Intimate Partner Violence, Emergency Care Center (ECC) Screening and Intervention

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BACKGROUND

• Intimate Partner Violence (IPV) - behaviors that occur within an intimate relationship causing physical, psychological or sexual harm to those within the relationship (World Health Organization, 2012).

• Healthcare providers have an important role in identifying survivors of IPV and providing safety options.

• Routine screening rates by providers have been consistently low, indicating a need to better understand providers’ practices.

• Healthcare providers should be knowledgeable and trained in the recognition, assessment and screening of IPV.

• In 2019, 65% of ECC staff indicated interest in abuse and neglect education.

PURPOSE

• To identify educational needs of ECC RN staff related to IPV.

• To identify current RN practices related to care of patients with IPV.

• To provide education to staff on identifying patients with IPV, providing comprehensive care, and assisting victims.

REFERENCES

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METHODS

Design: Evidence-based, quality improvement
Setting: ECC, St. Joseph Hospital, Orange, CA
Participants: RNs assigned to the ECC
Procedure:
• Pretest used as educational needs assessment and to determine baseline knowledge.
• Education provided: Staff meetings, emails, individual PowerPoint presentations.
• Posttest to assess efficacy of education and identify additional learning needs.
• Chart audits: IPV assessment in Meditech. Chart audits were done for IPV assessment found in the Adult Screening Assessment in Meditech. Remediation will be provided for nurses not appropriately completing IPV screening.

RESULTS (continued)

Chart audits reflected:
• 32.6% of the Adult Screening Assessments that assess IPV were not completed.
• In depth audits of the Adult Screening Assessment reflected that only 7% addressed the issue of patient safety or IPV in the past year.

DISCUSSION

• Despite 85% of nurses stating that they always completed the IPV assessment, chart audits indicated a 68% completion rate.

• Novice nurses and competing time demands associated with emergency care often contribute to incomplete documentation; could be mitigated with a ‘hard stop’ for charting in the EMR.

• Opportunities exist to have easily accessible resources for patients presenting with IPV issues.

CONCLUSIONS

• CMS, TJC and California penal code requirements make it essential that complete assessment and documentation for IPV occur.

• Annual, ongoing education specific to the ECC could assist in assuring compliance and comfort in assessing patients.