

“THE PARENT IS YOUR PATIENT TOO!”

MAKING THE CASE FOR INTIMATE PARTNER VIOLENCE ADVOCACY IN THE PEDIATRIC SETTING

May 10, 2017

Note: Listen to the webinar using your computer’s speakers.
There is no phone line.



CONTINUING EDUCATION

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Social Workers:

This webinar will be accredited for 2.0 Pennsylvania Social Work Credits. Social workers wishing to receive credit will be required to complete and return a post-event evaluation form.



DISCLOSURE STATEMENT

There are no financial relationships or financial affiliations to disclose.

Questions?

Contact Kim Slouf – sloufk@email.chop.edu

SPONSORED BY CHOP'S VIOLENCE PREVENTION INITIATIVE

A CHOP-wide, evidence-based effort to **protect youth from violence**, VPI's trauma-informed programs prevent violence and aggression, support at-risk populations, and help our patients heal by providing the right care to the right children at the right time.

Visit us at : chop.edu/violence



TODAY'S MODERATOR

Rachel Myers, PhD

Research Associate, Center for
Injury Research and Prevention
at the Children's Hospital of
Philadelphia

Violence Prevention Initiative
Fellow



GOAL FOR TODAY

What can you do to address intimate partner violence in your pediatric setting?

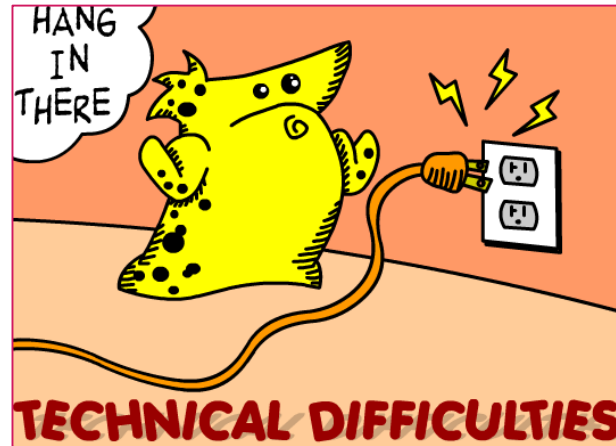
OBJECTIVES

- Define intimate partner violence (IPV)
- List effects of IPV on victims and their children
- List barriers to screening and challenges of addressing IPV in the pediatric setting
- Identify safe techniques for screening and documentation of IPV
- Establish referral and collaborative partnerships with IPV resources/providers in their community

IPV AND PEDIATRIC HEALTHCARE SYSTEM



TECHNICAL DIFFICULTIES



Please check your latest email from WebEx. It will contain a link to download WebEx Manager.

The audio for today's webinar is accessed through your computer's speakers. Please turn them on.

TODAY'S PARTICIPANTS

- Physicians and nurses
- Social workers
- Mental health providers
- Educators
- Administrators
- Counselors
- _____
- _____

TODAY'S PRESENTERS



Ashlee Murray, MD, MPH

Attending Physician in the Department of
Emergency Medicine at CHOP and VPI Fellow



Marcella Nyachogo, LSW

Assistant Director, Bilingual Domestic Violence
Program at Lutheran Settlement House



India Azzinaro, BSW

Medical Advocacy Supervisor at Lutheran
Settlement House and CHOP, VPI Fellow





hello!



LAURA FERNANDEZ



Lutheran Settlement House's 2014 Woman of Courage

View on Lutheran Settlement House's YouTube Channel: "LSH 2014 Women of Courage: Laura": <https://youtu.be/jH9Ql31GcvQ>

INTIMATE PARTNER VIOLENCE



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org



QUESTIONS AND DISCUSSION

Please type your questions in to the Chat text box in the bottom right of your screen.

Only the moderator and presenters can see your questions.

LSH - STOP IPV Program

Aims to end intimate partner violence through community-medical partnerships. Focuses on:

Screening

A robust screening protocol and tool are necessary to identify patients experiencing IPV

Training and Outreach

Providers need to be comfortable screening patients and know the best way to respond when a patient discloses IPV

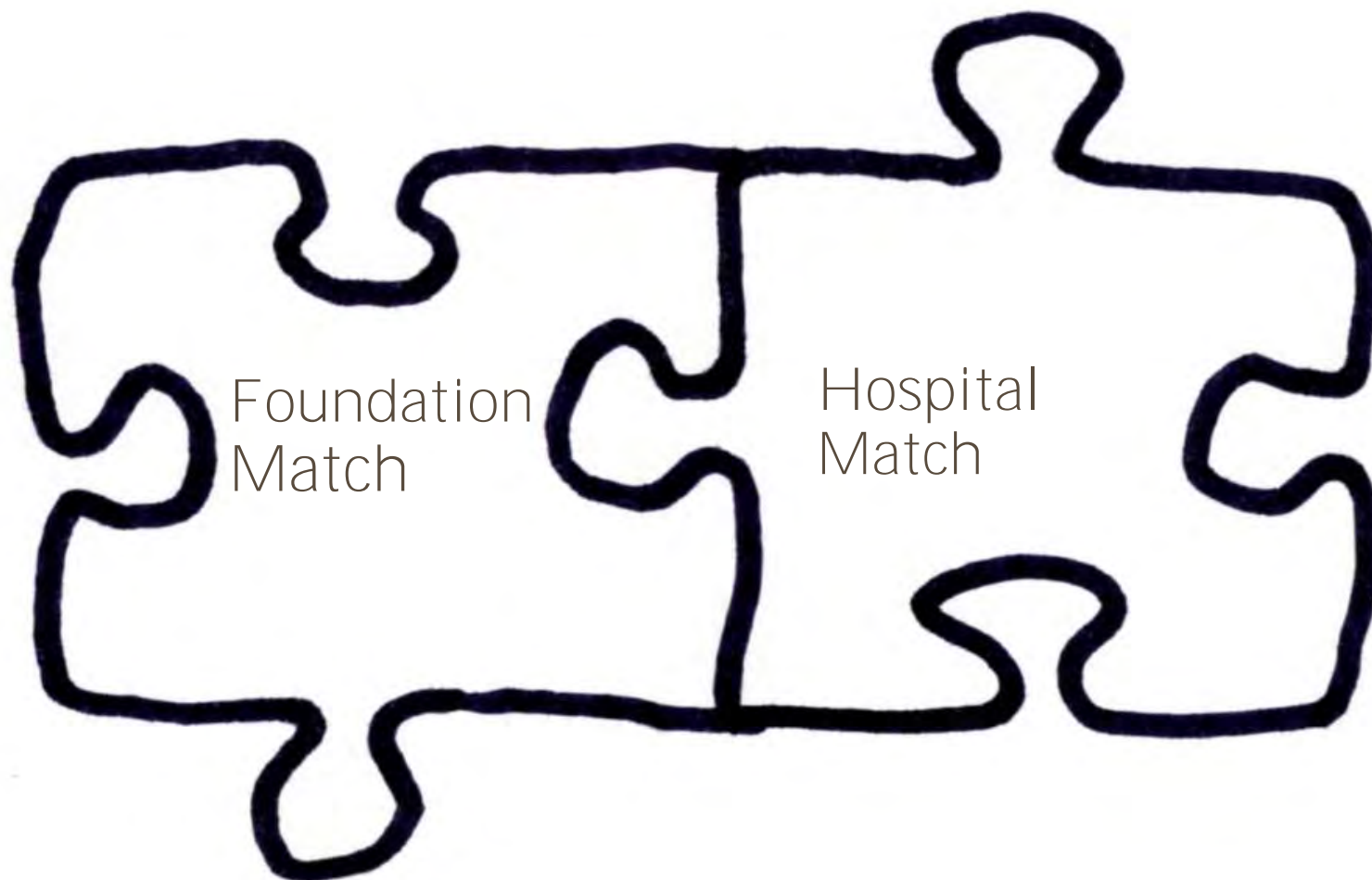
Operational Response

In the event of a disclosure, there must be a process in place to link a patient to the resources appropriate to his or her specific situation

Policy & Program Review

Hospital policies should be aligned to a culture of IPV awareness and response, and the impact of the IPV program must be monitored and measured

MATCH FUNDING MODEL



COMMUNITY- HOSPITAL PARTNERS



PROGRAM DELIVERABLES: 2015 - 2016

- 468 patients served
- 648 case consultations provided
- 2,570 medical providers trained

92% clients say they know more about resources available to them after meeting with our counselors

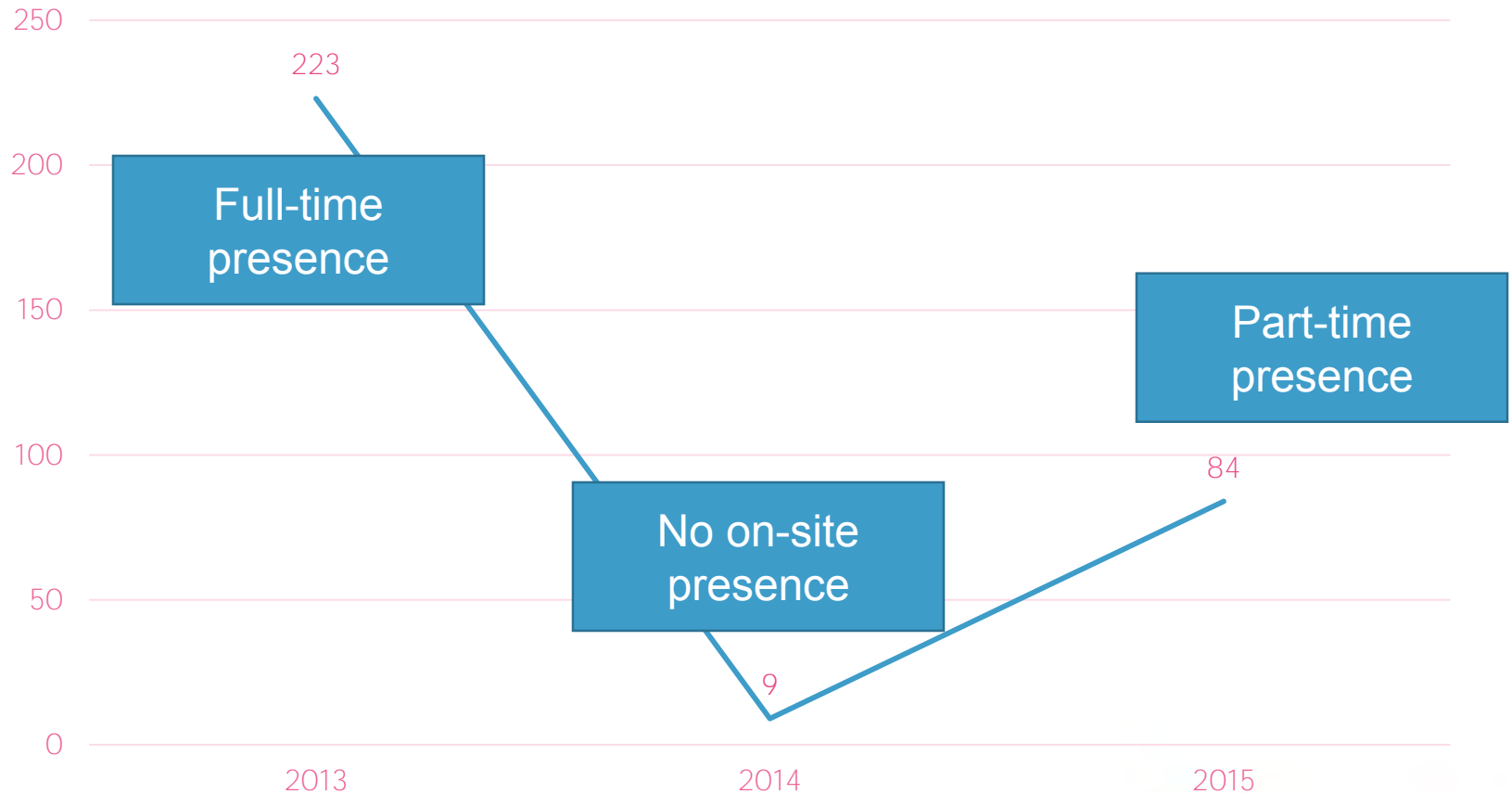
90% medical professionals say that after training, they know how to appropriately screen their patients



Kathleen, her son, and her advocate at 2014 Women of Courage event

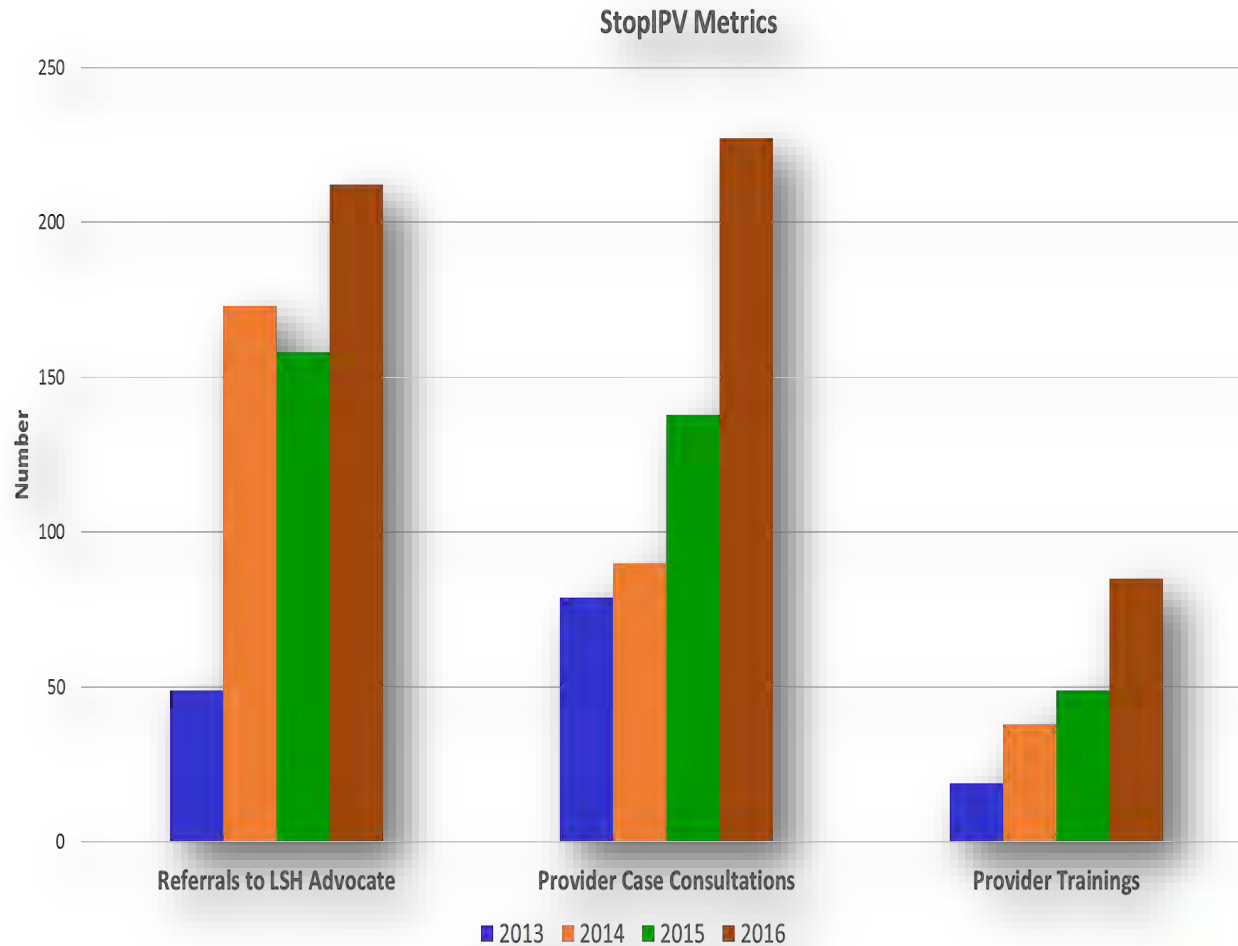
OUR PRESENCE MATTERS

Referrals to Lutheran STOP IPV Program



— Victims Served

STOP IPV PROGRAM @ CHOP



STOP IPV PROGRAM HISTORY

2005:

- LSH's BDVP partnered with the Institute for Safe Families (ISF) and St. Christopher's Hospital for Children to spearhead the (once proclaimed) Children and Mom's Project (CAMP), the first pediatric hospital-based domestic violence intervention program in the state of Pennsylvania.

2012:

- ISF disbands and distributes programming. LSH retains the CAMP program and joins the ACEs task force, to continue to work toward systemic change in the pediatric approach to IPV.
- **CAMP program expands to Children's Hospital of Philadelphia (CHOP) Karabots Pediatric Care Center.**
- CAMP program expands to Einstein Pediatrics.



STOP IPV PROGRAM HISTORY

2013:

- CAMP program expands to CHOP Emergency Department
- CAMP program expands to adult settings (including Einstein services hospital-wide and Aria health services hospital-wide)

2016:

- The Medical Advocacy Program underwent rebranding and is now proudly called the “STOP IPV Program”

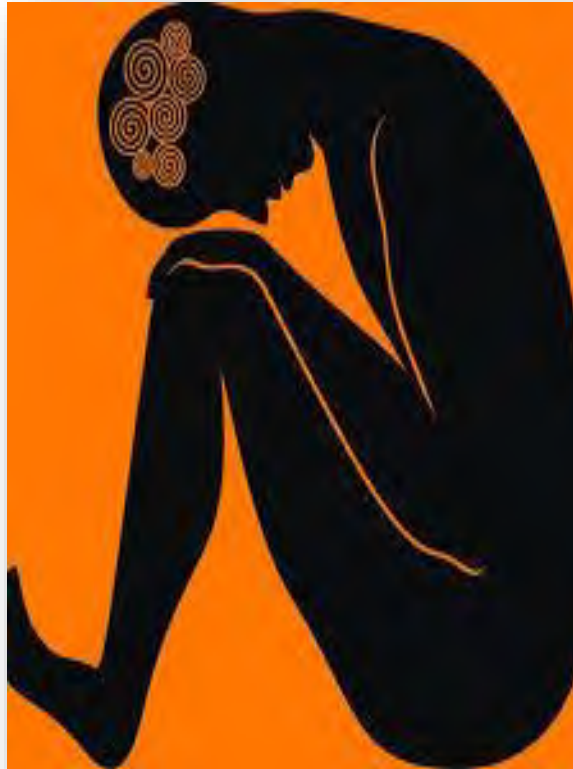


WOMEN WHO EXPERIENCE IPV ARE...

- 80% more likely to experience a stroke
- 70% more likely to experience heart disease
- 60% more likely to experience asthma
- Twice as likely to experience depression



EMOTIONAL IMPACTS



IPV AND WOMEN'S REPRODUCTIVE HEALTH

- Significantly increases rates of preterm deliveries
- Low birth weight
- Homicide leading cause of death in pregnancy and postpartum
- Increased risk of missing 3 or more prenatal visits
- Association with smoking and substance use during pregnancy



<http://www.healthcaresaboutipv.org/tools/>

<http://www.healthcaresaboutipv.org/specific-settings/reproductive-health/>



QUESTIONS AND DISCUSSION

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ADVERSE CHILDHOOD EXPERIENCES

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



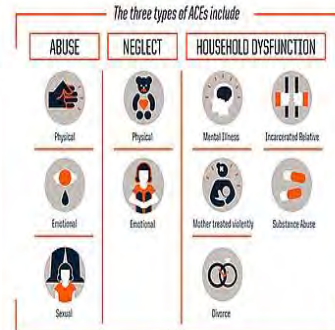
THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

HOW PREVALENT ARE ACEs?

The ACE study revealed the following estimates:*



WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does

<https://socialworksynergy.org/2014/02/26/aces-adverse-childhood-experiences-basics/>

CHILDREN WHO WITNESS IPV

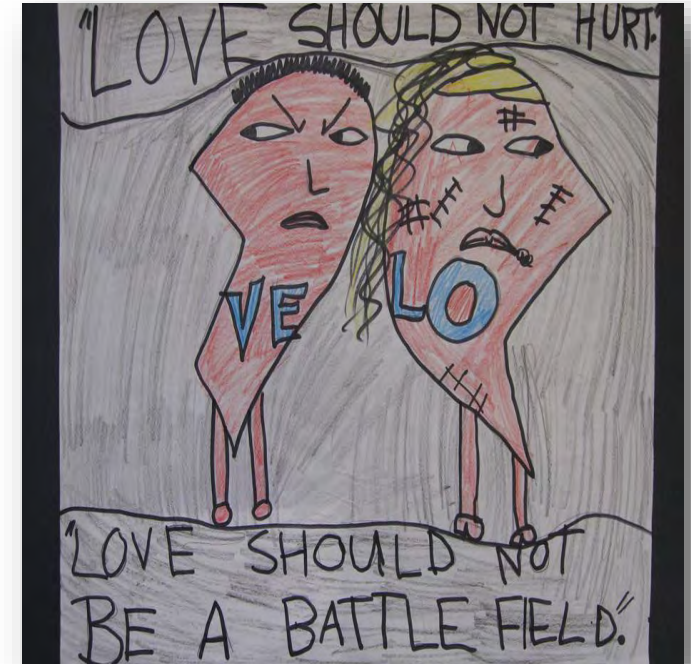
- Increased risk for developmental issues
- High occurrence of behavioral, social, and mood disorders
- PTSD symptomology
- Greater risk for substance abuse, criminal justice involvement, and teen pregnancy in adolescence



Listen Up: 4th place winner (ages 9-11)

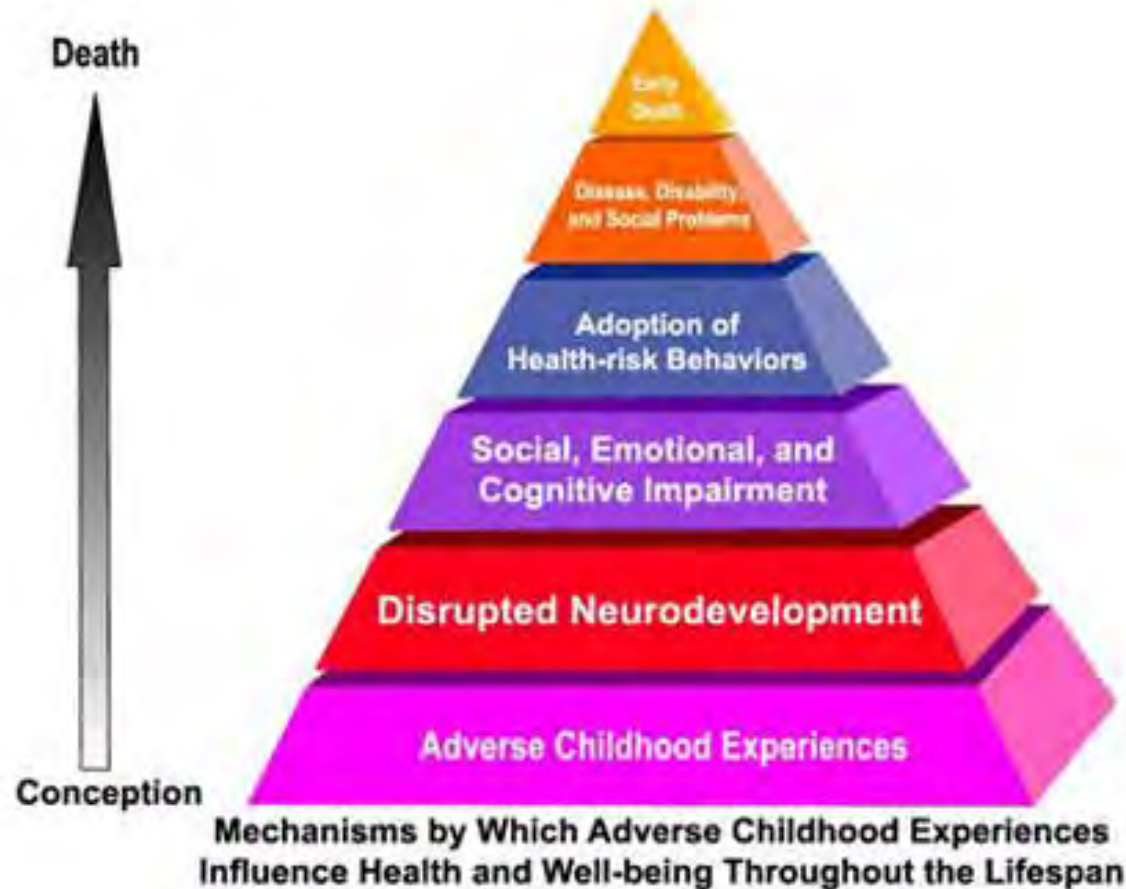
IPV AND CHILD ABUSE

Child abuse is 30-60% more likely to occur in IPV - involved households



Listen Up: 1st Place Winner (ages; 9-11)

BUILDING BLOCKS OF THE BRAIN



QUESTIONS AND DISCUSSION

Please type your questions in to the Chat text box in the bottom right of your screen.

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TEEN DATING VIOLENCE

1 in 6 teens treated in ER has history of dating violence

Onset as early as 11 years old

Youth between the ages of 15-24 acquire nearly half of all new STIs



5th Place Winner (age; 14-18)

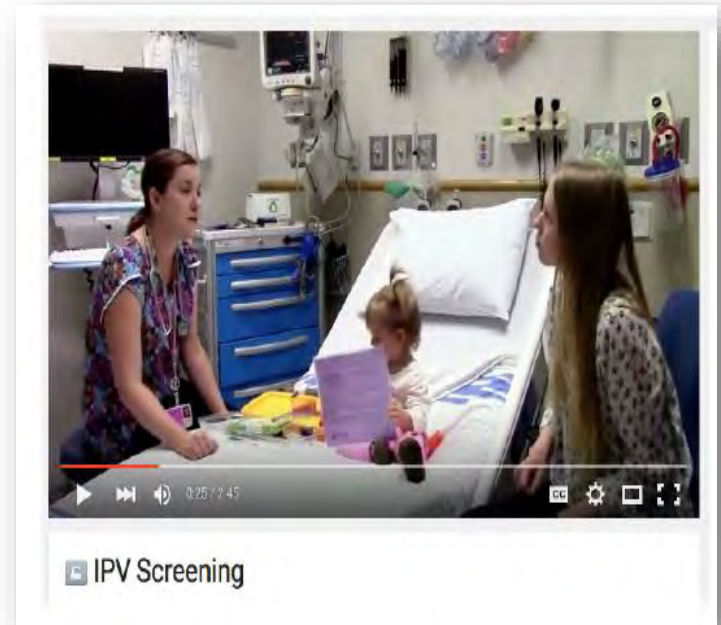
<https://www.futureswithoutviolence.org/understanding-teen-dating-violence/>

PERCEIVED CHALLENGES

- Perception that IPV has no impact on child well-being
- **“The caregiver is not my patient”**
- Lack of training
- Lack of confidence
- Fear of positive screen
- Overcrowded rooms
- Time constraints
- Screening logistics: When? Where? Who?
- Confidentiality of victim/survivor
- Documentation safety concerns (EMR)
- Children with ears & mouths are in room!!!

SOLUTIONS

- Regular mandatory education
- Readily available resources and support
- Establish environment where IPV screening is universal and expected
- Non-verbal screens that are easy to administer and incorporate into provider work flow
- Caregiver confidentiality
- Safe documentation procedures



View “IPV Screening” On YouTube:
<https://www.youtube.com/watch?v=oZzDJpfLZGO>

SCREENING YOUR PATIENTS

Avoid questions like:

- “Are you being abused?”
- “Do you feel safe at home?”

Better questions:

- “Has anyone ever hit, kicked, or pushed you?”
- “What does it look like when you argue?”
- “Have you ever been afraid of your partner?”
- “What is good and not so good about your relationship?”



CHOP Champions and LSH Team presented at the Pennsylvania Coalition Against Domestic Violence Medical Advocacy Regional Meeting.

SCREENING YOUR PATIENTS

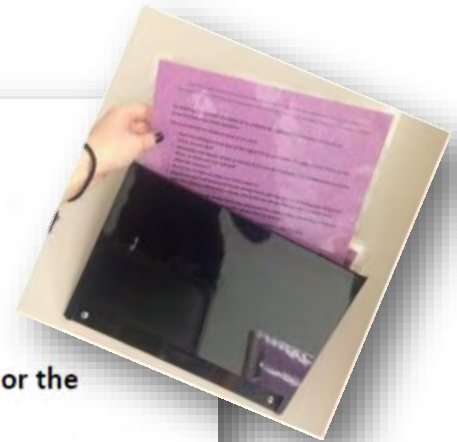
At CHOP we understand the safety of our patients and caregivers is important, so I ask all my patients/caregivers these questions:

Has your partner or someone close to you ever:

- done something to cause you to feel frightened for your safety, the safety of your family, or the safety of your pets?
- repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected?
- physically hurt you?
- forced you to have sex when you didn't want to?
- prevented you from leaving the house, seeing friends, getting a job, or continuing your education?
- been very jealous, watched you closely, monitored your phone, followed you, or stalked you?

If you answered "YES" to any of these questions, and would like support today, we can help! Simply tell me "YES" or "NO" and I will connect you with a person that can help you.

Philadelphia 24-Hour Domestic Violence Hotline: 1-866-723-3014



Children's Hospital
Philadelphia

Domestic Violence Prevention Initiative

DOCUMENTATION

Admit to ED Note

There are no active alerts

No orders need to be acknowledged

No orders need to be completed

MAR ↩ MAR ⌵

Vitals/Head Trauma ⌵

Pain Score ⌵

Assessments ⌵

Trauma Assessments ⌵

Admit to ED ⌵

Narrative Notes ⌵

Screening ⌵

 + BHS ○




 + Home Environment Screening ○

RN to RN Handoff ⌵

Height/Weight ⌵

Intake and Output ⌵

DOCUMENTATION

| | | | |
|--|---|--|---|
|  Home environment screening complete? |  Yes - if home screening was positive, please complete referral form | <input type="button" value="No"/> | <input type="button" value="Deferred"/> |
| Referral Form | | | |
| ▼ OTHER | | | |
| Screening not performed due to: |  | <input type="button" value="Multiple caregivers present"/> | <input type="button" value="High acuity of patient"/> |
| | | <input type="button" value="Language barrier"/> | |
| | | <input type="button" value="No caregiver present"/> | <input type="button" value="Other (see comment)"/> |
| <div><input checked="" type="checkbox"/> <input type="button" value="Accept"/> <input checked="" type="checkbox"/> <input type="button" value="Cancel"/></div> | | | |

REFERRAL FORM

ASHLEE M. - The Children's Hospital of Philadelphia ACPR - MAIN EMERGENCY DEPT

Epic Refresh Patient Station ED Manager Track Board Patient Lists In Basket ED Chart Lexicomp Web Sites Remind Me Login Cbt NP F/U Epic Help My Reports Calculator ED M

Track Board (Emergency Department) - Last Refresh Time: 8/5/2016 10:41 AM

Refresh Tx Team Open Chart Sign In Dept. Status Message Log Legend Manager Config Comments

Triage Hendrik x70473

All Patients Waiting Room Team 1/A Team 2/B Team 7 Res Room Team 3 (1) Team 4 My P

Transport Consults EVS

| Bed | Visitor | Patient | Age | CC/Current Impression | A | Arrival |
|----------|---------|---------|-----|-----------------------|---|---------|
| ED33RESP | | | | | | |
| ED34RESP | | | | | | |
| ED35RESP | | | | Vomiting | 3 | 00:22 |
| ED36RESP | | | | | | |
| ED37RESP | | | | | | |
| ED38RESP | | | | | | |
| ED39 | | | | | | |
| ED40 | | | | | | |
| ED41 | | | | | | |
| ED42 | | | | | | |
| ED43 | | | | | | |
| ED44 | | | | | | |
| ED45 | | | | | | |
| ED46 | | | | | | |
| ED47 | | | | | | |

Web Sites

- ED Pathways
- ED Intranet/Triage Manual
- CHOP Antibigram
- CHOP Intranet Hub
- Epic Tip Guides
- Evidence@CHOP Reference Search
- KAPS Safety Reporting
- Lexicomp
- Redcap
- Tangler MD Schedule
- Webmail
- XTend Page
- ED Team Assessment
- CHOP Primary Care pools
- ED Care Surveys/Case Database
- CHOP Patient Delay Concerns
- ED Resident Orientation/Resus
- 72 Hour Revisit & Tool
- IPV Counselor Referral Form
- Behavioral Health Screen
- Other Clinical Resources


REFERRAL FORM

| | |
|---|---|
| Record ID | 1579 |
| Your CHOP username <small>* must provide value</small> | <input type="text"/> <small>Your CHOP email. Example: boldA12</small> |
| Your role <small>* must provide value</small> | <input type="text"/> |
| Your screening location <small>* must provide value</small> | <input type="text"/> |
| Date <small>* must provide value</small> | <input type="text"/> <input type="button" value="Today"/> <input type="button" value="Monday"/> <small>today's date</small> |
| Patient MRN <small>* must provide value</small> | <input type="text"/> <small>patient MRN of caregiver/parent screened</small> |
| EMERGENCY referral to IPV counselor <small>* must provide value</small> | <input type="button" value="Yes"/> <small>Is the caregiver/parent requesting an EMERGENCY/CRISIS referral? This means that the caregiver/parent is at immediate harm and needs a safety plan prior to discharge.</small> |

For ALL EMERGENCY/CRISIS referrals please immediately contact the on-call social worker at ASCOM #10048.

In addition, please page our CHOP on-call IPV counselor at #72030 if this referral is being made Monday through Friday between the hours of 10 AM and 6 PM.

REFERRAL FORM

| | |
|--|--|
| Follow-up referral to IPV counselor * must provide value | <div>Yes</div> <div>Is the caregiver/parent interested in a follow-up referral to our IPV counselor? This means that the caregiver/parent is safe to be discharged and our IPV counselor will make contact with the client within 24-72 hours.</div> |
| Client Name * must provide value | <div></div> <div>caregiver/parent name that is requesting referral</div> |
| Client phone number * must provide value | <div></div> <div>caregiver/parent phone number at which he/she can be safely reached</div> |
| Best time to call * must provide value | <div></div> <div>best time to call the caregiver/parent</div> |
| Is this a shared cell phone or land line? * must provide value | <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div>reset</div> |
| If someone else answers the phone, is it okay for the counselor to say he or she is calling from CHOP? * must provide value | <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div>reset</div> |
| Is it safe for the counselor to leave a voicemail? * must provide value | <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div>reset</div> |
| Please feel free to provide the caregiver/parent with the following list of resources to take home. | |
| Attachment:  Safe Place Resource List.pdf (0.25 MB) | |
| Would you like to be informed when this referral has been dealt with by one of our IPV counselors? | <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div>reset</div> |
| Any additional comments you would like the IPV counselor to know. | <div></div> |

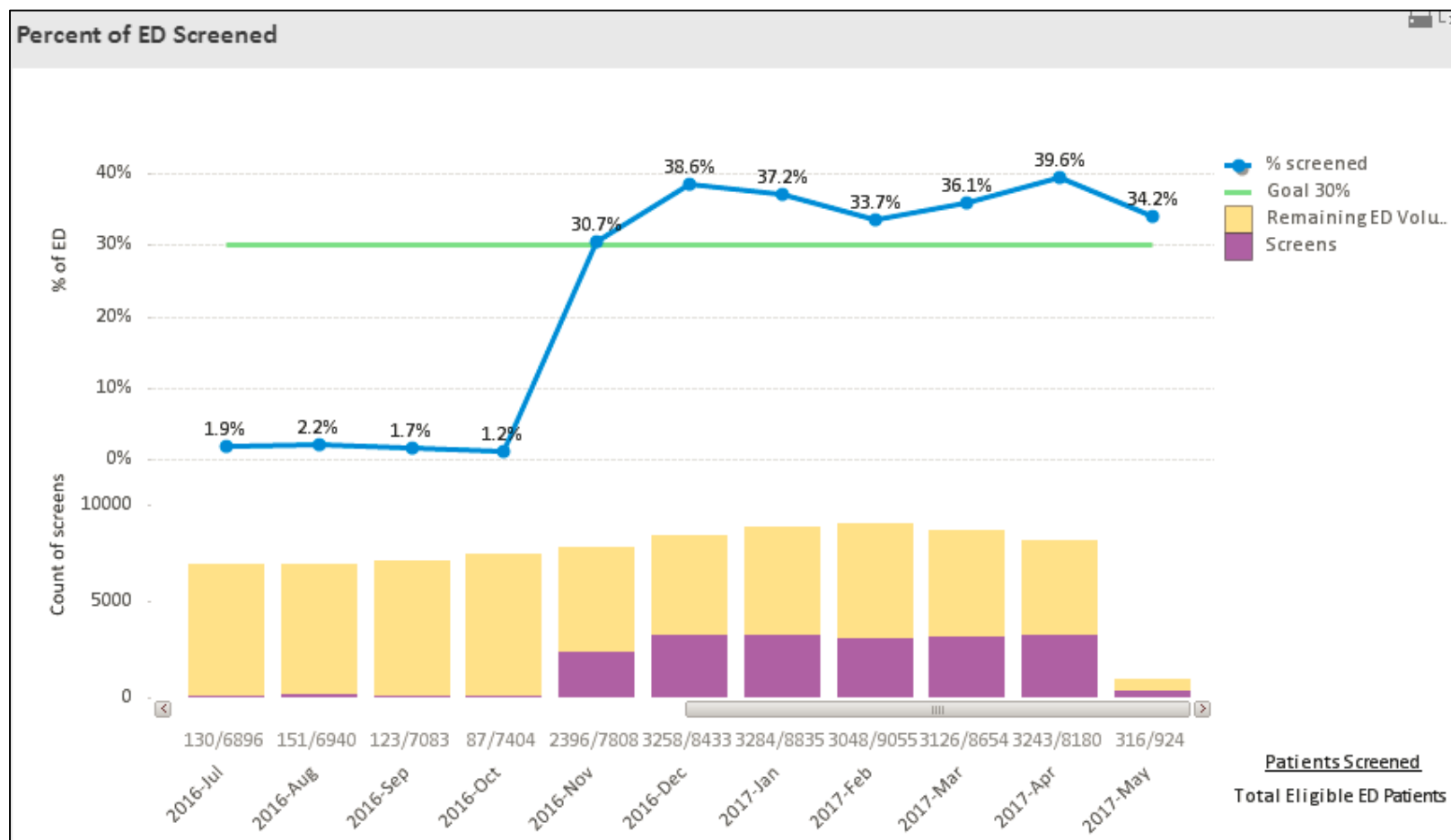
KEY POINTS

- Only screen caregiver when he/she is alone
- NEVER discuss IPV in front of a child > 2
- **NEVER document IPV in the child's chart**
- Complete REDCap Referral form for positive screen
- Call social work for ALL emergency referrals
- Contact IPV specialist for ALL referrals during regular business hours
- Send non-urgent referrals to IPV specialist via REDCap during after hours

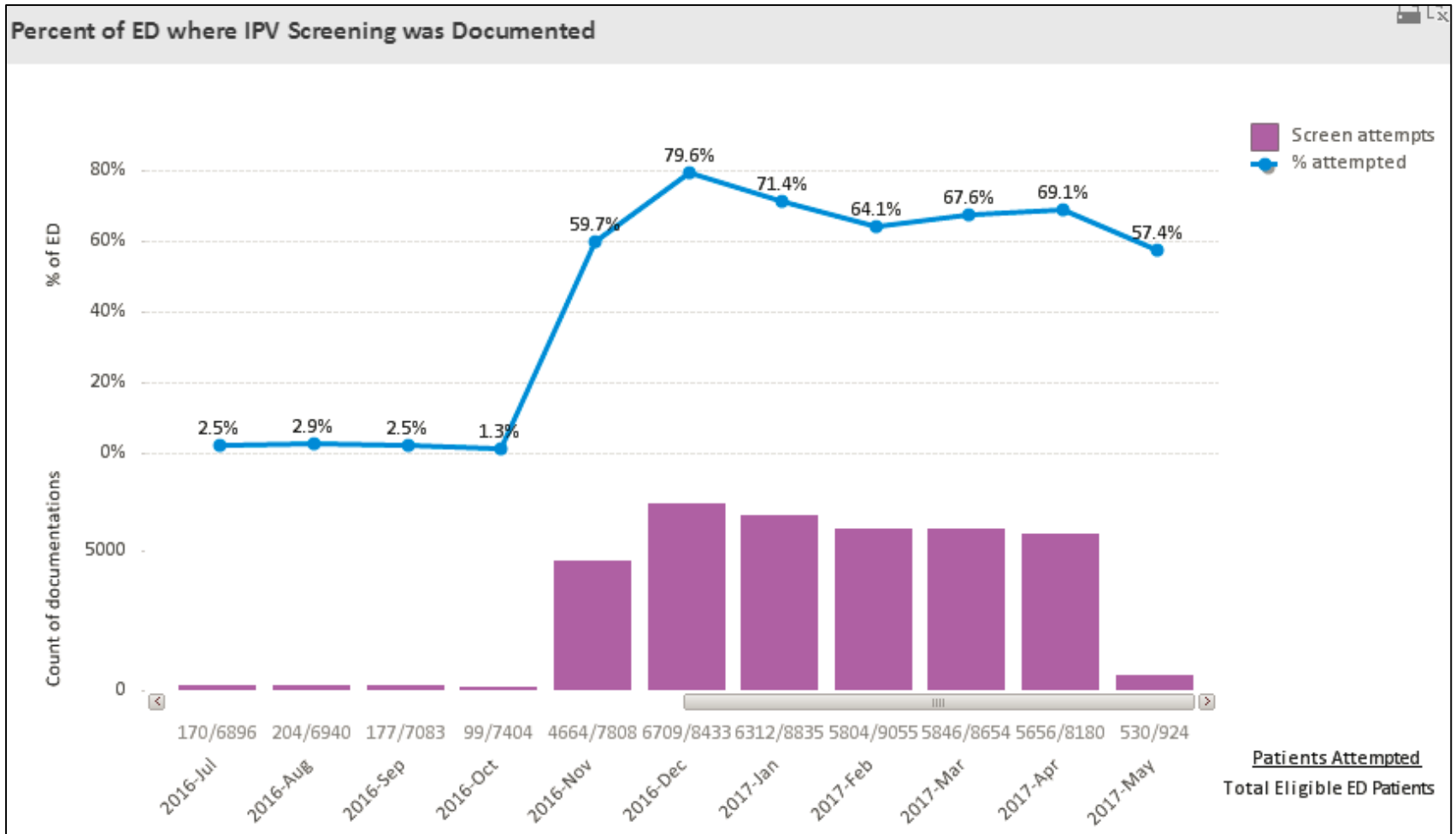
IPV SPECIALIST INTERVENTIONS

| | |
|---|--|
| Safety planning | Supportive counseling |
| Psycho-educational counseling | Plan to document abuse to use as evidence in court |
| Referrals to WAA | Information about PA SAVIN |
| Referrals for counseling services | Information about Office of Supportive Housing |
| Relocation funds | Referrals to TANF |
| Counseling services for children | Referrals for LSH career services |
| Referral for Career Wardrobe | Childcare information |
| Referral to county shelters | Referrals for grief counseling |
| Information about locating free or low-cost furniture | Faith-based counseling services |
| Information about victim's compensation | Information about local self defense courses |

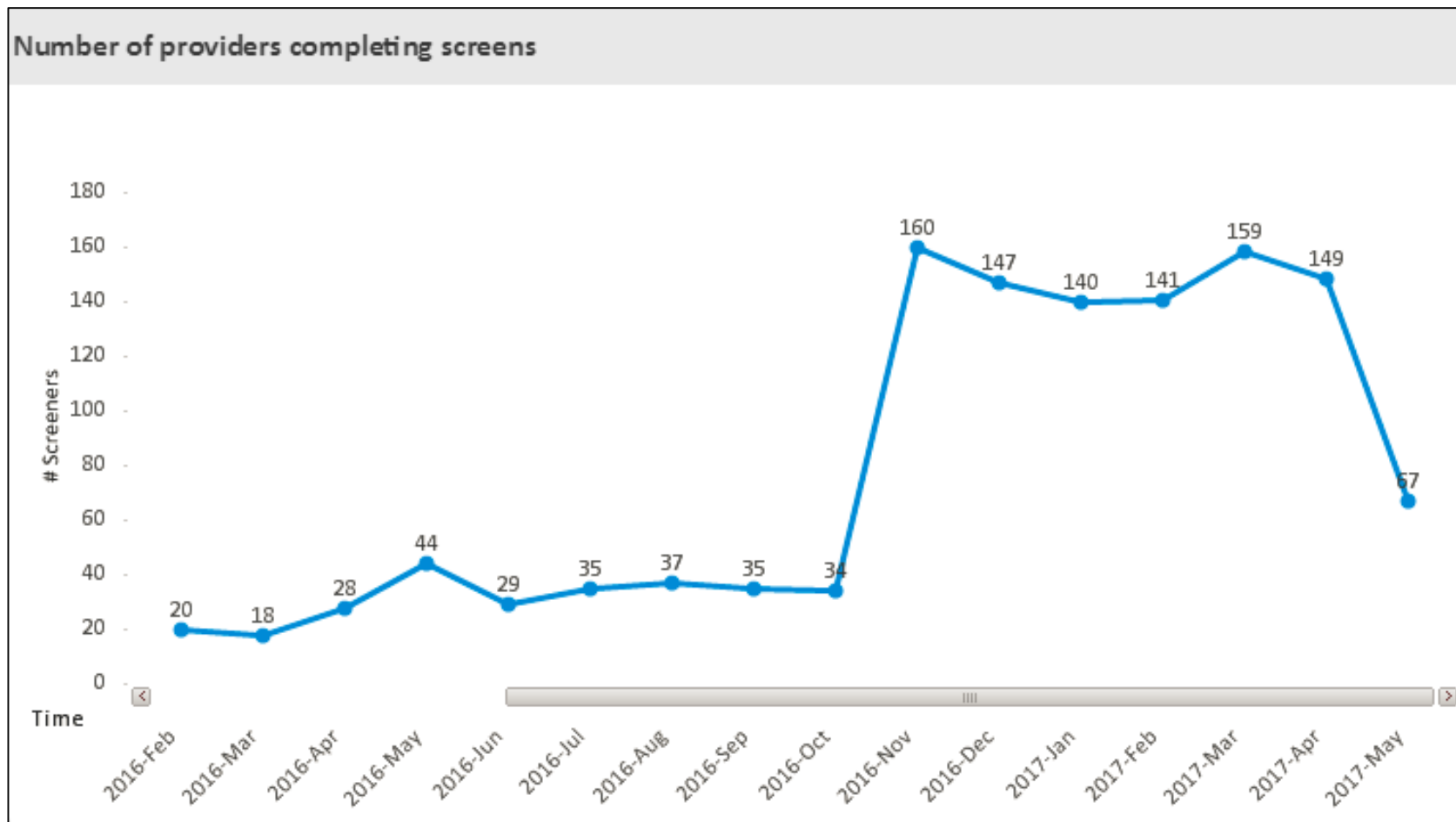
QUALITY IMPROVEMENT RESULTS



QUALITY IMPROVEMENT RESULTS

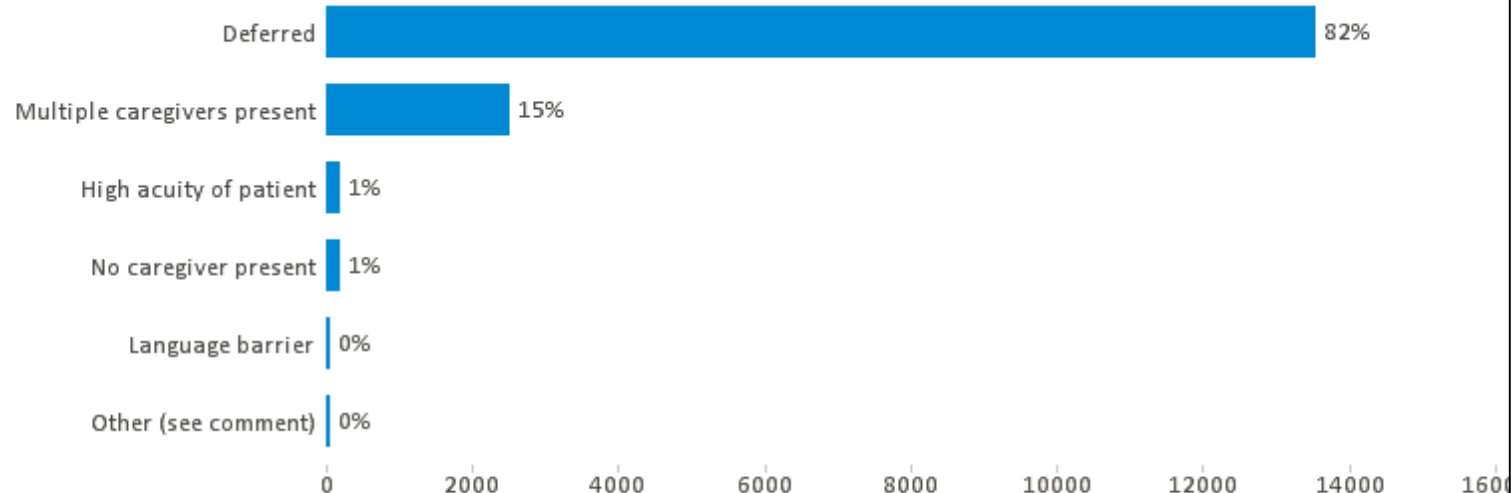


QUALITY IMPROVEMENT RESULTS



QUALITY IMPROVEMENT RESULTS

Reason For Not Screening



'Other' Reason For Not Screening

| MRN | Admit Date | Home Environment Screen Complete | EPIC documentor | "No" Reason Comment |
|----------|---------------------|----------------------------------|-----------------|----------------------------|
| 55298859 | 5/3/2017 3:13:00 PM | Deferred | BARCELON | - |
| 55496668 | 5/3/2017 1:05:00 PM | Deferred | BASSOE | t 7 |
| 56081996 | 5/3/2017 9:28:00 AM | Deferred | TIMSD | severity of illness |
| 02614860 | 5/2/2017 5:24:00 PM | Deferred | LOVEN | emotional stress |
| 56124109 | 5/2/2017 2:18:00 PM | Deferred | BARCELON | - |
| 55348118 | 5/2/2017 1:05:00 PM | Deferred | SKOTLESKU | due to severity of illness |
| 55749971 | 5/1/2017 6:32:00 PM | Deferred | REIBOLDL | - |

CHOP PROGRAM RESULTS

Providers trained: > 300

Screens to date: > 20,000

Referrals to date: 183 (as of 5/3/2017)



LESSONS LEARNED

- Moving from a “special interest group” to a universal intervention
- Training champions and staff “availability”
- Don’t underestimate what this issue means to some people
- Take the time to get honest feedback
 - Respond
 - Revise
 - Re-contact

ESSENTIAL INGREDIENTS

Staffing

- Readily available IPV resources/support
- Administrative and strong leadership
- Monitor process and outcome measures

System

- Support from high and mid-level administration
- Clinical champion(s) in key disciplines

Process

- Meaningful
- Easy to accomplish



LET'S BUILD MORE PARTNERSHIPS!

1. Develop & nurture contacts with your local domestic violence program(s)
2. Identify & bring together **stakeholders/”Champions”**
3. Training, awareness-raising, and education
4. Institute screening, documentation, and referral
5. Improve patient, family, and community safety together!



QUESTIONS AND DISCUSSION

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THANKS!

Please take a few minutes to complete the survey
after the webinar closes

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