Transforming the Health Care Response to Family Violence: Implementation Steps

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DRAFT SCC DV Symposium Workshop
Goal for the Workshop

- How does a person who wants to make change get started? Keep going? Make a big jump?
- Leave today knowing:
  - Current status
  - What is the problem I want to address?
  - What are my resources?
  - What are the next steps I can take?
Plan for the Workshop

- Who is in the audience?
- Learnings from implementation of system model
- Your goal, resources, plan for next steps
Who is in the room today?

- Name
- Profession
- Organization / department / agency
- Where does your “site” fit?
  A. Haven’t done anything at all
  B. Have efforts underway
  C. Many pieces established, but not connected
  D. Trying to sustain or spread our work
Transforming a health care system’s response to family violence
How to transform a health care system’s response to family violence:

**Bold Goal- Addressing IPV is part of everyday care**

**New Approach: New Thinking**

**Measure Improvement**

**Designing for Spread**
Making the Case: Why is IPV an important health care issue?

IPV is extremely common
The health effects are devastating
The health care costs are substantial
IPV impacts future generations

Health care interventions make a difference
USPSTF Recommendation

Women Should Be Screened for Intimate Partner Violence, U.S. Panel Advises

Asking isn’t enough – doctors must also suggest ongoing sources of help.

By Lisa Esposito, Staff Writer | April 27, 2018, at 9:22 a.m.
Comparison to other Important Life-Threatening Conditions that Affect Women

In the US, each year

- New cases of breast cancer\(^1\) \(211,000\)
- Number of women dying from cardiovascular disease\(^2\) \(484,000\)
- Women who are injured from IPV\(^3\) \(2,000,000\)

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IPV Associated with Many Health Conditions

Common cause of injury in women (18-44 yo)
- Headache, fatigue, insomnia, palpitations
- Chronic pain
- Depression, anxiety
- Obstetric and gynecologic conditions
- Poorly controlled chronic conditions
IPV and Chronic Health Problems

- 60% more likely to have asthma
- 70% more likely to have heart disease
- 80% more likely to have a stroke
- Twice as likely to be a current smoker

Center for Disease Control (CDC) Feb 2008

Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence --- United States, 2005
Most women end violent relationships

- It takes time: on average 3-5 attempts, and about 7 years
  - Most women do not have recurrent abusive relationships
- Identification and intervention in healthcare setting makes a difference.
  - Immediate goal may not necessarily be to leave the relationship.
  - Intervention can include harm reduction, safety planning, improving self esteem.
How to transform a health care system’s response to family violence:

- Bold Goal
- New Approach: New Thinking
- Measure Improvement
- Design for Spread
Supportive Environment
Awareness and Information

**What is it?**

- Information: restrooms, exam rooms, on-line, podcasts, health ed classes
- Posters: “Let us know, we can help”
- Reaching patients everywhere they contact the health care system
- Engaged and informed workforce
There is another way.

Is someone you love...
- Hitting you?
- Hurting you?
- Threatening you?
- Putting you down?

Let us know.
We can help.

Kaiser Permanente.
Learn more at kp.org/domesticviolence or call the National Domestic Violence Hotline at 1-800-799-7233.
Health Resources from Futures

Health Resource Guide: Key Tools

All of our resources are available in English - other languages are available where specified.

Futures Without Violence’s National Health Resource Center (HRC) on Domestic Violence has supported health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care’s response to domestic violence. The HRC 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.

The HRC offers a number of multilingual, low-literacy patient education safety cards that provide information on healthy and unhealthy relationships, their impact on health and list national referrals for support. The evidence-based safety card tool was developed to help clinicians and domestic violence/sexual assault (DV/SA) advocates open conversations about DV/SA and healthy relationships with their clients. They are typically a 4-5 panel double-sided tool that folds into a 2.5 x 3 inch card (business-card sized).

Additionally, Futures Without Violence launched two new websites that are designed to be digital hubs for establishing partnerships between domestic violence agencies and health care settings across the U.S. The first, www.ipvhealth.org, provides background information on the health impact of violence and features tools and resources (some featured below) for establishing a sustainable partnership between domestic violence agencies and health settings. The second, www.ipvhealthpartners.org was developed by and for community health centers partnering with domestic violence programs, and serves as a step-by-step guide on how to collaborate and better meet the health needs of DV/SA survivors.

How to access materials: Materials may be ordered as PDF downloads or hard copies (available for some) through our website: www.futureswithoutviolence.org/health → scroll down to “resources” and click “order materials”. All material downloads are free, while hard copies require a flat $10 shipping fee.

Questions? Contact Graciela Olguin, Health Program Assistant: golguin@futureswithoutviolence.org

GENERAL HEALTH

Is Your Relationship Affecting Your Health?
Available In Spanish, Chinese and Tagalog
The General Health Safety Card was designed for women receiving health care services. The card features safety planning tips and serves as a universal education tool for providers can use to help promote healthy relationships and connect the impact of abuse on health.

Hawaii-specific cards (digital download only)
Available In Chukese, Marshallese, Hawaiian, Tagalog and Chinese
Two-Generation Solutions: Home Visitation

- Tools to meet the federal benchmark on DV screening and safety planning
- Tools to help address ACE’s and child trauma
Break the Silence

Make the call

- One in four women experience domestic violence in their lifetime.
- 15 percent of victims are men.
- Children who witness domestic violence are more likely to grow up to be perpetrators or be victims of domestic violence.
- The health effects are devastating and long lasting:
  - Fatigue
  - Headaches
  - Chronic pain
  - Depression/anxiety
  - Drug/alcohol abuse
  - Injuries

If you are being abused, there is a way out. Speak with your physician or make the call.

National Domestic Violence Hotline
1-800-799-7233
1-800-787-3224 (TTY for the hearing/speech impaired)
The doctor:
- How do I ask about IPV?
- What do I do when the answer is “yes”?
- How can I offer an intervention that is caring, effective, and efficient?

The patient:
- If I disclose, what will happen?
- Will I be able to access the next set of resources I need?
- How will this benefit my health?
Inquiry and Referral
What to do if the answer is “yes”?

Role of the clinician is clear and limited

- ASK
- AFFIRM
- ASSESS
- DOCUMENT
- REFER

“Making the right thing easier to do.”
Inquiry and Referral
Using Technology to Improve Care

- Tools in electronic medical record
- On-line Resources
  - Clinical Workflow
  - Protocols for emergent, urgent, and routine referrals
  - Advocacy resources for multiple counties
- Online clinician training
- Patient stories
Abuse & Assault Site

Find clinical resources for:

- Intimate Partner Violence
- Teen Dating Violence
- Elder/Dependent Adult Abuse
- General Assault
- Child Abuse
- Sexual Assault
- Human Trafficking
- Adverse Childhood Experiences
Intimate Partner Violence

Facility Referral Protocols

Set facility location to:
Richmond

<table>
<thead>
<tr>
<th>Richmond</th>
<th>Protocol for referral to mental health</th>
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<tr>
<td>Richmond</td>
<td>Advocacy information</td>
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Connect patient to KP mental health or social services clinician immediately if patient:

- does not have a safe place to go after visit, or feels in immediate danger
- has significant psychiatric co-morbidities (e.g. suicidal)

(If no mental health or social services clinician is available, provide telephone for patient to call local advocacy agency or National DV Hotline (1-800-799-7233)
Workflow

IPV Screening in Ambulatory Care for Adult Women (without injury)

This carepath is intended for patients receiving care for an assault-related injury which must be reported to law enforcement. See kp.org/violenceprevention for more information.

When to Use: Women > 18 yo receiving a well-woman visit or annual check-up in OB/Gyn or AFM

PRIVATE SETTING? NO

Do not screen if friends or family members are present.

YES

Offer a Framing Statement: “We’ve started talking to all of our patients about safe and healthy relationships because it can have a large impact on your health.”

Ask Screening Questions

• “Within the past year, has your partner hit, choked, or physically hurt you?
  Within the past year, has your partner threatened you or made you feel afraid?”
  OR
• “Within the past year, have you ever felt physically or emotionally hurt or threatened by your partner?”

SCREENING POSITIVE? NO

Offer Supportive Message

“The thanks for telling me about this. It’s a very common problem, and there are resources that can help. I want to be of help to you.”

YES

Assess for Immediate Danger

• “Do you feel you are in immediate danger?” OR “Is it unsafe for you to go home today?”

For additional evaluation, see next page for Brief Danger Assessment and Suicidality Assessment.

EMERGENT NEED? NO

YES

Document Negative Screening Results

Offer Supportive Message and Brochure or Resource Card

“I am glad this isn’t a problem for you. If this ever changes, you can feel free to talk with me about it. This is such a common issue, we’re giving this card to all our patients so you can share the information with friends or family.”
Women who talk to their doctor about abuse are 4x more likely to seek help.

I didn’t have time to screen my patients for domestic violence. Then one of them was killed by her husband. Looking back at my notes, all the signs were there.

If only I had asked.

Ask your patients about violence and abuse. It’s good medicine.

“No, things aren’t good at home.”

Sometimes a question is the best medicine.

Now what?
Check out these resources that can help.

When victims of domestic violence turn to you for help – where can you turn?

kp.org/violenceprevention
Clinician Training Resources

- How to Ask, How to Respond, and How to Use HC Tools
  14-min Online Training (2010)

- Clinician Tipsheet
  “Communicating with Patients: Intimate Partner Violence” (2012)

- A Provider’s Handbook on Culturally Competent Care
  Chapter: “Intimate Partner Violence” (2009)

- Making a Difference
  6 min video (2013)

- Clinician Pocket Card
  (2015)

- Abuse and Assault Website
  Family Violence Prevention Program Intranet Site
  (2005-2018)
Providing Leadership Training and Education in Health

National Health Resource Center on Domestic Violence

Provides free technical assistance and tools including:

- Clinical guidelines
- Documentation tools
- Posters
- Pregnancy wheels
- Safety cards
- State reporting laws
- Training curricula

http://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence
Research Literature – Exponential Growth

Excellent resource for the latest research on interpersonal violence

send email to Harise@Stanford.edu to receive monthly summaries
Inquiry and Referral
Must address patient concerns

The doctor:
- How do I ask about IPV?
- What do I do when the answer is “yes”?
- How can I offer an intervention that is caring, effective, and efficient?

The patient:
- Is what I am experiencing really abuse?
- If I disclose, what will happen?
- Will I receive resources I need?
- How will this benefit my health and my family?
Private Rooming allows for private discussions of sensitive issues, including relationship violence.
Making Private Rooming a consistent practice
Ideas from one successful dept

- Refer to “Your Privacy Matters” poster

- Keep a consistent, clear message
  - “it’s our policy”
  - “we do this every time”
  - “we’ll come get you as soon as your doctor (or NP) is ready”

- Focus on “privacy and confidentiality” (No need to mention IPV screening)

- Enlist help from your manager if partner continues to have concerns
Private Rooming & Laminated Screening Tool

Understanding Abusive Relationships

Abusive relationships are characterized by one partner try to control their partner. These behaviors and tactics that are common in abusive relationships include:

1. Threats
   - Makes me feel afraid or unsafe with actions, gestures, looks, throws things; Breaks things;
   - Damages property;
   - Abuses my pets;
   - Displays weapons.

2. Using Emotional Abuse
   - Makes me feel bad about myself: Calls me names;
   - Makes me think I am crazy, misinterpreting or over-reacting;
   - Plays mind games;
   - Humiliates me;
   - Makes me feel guilty or ashamed.

3. Power and Control
   - Controls what I do, who I see, what I read, where I go and who I talk to;
   - Limits my volunteer, religious or outside activities;
   - Monitors my behavior and communication;
   - Uses jealousy to justify actions.

4. Minimizing, Denying & Blaming
   - Makes light of the abuse;
   - Doesn't take my concerns seriously;
   - Denies abuse ever happened; Shifts blame for the abuse to me by saying I caused it.

Your health is our priority

About 1 in 4 women experience domestic violence at some point in their lives. This can affect your physical and emotional health. Please take a few minutes to answer these questions:

1. Are you currently in a relationship where your partner hits, slaps, kicks, chokes, or hurts you?
   - Yes
   - No
   - Prefer not to answer
   - Already discussed with my clinician

2. Are you currently in a relationship where you feel threatened or frightened by your partner?
   - Yes
   - No
   - Prefer not to answer
   - Already discussed with my clinician

3. Have you ever had a partner who physically hurt, frightened or threatened you?
   - Yes
   - No
   - Prefer not to answer
   - Already discussed with my clinician

4. Have you ever had or do you currently have a partner that causes you emotional stress or has emotionally abused you in any way?
   - Yes
   - No
   - Prefer not to answer
   - Already discussed with my clinician

National Domestic Violence Hotline
Help is available in over 170 languages
Call 1-800-799-SAFE (7233)
Chat: thehotline.org
These hotlines can connect you to local resources and provide support. They are ANONYMOUS and CONFIDENTIAL. Available 24/7.

National Dating Violence Helpline
For teens & young adults. English & Spanish available.
Call 1-866-331-9474
Text: loveisrespect.org

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On-site IPV Response
Social Services & Mental Health

- Triage for other mental health conditions
- Danger assessment
- Safety plan
- Support groups
- Referral to community resources
On-site IPV Response
Options for HOW to do this

Customize using local resources

- Local DV agency provides
  - on-site advocate
  - on-call response to hospital or clinic
- In house DV-trained staff collaborate w/ DV agency
- Private place to access help via phone or on-line
Community Linkages

What are they?

- DV advocacy
  - 24-hour crisis response, safety planning
  - Emergency shelter; transitional housing
  - Other services: counseling, legal services, court advocacy
- National DV Hotline, Online Chat, Love is Respect Mobile Texting
- Family Justice Centers
Futures Without Violence IPV Virtual Toolkit

Health centers are key to violence prevention

1. Build partnerships between health centers and local DV/SA programs.
2. Prepare your practice by implementing a new or updated DV/SA policy to identify and respond to survivors in partnership with community-based DV/SA programs, and promote prevention.
3. Adopt the evidence-based intervention to educate all patients about the connection between IPV and their health and engage them in strategies to promote wellness and safety.
4. Train providers and all staff on the impact of DV/SA on health outcomes, and how to assess and respond in collaboration with community-based DV/SA programs.
5. Evaluate and sustain your progress as part of continuous quality improvement.

IPVHealthPartners.org
DV Interventions that use new technology ... 

- Interactive Decision Aid for Survivors

- Responding to intimate partner violence: Healthcare providers' current practices and views on integrating a safety decision aid into primary care settings. Research in Nursing and Health (2018).

How to transform a health care system’s response to family violence:

**Bold Goal**

**New Approach: New Thinking**

**Measure Improvement**

**Design for Spread**
Qualitative Measures

Each medical center has:

- Physician champion for IPV
- Multi-disciplinary team to implement the model
- Referral Protocol
  - What to do when the answer is “yes”
Delphi Instrument
Domains of Program Activities

- Policies and procedures
- Physical environment
- Cultural environment
- Training of Providers
- Screening and safety assessment
- Documentation
- Intervention Services
- Evaluation Activities
- Collaboration

KP Quality Improvement (QI) Measures

- Uses automated database
- Makes sense clinically
- Actionable
- Linked with national standard

*National Committee for Quality Assurance (NCQA): “QI 11 – Demonstration of a health program showing continuity and coordination between medical and behavioral health care.”*
Quantitative Measures

- **Total IPV Identification**
  - How many of our members received an IPV Dx?

- **IPV Identification Rate**
  - What percent of our members who are experiencing IPV are we identifying?

- **Mental Health Follow-Up**
  - What percent of members who are identified with IPV receive MH follow-up?

- **Provider Analysis**
  - What percent of clinicians make at least one IPV Dx in a quarter?
KP Northern California: IPV Identification Increasing

Numerator: Women 18-65 with IPV Dx
Denominator: Current Prevalence Estimate (4% of KPNC Women Members 18-65)

Source: Quality and Operations Support  *2018 estimate based on data from July 1, 2017 through June 30, 2018
Matching the Performance of the Best

Intimate Partner Violence Identification Rate by Medical Center (KPNC Women Age 18-65)
Matching the Performance of the Best

IPV Identification Rate by Medical Center

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A little healthy competition…

“If one of us does well, we all benefit.”
### Women’s Health Dashboard

**Outpatient Quality Metrics**

<table>
<thead>
<tr>
<th>Metric</th>
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<tbody>
<tr>
<td>Breast Cancer Screening</td>
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<tr>
<td>Cervical Cancer Screening</td>
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<tr>
<td>Chlamydia Screening</td>
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<tr>
<td>Post-Partum Visit Rate</td>
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<tr>
<td>PreNatal Entry</td>
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<tr>
<td>Intimate Partner Violence</td>
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</table>
2020 Goals for ED IPV Work

- All EDs have workflows for meaningful IPV screening, assessment and referral

- Regional IPV identification rate will double

- Most ED MD’s will make an IPV dx (each quarter)
How to transform a health care system’s response to family violence:

- **Bold Goal**
- **New Approach: New Thinking**
- **Measure Improvement**
- **Design for Spread**
Phases of Implementation for Intimate Partner Violence Prevention

**Leadership and Oversight**

- **Phase 1**
  - Identify Physician/NP Champion
  - Create multidisciplinary implementation team
  - Develop protocol for referral to mental health services for crisis and non-crisis IPV+ patients

- **Phase 2**
  - Identify priorities and set timelines for the implementation team

- **Phase 3**
  - Oversee implementation and training plan
  - Use NCOA quality reports to guide implementation

- **Phase 4**
  - Develop plan for long-term sustainability

**Inquiry and Referral**

- **Phase 2**
  - Promote Abuse and Assault Intranet site to assist clinicians with evaluation, documentation, reporting and referral

- **Phase 3**
  - Provide training on IPV inquiry, referral and online tools (HealthConnect, Intranet site) to key departments (Med, OB/Gyn, ED, Pedi)
  - Integrate IPV quality improvement measures into dept goals (Med, OB/Gyn, ED)

- **Phase 4**
  - Provide training on inquiry, referral and online tools to other depts including Specialty Care, In-patient, PT, Occ Health, Chronic Care Managers, Health Ed instructors
  - Support routine inquiry (tools for members, rooming alone, etc)
  - Provide feedback on facility, dept and clinician performance on quality measures

**On-site DV Services**

- **Phase 2**
  - Identify mental health/CD liaison to participate on implementation team
  - Promote Abuse & Assault Intranet site to assist clinicians with evaluation, documentation, treatment planning and referral to community resources

- **Phase 3**
  - Establish processes for mental health referral, including e-consult
  - Provide ongoing training of clinicians on the overlap of IPV with other mental health issues

- **Phase 4**
  - Develop process for improving mental health follow-up of patients with identified IPV
  - Promote coordination b/t departments & clinicians providing MH services
  - Promote feedback to PCP or referring clinician
  - Offer on-site IPV or trauma support groups

**Supportive Environment**

- **Phase 2**
  - Identify Health Education liaison to participate on the implementation team, and to provide oversight for the environmental setup

- **Phase 3**
  - Place appropriate materials in exam rooms, waiting areas, and restrooms
  - Establish system for restocking materials in exam rooms, waiting areas and restrooms
  - Promote online resources to members (kp.org MDO, Health Encyclopedia, Clinical Library, online tip sheets, kp.org/domesticviolence)
  - Promote resources for employees experiencing IPV (EAP, brochure, manager training, silentWitness display)

- **Phase 4**
  - Develop outreach and publicity plan (such as articles in Member News, employee newsletter etc.)
  - Incorporate IPV awareness into workplace activities (New employee/physician orientation, LMP, Workplace Safety, Employee Wellness)

**Community Linkages**

- **Phase 2**
  - Identify local community advocacy organization and invite a representative to implementation team meetings

- **Phase 3**
  - Identify KP External Affairs and Community Benefit liaison to participate on implementation team
  - Understand local community resources available, including: hotlines, emergency response teams, support groups and counseling
  - Identify other community resources such as law enforcement, judiciary/courts, Child Welfare Services and Adult Protective Services

- **Phase 4**
  - Actively engage in collaborative activities with community advocacy agencies

KPNC Family Violence Prevention Program - Revised April 1, 2013
Step-wise Implementation

Step 1
- Form a local multi-disciplinary team with clinician champion
- Develop protocol for urgent & non-urgent situations
- Identify community resources and develop partnerships

Step 2
- Visible patient education materials
- Ensure that on-site services are in place
- Choose quality measures and annual goals

Stakeholder communication and engagement
Step-wise Implementation

Step 3
- Clinician training - brief, frequent. Include tools and stories.
- Trend progress over time
- DV resources for employees

Step 4
- Leadership training for champion and teams
- Link to other initiatives - EMR, chronic conditions
- Sustain partnerships with community advocacy
- Highlight ‘promising practices’

Stakeholder communication and engagement
Implementation – how it’s done

Each medical center has a Physician Champion and multi-disciplinary committee that:

- meets regularly
- implements the “Systems-model” in phases
- reviews quality measures and develops annual goals
Implementation – how it’s done

All medical center committees meet with each other annually for:

- leadership development
- sharing best practices
- updates on research
- review of quality metrics
- developing goals and strategy
Disseminating Innovations in Health Care

Donald M. Berwick, MD, MPP

Health care is rich in evidence-based innovations, yet even when such innovations are implemented successfully in one location, they often disseminate slowly—if at all. Diffusion of innovations is a major challenge in all industries including health care. This article examines the theory and research on the dissemination of innovations and suggests applications of that theory to health care. It explores in detail 3 clusters of influence on the rate of diffusion of innovations within an organization: the perceptions of the innovation, the characteristics of the individuals who may adopt the change, and contextual and managerial factors within the organization. This theory makes plausible at least 7 recommendations for health care executives who want to accelerate the rate of diffusion of innovations within their organizations: find sound innovations, find and support “innovators,” invest in “early adopters,” make early adopter activity observable, trust and enable reinvention, create slack for change, and lead by example.

Why is the gap between knowledge and practice so large? Why do clinical care systems not incorporate the findings of clinical science or copy “best knowledge. Diffusion of innovation is, after all, a challenge in many human enterprises. The history of the treatment of scurvy shows how variable diffusion..."
Critical Moves

Private Rooming

Laminated screening tool (with Power and Control Wheel)

Domestic Violence Diagnoses:
- Adult abuse (physical, emotional, or sexual)
- Spouse or partner violence (physical or sexual)
- Spouse or partner abuse (emotional)
- Hx of spouse or partner violence (physical or sexual)
- Hx of spouse or partner abuse (emotional)
- Adolescent relationship abuse (physical, emotional)
- Counseling for victim of spouse or partner violence

These diagnoses do not appear on AVS or kp.org
More info at kp.org/violenceprevention

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Diffusion of Innovation

Innovators
Early Adopters
Early Majority
Late Majority
Laggards

Degree of Community Adoption
Plan-Do-Study-Act Cycle of Improvement

Set Objective
Make Predictions
Determine Data needed
Who, what, when, where

Implement plan
Problems/observations
Analyze data

Complete data analysis
Compare results to predictions
Summarize learnings

What changes should be implemented before the next test

Act
Plan
Study
Do
Communication: It’s a Continuous Process

Really? 8 Times? Really???

If you read my email…
As I said in the dept meeting…
When we discussed the clinical case…
If you saw the memo last week…
Posted this on the bulletin board…
On the handout at the last training…
Was presented in the recent Grand Rounds …
When we discussed this in our huddle…

Look for Teaching Moments

- Gaps in care
- When things go very well
- Info that keeps it on the radar
In the past six months in our region, there have been seven incidences of domestic violence resulting in 13 fatalities. Eight of those killed were children. This ever increasing statistic included the three children killed by their father on September 14. Their mother witnessed their murders. These deaths come only three days after the murder of a woman, by a person police define as a companion, on September 11 at an area motel. 

On September 1, a woman and her daughter were murdered in their home by her boyfriend when she ended the relationship and demanded he leave. On the same day, another woman and her two children were attacked with a hammer by her ex-boyfriend. Her son later died from the injuries. 

On May 17, a mother of twin sons was found shot to death in her garage. The assailant was her ex-boyfriend who had stalked and terrorized her after she ended the relationship. He was due to be sentenced the next day. She was murdered with a gun he had stolen from her. 

On March 27, a young mother was shot to death in front of her son by her abusive ex-boyfriend. On March 23, a mother, her two children and her niece were brutally murdered in their South Land Park home. The couple were separated and the woman was pursuing divorce. 

With every murder of a woman or child at the hands of an abuser, we hear similar questions emerge with frightening predictability. "What should she have done differently?" "If she knew he was violent, why didn't she leave?" "What can women in violent relationships due to avoid situations like this?"

As a community, we will not stop - or even slow - domestic violence homicides by asking questions of dead women and children. The reality is that many of them had taken steps. They planned for their safety. They sought restraining orders. They moved repeatedly. They did everything they could to protect themselves and their children. 

As a community, we must not tolerate domestic violence. We must recognize that early violent actions should be taken seriously by law enforcement and the courts. We must take action to keep guns out of the hands of abusers. Ultimately, we must find a better community response to preventing this violence by addressing the root causes of violence in our homes and streets, by helping the people who do harm before they become violent and things escalate, and by teaching our children about what a healthy relationship looks and feels like.

It’s challenging and complicated work. There are no easy solutions. But I believe we are up to it. At WEAVE, we will continue to do our part in leading our community in this effort. And we will be here 24 hours a day, 7 days a week as we have been for the past 39 years. We will support victims of domestic violence with safety planning, safe and confidential shelter, legal assistance, and counseling.

We cannot do this alone.

If you are worried about a friend, co-worker, or family member who may be experiencing domestic violence, encourage them to seek help. More information can be found at www.weaveinc.org. Our 24/7 Support Line Advocates can also provide support and information - 916.920.2952.

Please make sure we are Rooming Alone when possible and giving every person the Domestic violence screening questionnaire to complete and hand to the physician when they enter the room. MA script: “Dr./NP_____ wants to make sure you are safe at home. Please complete this questionnaire and provide to him/her when he/she enters the room.” Physicians, please remember to discuss with the patient and code in KPHC.
Communication with Sponsors

- Develop fluency in different languages
  - Be able to ‘speak’ quality, patient satisfaction, safety
  - Align with other initiatives: wellness, disparities, social determinants, clinician burnout

- Put data with stories

- Help them get invested in your success
Strategic Planning
Work Time
Reflection (5 min)

- Re-assess your category
  - A. Haven’t done anything at all
  - B. Have efforts underway
  - C. Many pieces established, but not connected
  - D. Trying to sustain or spread our work

- What challenge do you want to address?

- What are your resources?

- Review the challenge from at least 2 perspectives
Planning tools can help

<table>
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<tr>
<th>Activity</th>
<th>Who is responsible?</th>
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Use worksheet to develop a plan

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Selling Your Idea

How will succeeding at your challenge support the larger county goal of improving the SCC response to family violence?
Wrap up

- Tips and Pearls from others
- Q & A
- Comments
Contact Information

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Medical Director, Family Violence Prevention Program
Kaiser Permanente

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Brigid.McCaw@kp.org
Making Conversations about Healthy Relationships Simple

Hanging out or Hooking up?

How Is It Going?
Does the person you're seeing like a boy/ girl/ friend/ or a girlfriend?
- Test you well?
- Respect you (including what you feel comfortable doing sexually)?
- Give you space to hang out with your friends?
- Let you wear what you want to wear? If you answered YES, it sounds like they care about you.

Everybody Texts
Getting a lot of texts can feel good — “Wow, she person really likes me.”
But what happens when the texts are making you uncomfortable, or they know:
- They're being too much?
- Hanging out what you say can be hard, especially if you like the person.

What about Sex?
Can you talk to the person you're seeing about:
- How far you want to go sexually?
- What you don't want to do?

And on a Bad Day?
Have you ever asked the person you're seeing:
- Where you are, or make you feel stupid?
- Pressure you to go to the next step when you're not ready?
- Control what you do, or make you afraid?
- Grab your arm, yell at you, or push you when they are angry or frustrated?

Nobody deserves to be treated this way, if these things ever happen in your relationship, tell someone about it. Go to: loveisnotabuse.org

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Reproductive Coercion & Adolescent Relationship Abuse
Connected Parents, Connected Kids
Positive Parenting, Hx of ACEs & Effects on Parenting, Child Abuse Prevention

Relationships, Support, and Wellness
Hx of ACEs or other Traumatic Experience, Abusive Relationships, Mental Health & Chemical Dependence, Resilience & Healing
Adolescent Health

Evidence based programs to prevent ARA in adolescent health settings

Tools and resources for providers and youth to promote prevention and interventions
Implementation of IPV Services Underway in Every KP Region

- Northwest
- Northern California
- Colorado
- Southern California
- Mid-Atlantic
- Georgia
- Hawaii
Kaiser Permanente

- Largest non-profit health plan in the US
- Fully implemented electronic medical record

- 18,000 physicians & 9 Million members
- 8 states, 37 hospitals & 618 medical offices

- One of the largest health research programs
Improvement in Member Satisfaction

“How are things at home?”

Percent of members rating satisfaction with physician as very good or excellent (Member Patient Satisfaction Survey)
Inquiry and Referral

Leadership and Oversight

Supportive Environment

On-site Services

Referral Protocols

Clinician training modules

Electronic Medical Record Tools

Member and employee IPV education materials

Builds on existing resources in behavioral health, social services, mental health

Ongoing work to establish and promote community resources

Ongoing work to establish and promote community resources
Implementation tips-

- Engage leadership, constant communication
- Think about how to “spread and sustain”
- Make use of Pilots
- Obtain “client input”
- Local teams

B: finish this slide
Reproductive Coercion & Adolescent Relationship Abuse
Rapidly Spreading What Works…

...and Sustaining It

- Infrastructure and sponsorship at each medical center
- Step-wise implementation
- Tools for implementation teams
  - Champion and Team roles
  - Templates for referral pathway
  - Clinician and patient education
- Regular communication with teams
- Quality improvement measures
Ending family violence requires strong partnerships…

Religious Leaders
Advocates
Employers
Police
Friends
Policy Makers
Judges & Legal Professionals
Educators

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Technology Can Improve Care and Facilitate “Scaling up”

Clinicians

Tools in electronic medical record
Intranet resource sites
Training, quality improvement

DV Implementation Teams

Tools, materials, resources

Patients

Online information, resources
Advice and Appointment Call Center
ACEs in Practice: New Pocket Cards

Connected Parents, Connected Kids
Positive Parenting, Hx of ACEs & Effects on Parenting, Child Abuse Prevention

Relationships, Support and Wellness
Hx of ACEs or other Traumatic Experience, Abusive Relationships, Mental Health & Chemical Dependence, Resilience & Healing