Domestic Violence Screening in Women’s Health: Rooming Alone

Project Leads: Cristin Panzarella MD, Annette Saunders LCSW, MBA
Sally Detweiler MBA, BSN, RN

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

Goal: Increase DV Screening in Ob/Gyn

Primary Drivers:
- Tools
- Patient Health and Wellness
- Increase awareness

Secondary Drivers:
- Posters, brochures
- HealthConnect Smart Tools and questionnaire
- Resource Books
- Rooming guidelines
- Metric tracking
- DHHS regulatory requirement
- Prevention
- Improved health
- Safety
- Affordability
- Improve health of family
- Training staff and providers
- Supportive environment
- Posters, brochures in public areas
- Silent Witness Display
- KP.org Webinar
Identifying Barriers

**Staff**
- MAV/LPN uncomfortable asking questions; training
- Anger from Pt's partner/spouse
- Time
- MAV/LPN unprepared for positive response
- Availability of DV expert

**Patient**
- Partner/spouse insists on staying with Patient
  - Stigma
  - Fear of disclosure
  - Fear of retaliation
  - Self esteem issues
  - Language barriers, using partner to communicate
  - Normalization of violence
  - Lack of relationship with provider

**Provider**
- Time
- Training of staff
- Legal Issues
- Knowledge of DV
  - Uncomfortable asking questions

**Systems**
- Float staff
- Notification to Patient; rooming alone policy not always given
- Pt/family expect to be together for appt

**Tools**
- Forget to bring partner/spouse back to exam room

**Technology**
- No capture of BH data for Medicaid pts
  - Using population estimates for prevalence rate
  - Using population estimates based on bonding to Rock Creek MOB

**Improving DV Screening**
Provider Barriers to Screening

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

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

### Current Questionnaires

**DV SCREENING DOMVIOL CO [1370]**

<table>
<thead>
<tr>
<th>Adv</th>
<th>Question</th>
<th>Answer</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In the past year, has your partner or anyone else hit, slapped, kicked, or otherwise physically hurt you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In the past year, has your partner or anyone else forced you to participate in unwanted sexual activity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are you afraid of your partner or anyone else?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient could not be roomed alone today or refused screening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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 you 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 help. 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 compound the danger.
- Don't judge your friend's choices. They may feel as though 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 303-330-4945 to find out about group or individual counseling services from Kaiser Permanente.

National Domestic Violence Hotline 1-800-799-7233 1-800-787-3224
TTY 1-877-713-6456

Shelter Referral Line 303-610-2222 or 221
Prentice daily updated information on local shelter availability and related local community resources.

DOVE
Victim/TTY Office: 303-610-1700, Crisis: 303-610-1925
Support services for abused adult women and children. Colorado Anti-Violence Program.

Kaiser Permanente
- Support for Lesbian, Gay, Bisexual, Transgender, and Questioning Women and Children.
- Support for Lesbian, Gay, Bisexual, Transgender, and Questioning Women and Children.
- Support for Lesbian, Gay, Bisexual, Transgender, and Questioning Women and Children.

Resources, Crisis Counseling, and Hotlines

Adams County
Alternatives to Family Violence, 303-261-4441

Arapahoe County
Gateway Beloved Women's Services, 303-740-4361

Boulder County
SafeHouse Progressive Alliance for Nonviolence, 303-444-3424

Clear Creek County
Advocates, 303-666-3121

Cosmopolitan
Mountain Resource Center, 303-889-7521

Denver County
SafeHouse Denver, Inc. 303-388-9999
Catholic Charities - Father Edward P. O'Donnell Center 303-866-7041
Volunteers of America - Brandon Center, 303-630-1900

Douglas/Ellis County
Women's Crisis & Family Outreach Center, 303-699-6491

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

Larimer County (Estes Park)
Estes Valley Victim Advocates 970-577-9781
Larimer County Victim Services 970-577-9781
Crossroads Safehouse* 970-541-7201
Larimer County (Fort Collins)
Alternative to Violence 970-224-2083

Longmont/Niwot
Safe Harbor of St. Vrain Valley, 303-772-4422

Pueblo County
YWCA of Pueblo Family Crisis Shelter 719-546-8195

Weld County
Weld County Women's Place 303-358-4226

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. Place 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. Help the packed bag or keep it with someone you trust. Pack these items:
   - Cash (including coins for phone calls) and checks
   - Clothing and personal items for you and the children
   - Medications
   - House and car keys
   - Important phone numbers
   - Copies of important papers: driver's license, birth certificate, passport, health insurance, food stamps, house and car titles, rent receipts, marriage license, immunization records
   - Special toys or books for your children

Kaiser Permanente
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
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
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 agradecemos su comprensión y asistencia.

Kaiser Permanente protege la privacidad y seguridad de su información médica personal de conformidad con las leyes estatales y federales.
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?
- Sí
- No

¿En el último año su pareja u otra persona, la ha forzado a participar en actos sexuales en contra de su voluntad?
- Sí
- No

¿Le teme a su pareja u a otra persona?
- Sí
- No

Me he negado a contestar estas preguntas el día de hoy.
- Sí
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.

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?

<table>
<thead>
<tr>
<th>Change Concept</th>
<th>PDSAs</th>
<th>Adopt, Adapt, Abandon?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room patient alone to ask DV questions in private</td>
<td>Use posters to notify patients of the new rooming alone process</td>
<td>Adapt</td>
</tr>
<tr>
<td>Increase notification of families about rooming alone process</td>
<td>Use flyers in addition to posters to notify patients of rooming alone process</td>
<td>Adopt</td>
</tr>
<tr>
<td>Modify questionnaire to address privacy</td>
<td>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</td>
<td>Adapt then adopt</td>
</tr>
<tr>
<td>Capture reasons for which questionnaire is not completed</td>
<td>Add 4th question to questionnaire for patient refusal to be roomed alone or answer questionnaire</td>
<td>Adapt</td>
</tr>
<tr>
<td>Provide more inclusive screening for violence</td>
<td>Generalized questionnaire terminology from ‘your partner’ to ‘your partner or anyone else’</td>
<td>Adapt</td>
</tr>
</tbody>
</table>

**Diagram:**

- **Act**
  - Privacy flyers handed out to patients
  - DV education for facility via town hall meeting
  - Training for RN as DV experts
- **Plan**
  - Privacy posters in waiting rooms
  - DV education for facility in exam rooms
  - Standard scripting for rooming individual
- **Do**
  - Silent witness display in facility
  - Laminated card questionnaires
- **Study**
  - DV Materials in exam rooms
  - Enhance Member Awareness
  - Staff Education/Process
# How Will We Know a Change Is an Improvement?

## Key Measures for the Project

<table>
<thead>
<tr>
<th>Measure</th>
<th>Operational Definition (How is the measure calculated?)</th>
<th>Type (outcome, process, balancing)</th>
<th>Data Collection Plan (How will you collect data &amp; how frequently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of our targeted population with diagnostic codes for domestic violence in the last 12 months</td>
<td>Unique HRNs with ICD-9 code for DV (Female members age 18-65 * 0.04)</td>
<td>Outcome</td>
<td>HealthConnect data pulled quarterly</td>
</tr>
<tr>
<td>% of identified patients seen within KP Behavioral Health Department</td>
<td>Patients seen in BH within 2 months of ICD-9 code for DV All pts with ICD-9 code for DV</td>
<td>Outcome</td>
<td>HealthConnect data pulled quarterly</td>
</tr>
<tr>
<td>% of members with KP HealthConnect DV Screening Questionnaire Data out of total ob/gyn visits monthly at Rock Creek</td>
<td># of encounters with a minimum of 1 question answered on DV questionnaire Total # of encounters</td>
<td>Process</td>
<td>HealthConnect data pulled weekly and summarized monthly</td>
</tr>
<tr>
<td>staff satisfaction in implementing rooming alone project</td>
<td>Yes/no multiple choice survey</td>
<td>Balancing</td>
<td>Survey administered to staff after implementation</td>
</tr>
</tbody>
</table>
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%
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?

- Yes
- No

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

- Very Satisfied
- Somewhat satisfied
- Neutral
- Somewhat Dissatisfied
- Very unsatisfied

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

- Yes
- No

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

- Much Better
- Somewhat Better
- Insignificant
- Somewhat Worse
- Much Worse

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

- Very Satisfied
- Somewhat satisfied
- Neutral
- Somewhat Dissatisfied
- Very unsatisfied
Expanding the Pilot

**2014 Completed IPV Screening**

**2014 IPV Positive Screening**
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