

A Quality Improvement Initiative: Patient-Centered Intimate Partner Violence Screening, Brief Intervention, and Referral to Treatment

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Background:

One in 4 women will experience some form of violence by a partner in her life. IPV affects 6.5 million women in the United States a year with a price tag of \$8.3 billion annually. An average of three women are murdered by their partners a day as a result of this abuse.

Local Problem:

IPV screening was not the standard of care at a private suburban obstetrics and gynecologic office. A total of 664 women, 83% Caucasian with private health insurance ranging in age from 13 to 65 participated in this QI initiative. The aim of this project was to increase IPV screening, education, and follow up.

Methods:

This project used an evidence-backed model for improvement that incorporated plan – do – study – act (PDSA) cycles to implement four core interventions.

Interventions:

The HITS screening tool, the Duluth model tool, a case management log, and a team engagement plan were implemented.

Results:

Implementation of the HITS screening tool increased IPV screening to 94.7% from a baseline of 2.5%. In addition, the IPV positivity rate increased 7.6% over the course of the initiative. The majority of staff (64%) participated in IPV educational offerings and an increase in IPV knowledge was noted in team surveys in which scores increased from 68% to 74.8%.

Conclusions:

Chesapeake Women's Care (CWC) found the combined use of the HITS screening tool and the Duluth model tool dramatically improved IPV screening rates, making CWC compliant with the latest best practices. In addition, the IPV positivity rates increased significantly, allowing patient referral to appropriate resources. The results of this study could prove useful for women's health care providers struggling to implement a universal IPV screening within their practice. The successful combination of the HITS screening tool and the Duluth model tool may indicate that women may need an educational component added to the screening process to promote acknowledgement of IPV.

References:

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