Implementation of an Updated Screening Tool to Identify Human Trafficking Victims in the Emergency Department

By

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Abstract

Human trafficking is a major illegal industry prevalent in all regions of the United States, including health care settings. All humans are at risk of becoming trafficked because it does not discriminate against age, gender, location, sexual orientation, socioeconomic status, or education. Often during their enslavement, victims are seen in the emergency department setting for a variety of health care needs but are not identified by health care staff. This can be due to a lack of proper screening questions or nursing staff not being adequately educated on the red flags evident in the presence of human trafficking. This project aimed to develop an updated screening question to identify human trafficking victims within the emergency department. Four nurses volunteered to participate and ask the updated screening question to all adult patients during their scheduled shifts. They attended a lunch-and-learn session for 1 hour as training prior to screening, which increased their knowledge and confidence levels about human trafficking. This project successfully identified potential victims by an increase of 59.4% compared to the current screening question in place at this organization. By increasing the education and confidence of the staff, screening can improve the identification of these victims. Unfortunately, most health care settings do not have specific screening tools to identify these victims, leading to many victims leaving the facility without being identified or possible resources being given.

Keywords: human trafficking, emergency department, screening

Table of Contents

Acknowledgments 3

Chapter I: Introduction 8

Background and Significance 9

Needs Assessment 12

Congruence With Organizational Strategic Plan 17

Problem Statement 17

Clinical Question 18

Chapter II: Evidence 19

Search Process 19

Appraisal of Evidence 20

Synthesis of Evidence 21

Project Aim/Purpose 25

Implementation Model 26

Chapter III: Methodology 28

Project Design 28

Setting 29

Population 30

Tools and Instruments 33

Project Plan 34

Data Analysis 40

Institutional Review Board and Ethical Issues 40

Chapter IV: Organizational Assessment and Cost-Effectiveness Analysis 40

Organizational Assessment ... 40
Cost Factors ... 43
Chapter V: Results ... 44
Chapter VI: Discussion ... 48
Evaluation of Outcomes ... 48
Evaluation of the Process ... 50
Analysis of Implementation ... 51
Analysis of Limitations ... 52
Implications ... 53
Chapter VII: Conclusion ... 60
Value of the Project to Health Care and Practice ... 60
DNP Essentials ... 60
Plan for Dissemination ... 64
Attainment of Personal and Professional Goals ... 65
References ... 67
Appendix A: Email to Emergency Department Nurses ... 74
Appendix B: Pre education Questionnaire ... 75
Appendix C: Post education Questionnaire ... 76
Appendix D: Screening Tool Notecard ... 77
Appendix E: Permission of Use From NHTRC ... 78
Appendix F: Site Approval Email ... 81
Appendix G: Project Timeline ... 83
Appendix H: IRB Approval ... 84

Appendix I: Project Budget 85

Implementation of an Updated Screening Tool to Identify Human Trafficking Victims in the Emergency Department

Chapter I: Introduction

Human trafficking is a significant problem globally and throughout the United States that does not discriminate against age, gender, socioeconomic status, or education (Coppola & Cantwell, 2016). Abudu (2018) cites the International Labor Organization's estimates of up to $150 billion dollars generated worldwide due to all types of human trafficking. It is a major illegal industry in the United States, and victims are often seen in health care settings at some point during their enslavement (Bauer et al., 2019; Bloem et al., 2017; Chisolm-Straker et al., 2016; Coppola & Cantwell, 2016; Donahue et al., 2019; Hemmings et al., 2016; Kaltiso et al., 2021; Long & Dowdell, 2018; Mostajabian et al., 2019; Rajaram & Tidball, 2018; Stoklosa et al., 2017). However, because screening is lacking, many victims are not identified and thus not offered the appropriate resources to assist them (Bauer et al., 2019).

While spending several years as a nurse in the emergency room, I likely encountered individuals involved in human trafficking, but without proper education on signs to watch for, my colleagues and I did not identify many victims and thus did not offer resources to help them. Sadly, there is an enormous opportunity for the health care community to do better for these victims. Integrating human trafficking education into the standard nursing curriculum at the undergraduate and graduate levels would help ensure that nurses entering the field are prepared for exposure to potential victims (Lutz, 2018). The American Nurses Association's (2016) position statement endorses protecting human rights, noting that nursing educators have an ethical obligation to promote justice, teach ethics and human rights, and provide a leadership model to address human rights. The International Council of Nurses declared that all nurses must

be educated on human rights and that the nursing role is significant in protecting these rights (2011). Currently, the National Council Licensure Examination for Registered Nurses does not include any topics related to human trafficking (NCSBN, 2019).

Background and Significance

The United States Government defines *human trafficking* as "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery" (National Institute of Justice, 2019, para. 2). Human trafficking is broken down into seven categories: commercial sexual exploitation of children and minors, adult sex, forced labor, forced child labor, child soliciting, debt bondage/bonded labor, and organ trafficking (Leslie, 2018). Approximately 80% of human trafficking victims are sex trafficked, and 20% are labor trafficked (Donahue et al., 2019). The two categories of human trafficking recognized for this project are adult forced labor and adult sex trafficking. Hachey and Phillippi (2017) defined *forced labor trafficking* as "the recruiting, transporting, receiving, harboring, or obtaining of individuals for involuntary servitude through the use of physical or psychological force, threat or fraud" (p. 32), and *adult sex trafficking* as "the recruiting, transporting, receiving, harboring, or obtaining of an adult for commercial sexual exploitation through means of physical force, threat, or fraud" (p. 32). A commercial sex act is any sex act in which anything of value is given, promised to, or received by any person and must be induced by force, fraud, or coercion (Briere & Simon, 2014; National Institute of Justice, 2019). Although definitions may describe human trafficking differently, all agree that it is a human rights violation and a criminal offense against another person (Dell et al., 2019; Hachey & Phillippi, 2017; Hemmings et al., 2016; Kaltiso et al., 2021).

Human trafficking victims often seek health care during their enslavement, often in the emergency department (ED) setting (Bauer et al., 2019, Mumma et al., 2017). In addition, many victims seek health care for emergent needs such as injuries related to labor trafficking or the high-risk sexual behaviors that result from sex trafficking. EDs are not able to identify these victims due to a lack of screening questions, lack of staff and provider knowledge, the individual's fear of self-identifying, and several other factors (Coppola & Cantwell, 2016; Donahue et al., 2019; Macias-Konstantopoulos, 2016; McAmis et al., 2022). Chisholm-Straker et al. (2016) estimate that 14,500–50,000 people are brought into the human trafficking industry in the United States each year. Coppola and Cantwell (2016) estimated that each year, in the U.S., there are more than 150,000 victims of human trafficking; however, determining an accurate number is impossible due to its hidden nature (Dell et al., 2019; Peck, 2020).

Health care workers are in a unique position to help identify these victims and disrupt the cycle of human trafficking. Due to the lack of mandated education, victim recognition, and knowledge of appropriate resources, these victims often go undetected (Egyud et al., 2017; McAmis et al., 2022). According to Egyud et al. (2017), trafficking can often resemble other crimes such as addiction, mental health disorders, sexual assault, domestic violence, rape, drug abuse, or prostitution often leaving human trafficking out of the thought process. Introducing formal screening tools to health care settings can improve identification and guide the health care worker through the resources available (Bauer et al., 2019; Egyud et al., 2017).

Human trafficking victims have a higher incidence of health care needs because of their high-risk lifestyle and inability to be honest about their medical history, current sexual history, or work-related history (Dovydaitis, 2010). Up to 87% of trafficking victims sought medical care at some time during their enslavement, which further supports the need for the health care system

to identify these victims and an opportunity to provide proper assistance (Egyud et al., 2017; McAmis et al., 2022; Long & Dowdell, 2018). The inability of victims to provide an accurate medical history, including essential details and needs, precludes the health care system from identifying them and offering appropriate assistance (Kiss & Zimmerman, 2019). According to Donahue et al. (2019), of those human trafficking victims who sought health care, 96.7% indicated that they had not been approached or given relevant resources, such as referrals to social work, the National Human Trafficking hotline number, or options for safety.

Of an estimated 6,000 hospital systems within the United States, less than 1.0% have specific policies for treating victims of human trafficking (Donahue et al., 2019). Currently, only two states, Florida and Michigan, mandate health care workers to complete human trafficking training as a requirement for their licensure. Multiple states mandate other professions, such as flight attendants and commercial drivers, to receive this training, which supports the need for health care workers to do so (Donahue et al., 2019).

Because the ED is the entry into the hospital for most patients, the screening process should begin there. Individuals associated with forced labor can have injuries varying from but not limited to sun poisoning, malnutrition, dehydration, and chronic pain (Kaltiso et al., 2021). Sex trafficking victims can present with internal bleeding/bruising, bite marks, STDs, fractures inconsistent with their stated history, dental caries, and more (Kaltiso et al., 2021; Oram et al., 2016; Rothman et al., 2017). Various mental health disorders may also cause these individuals to seek care, such as depression, post-traumatic stress disorder, substance abuse disorder, and suicide (Kaltiso et al., 2021; McAmis et al., 2022; Oram et al., 2016; Ross et al., 2015; Rothman et al., 2017).

Hospitalization of these victims does not always occur, because injuries can be stabilized in the ED, and STDs can be treated with antibiotics, so the patient is released. According to Donahue et al. (2019), when victims are brainwashed by their captors, they might not outwardly show that they are victims of trafficking. The victim might be accompanied by another person, possibly their captor. However, even when the captor is not present, victims believe they must return to them, indicating the power of brainwashing and fear (Donahue et al., 2019; McAmis et al., 2022). Victims' enslavement and fear of their captor can prevent them from agreeing to a recommended hospital admission, so identifying them in the ED is crucial for their treatment (Donahue et al., 2019). Appropriate resources can then be discussed, with the hope that the patient will accept the help offered.

Needs Assessment

The project organization is a large urban Level I Trauma Center with 649 beds and is part of an extensive health care system of 15 hospitals, numerous outpatient physician offices, and urgent care facilities that employ over 24,000 people throughout two states (OSF HealthCare, n.d.-a). For the past several years, the facility's screening question for all adult patients during triage in the ED was "Do you feel safe at home?" However, it was modified a few years ago to include "and in your relationships." When the patient checks in, they are taken to a private room where a registered nurse or an ED technician obtains vitals and more personal demographic information. The patient is asked about current symptoms, and their medical history is briefly discussed to elicit pertinent information. Upon check-in, or when the patient is assigned to a room, the nurse asks the current screening question to signal that the ED is a safe place to identify any safety issues or concerns they may be experiencing.

Data from 2019 shows that this ED had 78,950 patient visits. This number significantly decreased during the COVID-19 pandemic, and the 2020 census was 63,770. There is no documentation of how many human trafficking (HT) victims were identified. According to the ED educator, 219 sexual assault victims were identified in 2019, and 186 were identified in 2020 (A. Haring, personal communication, August 31, 2021).

Sexual assault patients presenting to the ED are assigned a Sexual Assault Nurse Examiner (SANE), a registered nurse trained in properly handling specimens and collecting appropriate samples for a possible police investigation. These nurses are also taught how to communicate sensitively with individuals who have experienced trauma, including human trafficking. The SANE stays with the patient one-on-one throughout their course in the ED. Only sexual assault patients are currently asked specific screening questions related to HT. Other patients who present to the ED are not explicitly screened for human trafficking.

Although the organization's screening question "Do you feel safe at home and in your relationships?" attempted to identify victims, some victims of human trafficking answered "yes." No specific HT screening question was currently in place in the organization, and the question in use was directed more toward victims of domestic violence. Of 45,562 patients screened with this question from May 2021 to May 2022, only 639 patients answered "no." This screening question likely missed several victims of human trafficking.

Considering the number of patients seen in the ED yearly, both admitted and discharged, this location would be an appropriate health care setting to implement a screening question to target a large population. Due to the large unit and number of nurses working on a normal shift, upwards of 30 nurses throughout a given day, implementing this project in this department

would be an excellent opportunity to educate them about HT red flags so they would understand why each adult should be screened for potential victimization.

SWOT Analysis

A SWOT analysis was performed to determine the strengths, weaknesses, opportunities, and threats to updating the HT screening in the organization. This analysis allowed a comprehensive evaluation of the organization's current situation and process concerning HT.

Internal Analysis Strengths. Some strengths are the organization administration's readiness and willingness to help identify these victims and that there was already a screening question built into the electronic health record (EHR), although it was too vaguely worded to assess for human trafficking. The current screening question showed the organization's attempt to identify this vulnerable population. In addition, the ED nursing staff was already accustomed to asking their patients screening questions.

Other strengths leading to the success of the project are the project team members and my mentors. My primary mentor was the Director of Professional Development, Patient Experience, and Nursing Practice and Hospitality at this facility. She has significant experience in educating the nursing staff and encouraging them to participate in projects. She acknowledged the considerable gaps in the current screening question and agreed there was a need to improve it. She also works closely with the organization's Chief Nursing Officer and Vice President of Patient Care, who approved this project. My secondary mentor, the current ED educator, has been an ED nurse for over 10 years, and works closely with the nursing staff, orienting them to existing departmental processes and policies. These people together form a strong team for this project.

The ED leadership, the patient care manager, department educators, and the department director showed their support for this project by allowing the implementation process in the unit, allowing the nursing staff to be educated, and encouraging the project team. The fact that this project could be conducted in such a large unit of the organization and at a low cost is also a great strength. In addition, the stakeholders acknowledged a weakness in the current screening process and were open to finding a more effective way to identify victims of human trafficking in the department.

Internal Analysis Weaknesses. Although the current screening question is usually asked in triage by the nursing staff, adding another screening question could create a longer triage process, potentially creating staff frustration. Slightly altering the screening process and having the screening questions asked in the assigned room would allow more time for the staff to ask these questions. In addition, encouraging staff to screen in the rooms would decrease the bottleneck at triage and hopefully reduce any staff frustration.

A second weakness would be the difficulty of putting the new screening question into changing the organization's EHR because many departments and other facilities within the organization must agree before a change can be made. Not having the EHR documentation could mean double documentation and increase staff frustration. By including this in the EHR, they could build upon the question and have patient resources readily available.

Educating the staff on the necessity and the background for asking an additional question could help decrease projected frustrations. Unfortunately, many nursing programs do not include education, nor does the licensure examination, about HT victims or how to approach them (NCSBN, 2019). With a strong foundation, nurses will gain confidence and knowledge on how

to speak to individuals that could have experienced this type of trauma and the next step in helping them.

External Analysis Opportunities. Expanding the screening question to other departments in the organization, including all hospital units and outpatient facilities, would benefit the entire organization. Conducting this project in a large department shows the rest of the organization that the ED is willing to make a change for the better of all patients and the community. It also supports local resource agencies already working to combat human trafficking and offers opportunities to partner with these agencies and spread the word throughout the community that the organization is aware that HT is occurring and wants to help.

The Central Illinois Task Force Against Human Trafficking, which meets every other month, looks for ways to help educate staff and individuals on HT resources. Comprising several stakeholders throughout the region, the task force is charged with developing ways to identify the victims of HT within a multitude of settings, including both inpatient and outpatient facilities. There is an opportunity to develop a strong relationship between this task force and the project organization.

External Analysis Threats. Some threats to the project would be an absence of self-identifying by the victims, nurses' deficit of knowledge, and the nursing staff's unwillingness to ask the screening question. When the ED is overwhelmed, personnel may not ask patients the screening questions in an attempt to save a few seconds. In some cases, the screening question might not be asked at all. Time is valuable within health care but if the nurse understands why the screening is important and increases their knowledge level about human trafficking, the hope would be every patient would get screened.

The COVID-19 pandemic is another threat several organizations face, causing significant strain on the health care community and resulting in a nursing shortage. Due to the lack of nurses, a limited number may want to participate in this project. This organization currently employs several traveling nurses who may not be in the area for the entire 8-week duration of the project.

Congruence With Organizational Strategic Plan

The mission, vision, and values of this organization support the strength of this project by identifying all individuals in need, which aligns with recognizing and helping HT victims. The mission statement encourages staff "to serve persons with the greatest care and love in a community that celebrates the Gift of Life" (OSF HealthCare, n.d.-b, Mission section). The vision involves "transforming health care to improve the lives of those we serve" (OSF HealthCare, n.d.-b, Vision section). Finally, the values include Justice, Compassion, Integrity, Teamwork, Employee Well-Being, Supportive Work Environment, Trust, Stewardship, and Leadership (OSF HealthCare, n.d.-b). The organization defines trust as "open and honest communication to foster trust relationships among ourselves and with those we serve" (OSF HealthCare, n.d.-b, Philosophy & Values section). Trust allows patients to feel safe and build rapport with staff and providers who offer treatment. If a connection can be created with victims of human trafficking, more trust can be developed, potentially offering a safe environment for them to self-identify (Chisholm-Straker et al., 2016).

Problem Statement

A more specific screening question for identifying HT victims in the ED is significantly needed, as evidenced by the number of human trafficking victims seeking health care. The literature shows that although HT victims seek health care at some time during their journey, the

majority of them are missed (Bauer et al., 2019; Bloem et al., 2017; Chisolm-Straker et al., 2016; Coppola & Cantwell, 2016; Donahue et al., 2019; Hemmings et al., 2016; Kaltiso et al., 2021; Long & Dowdell, 2018; Mostajabian et al., 2019; Rajaram & Tidball, 2018).

Many victims of HT seeking health care through the ED are discharged without being identified or given resources or opportunities for help. These missed opportunities add to the national problem of human trafficking and, on a larger scale, to the global problem. The health care staff's responsibility is to ensure that individuals are safe when entering the ED and safe upon discharge (West, 2020). By screening all adults who enter the ED, more individuals can be identified, and proper safety will be offered. This is a standard of care that is not currently happening in most hospitals throughout our country.

Clinical Question

This project addresses the need for a better screening question in emergency departments to identify victims of HT by asking a PICOT question.

Population: Adult human trafficking victims seeking health care through the ED.

Intervention: Improving the current screening question to more specifically address identifying human trafficking victims.

Comparison: Comparing the numbers of victims identified before improving the screening question to the number of victims identified after improving the screening question in the ED.

Outcome: Increasing staff awareness of the need to screen all adult patients in the ED, the number of human trafficking victims identified, and the number of referrals placed with supporting services when a victim is identified.

Time: Over 8 weeks.

The PICOT question is, Will more adult victims of human trafficking be identified in the emergency department setting if the screening question is specific to individuals currently involved in human trafficking compared to the current screening question in 8 weeks?

Chapter II: Evidence

Search Process

I began the initial literature search using the Bradley University Cullom-Davis library internet pages.

CINAHL

In CINAHL with full text and the leading search field, I utilized the keywords *human trafficking* AND *screening*. Using the advanced search tools of dates from 2015–2021, full text, peer-reviewed, and English language yielded 51 articles. I added more keywords to refine the search to decrease the number of journal articles. I searched *human trafficking* AND *screening* AND *emergency department* using the same search tools, which resulted in 17 journal articles. Those specific to pediatrics were excluded because the project focused on screening adults. A total of 15 articles from CINAHL were used for this project.

PubMed

In PubMed, I used the keywords *human trafficking* AND *emergency department*. The advanced search tools included 2016–2021, full-text, and English language, which resulted in 99 articles. To reduce this number, I conducted another search with the keywords *human trafficking* AND *emergency department* AND *screening.* The same refined search tools were applied, yielding 37 articles. After excluding pediatric studies, five journal articles from PubMed were used for this project.

Additional Searches

After finding the first set of articles and reading through them to ensure that they supported my PICOT question, I scanned their references to see if any other articles or research would fit my search for human trafficking screening tools. I was able to ensure that all articles used were published within the 5-year search limit and supported the PICOT question.

Another search included utilizing the National Human Trafficking Hotline website (2014), which provided a wealth of information about resources that all persons, not only health care workers, can use if they know someone who is a victim of human trafficking. The U.S. citizenship and immigration services provide ways for human trafficking victims to obtain specialized visas if necessary to help protect them. Several other government agencies and areas of law enforcement support the human traffic initiative to combat this global issue (Blue Campaign, 2022).

Exclusions

Many pediatric articles were excluded from the search because the focus of this project is the adult population seen at this facility. I analyzed each article, even those focused on pediatrics, for potential benefit to support the project. Articles that included information on screening questions that would be useful were then used for the project, including pediatrics studies.

Some articles were based on expert opinion instead of a literature review or evidence-based practice. If the information was too subjective and was not based on evidence-based practice, I excluded the articles, which helped ensure that the evidence being appraised was solid and supported the project PICOT question.

Appraisal of Evidence

To begin synthesizing the evidence, I created an evidence evaluation table in Microsoft Excel. In the table, I organized the articles used to support this project alphabetically by the first

author and included other information such as author(s), the purpose of the study, design/method, sample/setting, measurement tool(s), data analysis, findings, major variables, level of evidence, impact on nursing practice, and the usefulness of the PICOT question. The quality of evidence for each article was determined based on the Johns Hopkins nursing evidence-based practice model (Dang & Dearholt, 2018). This model guides the researcher to appraise the evidence levels of studies based on the type of research that meets the study design. Articles that meet Level I criteria are truly experimental studies, Level II are quasi-experimental, and Level III are nonexperimental studies. Level IV articles are based more on the opinions of committees, the consensus of scientific evidence, or clinical guidelines. Level V articles include quality improvement projects, case report reviews, or expert opinions (Dang & Dearholt, 2018).

The 25 articles appraised for this project range from Level II through Level V. I found no Level I articles, likely due to the sensitivity of this area and the inability to implement long-term studies on human trafficking victims. Three articles were Level II (Chisolm-Straker et al., 2016; Kaltiso et al., 2021; Mumma et al., 2017). Eight articles were Level III (Dell et al., 2019; Donahue et al., 2019; Egyud et al., 2017; Hemmings et al., 2016; Long & Dowdell, 2018; Mostajabian et al., 2019; Rajaram & Tidball, 2018; Stoklosa et al., 2017). Three articles were Level IV (Ertl et al., 2020; Oram et al., 2016; Peck, 2020). Eleven articles were Level V (Bauer, 2019; Bloem et al., 2017; Coppola & Cantwell, 2016; Hachey & Phillippi, 2017; Kiss & Zimmerman, 2019; Leslie, 2018; Lutz, 2018; Macias-Konstantopoulos, 2019; McAmis et al., 2022; Rajaram & Tidball, 2018; Ross et al., 2015; Rothman et al., 2017).

Synthesis of Evidence

Most of the articles focused on sex trafficking versus labor trafficking. Many were international, giving a glimpse into how health care systems outside the United States handle this

issue. Three themes were identified in the literature. The first was human trafficking victims utilizing the ED when seeking health care. The second was the ED staff's lack of education about current red flags of HT and the need to screen patients for potential HT. The third was the screening tools needed to help identify these victims.

Emergency Department Utilization

More than 87% of human trafficking victims sought health care at some point during their enslavement (Egyud et al., 2017). Most of these victims were never identified or asked if they needed help with their situation (Bauer et al., 2019; Bloem et al., 2017; Chisolm-Straker et al., 2016; Coppola & Cantwell, 2016; Donahue et al., 2019; Hemmings et al., 2016; Kaltiso et al., 2021; Long & Dowdell, 2018; Macias-Konstantopoulous, 2016; McAmis et al. 2022; Mostajabian et al., 2019; Rajaram & Tidball, 2018; Stoklosa et al., 2017). Of approximately 6,000 U.S. hospitals, only 1% currently have policies for treating human trafficking victims (Donahue et al., 2019). The lack of policies in place for these victims puts them at increased risk of not being identified and not be given appropriate resources for help, if they so desire it.

Victims of HT present with a variety of ailments causing them to seek health care, including sexually transmitted infections, addiction disorders, pregnancy, and advanced disease states due to lack of proper medication or prevention (Hachey & Phillippi, 2017, Katiso et al., 2021; Oram et al., 2016; Ross et al., 2015; Rothman et al., 2019). Knowing that victims utilize the ED for their immediate health care needs presents opportunities for staff to educate themselves on how to identify these individuals.

Lack of Staff Education

Numerous studies identified a need for staff education so they will understand why identifying victims is essential (Bauer et al., 2019; Chisolm-Straker et al., 2016; Coppola &

Cantwell, 2016; Donahue et al., 2019; Egyud et al., 2017; Hachey & Phillippi, 2017; Leslie, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Peck, 2020; Stoklosa et al., 2017). Human trafficking occurs everywhere, so health care providers should know how to identify victims and what to do if they are identified. Health care settings are in a unique position to identify and help these individuals but staff often lacks knowledge about the topic (Bauer et al., 2019; Chisolm-Straker et al., 2016; Coppola & Cantwell, 2016; Donahue et al., 2019; Egyud et al., 2017; Hachey & Phillippi, 2017; Leslie, 2018; Long & Dowdell, 2018; Macias-Konstantopoulos, 2016; Peck, 2020; Stoklosa et al., 2017). Staff can unknowingly interact with human trafficking victims, thus allowing them to leave the facility without being identified, offered help, or given local or national resources.

The roles and responsibilities of health care staff (e.g., physicians, advanced practice nurses, and nursing staff) include identifying, assessing, and providing support and resources to these victims (Coppola & Cantwell, 2016; Egyud et al., 2017; Hachey & Phillippi, 2017; Hemmings et al., 2016; Kiss & Zimmerman, 2019; Mostajabian et al., 2019). This role cannot be fulfilled without proper education on human trafficking. According to Bloem et al. (2017), health care workers play a crucial role in identifying human trafficking victims, duty to act on this is their ethical duty. Therefore, health care workers should receive adequate training opportunities to increase their knowledge about the need to identify these victims. Coppola and Cantwell (2016) describe several steps during a physical examination and assessment in which the health care provider can recognize red flags and discuss them with the potential victim.

Meeting with a health care provider can be one of the only times a victim has direct contact with someone who can help them out of their current situation (Donahue et al., 2019). Health care facilities can create policies and intervention programs aimed at increasing staff

awareness of human trafficking and ways to intervene. Additionally, facilities can make funding available to support the resources needed for these victims (Dell et al., 2019).

Need for Screening Tools

Although many tools have been used in health care settings to screen for human trafficking victims, identifying them is challenging often due to a lack of self-identification due to guilt, shame, or fear (Ertl et al., 2020; Hachey & Phillippi, 2017; Kaltiso et al., 2021; Leslie, 2018). They may fear discrimination from health care providers, being reported to the police, or being punished by their captors (Mumma et al., 2017). Data is difficult to gather due to the hidden nature of human trafficking (Peck, 2020). The effectiveness of current screening tools is unclear because of these difficulties, but using them is feasible and should be attempted (Mumma et al., 2017). Bauer et al. (2019) discuss the importance of screening in the ED due to the volume of marginalized persons seen being significantly higher than the general population and other units in the hospital setting.

Screening of patients should begin immediately upon presenting to the ED. According to Egyud et al. (2017), social signs include no insurance, offering to pay for services with cash, no personal identification, legal identification such as a driver’s license, insurance cards, or passports. These signs should be evaluated when the patient registers at triage. Screening tools offer only a small glimpse and should be kept short during the triage process. If this screening comes back positive, a more detailed screening tool should be utilized to identify domestic violence or human trafficking to best support the patient. Coppola and Cantwell (2016) report that using simple questions that can be answered by “yes” or “no” is most effective. These questions include, “Is it safe to talk with you right now?” “Do you have constant access to

food?" "Have you ever been threatened with harm if you try to leave/quit?" (Coppola & Cantwell, 2016, p. e197-8).

The many reasons individuals might not self-identify as human trafficking victims include fear of stigmatization, recent criminal activity, and lack of awareness of their current situation (Ertl et al., 2020; Leslie, 2018), so the importance of screening patients while being seen in the ED is supported. Because victims often have limited access to primary health care resources and utilize the ED for immediate needs (Mumma et al., 2017), staff must be educated about the red flags that present when caring for their patients.

Strengths and Limitations

The strengths of the evidence show a strong need for a proper screening tool to identify human trafficking victims in the ED. There is consensus among several studies that the ED is the best place to provide this screening because many victims seek care in this setting (Mumma et al., 2017).

The literature also presented some limitations to the evidence. Having accurate data representing human trafficking victims is challenging because they might not identify themselves as victims. The trauma and brainwashing captors inflict on victims can cause them to think that their situation is normal, so they do not identify themselves as victims and therefore do not screen positive. A better educated ED staff could encourage more individuals in these situations to understand that they could be human trafficked victims.

Project Aim/Purpose

Health care institutions are uniquely positioned to help identify human trafficking victims. Many victims seek health care during their enslavement but are often not recognized. The purpose of this quality improvement project was to help improve the screening process of

adults when entering the ED to identify human trafficking victims. Providing resources to patients who identify as victims can be as simple as the National Human Trafficking Hotline phone number and local agencies available to help individuals with food and shelter, or as complex as calling law enforcement or social work referrals. However, individuals have the right to refuse assistance, and due to HIPAA policies, agencies cannot be contacted without obtaining permission from the patient.

The specific, measurable quality improvement objectives for this project are:

- Improve the current screening tool in the emergency department to be more specific to help identify human trafficking victims by 5% during the 8-week implementation phase.
- Increase knowledge of participating nursing staff on red flags when screening patients in the emergency department by 20% by measuring the pre and post education questionnaire responses based on a Likert scale.
- Increase providing appropriate resources to all patients who have been screened as positive for potential human trafficking by 10% during the 8-week implementation phase. The resources will vary depending on the patient's status while in the emergency department.

Implementation Model

The Plan-Do-Study-Act (PDSA) cycle is a quality improvement model used in the health care setting to help optimize project implementation (Coury et al., 2017). The cycle is based on four stages to improve a process in a health care setting by planning a way to enhance a concern, studying the current process and how a change should be developed, making a change, and acting through the implementation of the new project (Coury et al., 2017).

During the first, or Plan, stage of the PDSA cycle, resources needed to make the vital changes for the proposed project are identified (Chen et al., 2021). Identifying the team members and subjects is imperative during the planning stage, and creating a multidisciplinary team will make the change a collaborative effort. During this stage, a problem statement and SMART goals should be developed and shared with team members before beginning the project. These goals should define outcome measurements, such as time frame or rate of improvement. Sharing information and being transparent about the proposed change and its benefits will help team members understand when the change will be implemented and the project timeline (Chen et al., 2021). For this project, the Stage 1 was synthesizing evidence about the necessity of identifying HT in health care and if other organizations had attempted or successfully implemented a screening process. The first stage is imperative to begin developing the improvement ideas. For example, the PICOT question for this project asks whether adding a new screening question in the ED would improve the identification rate of HT victims.

The second, or Do, stage of the PDSA cycle includes gathering baseline data and developing the improvement project ideas (Chen et al., 2021). Gathering baseline information is crucial for comparison with the information collected during implementation. In Stage 2 of this project, I reviewed all obtained evidence, looking for trends in the data. I then developed the project plan and discussed it with stakeholders to begin to develop a plan to implement.

Stage 3 is Studying the information gathered during the Do stage and measuring the impact based on the SMART objectives (Chen et al., 2021). Using graphs and charts helps visualize the information more concisely, so other readers will understand the information obtained during the project. During this stage, the intervention will either be determined as successful or as having opportunities for improvements. Even a project deemed unsuccessful is

of value. Reviewing the results is about identifying patterns and learning from the successful parts and those that needed improvement (Chen et al., 2021). For this project, analysis of collected information began once implementation was completed.

During the final, or Act, stage, the team leader reflects on the results and decides what actions can be taken in the future (Chen et al., 2021). Investigating what caused the undesired outcomes and how to improve is significant if a project fails to produce the desired outcomes. This stage is also the time to retest if necessary. Coming together as a team and determining what could be done differently could ensure a successful outcome (Chen et al., 2021). For this project, data could show if the screening question helped to identify HT victims, or if changes must occur to make identification possible.

Chapter III: Methodology

Project Design

This project is a quality improvement initiative examining the organization's needs concerning identifying human trafficking victims in the ED. Patients who screened positive for possible human trafficking were given phone numbers for the Center for Prevention of Abuse (2022) (a local agency that helps victims of human trafficking) and the National Human Trafficking Resource Center. Victims could follow up with these resources for information and assistance. The nurse could discuss these resources but could not call without the patient's permission, and the patient was free to refuse having the nurse call directly.

The team leader and coordinator defined the project team. I worked closely with all members of the team throughout the project. Other members of the team included faculty members who guided me through the correct steps from the beginning to the end of the project. The nurses who volunteered to participate in this project played an integral role on this team. As

the team leader, I contacted the nurses weekly by email to answer any questions or concerns. My mentors were also part of this project team. I met weekly with my primary mentor and saw my secondary mentor weekly during implementation. According to Moran et al. (2020), the project team needs to work as a whole and bring individual skills to contribute to the project to achieve the goals set by the team leader. Maintaining close communication with the entire team is essential to ensure that everyone continues the project in the same way.

Setting

This quality improvement project will utilize an urban not-for-profit hospital's ED because it is the largest in the area, providing both Level I and II trauma services. In addition, it has many resources available if needs arise (e.g., case management, social workers, psychiatry, and palliative care). This organization also has active SANEs who care for victims of sexual assault and have seen some human trafficking victims over the years. The organization also works with the Center for Prevention of Abuse (2022), which helps female victims of HT and any people in a violent situation seeking help.

The ED is split into an adult ED and a pediatric ED, but the project included only the adult population. The department has a triage area where patients check in with a registrar and then are taken to one of three triage rooms where an ED technician or nurse obtains vitals, and a registered nurse trained in how to triage and assign acuities appropriately evaluates the patient and determines their acuity level based on their chief complaint. Patients assigned a Level 5 acuity are considered nonemergent, and those with a Level 1 acuity have life-threatening emergencies. The patient is placed in one of two waiting rooms after triage, depending on the severity of their chief complaint. When there is an open ED room, the patient is escorted there by an available nurse, ED technician, volunteer, or concierge.

The ED has three circular pods comprising 53 private rooms. Pod 1, Pod 2, and Pod 3 consist of 13 to 14 patient rooms. All patient rooms have doors that access the hallway so the patient and family can enter from triage and the waiting room. Another door opens to the inside of the pod for the medical team. In addition, several "critical patient" rooms have inside walls and doors that are windows so staff can view these patients when they are not at the bedside.

On the inside of each pod are two sides, north and south. In the center of each side, a provider office called the "doc box" is located, where the physicians, nurse practitioners, and scribes are housed in between seeing patients and have access to computers and areas for dictation. There are doors for privacy and for maintaining HIPAA. Windows surround the doc box so the provider can view the heart rate monitors located on the walls between patient rooms throughout the pods.

Nurse stations surround the doc boxes inside each pod. In addition, several computers and counters are placed in a circle around the doc boxes on both the north and south sides, where the nurses and other team members usually sit to chart when they are not in patient rooms. The circular design allows the providers and nurses to work together as a team and visualize patients in their pods. The medication dispensing machines are between the pod's north and south sides. At times during high census, patients are housed in the ED while waiting for an inpatient bed. These patients are called *boarders*. Most of the time, during high volume, boarders are moved to Pod 3 and are staffed with float nursing personnel from the organization.

Population

Approximately 90 nurses work in the ED, with fewer than 10 certified SANE. Due to the COVID-19 pandemic, several travel nurses currently work under contract. There are also approximately 60 ED technicians. These numbers are only approximations due to the extremely

high turnover rate resulting from the stress of the ED setting and the pandemic. Several physicians and nurse practitioners also provide care for the patients seen in this setting but did not participate in screening patients. Pharmacists are housed in the department as a resource to make sure the medication dispensing machine is stocked with the correct medications. Pharmacists also assist with patients of high acuity and trauma patients by pulling up appropriate medications and dosages before administration. They can also help the nurses double checking correct dosages during code situations.

The ED leadership includes an inpatient charge nurse whose responsibilities include those patients coming from triage, traumas, ambulances, and outpatient facilities. An outpatient charge nurse is responsible for the patients leaving the ED, including patients discharged home and those needing inpatient placement. A director oversees all management and leadership within the department. In addition, there are two ED managers and an assistant manager. Two educators work during the day shift, and one works primarily on the night shift.

All ED nurses participate in a 16-week orientation before working without a preceptor. They are required to obtain several certifications and pass several tests before passing orientation. Nurses work a variety of shifts, including 7:00 a.m.–7:00 p.m., 9:00 a.m.–7:00 p.m., 9:00 a.m.–9:00 p.m., 11:00 a.m.–11:00 p.m., 1:00 p.m.–1:00 a.m., 3:00 p.m.–3:00 a.m., 5:30 p.m.–1:00 a.m., and 7:00 p.m.–7:00 a.m. Full-time, part-time, per diem, and traveling nurses are employed throughout the department. Experience levels vary from new graduate nurses to those who have been in the department for almost 20 years. Nurses can obtain optional certifications, including trauma nursing specialists or SANE. There are approximately 15 nurses working at 7:00 a.m. and increase to almost 30 nurses by 3:00 p.m. This is due to the increasing pod rooms opening throughout the day.

The secondary population for this project were adult patients in the ED, 18 years or older, who get registered to be seen. They were screened for possible human trafficking by their nurse. Each was assigned a patient room and then asked the updated human trafficking screening question along with other mandatory screening questions, such as questions about domestic violence and suicide risk, already in place in the EHR.

No identifying factors such as medical record numbers or names were obtained during the screening process. During the evaluation and screening process, the nurse obtained demographic information such as age and gender for data purposes only. The goal was to screen all adult patients registered in the ED, only if the screening did not interfere with patient care and individuals who did not have any cognition deficits. This decision would be left up to the nurses who were participating in the project. Nurses work several shifts per week and see an estimated five to eight patients per shift, depending on the acuity of those patients. Therefore, an estimated 30–50 patients could be screened each week throughout the project.

This adult population group was similar to population groups screened by other organizations that have trialed screening questions for human trafficking victims, as evidenced by the literature review. Children often are omitted from screening because they may not understand what they are consenting to. The organization frequently does not grant Institutional Review Board approval to work with minors on a sensitive topic.

Exclusion Criteria

Some exclusion criteria were addressed with the nurses who volunteered to participate in this project. Patients who presented to the ED with loss of consciousness or cognitive impairment were not screened. Patients assigned a Level 1 acuity were not screened, including those who presented with a cerebral vascular accident, myocardial infarction, Level 1 trauma, or

a severe fall, or who required intubation. Any patient who presented with a critical injury or illness for which the screening could delay care was not screened. Patients who presented as a possible sexual assault victim, male or female, were not screened due to being a vulnerable population. The SANE or member of the nursing staff asks these victims a more in-depth questions pertinent to human trafficking. The SANE used their judgment and critical thinking skills to decide whether a patient should not be screened.

Tools and Instruments

Before beginning the implementation of the project, all ED nurses (full-time, part-time, PRN, and travel nurses) were emailed asking for volunteers to work with a DNP student looking at a new screening process to identify human trafficking victims (see Appendix A). The nursing staff was given 2 weeks to respond if they were interested in participating. In addition, my contact information was provided so they could ask questions about the project.

The nurses volunteered to be a part of this project but also received professional development credit through the organization for participating in research for professional development and yearly departmental evaluations. Those participating understood that this was a quality improvement project. However, they were listed for professional development as “research participants,” the term used by the organization. They were given some education before implementation through a lunch-and-learn session of approximately 90 minutes that explained human trafficking red flags and why health care providers need to screen all individuals. At the beginning of the lunch-and-learn, the nurses completed a pre education questionnaire that I, as project coordinator, collected (see Appendix B). Lunch was provided during the education. Next, a 1-hour Polaris project video (https://polarisproject.org/training/) was played that provided training on identifying human trafficking victims. The Polaris project is

a non-for-profit organization that helps victims of HT through the National Human Trafficking Resource Center Hotline number. Following the video, the nurses completed a post education questionnaire to measure if their knowledge and comfort had improved following the 90-minute session (see Appendix C).

During the implementation phase, the nurses received a yellow notecard to carry throughout their shift to document patient age, gender, and a "yes" or "no" response to the screening question, Have you ever been forced into sexual acts or work for money, drugs, or favors? (see Appendix D). The notecard also includes red flag questions. During the lunch-and-learn, nurses were told to write no patient identifiers on this notecard to ensure HIPAA compliance. Additionally, a statement on the notecard reminded nurses not to write identifying information on the card. After each nurse's shift, the notecards were placed in a mailbox at the ED educator's office. The department's nurse educators agreed to pick up the notecards daily and kept them in their office when I was not physically in the department. Extra notecards were placed in a folder in the same mailbox that participating nurses could access if they needed additional cards during their shift.

The National Human Trafficking Resource Center provides a free algorithm for health care settings to reference red flags and what steps to follow if patients present with these red flags. This resource was utilized to determine red flags and a screening question (see Appendix E for the algorithm and permission to use).

Project Plan

This project began by obtaining permission from the organization's chief nursing officer (CNO) to conduct the project in the ED. Next, an email was sent to the CNO, who replied that the organization would support this quality improvement project (see Appendix F). Discussing

my project with the ED educators and having support from ED management and leadership was crucial to the beginning stages of the project. As a result, I sent an email to all nurses in the department explaining that I, as a DNP student, wanted to develop a more specific human trafficking screening tool to identify victims in the ED and was looking for volunteer nurses to help with the project. As a result, a subset of four nurses responded that they were interested in helping to implement this project.

I provided education to these four nurses through a 90-minute lunch-and-learn session. Before I presented the training, the nurses completed a pretest demonstrating their current knowledge and confidence about human trafficking victims. The education included red flags to help identify human trafficking victims. The importance of identifying these victims and the prevalence of human trafficking were also discussed. For instance, if a patient presents to the ED with abdominal pain and is accompanied by another person, the nurse should ask appropriate questions about abdominal pain, such as “When did the pain start?” “Where is it located?” “Is it constant or intermittent?” “What does it feel like?” “Does anything seem to make it better or worse?” A red flag in this situation would be if the other person answers all the questions for the patient and does not allow the patient to speak for themselves. These examples do not always indicate human trafficking but should be identified as a red flag by the nurse to be evaluated further. Another example would be if a patient presents for a car accident but has injuries or fractures that are not consistent with a car accident, or if they report hitting their head on the steering wheel but present with bruising along their flank and an arm fracture.

The original plan was to obtain a 1-hour CE credit webinar course through the Illinois Sexual Assault Examiner Office; however, the educational training was not built in time for the implementation phase of this project. Another resource, a video called *Human Trafficking 101*,

was utilized through the National Human Trafficking Resource Center website (National Human Trafficking Hotline, 2014). Although the participants did not receive credit for continuing education, the training was directed to health care workers and identifying these victims. The project site organization administration also supported the participating nurses to use this project in their yearly professional development program as research participants.

After the nurses viewed the webinar and information surrounding the project, they completed a five-question post education questionnaire with the same questions as the pre education questionnaire to measure if the education I provided and the webinar increased their knowledge and confidence level surrounding human trafficking.

The action part of this project ran for 8 weeks in the department. After the nurses were educated, they were given a yellow notecard that they carried throughout their shift. The patient was escorted to their assigned room and greeted by a nurse or ED technician who helped them change into a gown and obtained vital signs. When the nurse entered the room, they their assessment. While the nurse physically examined the patient, they obtained demographic information (e.g., age and gender). The nurse then asked the human trafficking screening question, Have you ever been forced into sexual acts or work for money, drugs, or favors? The other ED screening questions in the EHR were for suicide and domestic violence screening.

The nurse wrote on the notecard the age and gender of the patient and then circled “yes” or “no” to the screening question. The notecard was returned to the nurse’s pocket and dropped off at the ED educator’s office at any point during their shift or after their shift in a green envelope clearly labeled “DNP Project Notecards.” A new notecard was completed for each patient the nurse saw. The goal was that each nurse would screen four to five patients per shift.

If a patient screened positive, they would be offered the National Human Trafficking Hotline phone number and, if the patient is local, the contact information for the Center for Prevention of Abuse (2022). The patient did have the right to deny all services, have the number printed on their discharge instructions, or to call to the agencies offered. If a call was placed after receiving authorization from the patient, the nurse also noted in the EHR that a call to the National Human Trafficking Hotline or Center for Prevention of Abuse had been performed. All treatment team members were aware of this process before the implementation phase (e.g., technicians, nurses, and physicians). The lead physician in the ED was made aware of this DNP project and disseminated the information to the other providers so they would be aware of the process.

The nurses were given a notecard instead of an electronic version at the organization's request. A screening question cannot be built into the EHR without building it into all EDs throughout the organization, which would lead to extra work for the nursing staff during a pandemic and severe staff shortages. If there is evidence that additional screening is necessary after this project is conducted, the organization can consider building the screening question into its system, which will help sustain the project.

The screening question was asked only when the patient arrived at their assigned room, not during the initial triage process. This decision was made to help with the throughput of patients at triage, which can quickly result in a bottleneck as patients wait for assigned rooms. In addition, due to the nursing shortage, the decision was made not to add another requirement to the triage nurse, which could increase stress. The updated screening question for this project was derived from the National Human Trafficking Resource Center through their National Human Trafficking Protocol for Health Care Settings. The algorithm lists five screening questions, but

again because of the ED's nursing shortage, the questions were compiled into one question for ease for the staff. The validity of the new screening question was discussed with the instructors of the DNP course prior to submitting the IRB application.

At the end of their shift, nurses were to submit their notecards to an appropriately labeled folder in the mailbox of the ED educators, who picked them up daily. I reviewed the notecards weekly. Throughout the implementation phase, I gathered the information and put it into an Excel spreadsheet which I later used to analyze data.

SMART Objectives

The SMART objectives were measured in three ways. First, I reviewed the information gathered by the nurses to evaluate whether the identification of victims had improved compared to the original screening tool utilized before implementation. The current screening question asks, Do you feel safe at home and in your relationships? Adding a specific human trafficking screening question to the existing screening tools in the ED should help with the identification of human trafficking victims by 5% within 8 weeks during the implementation phase of this project.

The pre education questionnaire was given to the voluntary nurses to understand their baseline education on human trafficking victims and how to identify red flags with these victims. After completing the 60-minute lunch-and-learn session, the post education questionnaire was given to measure whether their education had resulted in growth . The objective was that nurses would improve their knowledge and confidence in identifying red flags and interviewing potentially human-trafficked individuals, as measured by the post education questionnaire.

The final objective was measured by seeing how many patients were given the National Human Trafficking Hotline number and phone number for the Center for Prevention of Abuse, or if the nurses contacted these numbers with the patient's permission.

Procedure/Process for Data Collection

The data for this project was collected throughout the nurses' shifts. Opening this project to all ED nurses ensured that a variety of patients would be seen on all shifts throughout a typical day. The nurses asked screening questions for suicide risk and domestic violence risk. The information gathered on the notecard was then put in a mailbox in the ED educator's room.

As project coordinator, I was not involved in seeing patients or having access to their medical records to maintain HIPAA compliance and the anonymity of the screened patients. HIPAA protection was maintained by having medical charts in the EHR accessed only by nursing staff who cared for the patient. I did not enter any patient health records or have physical contact with any patients. Therefore, the data gathered relied strictly on the nursing staff to collect all information.

Timeline

The timeline of this project was during the 15-week 2022 summer semester (see Appendix G). Implementation lasted 8 weeks. At the beginning of the semester, I had a few weeks to email the nurses and recruit volunteers for the project. Then, a few weeks were needed to ensure that all nurses received the proper training. Data analysis occurred in the fall semester of 2022.

Evaluation and Sustainability

After evaluating this project, the information will be shared with the organization's CNO and other stakeholders, such as the ED managers, leadership, and educators. If the project can show that the screening tool is successful, the screening question could easily be built into the EHR to be used throughout the organization. The screening question could potentially be utilized by other departments, such as ambulatory, community, and inpatient screening.

Data Analysis

The data was analyzed using descriptive statistics. After the nurses submitted their notecards to the mailbox, I entered the information into an Excel sheet, particularly age, gender, and "yes" or "no" responses to the screening question. The data was translated into charts to determine how many people were screened based on gender and those who answered "yes" or "no" to the screening question.

Institutional Review Board and Ethical Issues

The organization where the project was being conducted requires IRB approval. I followed the process for applying to the Institutional Review Board (IRB) of the University of Illinois College of Medicine at Peoria (UICOMP) for approval of this quality improvement project. It was designated a quality improvement project and not research because it sought to change the current ED screening process to improve the identification of human trafficking victims by asking a more specific question (see Appendix H).

IRB approval was granted before I interacted with the nursing staff and before the nurses started screening patients. Protecting the patient's privacy was addressed during the application process. Because no identifiable patient information was obtained, no breach of confidentiality or HIPAA compliance occurred. Once approval was granted, I submitted the approval letter to Bradley University's Committee on the Use of Human Subjects in Research. Bradley University has an affiliation agreement with UICOMP and accepted IRB approval.

Chapter IV: Organizational Assessment and Cost-Effectiveness Analysis

Organizational Assessment

Barriers

The project encountered some anticipated barriers. The most significant obstacle was the COVID-19 pandemic, which exacerbated the nursing shortage, making the ED nurse turnover rate exceptionally high. The increased stress COVID has put on health care systems, especially intensive care and ED setting is staggering. The department is often short-staffed and not running with the total number of nurses needed. In addition, COVID has caused increased ED boarding and extended lengths of stay while patients wait for an inpatient bed. The increased length of stay per patient decreased the number of patients the nurses encountered during their shifts and thus the projected number of patients screened.

When the project was initially discussed, developing a screening tool in the EHR was considered. However, due to the nursing shortage and the additional stress of COVID, the organization's leadership decided not to add the tool. The project was adapted by having nurses use printed notecards to screen patients and then to determine whether the project was successful before adding the tool to the system. Relying only on paper copies, nurses might not have screened every patient who qualified, and some notecards could have been lost during their shifts, decreasing the amount of data gathered.

Several of the studies in the synthesis of evidence reported that a barrier to helping human trafficking victims is the difficulty of identifying them because they are unlikely to self-identify. They are generally subjected to continual brainwashing by their captors to make them believe that their situation is normal and that they do not want assistance. In addition, many are fearful of repercussions from their captors if they admit to being trafficked. More information provided about human trafficking and knowing the available resources will encourage more victims to come forward and be identified. This barrier to screening made educating nurses to identify red flags particularly important.

Consequences

One unintended consequence associated with the project would be if the cost of education and food for the lunch-and-learn increases. Another would be if the nursing staff did not ask all the patients they encountered during their shift. Nurses are assigned to different parts of the ED for each shift (e.g., triage, trauma, resource, and the pediatric ED). If a nurse is assigned to one of these areas for their shift, the amount of patient information gathered would be limited. If a nurse is designated as a resource for the department for their shift, they might not check patients into the rooms, again limiting the amount of data collected.

Interprofessional Collaboration

Interprofessional collaboration played a significant role in this project. For example, I worked with the Illinois State SANE coordinator to discuss the educational needs of the nursing staff every other month. I also obtained a 1-hour training video from the National Human Trafficking Resource Center focusing on how to identify red flags in human trafficking. In addition, working with ED managers, the leadership team, educators, and the nursing staff ensured that staff was given appropriate information according to the organization's policies.

Support from my mentors and faculty members throughout this project helped me view this project in different ways. I met several individuals directly related to the project and others who were not directly related. Meeting my practice mentor weekly also helped this project stay on track and organized. She has many contacts in the organization and guided me in how to gather current data in the hospital system.

My secondary practice mentor worked in the ED and showed me specific processes in place for the current screening question. I was also available to see the onboarding process for

new nurses in the department. Often while in the ED, I had discussions with the department leadership team, including several ED patient managers.

Working closely with faculty throughout this project has also been helpful with the success of this project. Meeting during office hours and discussing the plan of activities, competency assessments, and the implementation process was essential to project success. My faculty mentors helped me understand the process of the project and paper and how to stay on track throughout each semester.

Cost Factors

Budgetary Needs

The cost of this project was minimal (see Appendix I). My costs included printing expenses, time producing the project, and lunch bought for the participating nurses. The nurses volunteered their time to attend the 90-minute lunch-and-learn session. They were on the clock for their regularly scheduled shifts during the implementation phase of this project and earned their regular base wage, so the department accrued no additional costs for their participation.

This project required the use of basic technology, such as Microsoft Office Word, Excel, and PowerPoint, and a computer hookup and projector used during the lunch-and-learn session. The organization financially supported the project by allowing me to use office space to conduct the lunch-and-learn session and reach out to staff members to participate in this project during their scheduled shifts.

Cost Avoidance

Because the participating nurses implemented the project during their scheduled shifts, they did not work outside their scheduled hours, which saved money. In addition, the

organization provided the conference room and technology on the day of the lunch-and-learn, resulting in more savings.

Chapter V: Results

Descriptive statistics were used to summarize patient characteristics and survey responses. Frequency and percentages were recorded for all categorical variables. In addition, the mean (standard deviation [SD]), median (interquartile range [IQR]), and range were recorded for all numeric variables. All analyses were performed using R (Version 4.1.2) and assumed a two-sided 5% level of significance.

A binomial exact test to evaluate whether the percentage of patients identified as victims of human trafficking using the new screening tool differed from those identified as endangered using the current screening tool. As shown in Table 1, 46 patients were screened during this project. The average age of participants was 41.28 (*SD* = 15.91). The median was 38.5 years (*IQR* = 30, 48.75). The range of ages included 18 to 85 years. There were 22 (47.83%) male participants and 24 (54.17%) females screened. Zero patients were identified as nonbinary.

Table 1

Summary of Participant Demographics: Age and Gender

Characteristic	Level	Estimate
Age	Mean (SD)	41.28 (15.91)
	Median (IQR)	38.5 (30, 48.75)
	Range	[18,85]
Gender	Male	22 (47.83%)
	Female	24 (52.17%)

Table 2 shows the percentage of “yes” responses as 2.17% (*n* = 1) and “no” responses as 97.83% (*n* = 45) given throughout the project. Because there was no current human trafficking screening question, the identification of victims increased by 217% compared to 0% with no

screening question in place. When compared to the current ED screening question used to screen for domestic abuse and suicide (Do you feel safe at home and in your relationships?), 91 responded they did not feel safe and 6,949 responded “yes” they felt safe during the same time (*n* = 7040). The data shows that although only one of 46 (2.17%) individuals screened positive for human trafficking with the updated screening question, the percentage of identification was 59.4% higher than with the domestic abuse and suicide screening tool (1.29%) during the same period.

I also included the previous year’s results from the current screening question to see how many individuals responded that they did not feel safe at home or in their relationship. Of 46,201 patients screened, 45,562 (98.6%) responded “yes,” and 639 “no” they did not feel safe (1.38%) to the current screening question in the previous year. Compared to the updated screening question, there was an increase in the identification of potential victims by 63.5%. This data shows that asking a more specific question directed toward human trafficking results in a better outcome rate when attempting to identify these individuals.

Table 2

Comparison of Screening Questions

	New Screening Question: “Have you ever been forced into sexual acts or work for money, drugs, or favors?”	Current Screening Question: “Do you feel safe at home and in your relationships?”	
	May 29, 2022–July 22, 2022 Frequency (%)	May 28, 2021–May 28, 2022 Frequency (%)	May 29, 2022–July 22, 2022 Frequency (%)
Yes	1 (2.17%)	45,562 (98.6%)	6,949 (98.7%)
No	45 (97.83%)	639 (1.38%)	91 (1.29%)

Because the sample of nurses who participated in the study was small, statistical comparisons of nurses' knowledge of human trafficking before and after education were not made. All four nurses participated in the pre and post education questionnaires, which posed the same questions. The responses to each question showed an increase in knowledge and confidence levels.

Table 3 identifies the strengths of knowledge and confidence levels of identifying human trafficking victims pre and post education by the volunteering nurses for this project. Comparing the total means of all pre education questions to the total means of all post education questions showed an overall increase in knowledge and confidence levels of the participating nursing staff of 73.2%.

Table 3

Summary of Nurse Responses Pre and Post Education

Question	Pre education	Post education
n	4	4
1. What is your awareness of human trafficking patients within the emergency department?		
Not aware	1 (25.0%)	0 (0.0%)
Somewhat aware	3 (75.0%)	1 (25.0%)
Mildly aware	0 (0.0%)	1 (25.0%)
Moderately aware	0 (0.0%)	2 (50.0%)
Mean (*SD*)	1.75 (0.50)	3.25 (0.96)
2. What is your confidence level in recognizing "red flags" of a human trafficking victim?		
Somewhat aware	3 (75.0%)	0 (0.0%)
Mildly aware	0 (0.0%)	1 (25.0%)
Moderately aware	1 (25.0%)	3 (75.0%)
Mean (*SD*)	2.50 (1.00)	3.75 (0.50)
3. What is your confidence level in interviewing human trafficking victims?		
Not aware	1 (25.0%)	0 (0.0%)
Somewhat aware	1 (25.0%)	0 (0.0%)
Moderately aware	1 (25.0%)	3 (75.0%)

Question	Pre education	Post education
Very aware	1 (25.0%)	1 (25.0%)
Mean (*SD*)	3.00 (1.83)	4.25 (0.50)
4. What is your confidence level in providing local and national resources to potential human trafficking victims?		
Somewhat aware	2 (50.0%)	0 (0.0%)
Mildly aware	1 (25.0%)	0 (0.0%)
Moderately aware	0 (0.0)%	1 (25.0%)
Very aware	1 (25.0%)	3 (75.0%)
Mean (*SD*)	3.00 (1.41)	4.75 (0.50)

Figure 1 graphically represents the nurses' pre and post education Likert survey results in two plot surveys, showing their interest level in human trafficking before and after participating in this project. The figure also shows that their knowledge and confidence levels increased following only 1 hour of human trafficking training.

Figure 1

Plot of Nurses' Likert Survey Responses

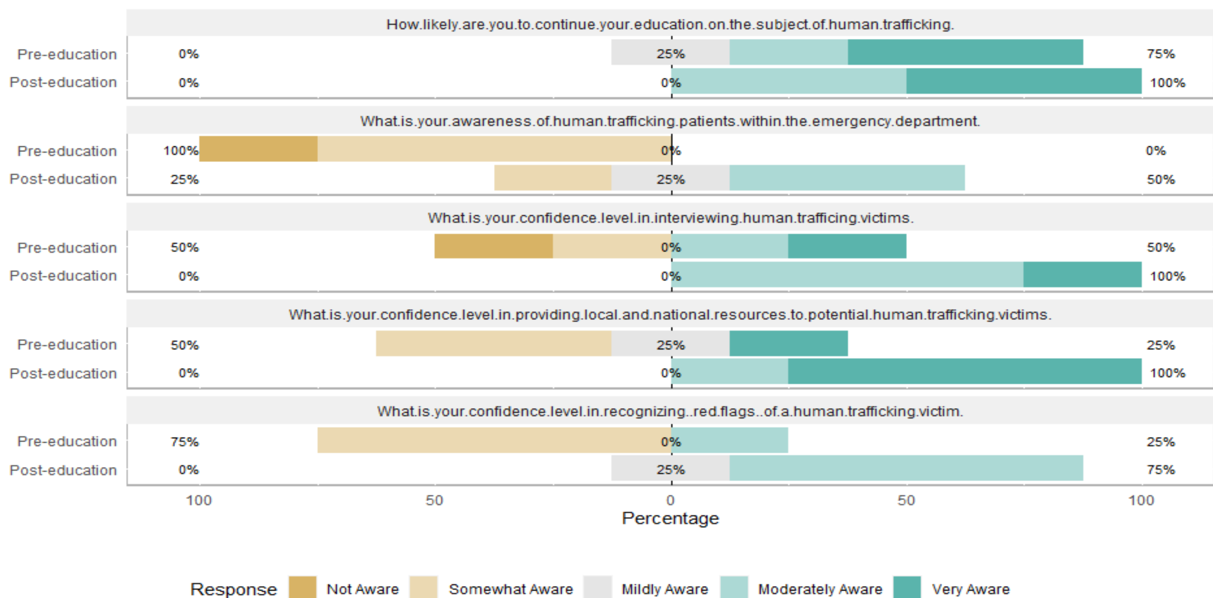
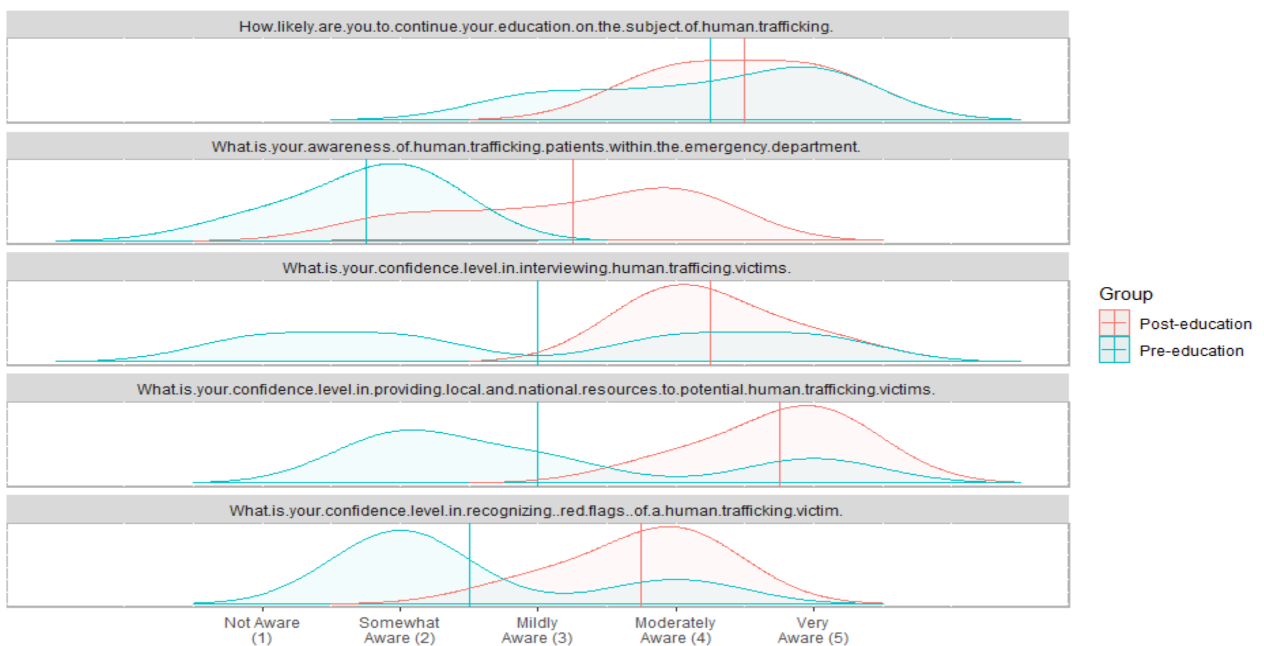


Figure 2 focuses on the means of the responses to the pre and post education questions and graphically illustrates the nurses' growth with each question following their educational training. The more significant gaps between the means of pre and post education represent more improvement in nurses' knowledge and confidence levels.

Figure 2

Plot of Nurses' Likert Survey Responses



Chapter VI: Discussion

Evaluation of Outcomes

Two of three SMART objectives were met during this project. The first objective, to increase the identification of human trafficking victims by more than 5%, was met. Because the ED previously had no specific screening question for human trafficking, the fact that one person was identified following nurse education showed a 217% increase, indicating that asking a

specific human trafficking screening question will help to identify individuals in potentially harmful situations. The information was also compared to the current screening question in use by the organization, showing that asking the updated screening question resulted in a higher incidence of identifying potential victims than the current screening tool. The individual who identified as potentially trafficked was a female aged 26.

It is important to recognize that a positive screen for the current screening question is the patient answering, “no.” This means the patient does not feel safe at home or in their relationships. The updated screening question is a positive screen if the patient responds, “yes,” meaning they have been forced into sexual acts or work for money, drugs or favors. It is important to recognize the differences between the two screening questions and what qualifies as a positive screen.

The second objective of increasing nurses’ knowledge and confidence levels in identifying human trafficking victims was met and exceeded. The goal was to increase knowledge of participating nursing staff on red flags when screening patients in the emergency department by 20%. Responses to each question regarding knowledge and confidence levels increased from pre to post education, and the increase overall for all questions combined was 73.2%. The nurses who participated in this project had varying years of experience in the ED, but they all evinced a passion for combating human trafficking by helping victims. An interesting finding is that the first question shows the nurses that volunteered to be a part of this project had an interest in human trafficking prior to the implementation process of this project. There was still an increase in the likelihood of continuing education.

Question 5 (Not in table 3) inquired How likely are you to continue your education on the subject of human trafficking? The pre education mean of SD = 4.25 [0.96] increased only

slightly post education to *SD* = 4.50 [0.58]. This answer was fascinating because it seems to show that the nurses who volunteered for this project already had a passion for wanting to combat human trafficking. The slight increase in their desire to continue their education proves that they were interested in this subject before the project began.

The final objective, to increase providing resources to victims by 10%, was not met because the identified potential victim declined resources. However, the nurses who participated in the project are now aware of available resources and can provide them when they encounter potential victims in the future. Having the nurses be mindful of local and national resources can increase their confidence levels in helping potentially trafficked patients.

Evaluation of the Process

Overall, the response from the nurses and ED leadership was positive. Nurses felt that they had learned valuable information about human trafficking when they left the lunch-and-learn. These nurses had varied experience levels and years of nursing in the ED. One nurse had been trained as a SANE, and another had no experience in human trafficking education. The nurses relayed that patients were receptive to answering the screening question, and they did not encounter many patients who were surprised by the question. One nurse reported a patient's statement that the question could bring up past trauma for someone who had experienced a previous assault. The nurse explained to the patient why the screening was taking place and the importance of identifying human trafficking, which the patient then understood. Weekly emails asked the nurses about the previous week's experience and for feedback on the project (e.g., barriers or experiences), and the nurses responded that the project was going smoothly and that they had encountered no barriers.

All the nurses who volunteered to participate in this project worked on different shifts: day, night, and weekend. This variety helped to ensure that all types of patients were screened. Each nurse had a routine for asking the updated screening question, which allowed for individual style and less stress in their workflow. The nurses responded positively to the training that was provided. Following implementation of the project they commented that they felt much more aware of red flags and vigilant in their assessment of patients they care for. The nurses felt asking the screening question was easily molded into their basic screening of patient and did not add significant more time to their assessment.

Analysis of Implementation

The original plan for this project included viewing a 1-hour continuing education video about human trafficking and identification in the health care system provided by the Illinois State Attorney General's Office. Unfortunately, this video was not completed and available at the time of implementation. Another video was found through the National Human Trafficking Resource Center, and although it did not include continuing education credit, the nurses were receptive to the change. Therefore, the training change did not affect the project timeline.

The initial steps began with educating the nurses who volunteered to participate in this project. I sent an email describing the project to the entire ED nursing staff, and four nurses responded that they were interested in participating. However, finding a time for all of them to meet for an education lunch-and-learn session was challenging. Ultimately, the plan was modified, and two lunch-and-learn sessions were held to accommodate schedules. The same information was provided in both sessions, and nurses appeared to be responsive to the project. The project then moved forward by following the methodology discussed in Chapter III.

As anticipated, the COVID-19 pandemic played a significant role in the low number of nurses who volunteered to participate. In addition, the department is currently experiencing a higher-than-average turnover rate. For most of the implementation phase, I was present in the department and observed the ED educators onboarding new nurses to the department. As a result, the department was often left short-handed and worked with higher than the average nurse-to-patient ratios, usually three patients to one nurse, depending on the acuity of patients.

Some important lessons learned during the implementation process were to make the project adaptable to changes that can occur and to expect the unexpected when working in health care. Knowing the nurses who volunteered worked on different shifts and had different schedules affected the amount of time needed to provide the proper education on human trafficking and information about the project. The project took place during the summer, which meant that some nurses took paid time off for vacation. This time off did impact how many patients were screened.

This project's most considerable success was identifying a possible human trafficking victim. The nurse discussed her positive screening and the available resources. The patient declined resources and did not want the nurse to contact the local resource center or the National Human Trafficking Resource Center Hotline. To comply with HIPAA, the nurse had to comply with the patient's wishes, because she was an adult of sound mind. The important lesson was that the patient was identified, and if she decides later that she wants assistance, she knows where to get help. That alone makes this project successful.

Analysis of Limitations

Some limitations were identified during this study. First, the sample size was small for several reasons. Second, the ED was overwhelmed with boarder patients, which slowed down the

number of patients being seen by the department on each nurse's shift, limiting the number of individuals screened. Third, only four nurses volunteered to participate in the project, limiting the number of patients screened during the project. One of the participating nurses was pulled from her position at this organization to go to a sister organization because of the significant nursing shortage during Week 6 of implementation. Losing a nurse during the project implementation phase further limited the amount of screening.

Not being able to add the screening tool to the EHR limited the nurses asking the question. A paper notecard in the pocket can be easily forgotten or overlooked when going through the standard charting and screening in the computer system. The nurses were responsible for turning in the notecard at the end of their shifts. It is possible that not all notecards were submitted, limiting the number of screenings gathered for this project. The notecard was a good option, but more screenings could have been done with an electronic platform.

Another limitation was the difficulty of the SMART objectives as written. Not all the information was gathered when the SMART objectives were first written, making measurement slightly more laborious. For example, how many patients screened positive to the current screening question was not available until after the implementation process was completed and analysis was being conducted. In the future, it would be helpful to have this information when developing the needs assessment and the gap analysis for this type of project. Interviewing the SANE to determine how many people they may have identified as victims of HT may have improved the baseline data.

Implications

That even one patient screened positive for human trafficking shows the impact of asking screening questions to patients in the ED. Without asking this screening question, the person

might not have been identified. In addition, she would not have been made aware of the resources available in her local area. Although she declined resources, she is aware that the department is willing to give resources if she ever chooses to use them.

The nurses showed an increase in knowledge and confidence levels between their pre and post education questionnaires, proving that educating staff is an excellent beginning to helping identify human trafficking victims. Incorporating more education programs into the nursing community can help the identification of more victims. All individuals can be trained and should have the basic knowledge of red flags for human trafficking.

Practice

Project sustainability will depend on whether the organization will agree to add the screening question to the EHR. This project showed that nurses using notecards and asking the screening question was effective. Still, sustainability will be based on whether the process can be made easier for the nurses by building the question into the EHR. Although asking patients was possible with the notecard for the initial pilot project, the notecards can be easily lost or not submitted, making data collection difficult. If the screening question was built into the EHR, it could be specified to a particular unit and the needs of that unit. If someone screens positive, there could be options for more detailed questions and phone numbers for local and national resources available for the nurses to provide.

Other considerations for applying this screening question to the EHR would be its location and how to keep it private from others who have access to their personal health record. The organization utilizes an electronic health application system where all visits, labs, and communication with the patient’s providers are housed. Each patient has a personalized login and password for access. Patient proxies can be given with the patient’s permission, even if the

patient is over 18 years of age. In an outpatient setting, patients can check in to their upcoming appointment electronically. This electronic check-in is when the patient would answer the current screening question, Do you feel safe at home and in your relationships? Placing the screening in this area might not be the safest option. For someone who is potentially being trafficked, the possibility that their captor has access to their chart or that they are near the patient when the questions are being answered would be dangerous. Another environment in which to ask this question should be considered for potential future projects.

Modifications for Future Research

A change that can be made for future research related to identifying human trafficking victims in the ED would be educating the entire department—nurses, physicians, and technicians—instead of a select few. Anyone can identify victims of human trafficking, and everyone should be educated on how to do so. They should also be educated on what to do when someone is identified. By having entire departments participate in becoming educated, the number of victims found would be much higher and the impact on combating human trafficking much greater.

Another future opportunity would be to present the gathered data to the ED leadership team (patient care managers, directors, and educators). The presentation would allow the department to understand the information gathered and decide if further education should be performed on all ED staff. In addition, it would be possible for the department to create an electronic training module that health care staff can watch to become familiar with the red flags of human trafficking.

Transferability

The transferability of this project from one health care setting to another would be simple, and it could be incorporated into all areas of the organization. The ease of transferability would be related to whether the screening question could be built into the EHR system. The staff carrying out the screening would need to be educated similarly. The training video from the National Human Trafficking Resource Center, *Human Trafficking 101*, was created for health care workers. Still, other training opportunities exist for individuals not in the health care setting. The website says that anyone can identify potential human trafficking victims (National Human Trafficking Hotline, 2014).

Future Opportunities

During the implementation phase of this project, I was approached by a DNP student from another DNP program who was also interested in human trafficking screening. She currently works at the organization where this project took place. The student and I met weekly during the implementation phase of this project. We discussed ways for her to adapt the current project and individualize it to make it her own since she was planning to implement it in a different hospital unit. The CNO wanted to ensure that the screening questions were similar and could be utilized in several departments. Her project is planned to implement during the fall of 2022. If her project also shows success at identifying victims, the organization will continue to look for ways to implement a screening question in other departments and possibly outpatient facilities, hopefully in an electronic format.

Interdisciplinary Collaboration. All persons in health care should be educated on the red flags of human trafficking. This project has opportunities to reach several areas of health care and community partners. Obtaining more information and education on human trafficking in places of public health and service will better identify individuals subjected to human trafficking.

For example, police officers, emergency medical responders, and fire department personnel all meet persons in medical crises. They should be trained to identify these individuals because many of them will likely encounter victims without their knowledge.

Another potential collaboration would be to speak to nursing schools about incorporating education on human trafficking into their curriculums. Nursing students in graduate and undergraduate programs should be taught the red flags and the available resources. Providing even a small amount of education in the curriculum would provide a good baseline knowledge on human trafficking that nurses can use wherever they choose to work.

There is also an opportunity to collaborate with the organization’s information technology department to help develop an educational tool that all health care staff will be mandated to complete every year. Education would include information on human trafficking, red flags, how to have conversations, local and national resources, and basic legalities of human trafficking.

Collaborating with other faculty members at a local university would also be effective. Many departments, such as counseling, social work, education, and physical therapy, can benefit from education on human trafficking and how to identify victims. Each department can individualize training and instruction for its staff and students. Having a good baseline education on red flags can help identify more victims. In addition, those individuals in the education department should have significant training on children who are trafficked. Some of the red flags for children and adults differ, and individuals who work with school-aged children should know what to watch for to provide assistance.

Potential Research Questions. The most useful question to ask nurses about barriers to identifying human trafficking victims in a health care setting is, “What do nurses currently know

about human trafficking?" Understanding what nurses currently know would provide a good foundation for determining how to enhance their education and learning opportunities. Further questions should include, What education, if any, is provided to the nursing staff in the hospital, outpatient, and school settings?

Performing a needs assessment of education provided by the organization will assist in identifying gaps. The need for education in the nursing field to further support building knowledge and confidence will help nurses carry this knowledge and confidence into their specific units. Specific units can offer individualized teaching based on their patient population that can build upon the nurses' baseline knowledge when they begin working.

Plan for Dissemination. The plan for dissemination has already started. Another DNP student is interested in identifying human trafficking victims in an inpatient unit of this organization. Spreading the education to staff on this unit and screening for potential victims will continue the work of this project. If both projects can show a need for screening patients and the success of screening, the organization would consider building this screening into the EHR.

My plan will be to share my poster with the administration team in the emergency department and with the CNO of the organization. I will also collaborate with the student who is identifying human trafficking on another unit to look for similarities in our projects and how the organization can move forward with building this into the EHR system. I have already shared my finding with my practice mentor who is very excited about moving forward with building this into the entire organization.

Nursing

The significance of this project to the nursing profession is endless. The project identified that nurses' knowledge and confidence deficits about human trafficking can be remedied by

education. Education can and should be performed in every unit in the hospital and ambulatory settings. In addition, the nursing profession should collaborate with the educational system about how to incorporate human trafficking education into the undergraduate nursing curriculum so nurses will have a baseline understanding of what human trafficking consists of and how to identify victims. Human trafficking does not discriminate against age, sex, gender, sexual orientation, or location, and nurses can identify victims in every health care setting, from hospitals to outpatient facilities to schools. Since there is no particular look for a victim of human trafficking, it further justifies the need for education about human trafficking in all health care settings to ensure that all nurses know how to identify victims. This education does not have to be limited to the nursing staff either. It can be disseminated to other disciplines such as physicians, technicians, secretaries, and volunteers.

Health Policy

All organizations can benefit from educating their staff on how to identify victims of human trafficking. Unfortunately, most institutions do not currently have policies or procedures in place about responding to individuals who present this way. Most do have policies related to patients who have been sexually assaulted, but a policy specifically related to human trafficking is needed. Health care workers must learn that human trafficking victims are often subject to both labor trafficking and sex trafficking. By presenting this project's analyzed data to the organization's administration team, including the emergency department director and managers and the CNO of the hospital system within the next 6 months. I hope to show the importance of screening for human trafficked victims and then helping them.

Each hospital unit and department will need a policy in place to help these victims. The local and national resources will be the same, but each unit will need to consider what is best for

its patients. The ED, for example, will need to assess the emergent threats of the individual, including potentially contacting law enforcement if required. If there is no emergent need for the patient's safety, then providing information on case management, social workers, and the local center for human trafficking victims would be appropriate, possibly placing a referral if needed. Inpatient units could ask a case manager to speak with the patient after admission and discuss available resources.

Education is vital for anyone to recognize red flags of human trafficking. The Illinois Department of Federal Regulations should mandate yearly continuing education credits related to human trafficking for all health care workers. Illinois currently requires continuing education on sexual assaults but does not direct such education, and I see this as a way to significantly increase the knowledge and confidence levels of those who may encounter victims.

Chapter VII: Conclusion

Value of the Project to Health Care and Practice

The value and impact of this project on health care are significant. People come into the health care field to help others in need, many of whom seek care in the ED during stressful times in their life and depend on the staff for help. Evidence has shown that victims of human trafficking often seek care in the ED at some point during their enslavement (Bauer et al., 2019; Mumma et al., 2017). Therefore, nurses should be educated to identify and support these victims by providing them with resources. This project has shown educating staff has increased nurses' knowledge levels and confidence about human trafficking.

DNP Essentials

The American Association of Colleges of Nursing (AACN) DNP Essentials were used to navigate all areas of this project. DNP Essential 1: Scientific Underpinnings for Practice (AACN,

2006) was utilized by performing a needs assessment to find a gap in the screening process for human trafficking at the organization. Understanding that an intention to screen individuals was already in place but was not specific enough to human trafficking showed that the organization hoped to identify victims under challenging situations and relationships. A better way to ask a specific human trafficking screening question would allow more individuals to identify themselves. While appraising evidence-based articles, I found that some organizations have attempted to screen patients in the past, and I was able to develop my question based on the screening tool from the National Human Trafficking Resource Center.

DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking promotes doctoral-level knowledge and skills needed to eliminate health disparities, promote patient safety, and enhance nursing practice (AACN, 2006). I supported this essential by being present while my secondary practice mentor onboarded new nurses to the ED. I witnessed her discussing current policies and procedures that must be followed. My primary mentor, the organization's director of Professional Development, Patient Experience, and Nursing Practice, modeled excellent leadership skills and gave me the idea of incorporating my education to participating nurses into their professional development portfolios, which are reviewed during their annual employee evaluations.

I also supported Essential II while working with different members of the IRB to develop and prepare my application for approval. I worked closely with individuals in the organization who gave examples of previous DNP applications and noted what pertinent information should be submitted. As a result, the application I submitted electronically was approved in only 2 weeks. Providing all necessary information with the initial application helped the approval process go smoothly.

DNP Essential III: Clinical Scholarship and Analytical Methods for Evidenced-Based Practice (AACN, 2006) provided a baseline of knowledge, analytic methods, and appraisal of literature or evidence to determine how to implement these into the best evidence to screen for human trafficking victims. This essential played a significant role in this project. I attended several conferences during my seminar courses, including Ohio Attorney General Summit 2022, Anti-Trafficking International Conference 2022, Greater Cincinnati Human Trafficking Conference 2022, HEAL–Rethinking Representation: Framing Human Trafficking for Health Professionals, and a 3-day Cook County Human Trafficking Task Force 2022 conference. Because these webinars and conferences were presented in a virtual format, I was able to attend more often than I had anticipated.

Essential III was supported by developing the screening notecard utilized by the nursing staff. I used information from the National Human Trafficking Resource Center and condensed their five screening questions into one question to ask adult ED patients. I also included all red flags from the resource center at the bottom of the notecard to keep the nurses thinking about them as they encountered patients. Essential III supported the full implementation of my project, which lasted 8 weeks. I was in the department every week to collect notecards and be present in case any questions or concerns arose. I also reached out weekly via email because nurses were working different shifts.

DNP Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care was utilized to support improving technology to improve patient care in the health care setting (AACN, 2006). When my project was in the beginning stages, I was unsure what type of platform would best be used to screen patients. However, I met with the nurse who was the organization’s director of informatics, and discussed

what would be required to make the screening question available in the EHR and how to build this accessibility. Unfortunately, building the question into the EHR was not supported for this project. Still, I gained insight into what it takes to build this type of platform if the organization allows it in the future.

DNP Essential V: Health Care Policy for Advocacy in Health Care (AACN, 2006) supports the potential changes in existing policies to improve health care for individuals. I attended several Central Illinois Task Force meetings during the previous year, including one with stakeholders from the local area working to combat human trafficking. Individuals from other health care organizations, legal specialists, and law enforcement on the state level were also present. They discussed the current policies of different organizations and what types of programs were being developed to better identify victims.

DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes encourages effective communication between interprofessional individuals to promote change relating to the current project (AACN, 2006). I met weekly with my primary mentor over the past year to ensure that I followed the project steps correctly. In addition, she guided me about important contacts in the organization for each step. I also met with my secondary mentor several times over the past year and most weeks throughout the implementation phase. She provided expert suggestions and knowledge regarding developing this project in the ED. While meeting with faculty members most weeks while writing this paper. I received guidance and communication pertinent to the success of both the project and the paper.

DNP Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006) supports the need for prevention to promote health. Although my

project did not directly address prevention, I had to learn about the current state and national guidelines for continuing education. My research revealed a large gap between state mandates and that there is potential for more education about human trafficking on a state level. In the future, local health departments can discuss in schools the need for teachers and staff to be educated on red flags, preventing students from becoming trafficked. Evidence shows that the average age to be trafficked is between 12 and 14 (Bauer et al., 2019). Prevention can occur by educating individuals who have direct contact with this age group.

DNP Essential VIII: Advanced Nursing Practice provides an assessment of health and illness and how to design, implement, and evaluate interventions by guiding or mentoring other nurses to achieve excellence (AACN, 2006). I supported Essential VIII by working with another DNP student who hopes to identify human trafficking in a different unit of the project organization.

Plan for Dissemination

Dissemination of this project will raise awareness about the education needed for nurses to recognize red flags for identifying human trafficking victims. The results of this project will be presented to the ED leadership team. The goal is to embed this screening question into the EHR, and the project would be considered fully disseminated if the organization allows the screening question to be built into the EHR system for all adult patients to be screened. The question could be utilized throughout the hospital and in all outpatient facilities. This organization comprises several hospital systems and outpatient facilities in two states, so the potential to reach many victims is great.

I will give a poster presentation about this project to members of the DNP committee, faculty members, and fellow peers at the end of the semester. The project will then be placed into

the DNP repository for other interested peers to review, where I hope it will inspire future DNP students to continue combating human trafficking in other health care areas.

I would also like to publish this project in the *Journal of Emergency Nursing*. I chose this journal because its goal is to synergize "community, governance and leadership, knowledge, quality and safety, and advocacy" (Emergency Nurses Association, n.d., About section). Focusing on screening for human trafficking victims aligns with the journal's mission, and it would reach the targeted audience of emergency nurses.

Attainment of Personal and Professional Goals

I understand the undertaking of identifying human trafficking victims in health care settings is enormous and cannot be achieved overnight. I reflect on when I worked in the ED as a nurse and the variety of patients I encountered throughout those years. Some patients stand out more clearly in my memory, especially after reviewing evidence on human trafficking. However, I likely met victims throughout my time as a nurse and even now as a nurse practitioner. By becoming more educated on the red flags and current resources, I feel more prepared to identify and help potential victims.

My goal is for nurses to feel confident in their knowledge about human trafficking, how to identify these victims, and their ability to discuss concerns with potential victims and provide information about local and national resources. Education is the best way to instill this knowledge and confidence into the nursing community.

Screening patients is an effective way to encourage victims to identify themselves and provides a gateway for nurses to begin a necessary conversation about concerns they may have about the patient. It will take more than one nurse to take a stand against human trafficking, but one nurse can get the ball rolling on such an enormous task. New license mandates for education

will be required for all health care workers so they will know how to look for victims with each patient encounter. Human trafficking will continue in our communities and health care settings until everyone is vigilant, and enslaved individuals know where to go for help. Nurses can be that help.

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Appendix A: Email to Emergency Department Nurses

Dear Emergency Department Nursing Staff,

My name is Laura Flinn and I am a DNP-Leadership student at Bradley University. I am planning to implement a project within the emergency department related to screening all adult patients to identify human trafficking victims within the emergency department.

I am seeking nurses who are willing to participate in this project to help gather data. If you choose to participate, you would be required to attend a lunch-and-learn on human trafficking red flags and how to help identify as a health care provider. This would last approximately 90 minutes, lunch will be provided, and you will obtain 1 CEU credit for continuing education. You will also be able to count the time you spend with the project as a “research participant” for your professional development, OSF Advance.

The project will be implemented during your regular shifts, so extra time will not be required, outside the initial lunch-and-learn. The timeline is going to be from early May 2022 until the end of June 2022 (approximately 8 weeks). The responsibility of the nurse will be to review the red flags of human trafficking when checking in patients to their rooms and asking 1 screening question. Some information I would like to review is age, gender, and the yes/no answer to the screening question. At the end of your shift, you would drop off the notecard with all information to the educator’s office.

This participation is 100% voluntary. Human trafficking is a significant issue, not just in large cities, but everywhere. It is important as health care providers, that we do our part to help stop trafficking within our community.

Please respond to this email if you have an interest or any questions. You can also speak with the emergency department educators.

I hope to see you all soon.

Respectfully,

Laura Flinn MSN, FNP-BC
DNP-L student, Bradley University

Appendix B: Pre education Questionnaire

Pre intervention Questionnaire
Years of Experience as a RN in the Emergency Department

A. Less than 1 year
B. 1-3 years
C. 4-6 years
D. 7-10 years
E. Greater than 10 years

Pre education Questionnaire

1. What is your awareness of human trafficking patients within the emergency department?
   A. Not Aware
   B. Somewhat Aware
   C. Mildly Aware
   D. Moderately Aware
   E. Very Aware

2. What is your confidence level in recognizing "red flags" of a human trafficking victim?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

3. What is your confidence level in interviewing human trafficking victims?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

4. What is your confidence level in providing local and national resources to potential human trafficking victims?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

5. How likely are you to continue your education on the subject of human trafficking?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

Appendix C: Post education Questionnaire

Post intervention Questionnaire
Years of Experience as a RN in the Emergency Department

A. Less than 1 year
B. 1-3 years
C. 4-6 years
D. 7-10 years
E. Greater than 10 years

Post education Questionnaire

1. What is your awareness of human trafficking patients within the emergency department?
   A. Not Aware
   B. Somewhat Aware
   C. Mildly Aware
   D. Moderately Aware
   E. Very Aware

2. What is your confidence level in recognizing “red flags” of a human trafficking victim?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

3. What is your confidence level in interviewing human trafficking victims?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

4. What is your confidence level in providing local and national resources to potential human trafficking victims?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

5. How likely are you to continue your education on the subject of human trafficking?
   A. None
   B. Somewhat
   C. Mildly
   D. Moderate
   E. Very

Appendix D: Screening Tool Notecard

AGE:__________
GENDER: (circle one) MALE FEMALE NONBINARY
Have you ever been forced into sexual acts or work for money, drugs, or favors? YES or NO

If Yes to screening question or other indications is present, please call and chart within Epic:
Center for Prevention of Abuse **1-800-559-7233 Yes or No**
National Human Trafficking Hotline Resource Center (NHTRC) **1-888-373-7888 Yes or No**

Red Flags:

1. Is someone speaking for the patient? YES or NO
2. Is the chief complaint inconsistent with presentation? YES or NO
3. Patient exhibits fear, anxiety, PTSD, submission, or tension? YES or NO
4. Patient shows signs of physical/sexual abuse or torture? YES or NO
5. Patient is reluctant to explain his/her injury? YES or NO

Red Flags and screening adapted from NHTRC
Please do not include any patient identification on this form

Appendix E: Permission of Use From NHTRC

National Human Resource Center,

I am an Assistant Professor at Bradley University Department of Nursing in Peoria, IL, and currently working towards obtaining my Doctorate of Nursing Practice in Leadership (DNP-L) degree. My quality improvement project for this degree is focused on screening for human trafficking victims within the emergency department.

I am writing to ask written permission to use the “red flags” noted within your National Human Trafficking Protocol in Health Care Settings form along with one of the discussion points listed. The nurses working with me on my project will be able to assess their patients with the red flags and screen with the question listed. I will then collect this information and see if we were able to identify any victims of human trafficking. If the screening is positive, the National Human Trafficking hotline number will be utilized by a registered nurse and given to the patient upon their discharge.

Participating in this project will be voluntary and no identifying information will be collected from any patient that is screened. I will apply for IRB approval through the University of Illinois College of Medicine at Peoria (UICOMP) campus to conduct the quality improvement project at OSF St. Francis Medical Center emergency department.

The nurses who agree to participate in this project will be given education on “red flags” for human trafficking at a lunch-and-learn service provided by myself. They will receive 1 CE for attending and viewing the human trafficking health care module provided by the Illinois State Attorney General’s office and Southern Illinois University, which I have obtained permission to utilize by Jacklyn Rodriguez, Illinois State Attorney General’s SANE Coordinator. The nurses will also be allowed to claim “research participants” on their yearly portfolio through OSF Advance.

I would like to use the National Human Trafficking Protocol in Health Care Settings red flags and screening questions under the following conditions:
• I will use the information only for my quality improvement project and will not sell or use it for any other purposes.
• I will include a statement of attribution and copyright on all copies of the instrument. If you have a specific statement of attribution that you would like for me to include, please provide it in your response.
• At your request, I will send a copy of the completed study to you upon completion and/or provide a hyperlink to the final manuscript.

If you do not control the copyright for these materials, I would appreciate any information you can provide concerning the proper person or organization I should contact. If these are acceptable terms and conditions, please indicate so by replying to me through this email.

I appreciate your time and consideration.

Sincerely,

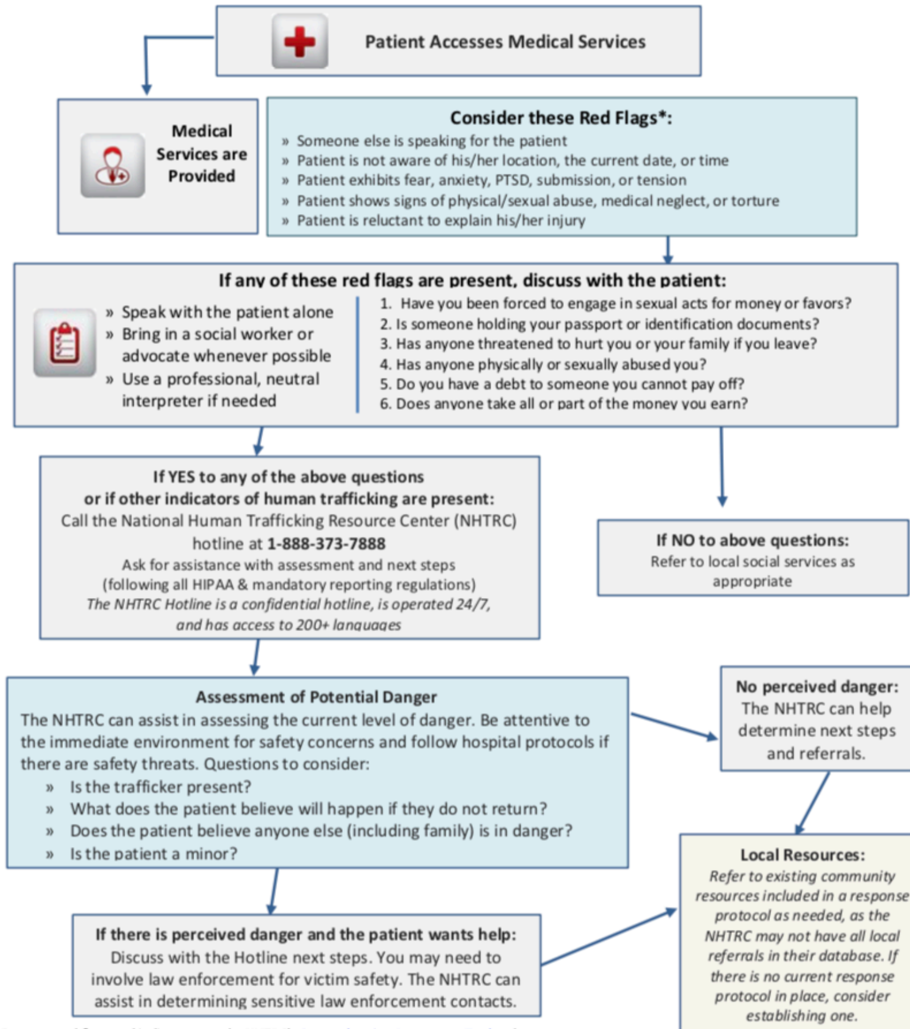
Laura Flinn, MSN, FNP-BC
DNP-L Student, Bradley University
Department of Nursing
309-677-2536 (office) 309-678-7323 (cell)
lflinn@bradley.edu

help@humantraffickinghotline.org <help@humantraffickinghotline.org> Sat, Feb 5, 11:55 PM (2 days ago)
to me

Dear **Laura Flinn**:

Thank you for contacting the National Human Trafficking Hotline, operated by Polaris. The National Hotline is a national 24-hour call center that responds to cases of human trafficking. Human trafficking is defined as a situation in which an individual is compelled to work or engage in commercial sex through the use of force, fraud, or coercion. Force, fraud, or coercion need not be present if the individual engaging in commercial sex is under 18 years of age.

In accordance with your request, resources to assist medical professionals in assisting potential victims of trafficking are provided. You do not need additional permissions from the Polaris Project to use any of this information. If you have any further questions or concerns, please contact the hotline and reference **Case No. 1138883.**



Note: "Framework for a Human Trafficking Protocol in Healthcare Settings," by the National Human Trafficking Resource Center, 2016, (https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings).

Appendix F: Site Approval Email

From: Flinn, Laura <Laura.E.Flinn@osfhealthcare.org>
Sent: Wednesday, August 18, 2021 1:38 PM
To: Hopwood, Jennifer A. <Jennifer.A.Hopwood@osfhealthcare.org>
Subject: DNP project

Ms. Hopwood,

My name is Laura Flinn, and I am a nurse practitioner currently working at Glen Park Family Medicine. I have been in this role for the past 8 years and was an RN in the emergency room/trauma services for 6 years before that. I am currently working on my DNP-L degree through Bradley University and am getting ready to begin my seminar courses, which include researching, implementing, and evaluating my DNP project. I would like to look at current ways the emergency department screens patients for possible human trafficking and if identified what steps come next. I have done some preliminary research and have found there is a gap in the way that nurses are educated in school, not only in screening for these individuals but also how to handle human trafficking victims in a way that is delicate and appropriate for the situation.

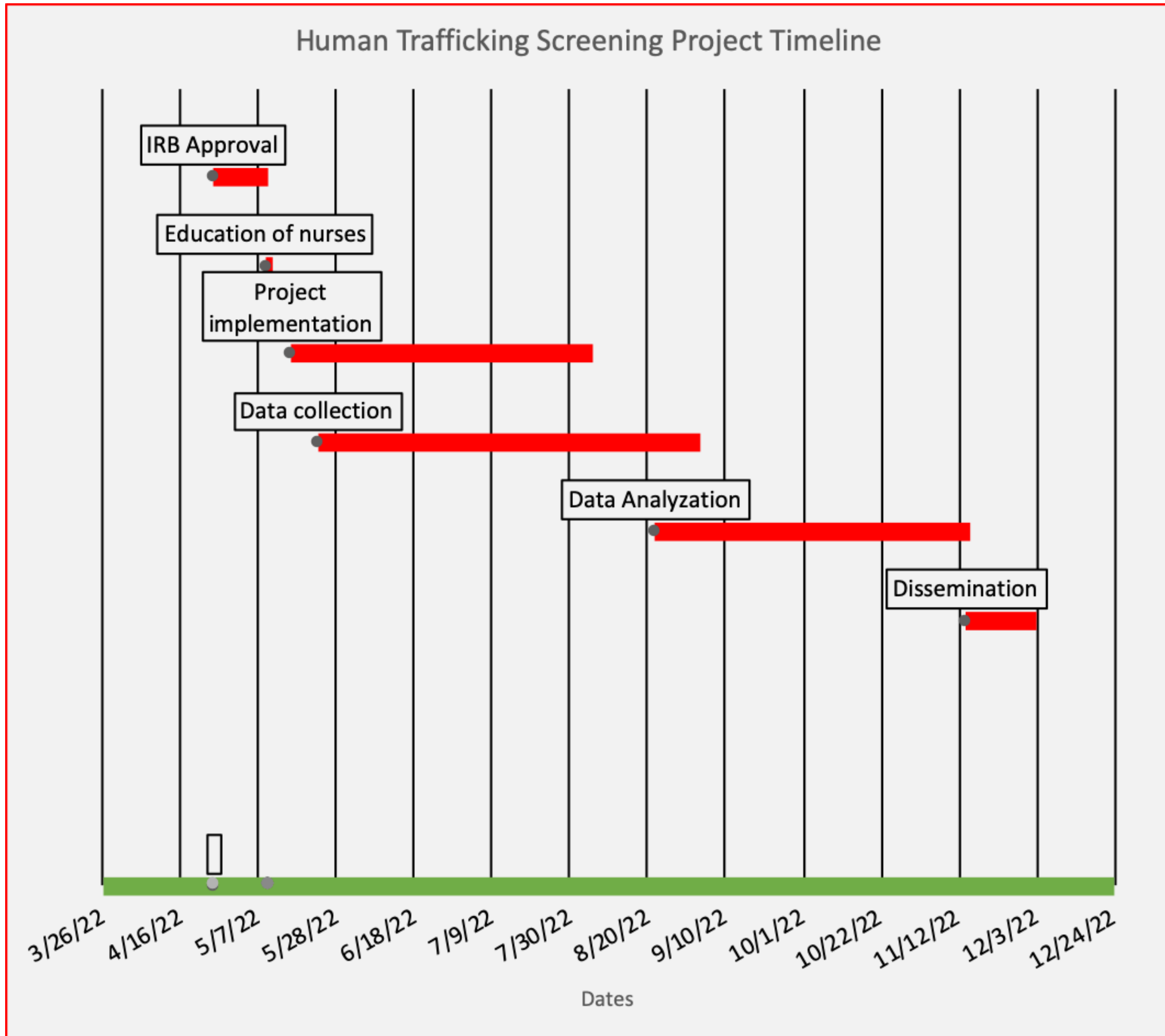
I have discussed by potential project with Andrea Norton (emergency department educator), who recently graduated with her master's degree and did quite a bit of research on human trafficking and the lack of education received by new graduate nurses on how to identify these individuals. She has agreed to mentor me for my project if we get approval from you. My seminar courses begin Fall 2021 and will go through Fall 2022. I am needing 50 practicum hours this semester with the majority of this semester dedicated to researching my project and the "need" for the department. The bulk of my hours will be in Summer 2022 (150 hours), when I am hoping to implement my project. I spoke with my lead instructor (Dr. Karin Smith), who suggested that I reach out to you to make sure you would approve of this project. If you have any questions or concerns, please let me know. I am happy to try and answer any and all questions. I hope you consider approving my project as I feel this can make a great impact on the care that we give to our patients, starting first in the emergency department and potentially ministry wide.

Respectfully,

Laura Flinn, APN, FNP-BC
OSF Medical Group Glen Park Family Medicine
5111 N. Glen Park Place | Peoria, IL | 61614
p 309.683.5700| f 309.683.5754 c.309.678.7323
www.osfhealthcare.org

From: Hopwood, Jennifer A.
Sent: Wed 8/18/2021 1:56 PM
To: Flinn, Laura
Laura-
I think you project has tremendous merit, and I would be supportive of SFMC being the site for your DNP work. I require that DNP projects which are being conducted at SFMC be assigned an OSF mentor who has their DNP. You can most definitely collaborate with Andrea, however, your formal liaison at OSF would need to be a person who can assist you more fully in the development of your DNP work. I can provide you with a list of people who could fill this role for you, however, I would recommend Jill Crawford, as she is the director over our Professional Development and Education department. Jill would be a great resource also because she oversees practice at SFMC.

Appendix G: Project Timeline



Appendix H: IRB Approval

Peoria Institutional Review Board FWA 00005172 One Illini Drive
Peoria, Illinois 61605 IRB #00000688

IRB #00000689

DATE:

TO: FROM:

STUDY TITLE:

IRB REFERENCE #: SUBMISSION TYPE:

ACTION: DECISION DATE:

April 27, 2022

Laura Flinn, MSN
University of Illinois College of Medicine at Peoria IRB 1

[1893799-1] Implementation of Updated Screening Tool to Identify Human Trafficking Victims within the Emergency Department

New Project - OSF SFMC

DETERMINATION OF NOT RESEARCH April 20, 2022

Thank you for your submission of New Project materials for this research study. University of Illinois College of Medicine at Peoria IRB 1 has determined this project does not meet the definition of research under the purview of the IRB according to federal regulations.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact Mindy Reeter at 309 680 8631 or mreeter@uic.edu. Please include your study title and reference number in all correspondence with this office.

cc:

Appendix I: Project Budget

Item	**Cost**
Printing expenses (notecards, pre/posttests, human trafficking information)	$50.00
Lunch for nurses	$100.00
Cost for RNs to attend lunch-and-learn (paid by organization)	$225.00
Microsoft Office	$120.00
Conference room	$0.00
Hookup and projector during luncheon	$0.00
RNs' salary during implementation	$0.00
Total	$495.00