

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

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After viewing this poster, participants will be able to:

1. Describe the importance of screening for intimate partner violence in women
2. Discuss the four core interventions implemented within this quality improvement project
3. Identify the positive outcomes associated with the implementation of the HITS screening tool and the Duluth model tool.

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# Purpose

1 in 4 women are experiencing or will experience some form of abuse in their lifetime (Futures Without Violence, n.d.) and women who do experience this violence are at increased risk for **multiple** negative health outcomes (AWHONN, 2019)

**YET**

Only **10%** of providers adequately screen their patients for intimate partner violence (IPV) (Alvarez, et al., 2017)



To increase IPV screening, education, and follow up of women being seen at Chesapeake Women's Care through patient centered strategies to 52% in 90 days



# Summary

- A quality improvement (QI) project was implemented using 4 plan-do-study-act (PDSA) cycles.
- Small tests of change were used to improve IPV screening, education, and follow up.
- The Hurts, Insults, Threatens, Screams (HITS) screening tool, the Duluth model tool (DMT), the case management log (CML), and a team engagement plan were implemented.
- A paper copy of the HITS Screen, an established and valid tool for IPV screening (Rabin et al., 2009), was given to each patient to be completed prior to their visit.
- Using the DMT the provider initiated a guided relationship discussion with the patient using the Power & Control (P&C) and Equality Wheels (Domestic Abuse Intervention Programs, n.d.).
- Patients with a HITS screen score  $> 10$ , those identifying with the P&C, and those who had past experiences of IPV underwent further screenings/follow up as outlined in the CML.
- Throughout the project, the staff were engaged and updated with the project progress through meetings, daily huddles, and posters.
- Data analysis was accomplished using both data aggregate and run charts.



# Outcomes/Results (N=664)

Core Intervention	Measure	Operational Definition	Goal (%)	Results n (%)
<b>AIM (IPV Right Care Score)</b>		Mean IPV Positivity Rate + Mean Patient Engagement Score + Mean CML Score/ # Patient Encounters	52	54.3
<b>HITS Screen Score</b>	Process	#IPV Screens/#Patients Seen	90	629(94.7)
	Outcome	#of Positive Screens/# Patients Seen	16	60(9.0)
<b>Duluth Model Tool</b>	Process	# Relationship Conversations/# Patients Seen	80	602(90.7)
	Outcome	Mean Patient Engagement Score	80	74.6
<b>Case Management Log</b>	Process	# Patients in Log/# Positive Patients	100	100
	Outcome	Mean Case Management Score	50	74.7
<b>Team Engagement Plan</b>	Process	# of team members attending meetings/# of team members invited	80	16(64)
	Outcome	Mean Team Engagement Score	80	74.8
<b>Balancing Measure</b>		Mean Visit Time in Minutes	40	35.9

In addition, the DMT relationship conversation increased the IPV positivity rate. Seven additional patients who screened negatively with the HITS tool, later confessed to IPV experiences within this patient-centered instrument.



# References

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