EFFECTIVENESS OF INTIMATE PARTNER VIOLENCE SCREENING OF WOMEN BETWEEN THE AGES OF 14 AND 65 IN A FAMILY PRACTICE SETTING

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INTRODUCTION

- Intimate Partner Violence (IPV) can be any type of abuse:
  - Physical
  - Mental
  - Sexual
  - Emotional

- IPV is a modifiable risk.
- Interview IPV screening can identify women who are impacted by IPV.

BACKGROUND AND SIGNIFICANCE

- IPV impacts one in four women in the United States.
- Utah has a higher incidence of IPV than other areas in the United States. One in three women in Utah suffer from IPV.
- United States Preventive Task Force (USPTF) recommends IPV screening (Curry et al., 2018).
- Family practice clinics in the healthcare system were not screening for IPV.

NEEDS ASSESSMENT

- SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis findings:
  - This healthcare system is the largest healthcare in the state:
    - Currently Screening in emergency departments and obstetric units.
    - No IPV screening in family practice settings.
- UPSTF recommends screening in women of childbearing age.
- Identified clinic has a team-based care setting.

PROBLEM STATEMENT

- IPV is a modifiable risk factor for long-term physical and mental health problems.
- IPV screening is a recommendation from the UPSTF that can identify women at risk and can help remove them from IPV situations.
- No family practice clinics in the largest healthcare system in Utah has been screening for IPV.

PROJECT AIM/PURPOSE AND OBJECTIVES

- SMART Goals
  - To understand effectiveness of IPV screening of women between the age of 14-65 in a family practice setting.
  - Compare number of positive IPV cases prior to screening implementation to the number of positive screenings after screening implementation.

PICOT QUESTION

- In women of childbearing age, ages 14-65, does screening for IPV increase the number of patients with positive IPV findings within three months of screening implementation?
  - Screening did occur for women ages 14-65 in obstetric visits, yearly well woman exams, physicals, or during a well child check.
  - Screening did only occur when the patient was alone.

P	I	C	O	T
Patient/Population/ Problem	Intervention (variable)	Comparison	Outcome	Time

CONGRUENCE WITH ORGANIZATIONAL STRATEGIC PLAN

- The healthcare system's mission is: "Helping people live the healthiest lives possible (Intermountain Healthcare, 2019a)".
  - IPV has a negative impact on health.
  - Screening can identify women who need IPV services and reduce health risk factors.
- The healthcare system believes in cost reduction and control.
  - No additional costs associated with screening.

SYNTHESIS OF EVIDENCE

- Four main themes to evidence reviewed:
  - Risk factors for IPV or the incidence of IPV.
  - Effectiveness of screening tools and type of screening.
  - Short-term and long-term effects of IPV screening.
  - Cost-effectiveness of IPV screening.

RISK FACTORS AND INCIDENCE OF IPV

- Sprague et al. (2016) found that 38-59% of women in a healthcare setting have experienced IPV.
- Risk factors for IPV include low socio-economic status, history of childhood maltreatment, alcoholism, substance abuse and women of childbearing age (Clark et al., 2019; Li, Zhao & Yu, 2019; Yakubovich et al. 2018).
- Patriarchal cultures are more at risk for IPV (Clark et al., 2019).

EFFECTIVENESS AND TYPE OF SCREENING TOOLS

- Interview style of screening with standardized tools is most effective (Gómez-Fernăndez, Goberna-Tricas, & Payă-Sănchez,2019; Alvarez, Debnam, Clough, Alexander, & Glass, 2018).
- Team-based settings improve IPV screening effectiveness(Feltner et al., 2018; Miller, McCaw, Humphreys, & Mitchel, 2015).

EFFECTIVENESS AND TYPE OF SCREENING TOOLS

- Interview style and medical assistant (MA) lead screening is most effective (Miller, McCaw, Humphreys, & Mitchel, 2015; Sharpless, Nguyen, Singh, & Lin, 2018).
- In high-income settings electronic screening is most effective.
- In low-income settings, interview screening is most effective (O'Doherty et al., 2014).

SHORT-TERM AND LONG-TERM IMPACTS OF IPV

- Short-term: Increased risk for substance abuse, depression, self-harm, and suicide (Wright, Hanlon, Lazano & Titelman, 2019; Brown & Seals, 2019).
- Long-term: Life-long severe health consequences mental health problems, gastrointestinal problems, and socio-economic issues (Valpied & Hagarty, 2015).

COST-EFFECTIVENESS OF IPV SCREENING

- No increase in the cost of care, however, substantial decrease in cost of community resource utilization (Barbosa et al., 2018).

THEORETICAL FRAMEWORK

- Duffy's Quality-Caring Model© (QCM©) states that when caring relationships are incorporated into a nurse's practice, there are valuable human connections that can positively influence the patient's health outcomes and improve the professional relationships of caregivers (Duffy, 2015).
- Creates positive human connections.
- Increase in empathy for those who are being treated.

PROJECT DESIGN

- Quality improvement pilot project.
- Based on a process in place at an Obstetric/Gynecologic clinic.
- Standardized IPV screening process.
- Standardized IPV interview style screening tool.

PROJECT PLAN

- Educated providers related to IPV, IPV related legal concerns, documentation, and community resources available.
- Educated clinic staff related to IPV and new clinic process.
- Front desk did inform patients that each patient will have alone time with provider.
- MAs did screen women 14-65, when they were alone, using standardized tool.

PROJECT PLAN CONTINUED

- Any answer of “yes” to one of the screening questions was considered positive.
- All positive screenings were referred to care management.
- Care management did retrospectively review IPV related referrals for past three months.
- Care management did track positive screenings after implementation.
- Retrospective data and current data was compared.

SETTING AND POPULATION

- Family practice residency clinic:
  - 28 residents
  - 9 faculty members
  - 1 nurse practitioner
  - care management team
- 100-150 patients per day
  - 88% of the clinic population were screened for IPV (Intermountain, 2019b).

ANALYSIS OF IMPLEMENTATION PROCESS

- Excellent support from key stake holders
- Implementation date October 1, 2019
- Training and retraining for MAs completed based on caregiver feedback.

IMPLEMENTATION

- Implementation began after Institutional Review Board (IRB) approval from the healthcare system and Bradley University
- Upon implementation all women ages 14-65 were screened during physicals, obstetric visits, and yearly exams.
- All positive screened women were referred to care management for community resource referrals.
  - Positive screenings were de-identified and only tracked with a number.

OUTCOMES THAT WERE MEASURED

- A retrospective review of care management referrals for the past three months for IPV related cases was completed and positive cases were de-identified.
- After implementation positive screenings were referred to care management, de-identified and tracked for three months.
- Comparison of the total number of care management referrals before and after implementation were compared.

EVALUATION AND SUSTAINABILITY

- IPV screening process was written and posted in the clinic's process book.
- Periodic evaluation of staffs understanding of the IPV screening process was completed.
  - This evaluated the staff's impressions of the process, barriers, and success.
  - Modifications were made because of a need that was identified.

DATA COLLECTION TOOL

- Standardized four question interview style screening tool:
  - Tool developed by Intermountain IPV workgroup (used with permission) based on Centers for Disease Control Prevention and American College of Obstetrics and Gynecology's tools.
- Data was collected and maintained by care management team.
  - Secure password protected Excel file on secured computer.

ETHICAL CONSIDERATIONS

- All women were treated equally.
- No personal health information was tracked.
- Moral decision-making process of women experiencing IPV could be altered and therefore, screening can be beneficial to help these people identify the cause to their inner moral conflict (Mannell & Guta, 2018).
- Women have an increased risk for harm when leaving IPV scenario. Careful community support was provided.

IRB ISSUES

- IRB approval obtained from Bradley University September 24, 2019
- IRB approval obtained from the healthcare system July 26, 2019

ORGANIZATIONAL ASSESSMENT

- The healthcare system is the largest healthcare organization in Utah.
  - Recent significant change increasing focus on community health.
  - Large network of community health organizations and resources.
  - Team-based care setting in all family practice clinics.
- Potential barriers change burnout, tension, and confusion with new programs

COST FACTORS

- Minimal cost
  - Cost included lunch for staff and posters for the clinic.
  - Cost of staff time to complete IPV screening and gather information is negligible.
- Cost savings
  - Effective IPV screening can reduce long-term costs of healthcare in the community (Barbosa et al., 2018).

ANALYSIS OF PROJECT OUTCOME DATA

- Positive screenings tracked from October 1, 2019-December 31, 2019.
- Retrospective review showed two positive screenings in three-month period.
- Between October 1, 2019-December 31, 2019 18 positive screenings reported.
- 800% increase during IPV screening time range compared with non screening range.

SUMMARY OF FINDINGS

- Findings related to SMART goals
- Specific-
  - Between July 1, 2019 and September 30, 2019 two IPV cases were reported.
  - Between October 1, 2019 and December 31,2019 18 positive IPV screenings were identified after implementation of standardized screening.
  - Shows 800% increase in IPV cases after screening implemented.

LIMITATIONS OR DEVIATIONS FROM PROJECT PLAN

- Short evaluation timeframe.
- During screening implementation timeframe significant staff turnover.
- Small sample size.
- New systemwide implementation of social determinant of health screening.
- No deviations from initial project plan.
- No evaluation of potential barrier related to mandatory reporting.

IMPLICATIONS OF RESULTS ON PRACTICE AND RESEARCH

- Interview style IPV screening is an effective way to identify IPV victims
- IPV screening did not increase “rooming time”
- IPV screening is a cost-effective way to identify patient who need a higher level of care
- More research is needed on IPV screening training with MAs.

VALUE AND IMPACT OF THE PROJECT

- Shows the value of interview style IPV screening in a family practice setting.
- Identified strength in community resources to support IPV victims.
- Plan to implement IPV screening in OB clinics and family practice settings system wide.
- Identified barriers to IPV screening.

CONCLUSION

- IPV impacts one in three women in Utah.
- IPV has negative long-term health consequences.
- IPV screening is recommended by USPTF.
- IPV screening utilizing the four-question interview style screening tool created by the Intermountain IPV work group identified 800% more IPV victims than not screening at all.

QUESTIONS?

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