



*Formerly Family Violence Prevention Fund*

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# **Part 1: Strengthening Healthcare-based Domestic Violence Programs through Evaluation**

January 8, 2013

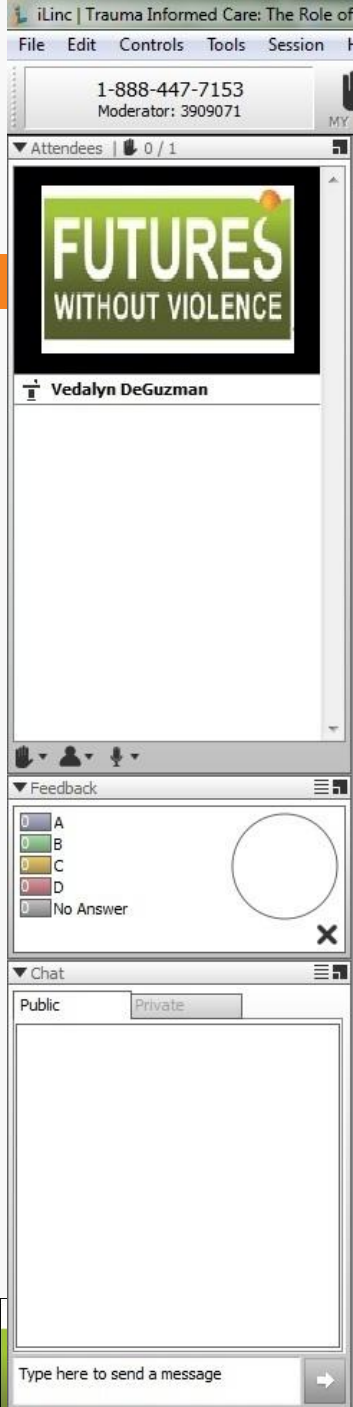
**Welcome to the webinar! We will begin in a moment.**

The slides and recording from today's webinar will be available to download after the event:

[http://www.futureswithoutviolence.org/section/our\\_work/health/webinars](http://www.futureswithoutviolence.org/section/our_work/health/webinars)

*This webinar is sponsored by Futures Without Violence's National Health Resource Center on Domestic Violence. The Center is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.*





# How to use this technology

- Text chat
- Q & A
- The slides and recording will be available after the webinar:  
[http://www.futureswithoutviolence.org/section/our\\_work/health/\\_webinars](http://www.futureswithoutviolence.org/section/our_work/health/_webinars)
- Please send a private chat message to “Leaders & Assistants” for help
- Call iLinc Technical Support at (800) 799-4510



# Feedback

## Who are you?

- A) Health Care Provider (inclusive)
- B) Domestic Violence/Sexual Assault Advocate
- C) Social Service Provider
- D) Other (please type in the chat box)



# Webinars

- **Part 1: Strengthening Healthcare-based Domestic Violence Programs through Evaluation**
- **Part 2: Strengthening Healthcare-based Domestic Violence Programs through Evaluation**

Thursday, January 31<sup>st</sup>, 12-1:30pm Eastern (9-10:30am Pacific/ 10:11:30am Mountain/ 11-12:30 Central)

## Speakers

**Jeff Coben**, MD, West Virginia University Injury Control Research Center

**Nancy Durborow**, Retired, former Health Projects Manager, PA Coalition Against Domestic Violence

**Lynn M. Short**, PhD, MPH, Analytic Systems Associates, Inc.

**Therese Zink**, MD, MPH, Department of Family and Community Medicine, University of Minnesota

Register for Part 2: <http://futureswithoutviolence.adobeconnect.com/january31/event/registration.html>



# Speakers



Vedalyn DeGuzman  
Futures Without Violence



Nancy Durborow  
former Health Projects Manager, PCADV



Colleen T. Moore  
Family Violence Response Program  
Mercy Medical Center



Annie Lewis O'Connor, NP, PhD, MPH  
Brigham and Women's Hospital



Krista J. Kotz, PhD, MPH  
Family Violence Prevention Program  
Kaiser Permanente



Brigid McCaw, MD, MPH, MS  
Family Violence Prevention  
Program  
Kaiser Permanente



# National Health Resource Center on Domestic Violence

For free technical assistance and tools including:

- Clinical guidelines
- Documentation tools
- Information on States' reporting laws
- Posters, pregnancy wheels
- Safety cards
- Training curricula

[www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

Email: [health@futureswithoutviolence.org](mailto:health@futureswithoutviolence.org)



Our Work
Our Center
Take Action
Press Room
About Us
Donate

JOIN US!
Home > Features >
FEATURES

OUR WORK
16 Days of Activism
Women & Girls
Men & Boys
Twins & Teens
Child Wellbeing
Health
Judges
Employers & Employees
Leadership Training Programs
Public Policy and Advocacy
International

Healthcare-Based Domestic Violence Programs


Most women visit health care providers for routine medical care, and victims of domestic violence (DV) also see health care providers for treatment of their injuries. This puts health care providers in a unique position to help victims of abuse and provide them with referrals and support. The healthcare-based DV model approach, applicable to hospitals and clinical settings, enables the staff of a health care institution in conjunction with local DV and sexual assault (SA) programs to respond in a comprehensive manner. By networking with local DV and SA advocacy programs, providers can help their patients access essential services including safety planning, housing, peer support and counseling, and legal options that can be life saving.

Health care providers are an essential link in the coordinated effort to break the cycle of violence and build a healthy community. Identifying and responding to DV in health care settings can make a tremendous difference for patients' physical health, mental health, safety, and quality of life. Although women are disproportionately impacted by DV, anyone can be a victim regardless of sex/gender, sexual orientation, race, ethnicity, culture, religion, age, income, or level of education. Victims of domestic violence turn to health care providers by the thousands every day seeking:

[www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

Email: [health@futureswithoutviolence.org](mailto:health@futureswithoutviolence.org)

When health care providers identify past or present domestic violence in their patients, they will benefit from a better understanding of the root cause of their patients' health concerns such as chronic pain, depression, obstetric complications, STIs, poorly controlled chronic conditions, substance abuse, and other health problems.

#### Resources:

- 1) Learn [How to Create a Healthcare-based Domestic Violence/Sexual Assault Program \(PDF\)](#).
- 2) Download the [Resource List \(PDF\)](#).
- 3) View the [IPV Screening and Counseling Toolkit](#).
- 4) View a [list of healthcare-based DV programs](#).
- 5) Download or order [educational and clinical tools for providers and patients](#).
- 6) Join the [Healthcare-Based Domestic Violence Programs Listserv](#).
- 7) Join our free [Webinars](#).
- 8) Download [presentation slides](#) from the 2012 National Conference on Health and Domestic Violence (NCHDV) on the topic of healthcare-based DV programs.

[\[Browse more features\]](#)



# Domestic Violence Evidence Project



The screenshot shows the Domestic Violence Evidence Project website. The header features the project name in a large, dark blue serif font, with a subtitle below it: "A project at the National Resource Center on Domestic Violence". A navigation bar contains links for Focus Areas, What Works, Evaluation Tools, Publications, Nominate a Program, About the Project, and Contact Us. The "Evaluation Tools" link is highlighted. Below the navigation bar, the "Evaluation Tools" section is titled, followed by a paragraph explaining the importance of evaluation for domestic violence (DV) programs. It states that evaluation helps understand the impact of programs, build upon survivor feedback, and provide evidence to funders and policymakers. A second paragraph mentions that materials and tools are being added to assist DV advocates. A third paragraph provides contact information for VAWnet.org and the NRCOV's online resource library. Below this, the "Understanding Evidence" section is introduced, featuring a thumbnail image of a book titled "Understanding Evidence: Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness". The text describes the book's purpose: to help researchers, practitioners, and policy makers determine if a program is achieving its goals. It notes that more rigorous research designs (like randomized control trials) provide more compelling evidence, but also mentions that practice-based and contextual evidence are also valuable and often overlap. A link to the "Continuum of Evidence Chart" is provided at the bottom of the section.

## Domestic Violence Evidence Project

A project at the National Resource Center on Domestic Violence

[Focus Areas](#) | [What Works](#) | [Evaluation Tools](#) | [Publications](#) | [Nominate a Program](#) | [About the Project](#) | [Contact Us](#)

[Home](#) > [Evaluation Tools](#)

### Evaluation Tools

While the thought of "evaluation" can be daunting, if not downright intimidating for many domestic violence (DV) programs, there are many good reasons to evaluate the job we are doing. The most important reason, of course, is to understand the impact of programs and practices on the lives of survivors and their children in order to build upon those efforts that survivors say are helpful to them and stop putting time and resources into efforts that are not helpful or relevant to them. Evaluation is also important because it provides "hard evidence" to present to funders, policymakers, and allied organizations, encouraging them to continue and increase the resources available to support effective programs and approaches.

The materials and tools highlighted below (and more will be added over the coming year) were selected to assist DV advocates and allied organizations understand the different types of evidence that can inform our work and provide practical considerations and strategies for approaching evaluation in domestic and sexual violence organizations. These resources also explore the unique challenges of evaluating and making the case for intervention and prevention initiatives.

Additional resources can also be found on VAWnet.org, the NRCOV's online resource library at [www.VAWnet.org/research](http://www.VAWnet.org/research). If you cannot find what you are searching for please call: (800) 687-2238 or TTY: (800) 553-2008 or email: [Research@nrcov.org](mailto:Research@nrcov.org).

### Understanding Evidence



**Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness**

The Best Available Research Evidence enables researchers, practitioners, and policy makers to determine whether or not a program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends. The more rigorous a study's research design (e.g., randomized control trials, quasi-experimental designs), the more compelling the research evidence. However, literature also suggests that two other forms of evidence – experiential evidence (or practice-based evidence) and contextual evidence – which are both distinct and overlap.

[Continuum of Evidence Chart](#)

<http://www.dvevidenceproject.org/evaluation-tools/>



# Why Evaluation?

1

Evaluation = Critical Component to Measure the Effectiveness of Health Care Based Response to Domestic Violence



# Feedback

2

Do you already have quality improvement measures and/or annual goals to evaluate how your program is doing?

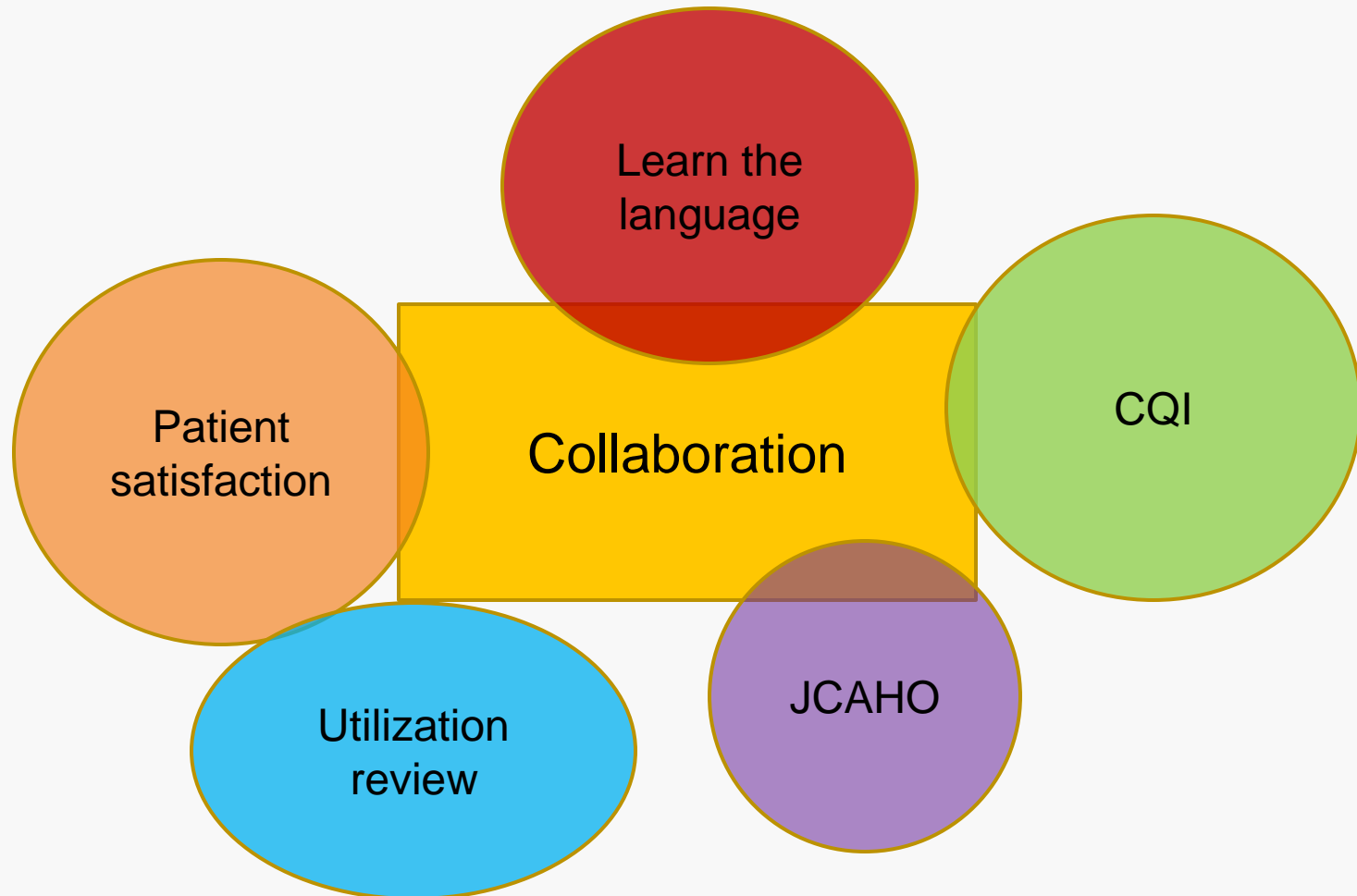
☐ Yes

☐ No



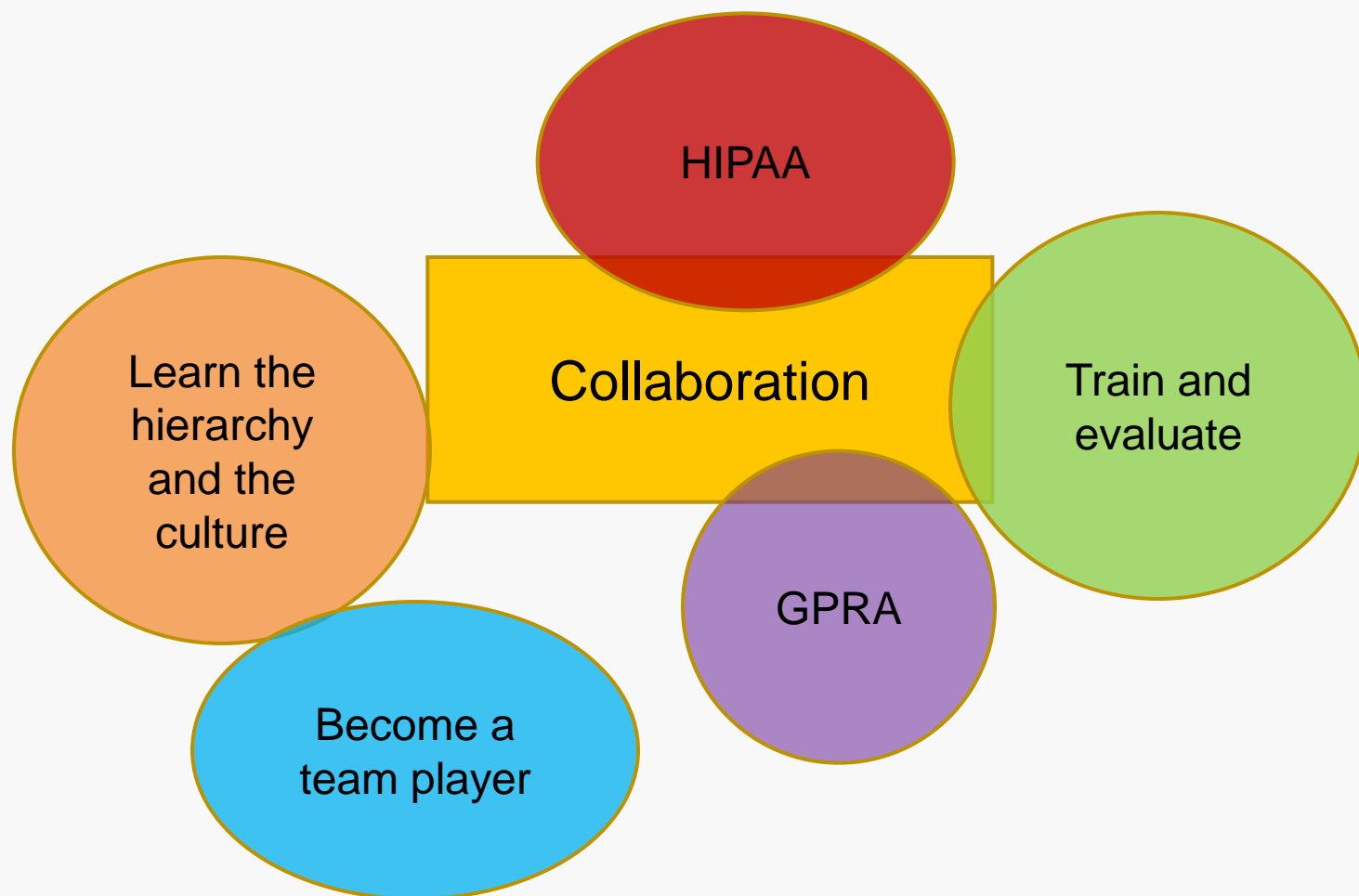
# Lessons Learned

3



# Lessons Learned

4



# What is the Role of Victim Advocates?

5

Advocate intervenes *with* individual victim:

- Provides crisis counseling/ emotional support
- Helps plan for safety
- Conducts needs assessment
- Provides information
- Discusses options
- Links to resources
- Advocates for the victim's agenda



# System Advocates

6

Advocate intervenes on *behalf* of the victim:

- Advocates for victim-sensitive policies and procedures
- Addresses miscommunications or improper treatment on a systemic level





# Hospital-based Victim Advocates

7

Victim Advocate within the health care setting:

- Provides intervention much like advocates associated with service provider
  - Provides medical advocacy
  - Has documentation privileges
- and*
- Can work within the institution for change



# What must a hospital-based victim advocate do to be successful?

8

- Speak “hospital”
- Know the players
- Demonstrate need for services through evaluation



# Why Evaluate?

9

- Improve *patient* services
- Demonstrate benefit of advocacy to the *hospital*
- Justify *funding*



# Feedback

10

How is the pace of this webinar working for you so far?

- ☐ Faster
- ☐ Slower
- ☐ Perfect
- ☐ Please review



# Moving from Evidence to Practice: An Institution's Journey

BRIGHAM AND WOMEN'S HOSPITAL  
Boston, MA

Annie Lewis-O'Connor NP, PhD, MPH



# Acknowledgement

- Mardi Chadwick - Director Violence Intervention and Prevention
- Wanda McClain- Vice President of Community Health and Health Equity
- Jackie Somerville- Senior VP and Chief Nursing Officer
- Karen Conley- Associate Chief Nurse
- Matt Fishman- Vice President Community Health (Partners)
- Passageway Program, Social Services, Emergency Department ..... and our Community Partners





# Partnerships- Key Element!



- Service Lines
- Public Relations
- Billing
- Security
- Administration
- Human Resources
- Quality/Risk Management

# Framing the Work: Patient and Family Centered & Trauma Informed Care

- **Patient and Family Centered Care**

- Patients are informing practice and models of care real time.

“Care that is respectful of and responsive to *individual* patient preferences, needs, and values.”

Institute of Medicine

- **Trauma Informed Care**

- Autonomy
- Inclusive
- Respectful
- Choices
- Safety



# Ingredients for Success

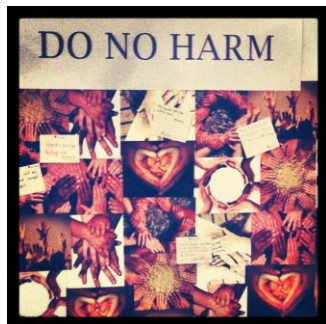


Kaiser Permanente- Key Elements

# Leadership and Oversight



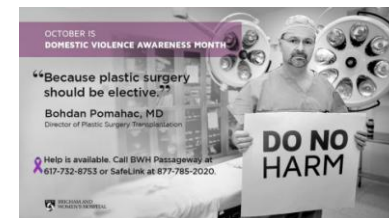
- Administrative awareness and support- “Do No Harm Campaign”



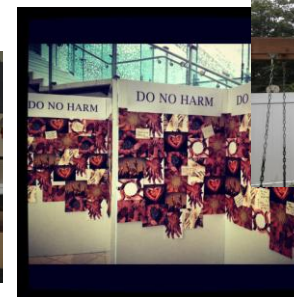
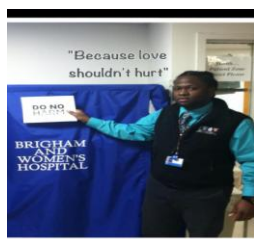
# Domestic Violence Awareness Month – October 2012

## • Do No Harm Campaign

- Month long display
- BWH Photo Campaign
- Social Media Campaign – Facebook, Twitter, Pintrist



- Schwartz Rounds presentation
- DV Tweet Up with STEPS
- Weekly Services to Honor Survivors at BWH chapel
- Grand Rounds at Brigham and Women's Faulkner Hospital- *Women Veterans and IPV – Creating Community Response*





# DO NO HARM






OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

“Hope lives here.”

**Betsy Nabel, MD**  
BWH and BWFH President

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.



OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

“Each of us can make a difference -  
we can ask, support and connect  
people to crucial sources of help.”

**Eve Rittenburg, MD**

Southern Jamaica Plain Health Center

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.



OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“Merecemos que nos quieran,  
nos valoren, nos respeten,  
nos ayuden.”**

**Liliana Rosselli-Risal, MD**  
Southern Jamaica Plain Health Center


 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.



OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“You’re not alone.”**

**Erin McDonough, MBA**  
Communication & Public Affairs

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.






OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“Together we can heal.”**

**Jackie Somerville, PhD, RN**

Chief nursing officer and senior vice president  
of Patient Care Services

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.





A black and white photograph of a woman with dark hair, wearing a dark shirt and a pearl necklace, holding a large white sign that reads "DO NO HARM". She is standing in a hospital hallway. In the background, a sign on the wall reads "Ambulatory" and "Main Entrance/Information".

**DO NO  
HARM**

OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“Domestic Violence Prevention  
Begins With Me...and You.”**

**Elizabeth Reid**  
Office of the President

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.

 **BRIGHAM AND  
WOMEN'S HOSPITAL**






OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“Because plastic surgery  
should be elective.”**

**Bohdan Pomahac, MD**  
Director of Plastic Surgery Transplantation


 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.



OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

**“No one should live in fear.”**

**Bob Donaghue**  
Security

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.



OCTOBER IS  
**DOMESTIC VIOLENCE AWARENESS MONTH**

“My words don’t hurt.”

**Katrina Cosner, MPH, MSW, LICSW**

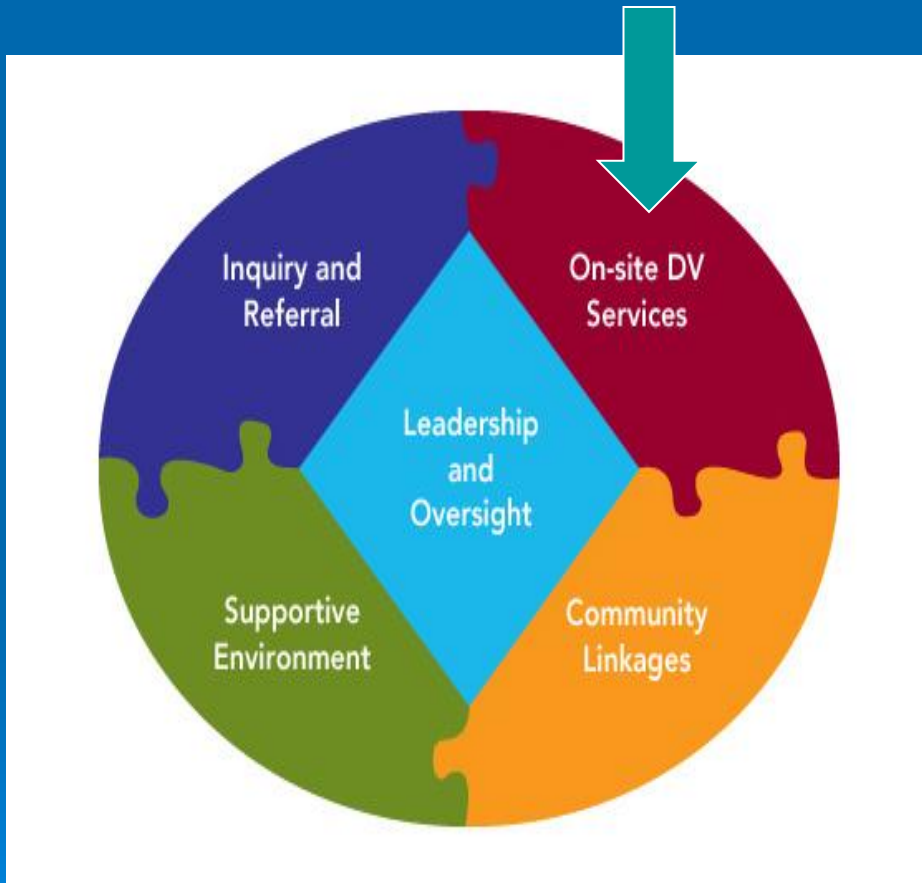
Center for Community Health and Health Equity

 Help is available. Call BWH Passageway at  
617-732-8753 or SafeLink at 877-785-2020.

 **BRIGHAM AND  
WOMEN'S HOSPITAL**



# On site DV services



- Passageway- 15 years of on site advocacy.
- Violence Intervention and Prevention
- **Women's After Care Clinic**
- **Consultative Service**

# Inquiry and Referral

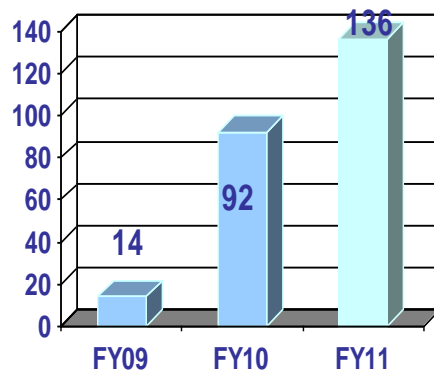


- **Strangulation:**
  - Surveillance
  - Protocol Development
  - Education
- **Case Reviews-** informs practice. Ex. “Sandra”
- **Women’s After Care Clinic:**
  - Metrics: LOS, PEP
  - Texting
  - Patient Focused- “not prescriptive”
  - Delivery Model
- **Photo-documentation**
  - Development



# Strangulation Data- Informing and Improving practice

## BWH Strangulation Data



- FY 2009: 14
- FY 2010:
  - 68 recent cases (within past 3 months) and 24 past cases of choking/  
Total 92 cases
- FY 2011:
  - 60 recent cases and 66 past cases of choking/  
Total 126.



# Texting

- ED follow-up- SA and DV patients:
- **Pre Text-** 26%
- **Post Text-** 87%
- HIV PEP- Data showed an improvement in the percentage of patients offered PEP compared to pre-2005 studies
  - **100%** vs. **49%** (Linden, 2005) and **19.2%** (Merchant, 2008)
- More patients came for follow up after initiating PEP
  - **62%** vs. **45%** (Linden, 2005).



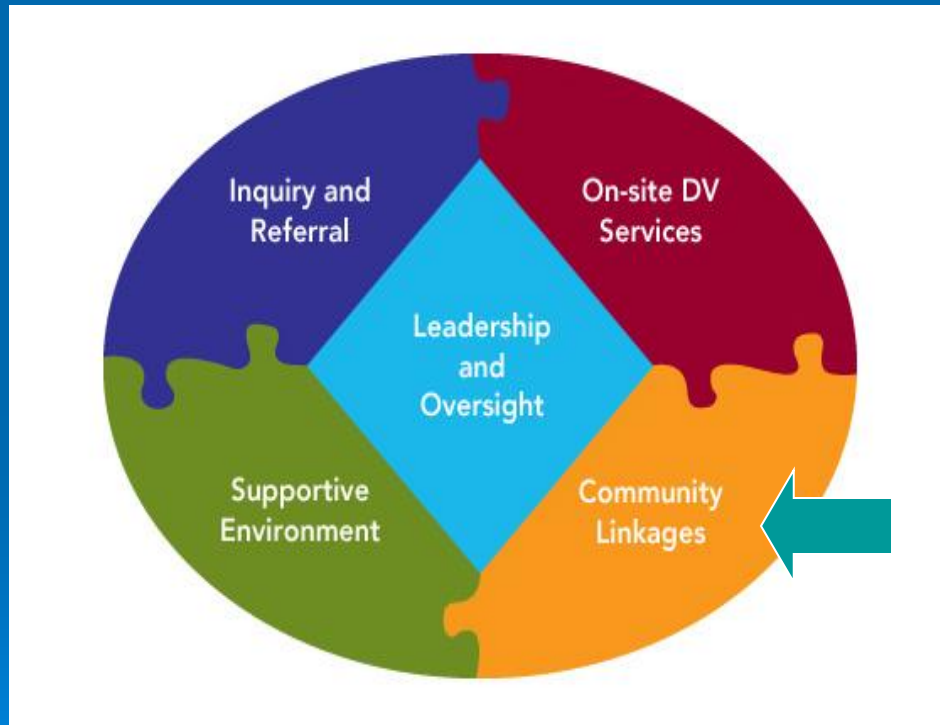
# Supportive Environment



- EAP; Human Resources
- Clinic
- Security
- Education-
  - Case Reviews
  - Grand Rounds
  - Partners Wide Symposium-10/2013
- Signage
- Media internally external
  - Medical Alert
  - Local newspaper
  - Local Radio/TV



# Community Linkages



- Know and Partner with your community- ex Public Health Commission:
  - Grant
- Family Justice Center
- Jane Doe- State Coalition; Shelters
- Police
- Department of Children and Families
- Social Service
- Schools

# Summary Slide

## ➤ **Building Practice: Four Pillars:**

- **Research-** intervention and outcomes
- **Education-** case studies, interdisciplinary forums, across service lines and health care staff
- **Clinical Practice-** Innovation- use of simulation, texting, social media and web information. Focus on health related outcomes, costs, utilization of resources
- **Policy-** internal, state, national

## ➤ **Clinical Framework:**

- Patient and Family Centered
- Trauma Informed Model of Care



➤ Thank- you!

Annie Lewis-O'Connor

[alewisconnor@partners.org](mailto:alewisconnor@partners.org)



# Feedback

How is the pace of this webinar working for you so far?

- ❑ Faster
- ❑ Slower
- ❑ Perfect
- ❑ Please review





# **KAISER PERMANENTE: QUALITY MEASURES FOR INTIMATE PARTNER VIOLENCE (IPV)**

**Brigid McCaw, MD, MS, MPH**  
Medical Director, Family Violence Prevention Program

**Krista Kotz, PhD, MPH**  
Program Director, Family Violence Prevention Program



# Overview



- IPV as a quality measure
- What do we measure? Why? How?
- What do the measures tell us?
- How do we use the data to drive change?



# Kaiser Permanente (KP)

- **Largest, non-profit health plan in United States**
  - 8.6 million members nationally
  - serves 9 states and District of Columbia
  - 15,850 doctors; 167,000 employees
- **KP Northern California Region**
  - 3.4 million members
  - 7000+ doctors
  - 19 hospitals, 51 health care offices



# IPV as a Quality Measure

- Allows consistent analytic resources for regular quality reports
- Formalizes IPV quality improvement as a goal for the organization
- Establishes accountability for ongoing improvement
- Helps leadership at the medical center level assign resources to the issue







# Kaiser Permanente IPV Quality Measures

## *Qualitative*

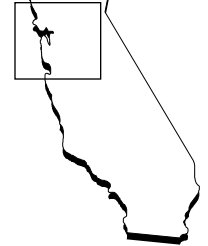
- Each medical center has:
  - Physician champion for IPV
  - Multi-disciplinary team to implement the model
  - Protocol for referral to mental health



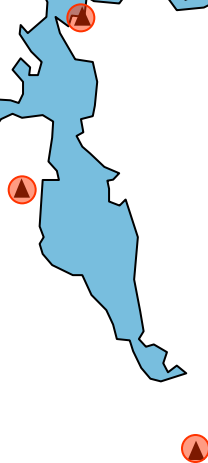
**1998 KP NCal  
DV Prevention Teams**



**NORTHERN  
CALIFORNIA**



**PACIFIC  
OCEAN**



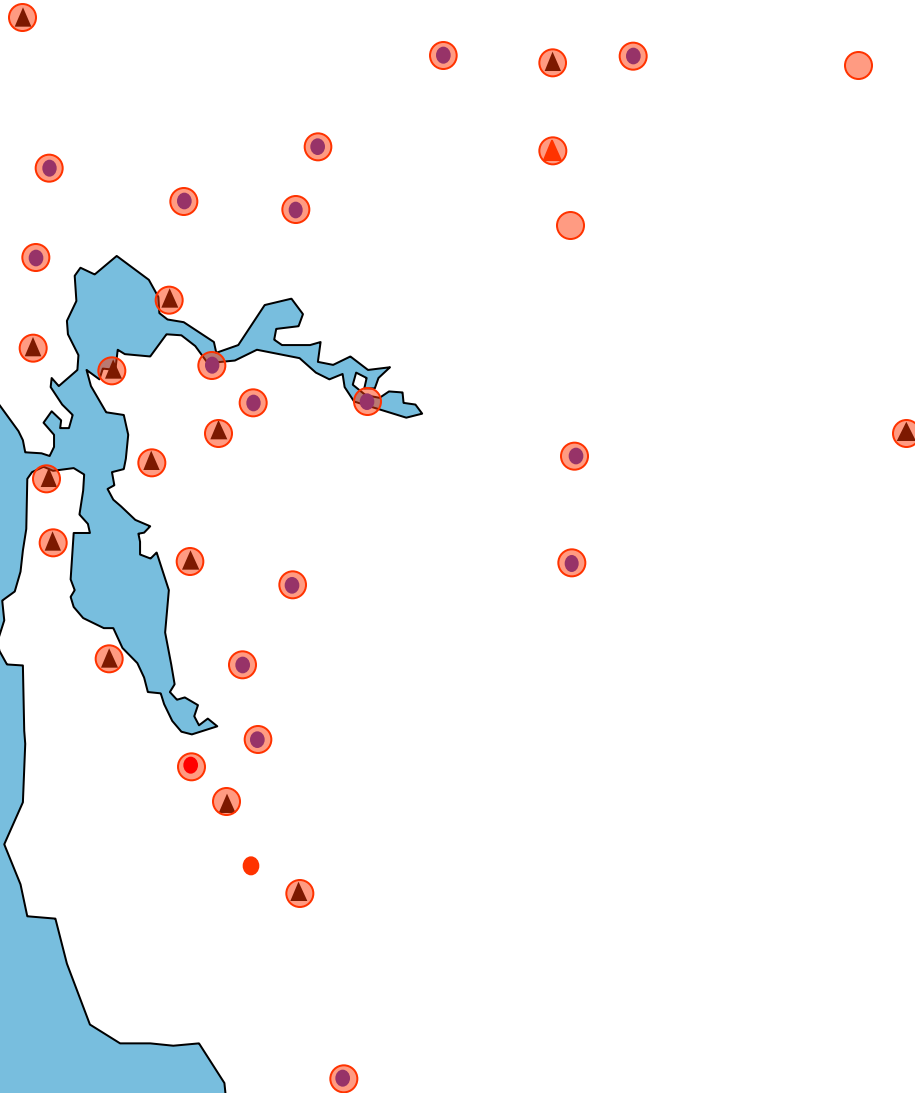
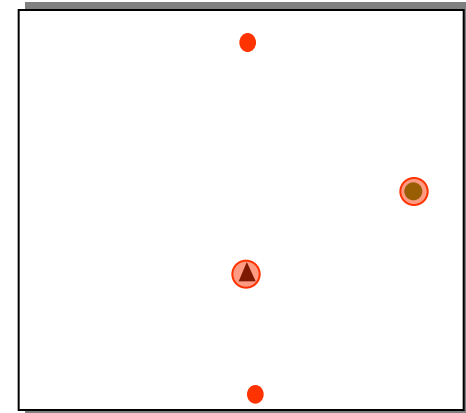
# 2008 KP NCal DV Prevention Teams



**NORTHERN  
CALIFORNIA**



PACIFIC  
OCEAN




# Kaiser Permanente IPV Quality Measures

## *Quantitative*

- **IPV Identification:**
  - How many members experiencing IPV are we identifying?
- **Mental Health Follow-Up**
  - How many members who are identified with IPV receive MH follow-up?





Why measure IPV identification  
rather than screening rates?



# How do we measure identification?

- Domestic violence diagnostic code entered into the diagnostic field of our electronic medical record
- Diagnostic codes are broad and include diseases, conditions, or preventive procedures and counseling
- We include a wide range of codes for domestic violence, including past history





LOS

Close

APC

Vital

Wgt

RTF

SM

OnE

StM

MR#

D/C

Desktop

Action

Patient Care

Scheduling

HIM

Reg/ADT

Surgery

CRM/CM

Reports

Report Mgmt

Tools

Admin

Help

New

None

Cons

PostOp

Mod25

Prev

Time

Back

Forward

Home

Schedule

In Basket

Chart

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Refill Enc

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Does Not Want

Asacol, Morphine Sulfate, Motrin

N

SnapShot

Chart Review

Results Review

Allergies

Medications

Flowsheets

Problem List

History

Letters

Demographics

Scan

CIPS

eConsult

Prev Health Prompt

Patient Report

Order Entry

Imm/Injections

Doc Flowsheet

Forms

FY1

Visit Navigator

Hotkey List

Exit Workspace

Order Entry (Enc Date: 11/9/2009) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)

Association

Pref List

SmartSets

Interactions

Pharmacy

Providers

References

Open Orders

Pend Orders

Sign Orders

Financial

Routing

Drugs

Order:

This patient has open orders.

FO

EU

RI

Now

Utr

4hr

File

Out

Mail

Xpct

Prior

EC

Now

Ltr

4hr

File

Out

Mail

Take

Req

F/S

Order

Dx

Detail

New Order

Status

Modifiers

Cancel/Delete

Select All

Med Class

Benefit

CC Results

Show placed orders

Association:

Selected

Grid

Auto

Clear

Replace

LOS:

Diagnosis:

Encounter Diagnoses (right click dx for more options)

1 DOMESTIC VIOLENCE [995.81A]

Add

Add

New Dx

Delete Dx

Annotate/Edit Dx

Primary Dx

New Problem

Edit Problem

Resolve Now


Auth Prov: LOCKMILLER, RICHARD GORDON (M.D.) [10087966]

Pharmacy: FOL FOLSOM -

## Intimate Partner Violence Codes used for NCQA Quality Measures

HealthConnect Code	DESCRIPTION
909.9C	LATE EFFECT OF DOMESTIC VIOLENCE
995.80B	ADULT MALTREATMENT SYNDROME
995.80C	ADULT VICTIM OF ABUSE
995.80D	ADULT ABUSE, DOMESTIC
995.81A	DOMESTIC VIOLENCE
995.81B	ADULT ABUSE, PHYSICAL
995.82A	ADULT ABUSE, EMOTIONAL
995.83A	ADULT ABUSE, SEXUAL
995.83B	ADULT ABUSE, SEXUAL, DOMESTIC
E968.8B	ABUSE, ADULT, SUSPECTED.
E968.9B	CAUSE OF ASSAULT, SUSPECTED DOMESTIC VIOLENCE
E968.9E	CAUSE OF INJURY, ADULT ABUSE
E968.9G	CAUSE OF INJURY, DOMESTIC VIOLENCE
V15.41A	HX OF PHYSICAL ABUSE
V15.42A	HX OF EMOTIONAL ABUSE
V61.10B	DOMESTIC VIOLENCE RESPONSE TEAM REFERRAL IN MARITAL OR PARTNER RELATIONSHIP
V61.10C	COUNSELING FOR SEXUAL ABUSE IN MARITAL OR PARTNER RELATIONSHIP
V61.10E	COUNSELING/EDUC, DOMESTIC VIOLENCE, INDIV/GRP.
V61.11A	VICTIM OF PHYSICAL ABUSE IN MARITAL OR PARTNER RELATIONSHIP, COUNSELING
V61.11B	COUNSELING FOR VICTIM OF SPOUSAL OR PARTNER ABUSE
V61.11C	SEXUAL ABUSE ADULT COUNSELING
V61.11D	ENCOUNTER FOR COUNSELING VICTIM OF PHYSICAL ABUSE OR NEGLECT, MARITAL OR PARTNR.
V62.89Z	COUNSELING, VICTIM OF PHYSICAL OR SEXUAL ABUSE
V65.49ZZZZU	DOMESTIC VIOLENCE (AKA ENCOUNTER FOR COUNSELING, EMOTIONAL HEALTH
V71.5A	ADULT SEXUAL ABUSE, ALLEGED, OBSERVATION AND EVALUATION
V71.6D	PHYSICAL ABUSE, SUSPECTED, OBSERVATION AND EVALUATION FOLLOWING
V71.6E	DOMESTIC VIOLENCE, OBSERVATION AND EVALUATION

# Why is documenting IPV identification so important?



- Monitor our progress in identifying and addressing IPV
- IMPROVED QUALITY OF CARE






# Questions so far?

(Type in the chat window.)




# What do the quality reports look like?

New MemoReplyReply To AllForwardDeleteFollow UpFolderCopy Into NewChatTools

**Zihua Lin/CA/KAIPERM**  
08/01/2012 12:55 PM

To: FVPP\_impI\_ALL Team-KPNC  
cc: Bernadette S Ruud/CA/KAIPERM@Kaiperm, Lynn Emerson/CA/KAIPERM@Kaiperm, Barbara Foley/CA/KAIPERM@KAIPERM, Sue Flautt/CA/KAIPERM@KAIPERM, Donald Dyson/CA/KAIPERM@KAIPERM, Krista Kotz/CA/KAIPERM@Kaiperm, Brigid McCaw/CA/KAIPERM@KAIPERM  
bcc:  
Subject: IPV 2012Qtr2 Report

History: This message has been forwarded.

**KAISER PERMANENTE.**  
QUALITY AND OPERATIONS  
SUPPORT

**New Quarterly Release**  
**Intimate Partner Violence**  
We are pleased to announce the release of the 2012Qtr2 IPV Report.

Sent on behalf of Brigid McCaw, MD, Medical Director and Krista Kotz, PhD, Program Director,  
KPNC Family Violence Prevention Program

We are pleased to announce the 2012 Qtr2 release of the **Intimate Partner Violence Quality Report**.

The attached "IPV 2012 Qtr2.xls" includes data on IPV identification and follow-up, including rates for specific departments. "IPV Identification Rate 2005-2012 7.12" shows the yearly trend for the overall IPV identification rate (among women age 18-65) for each facility and medical center (select *enable macros* to open either file).

The good news is that Primary Care (Med/FP/OBGyn) and ED/UC have increased the number of members identified with IPV. Unfortunately, identification in Psychiatry/CD has dropped.


Biggest improvement was seen in the San Francisco Medical Center. The Diablo and Fresno Service Areas continue to be the top performers.

Our focus on OBGyn is working - the IPV identification rate in that dept has improved!


**What can your team do?**


- 1) Work with your Chiefs, especially in OBGyn - share the data for your facility, and plan short dept presentations.
- 2) Promote the "Abuse and Assault" link on HealthConnect: <http://kpnet.kp.org/violenceprevention/clinical/index.html>

Please address specific questions or concerns regarding this report to Zihua Lin, 510.625.7038, Quality and Operations Support

  
IPV  
2012Qtr2.xls

**Report Attached Here:**

  
IPV  
Identification  
Rate  
2005-2012.xls

**Zihua Lin**  
Quality and Operations Support  
The Permanente Medical Group, Inc.  
1800 Harrison St., Oakland, CA 94612

8-428-7038 tie line  
510-625-7038 office  
510-625-7099 fax



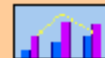
# Intimate Partner Violence(IPV) Quarterly Report - 2012Qtr2

**Number of men and women  
diagnosed with IPV age 18 and older**

☐ REGION - Total by Year



☐ REGION - Dept Types by Year



**IPV identification rate  
among women age 18-65**

☐ FACILITY & MED CTR (Table) IPV Identification Rates

☐ MED CTR (Graph) IPV Identification Rates



☐ Dept-specific IPV Id Rates (Med/FamPr, OBGyn, ED/UC, Psych/CD)

**Mental Health Follow-up rate among  
members with new IPV dx**

☐ Mental Health Follow-up Rate

**Measure Definitions**

☒ Definitions

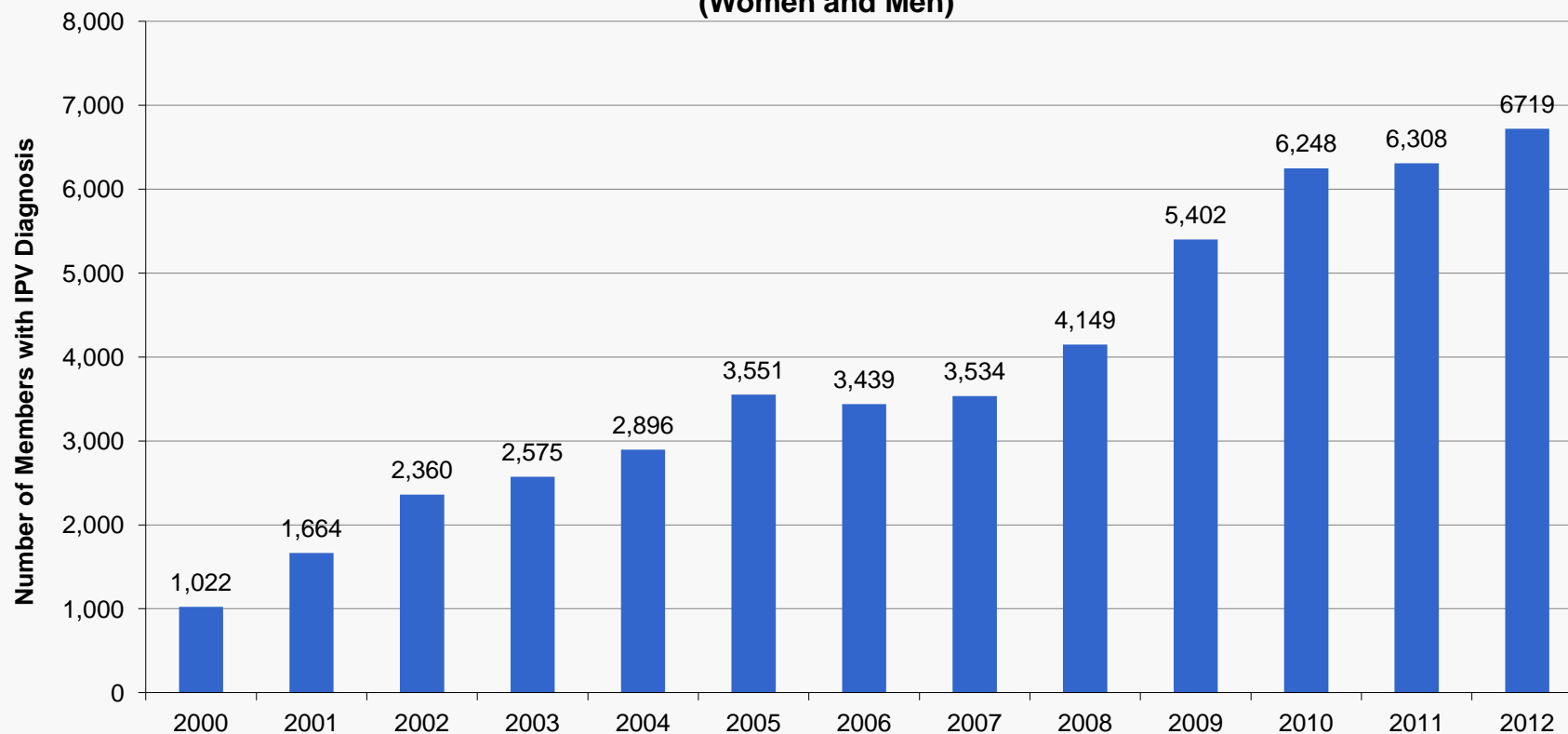


TPMG-Quality and Operations Support  
Zihua Lin, 8-428-7038



# IPV Identification is Increasing

**Members Diagnosed with Intimate Partner Violence, 2000-2012\***  
(Women and Men)



No duplicate MRNs within each year





# Is IPV identification the same as prevalence?

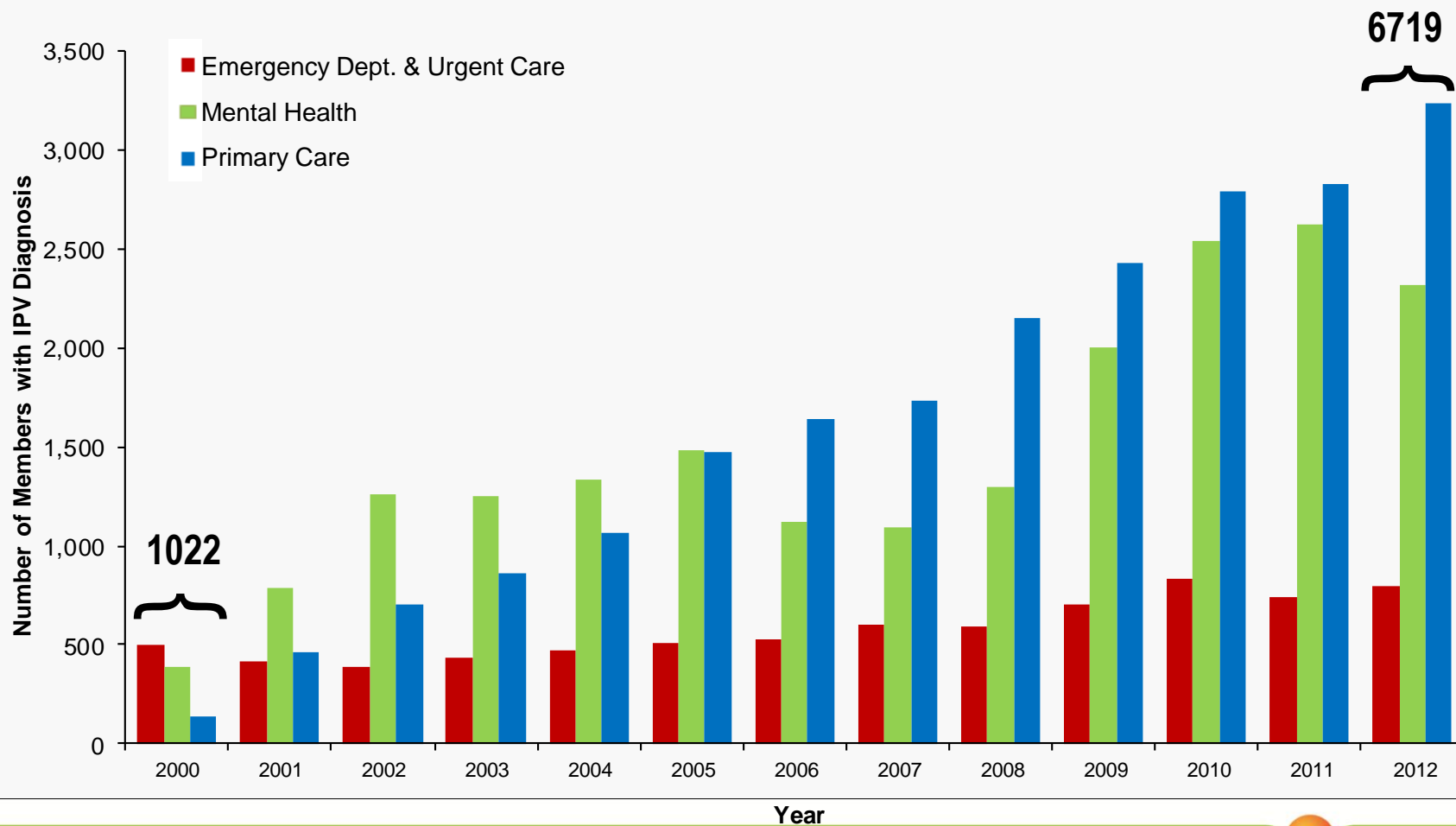
No!

- **Prevalence** is assessed through anonymous surveys.
- Documented **identification** happens only when the patient discloses to a clinician

Increasing IPV identification means we are getting better at asking and responding in a way that's helpful to our members

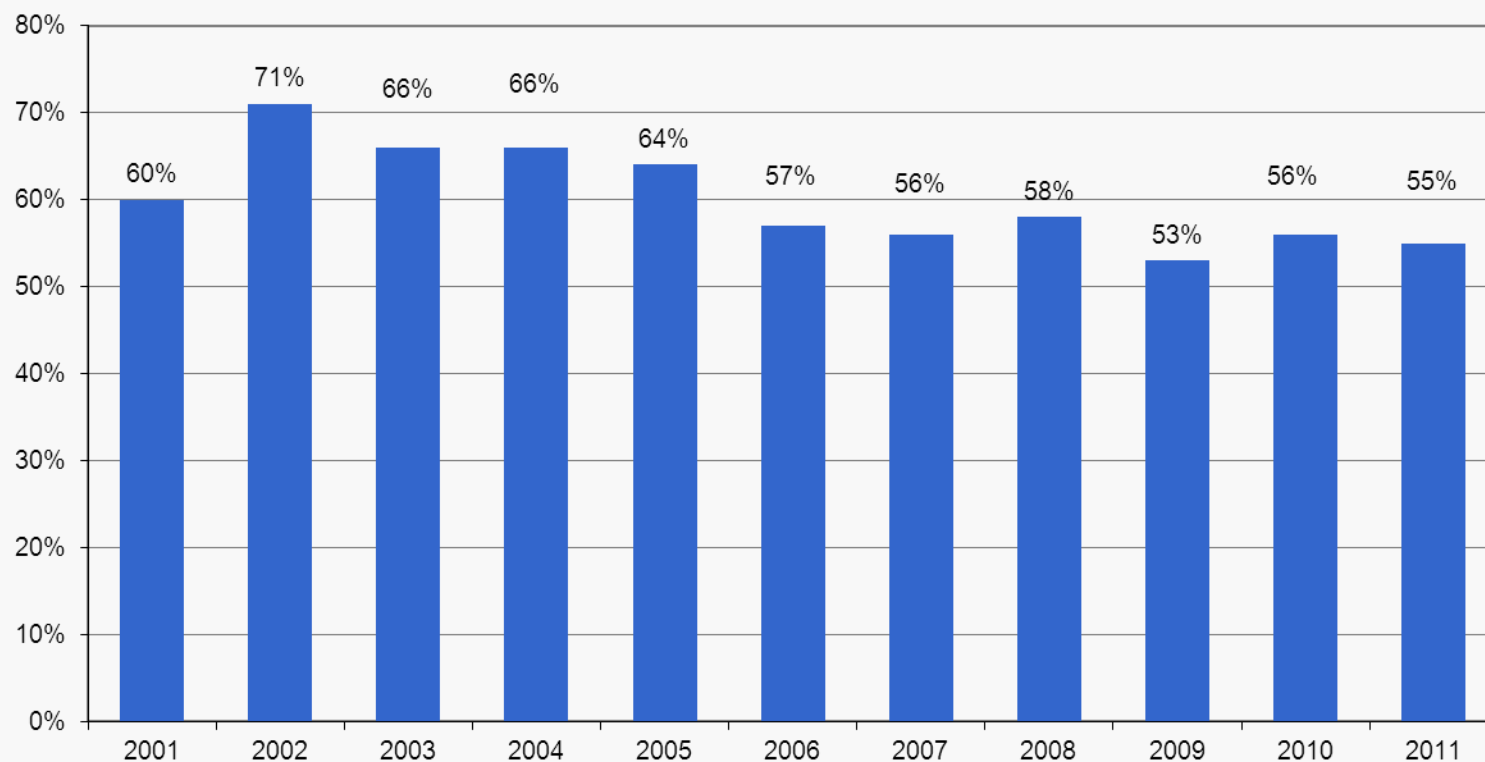


# IPV Identification by Dept Type



# Mental Health Follow-up

Percent of members identified with IPV who received MH visit, KPNC, 2001-2011



# Total Count Alone Is Not Enough

- Need to measure *rates* – how many of those experiencing IPV are we identifying?
- We focus on women age 18-65 because they are at highest risk for IPV



# IPV Identification Rate

## *Among Women age 18-65*

Medical Center	Women Members Ages 18-65	Women Experiencing IPV (Denominator)	Women Diagnosed with IPV (Numerator)	IPV Identification Rate (Percent)
Medical Center A	129,974	5,199	1,164	22.4%
Medical Center B	69,416	2,777	444	16.0%
Medical Center C	32,769	1,311	168	12.8%
<i>Region</i>	<i>1,118,100</i>	<i>44,724</i>	<i>5,606</i>	<i>12.5%</i>
Medical Center D	77,641	3,106	339	10.9%
Medical Center E	158,478	6,339	528	8.3%



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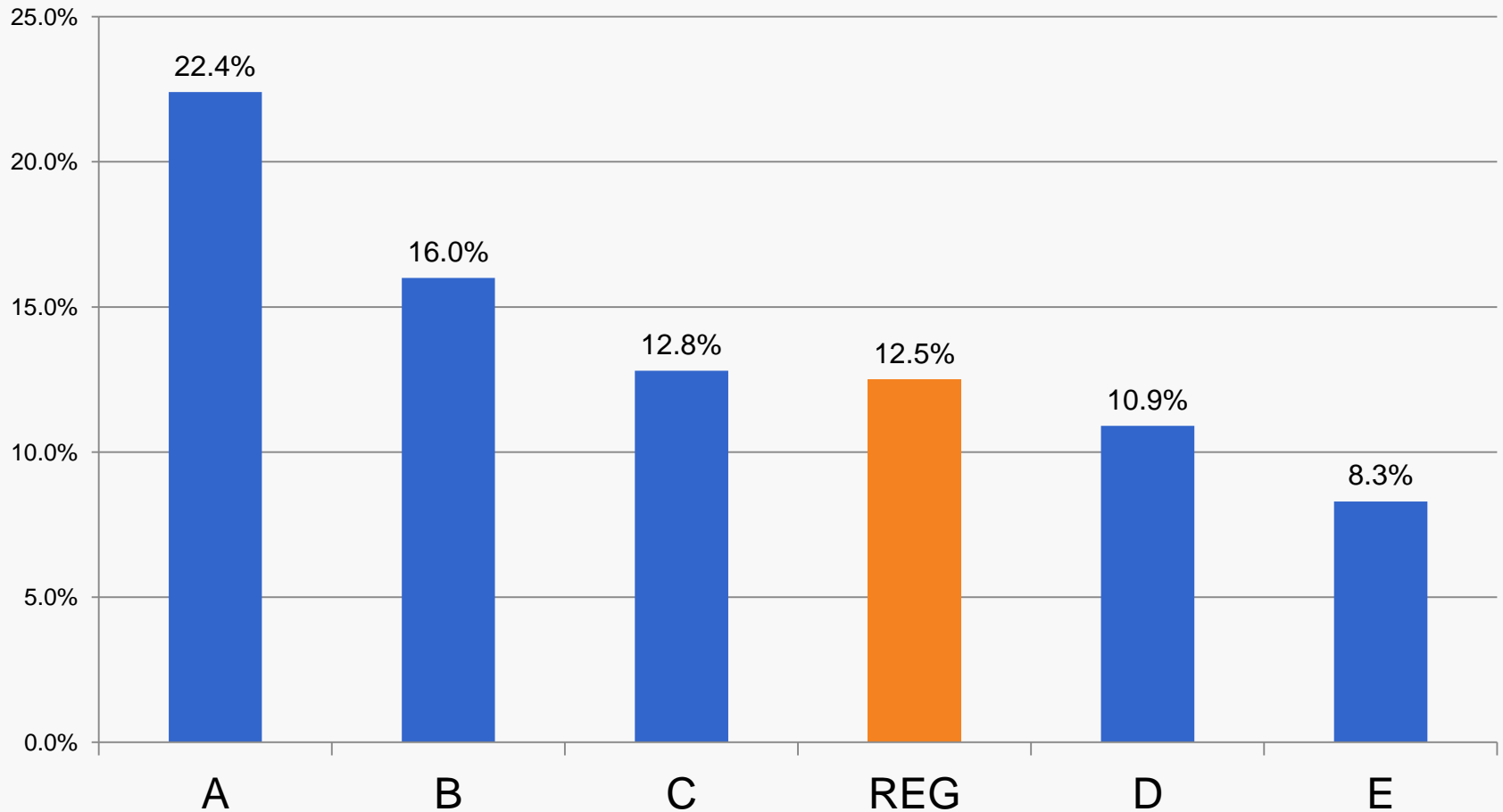
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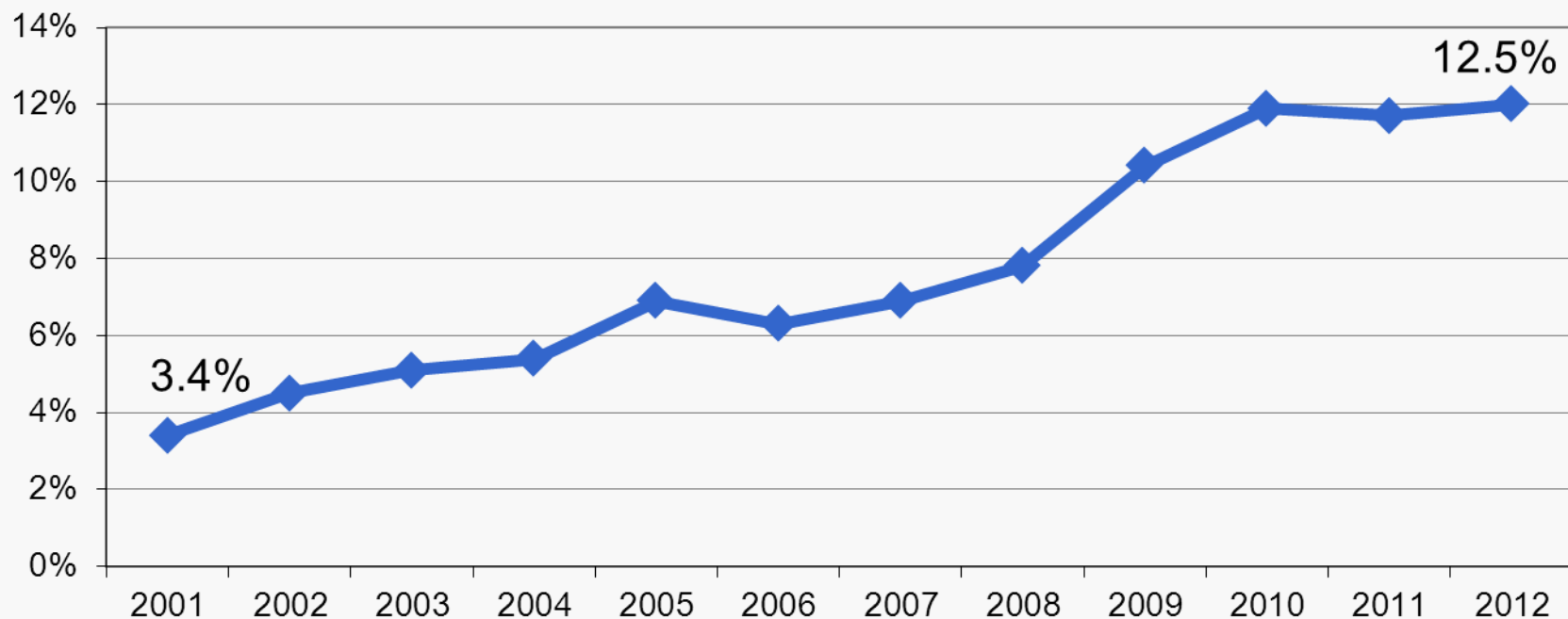
# IPV Identification Rate

## *Among Women age 18-65*



# IPV Identification Rate Trend

IPV Identification Rate, KPNC Women 18-65, 2001-2012



# IPV Identification Rate: *By Department* *Among Women age 18-65*

Department	Women Members Ages 18-65 <i>who visited dept</i>	Women Experiencing IPV (Denominator)	Women Diagnosed with IPV (Numerator)	IPV Identification Rate (Percent)
OB/Gyn Dept A	35,479	1,419	263	18.5%
OB/Gyn Dept B	38,717	1,549	190	12.3%
OB/Gyn Dept C	14,649	586	58	9.9%
<i>Regional OB/Gyn</i>	<i>527,547</i>	<i>21,102</i>	<i>1,543</i>	<i>7.3%</i>
OB/Gyn Dept E	73,587	2,943	143	4.9%
OB/Gyn Dept F	36,544	1,462	51	3.5%



# Women's Health Dashboard: Outpatient Quality Metrics

**Breast Cancer  
Screening**

**Cervical Cancer  
Screening**

**Chlamydia  
Screening**

**Post-Partum  
Visit Rate**

**PreNatal Entry**

**Intimate Partner  
Violence**



# Measurement Matters







# www.kp.org/domesticviolence



## FAMILY VIOLENCE PREVENTION PROGRAM

[Home](#)[Get Help](#)[silentWitness Stories](#)[Our Program](#)[News](#)[Contact Us](#)

### Our Innovative Model

Kaiser Permanente Northern California's unique and effective approach to intimate partner violence prevention.

[About our Program ➡](#)

### If You Need Help Now

Call the National Domestic Violence Hotline

1-800-799-7233

1-800-787-3224 (TTY)

[thehotline.org](http://thehotline.org)

### Live TweetChat Hosted by AHRQ Innovations Exchange



A live TweetChat on Domestic Violence Prevention featuring Dr. Brigid McCaw @brigidmccaw was held on Thursday, September 13th, 2012. View a transcript of the chat.

### Family Violence Prevention: Kaiser Permanente's Innovative Model



Learn more about KP's inspiring, innovative and effective model for addressing family violence. Watch the video on [YouTube](#).

### NEWS

[Domestic Violence in the Workplace 2012 Conference](#)

[Futures Without Violence Launches RESPECT! Challenge](#)

[US Preventive Services Task Force Updates Recommendation on Screening for IPV](#)

[Ending Violence @ Home: A Global App Challenge](#)

[IPV Screening Encouraged in OB/Gyn Clinical Settings](#)

### Our Unique Approach



This video highlights Kaiser Permanente Northern California's unique and effective approach to intimate partner violence prevention.

[Watch the video ➡](#)

# Questions?



Please type your questions in the chat window.



# Thank you!

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Thank you for participating in the webinar! Please take a few minutes to complete our survey ( a new browser window will appear after you log out of the webinar). Your responses will be kept confidential.

