Domestic Violence: A Case Study for Hardwiring Communication and Safety
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Learning objectives

- Review a case study on domestic violence
- Recognize the need of support from team members and the community
- Discuss the development of a safety and security plan
- Identify avenues to enhance education regarding domestic violence
- Describe ways to utilize an electronic health record (EHR) to alert staff to a potential safety and security issue

Our Corporation
Novant Health

Mission
Novant Health exists to improve the health of our communities, one person at a time.

Vision
We, the employees of Novant Health and our physician partners, will deliver the most remarkable patient experience, in every dimension, every time.

Values
Compassion
Personal Excellence
Courage
Diversity and Inclusion
Teamwork

Novant Health

Greater Winston-Salem Market

Hospitals
Physician practices
Outpatient centers

Domestic Violence: A Case Study
In July 2013, Novant Health Forsyth Medical Center experienced the unthinkable. Our patient, who had been with us off and on for several weeks, was shot dead in her hospital room by her boyfriend who then shot and killed himself.
Creating a Supportive Environment

- Opened a command center
- Rounded on units by senior leaders
- Police presence and additional security
- Town forums held
- Employee assistance program counselors, chaplains and outside community agencies like Family Services were available for all team members
- Immediate education for all team members including volunteers
- Instituted short term and long term plans for increased safety for patients, visitors and team members

Our Call to Action
Our Call to Action

What we learned from this has made our patients, visitors and staff safer.

1. She denied any history of abuse on this admission.
2. He was with her, but docile and no one suspected their history.
3. After her death, when reviewing medical records, she had been a patient in our hospital 2 times within the last 12 months, once in the ED and once in surgical services. Both times positive for domestic violence.

Our call to action

- Do a more thorough screening.
- Increase our education around domestic violence.
- Create a safety and security plan for those at risk.
- Flag our EHR system for future visits so we are more knowledgeable about pertinent history.

Our Call to Action

- In August 2013, the ED and Women’s Services at NHFMC trialed a safety and security alert plan.
- In November 2013, the safety and security alert process was initiated across the Winston-Salem Market
- Work began to create a corporate version and go live was January 2015.
  - EHR build was completed
  - Corporate policy was completed
  - An interdisciplinary plan of care was created
  - Nursing leaders, security, case management across Novant Health created a system-wide response protocol

Our Call to Action

What exactly is a Safety and Security Alert plan?

- Safety and security alert is designed to provide a safe environment for our patients when risks are identified on admission or throughout the stay.
- Safety and security alert is designed to give staff access to prior relevant safety and security information upon patient readmission.
Our Call to Action

How does a patient screen positive for a safety and security alert?

1. Patients will be screened for abuse and abduction risk on admission and throughout the stay as needed.
2. If a security event happens during the admission, the safety and security alert can be activated.
3. If you see something, say something.

Our Call to Action

What are the features of the safety and security alert?

The primary nurse, security, and nursing leadership will develop an individualized plan with the patient including:

- Case management consult will be placed in Dimensions (Epic).
- A safety and security alert order will be placed in Dimensions.
  - A banner alert
  - A fit alert
  - Plan of care / education
- The medical record will be flagged for current and future visits.

Enhance Education

Tips for screening

Enhance Education

Created education for all team members
- IPV - What is it?

Kept staff informed
- Safety and Security Alert Plan

Created a Domestic Violence taskforce and held a 4 hour course for members

Enhance Education: What each team member should know.
Know the 3 P’s and the 4 R’s

- Policy
- Procedure
- Protocol
- Recognize
- Respond
- Refer
- Resources

Enhance Education: Screening Tips

- Always screen in private
- Explain exceptions to confidentiality
- Develop framing statements
- Create direct and indirect questions
- Establish an environment for disclosure
- Practice compassion and empathy
- Withhold criticism and judgment
Enhance Education: Immediate Safety

- Is it safe to go home?
- Is there somewhere you can go if unsafe?
- Is there someone you can call?
- Would you be interested in shelter?
- How can we assist you?
- Connect to local services for safety planning

Enhance Education: Resources in the Community

Community Resources
  - Shelter
  - Group support
  - Counseling

National Hotlines
  - The National Sexual Assault Hotline: 1 (800) 656-HOPE (4673)
  - The National Domestic Violence Hotline: 1 (800) 799-SAFE (7233)

Utilization of the EHR
Utilizing the EHR

Admission screening:
Utilize the EHR to flag positives screenings
- Domestic Violence Screening
- Infant/Child Abduction Risk Screening
- Child Abuse Screenings

Readmission
- If Safety and Security Alert flag is present from previous admission, nurse will further investigate the patient’s past medical and/or social history using the date beside the security alert
- Reassess screenings as above (required on each admission)

BPAs (Best Practice Advisories) remind staff to input the orders and create a plan of care
Utilizing the EHR

In the patient header of current and readmitted patients, there is a "FYI" flag to notify the team members that this patient has a safety and security alert.

Utilizing the EHR

Additional information can be added to the FYI flag to alert staff.

Utilizing the EHR

A plan of care individualized to the patient is created.
Utilizing the EHR

Questions

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