff/providers
 - Identify core group of champions
 - Develop appropriate tools for training, documenting and educating
- **Barriers to anticipate**
 - Staff discomfort with asking questions about domestic violence or concerns about impact clinic flow and workload.
 - Patient discomfort and/or personal circumstances
 - Staff discomfort with managing a positive response in the initial phase
- **Lessons learned**
 - Rapid PDSA/be responsive to concerns as they arise.
 - Need for a dedicated, trained team to respond to positive screens
 - Contingency safety plan for abusive partner being present at visits

Special thanks

Kaiser Permanente Colorado Ob-Gyn Department

Kaiser Permanente Colorado Domestic Violence Task Force

**Kaiser Permanente Colorado Clinical Process Improvement
Team**

Kaiser Permanente Inter-Regional Teams