

Beyond Education: Changing Systems to Facilitate Healthcare- Based IPV Screening and Counseling

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Education on IPV is Necessary, but Not Sufficient

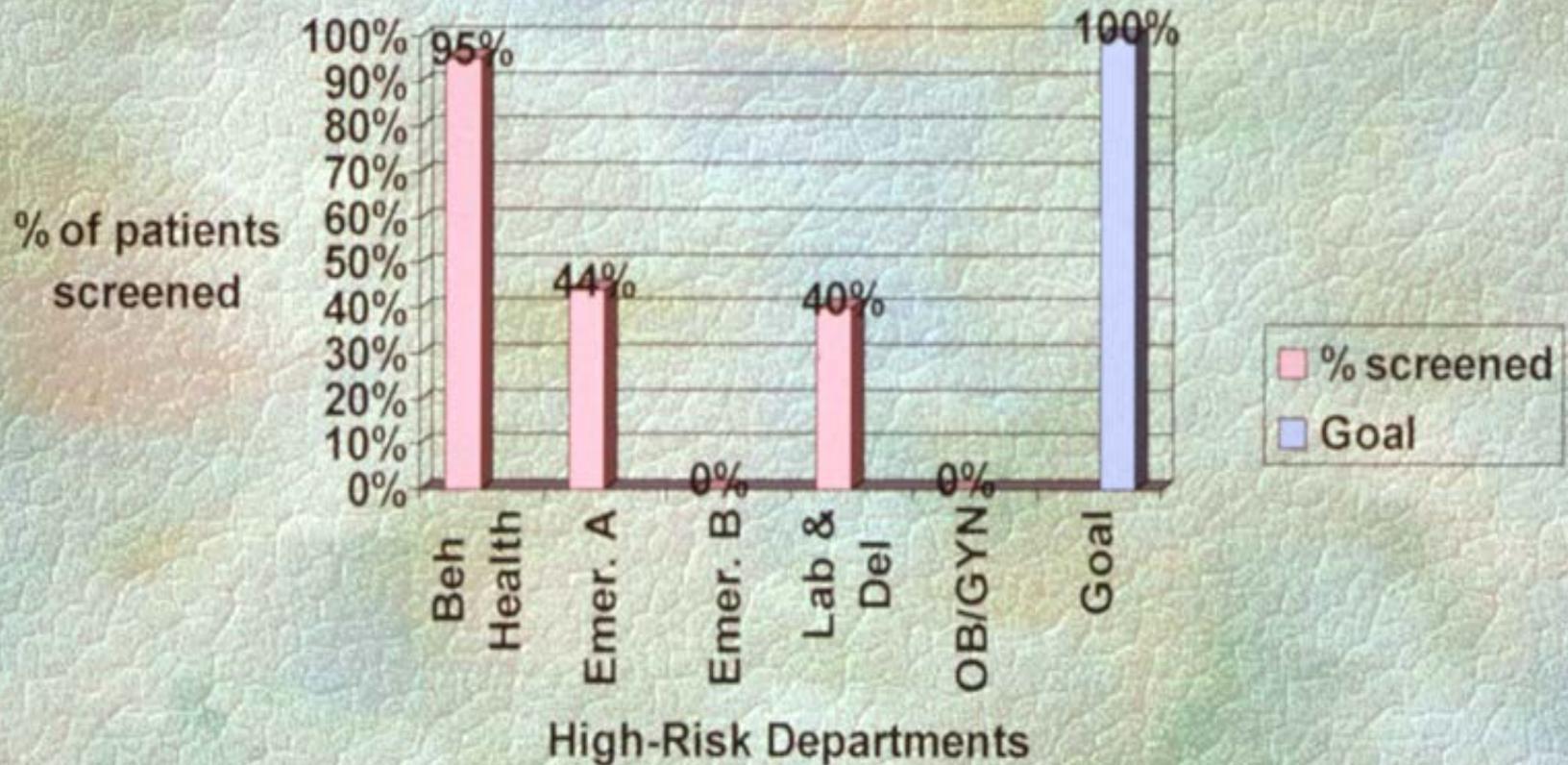
- Waalen et al., (2000)
- O'Campo et al., (2011)
- Sims et al. (2011)

The good news....

- Hamberger et al. (2004)
 - 3-hour training
 - N = 752
 - Pre-post-6-month follow-up
- RESULTS
 - Increased self-efficacy
 - Increased endorsement of HCP's role in IPV
 - Increased comfort in making community referrals
 - Gains mostly maintained at 6 months

And now the bad news

Compliance with Screening After Training Only



“Black Box” Model



System-Wide Barriers

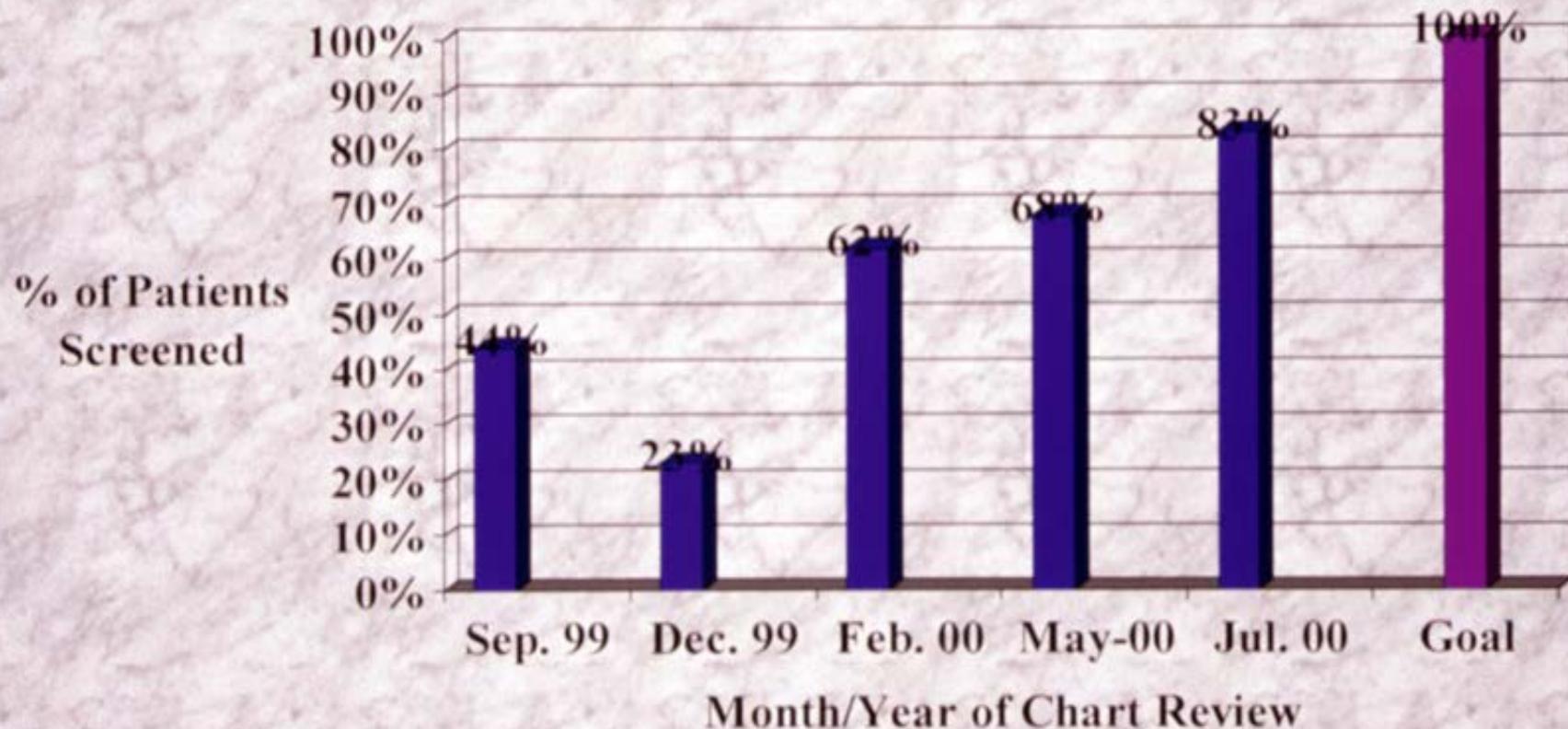
Minsky-Kelly et al. (2005)

- Privacy concerns
- Time Constraints
- Patient flow
- Professional/Personal discomfort with subject

The Fix

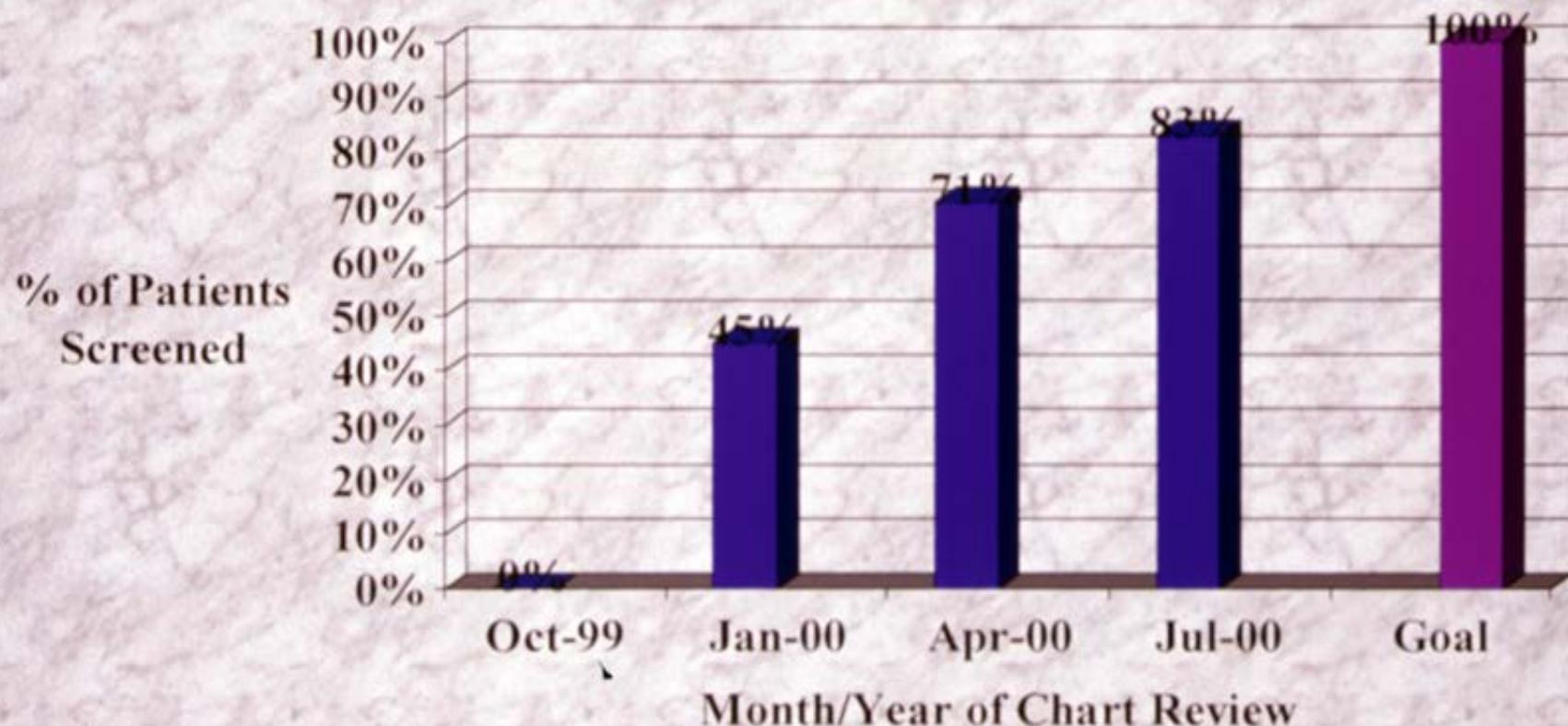
- System-level interventions at the departmental level
 - Increase privacy
 - Modify patient flow
 - Provide department-level CQI feedback
 - Stress/vicarious trauma management
 - In-service skills training review

Emergency Department A DV Screening Compliance

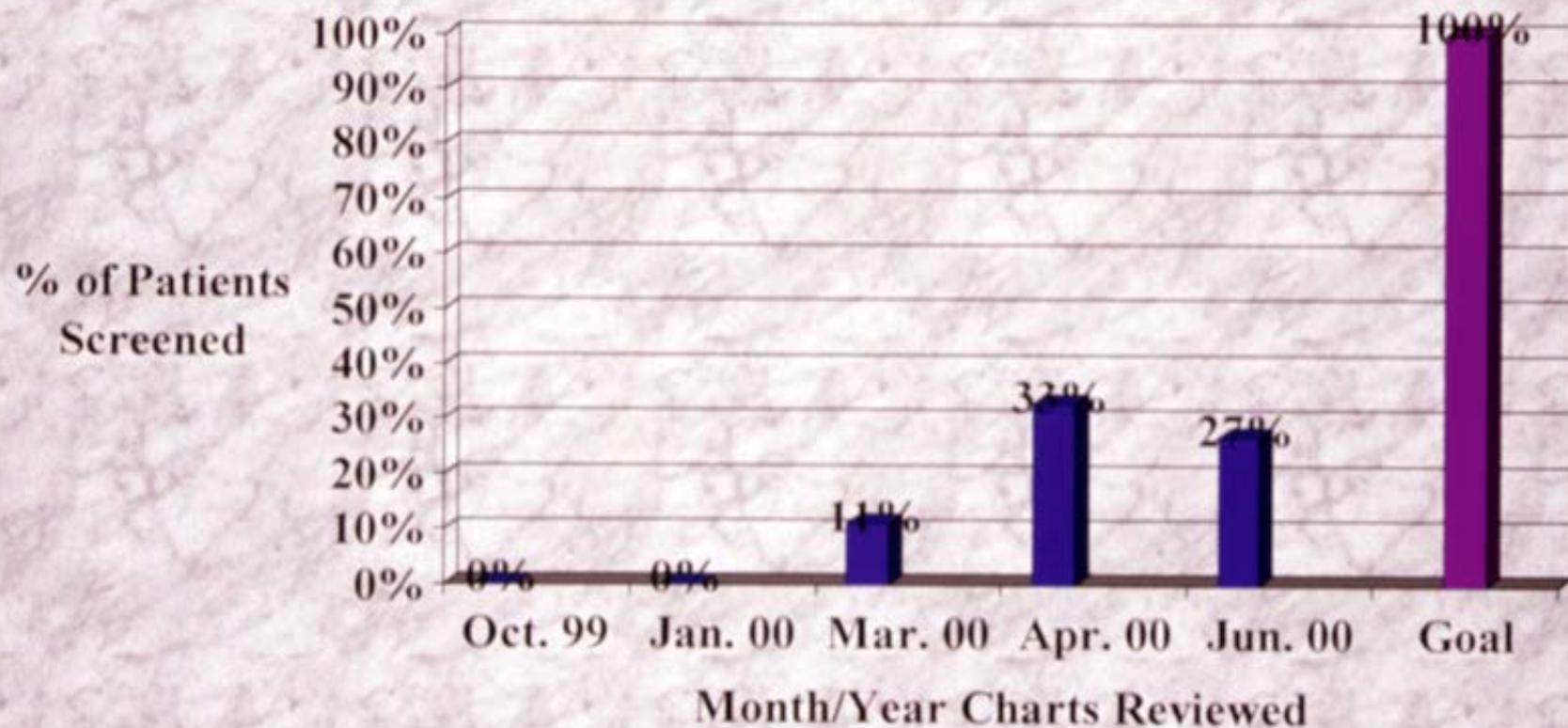


OB/GYN

DV Screening Compliance



Emergency Department B DV Screening Compliance



Another Example

- Hamberger et al. (2010)
 - Research suggests that written protocols, chart prompts and institutional support may be necessary to support application of the training.
 - We introduced a written protocol and chart prompt against a backdrop of ongoing training in screening and documentation for domestic violence by family physicians. (Phase 1 and 2)

- Research also suggests that training has a variable effect on documentation with or without a prompt so we studied screening and documentation *after* subsequent removal of the prompt. (Phase 3)

Design, Intervention, Method

Phase 1

Phase 2

Phase 3

6 month	7 month	1 month
Old H&P forms	New H&P forms With a written protocol	New H &P forms without a written protocol

Training....Ongoing Training.... Training....

Results (phase 1,2 and 3)

Phase

1

2

3

	No-prior prompt	With prompt	Removal of prompt
Screening	2%	92%	72%
Documentation	2%	92%	36%

System-wide Changes go Beyond Screening

- MacMillan et al. (2009)
- Klevens et al. (2012)

- McCaw et al. (2001)
- Feder et al. (2011)

Healthcare Can Change From Within

- External attempts to induce change have not been effective
 - Professional association position statements
 - Accreditation efforts
 - Required cme for licensure
- Reliance on community resources to support change have been successful.....
 - But there not enough resources
 - And when the funding goes.....

Change from Within Components

- 1) Health Care Advocates—Selected staff receive intensive training in IPV & health
- 2) Saturation training of all staff
- 3) Policies & procedures
- 4) Collaboration w/ advocacy agencies & experts
- 5) CQI
- 6) Primary prevention

4 findings re. Systems Change

1. Clinician knowledge, understanding & self-efficacy increased.
2. Clinicians rated their clinic as better prepared to identify, intervene and prevent IPV.
3. The clinic environment improved as measured by policies and procedures, and patient education materials.
4. Chart audit & self-report documented a sustained increase in IPV inquiry.

Chart Audit of Clinical Inquiry About IPV Ambuel et al. (2013)

Year	Yes: Inquiry Documented	No: Inquiry not documented
2005	30% (24)	70% (55)
2006	42% (32)	58% (45)
2008	60% (49)	40% (32)

Pearson $\chi^2 = 15.0466$ **Pr = 0.001**

2005 vs. 2006: Pearson $\chi^2 = 2.1$ **Pr = 0.146**

2006 vs. 2008: Pearson $\chi^2 = 5.67$ **Pr = 0.017**

Quasi-experimental Findings

(Intervention vs. Usual Care) Hamberger et al. (in press)

- Intervention vs. Usual Care
 - Screening: Intervention > Usual Care
 - Talk to your doctor or nurse about IPV in past year: Intervention > Usual Care
 - Number of Doctor Visits: Intervention < Usual Care
 - Symptoms of injury: Intervention < Usual Care

No Group Differences

- Violence reduction
 - Significantly reduced for both groups
- Use of safety strategies
 - Significantly increased for both groups
- Quality of health/health status
- Patient satisfaction

Some Remaining Questions

- What is/are the most appropriate outcome variables?
- What are optimal research designs for measuring outcomes?
- Follow-up duration?
- Acute care model or chronic care model?

References

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