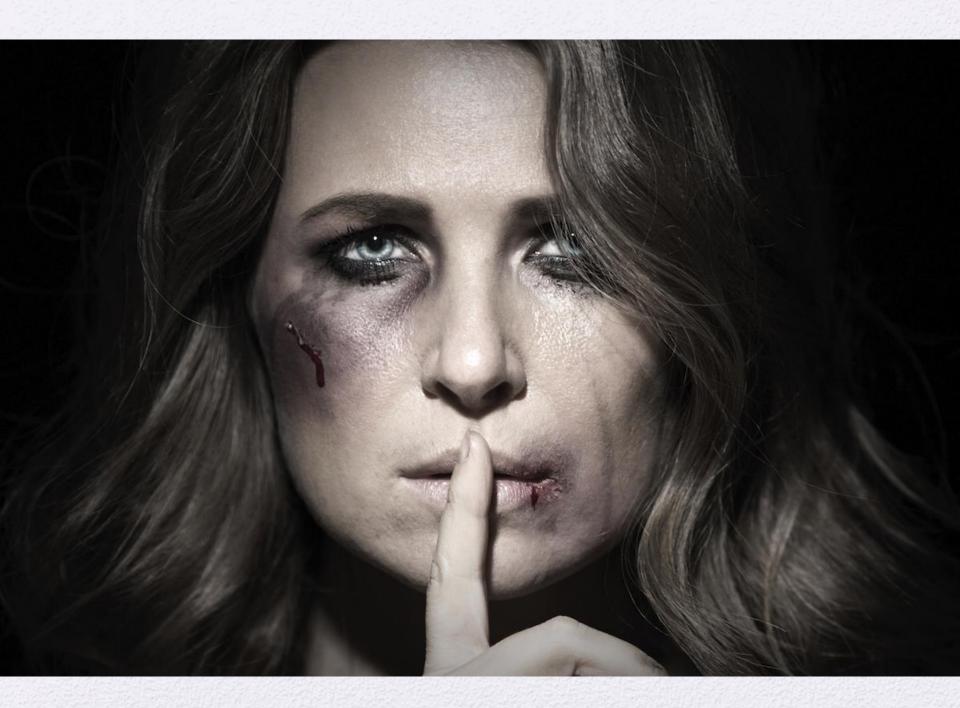
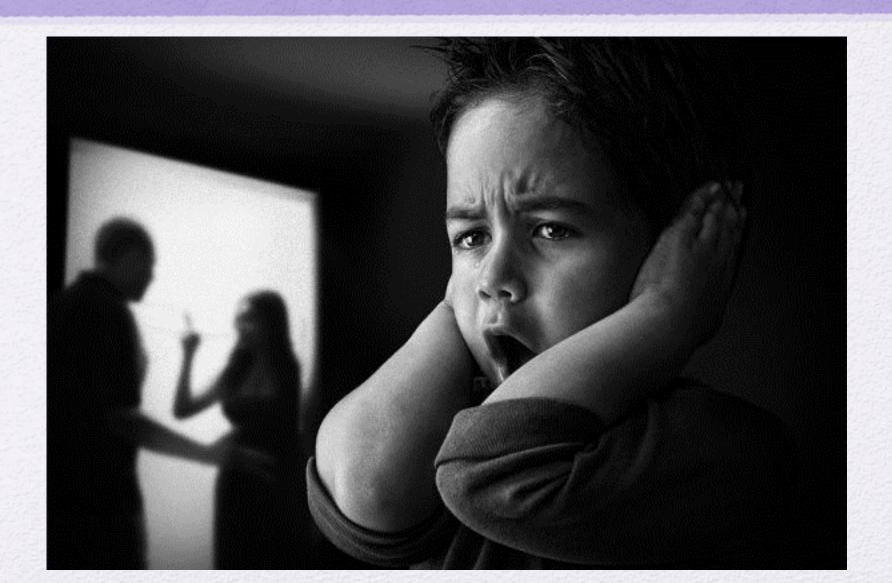
Domestic Violence Routine Screening -Everybody's business

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The Hidden Victims



Blind Spot

- DVRS occurs in all public antenatal, early childhood, mental health, alcohol and other drug services
- Countless missed opportunities for early identification and intervention



Project team

- Paediatrics
- Consumer
- Child protection
- Social work
- Aboriginal health

- Mental health
- Safer pathways
- District clinical quality manager



AIM Statement

 By Dec 2017, 100% of eligible female parents/carers will be screened for DV on the Children's Ward at RPA Hospital



Why HITH?

- Brief, targeted interventions
- Established process
- Exclusion criteria
 - Unsafe home environment
 - Child protection issues
- Hospital in the family
- Why not?



DVRS in Paediatrics

The Problem:

Routine DVRS screening does not occur on the Children's Ward (CW) at RPA Hospital.

By Dec 2017, 100% of eligible female parents/carers will be screened for DV on the CW at RPA Hospital

Outcome Measure:

 100% of female parents/carers screened by Dec 2017

Team Members:

- Project Sponsor/s Dr Robert Ogle (Clinical Director, WHNP) and Jan White (Clinical Manager, WHNP) Team Leader - Dr John Cass-
 - Verco (AHOD Paediatrics RPAH) QI Advisor - Ben Short (Clinical Quality Manager SLHD)
- Linda Cairnes (Consumer)
- Dr Philip Coote (Paediatrician
- RPAH) Jonathan Danao (NUM
- Paediatrics RPAH) Melanie Talty (CNE Paeds RPAH)
- Deirbhile Crean (RN, Paediatrics)
- Daniela Francavilla (Child
- Protection Educator, SLHD)
- Simone Charlesworth (SWTL, RPAH)
- Fiona Rees (Safer Pathways Senior Clinician, SLHD)
- Toni Smith (Principal Female Aboriginal Health Worker, Family Violence/Women's Health, SLHD)
- Simon Tully (Senior SW, Mental Health, SLHD)
- Sue-Ellen Hills (Solicitor, Health Justice Partnership SLHD)

Improve Process

Primary Drivers

Process Measure:

- · How much: DVRS policy
- submitted for approval By when: Nov 2017

Manage Risk

Enhance Resources

Balancing Measure:

- How much: Number of extra bed days due to disclosures of DV
- By when: Dec 2017

Balancing Measure:

- · How much: Number of SW reviews for disclosures of DV
- By when: Dec 2017

Improve Culture

- Process Measure:
- How much: 100% of nursing staff trained in DVRS
- By when: June 2017

Start Education

Process Measure:

- · How much: Monthly DV education sessions commenced
- By when: July 2017

Identify a screening tool

Secondary Drivers

Identify who, where and when to screen

Develop documentation and communication process

Adapt escalation plan if disclosure

Ensure the process does not place staff and other patients at risk

Reduce risk to victim of DV Reduce personal impact on

staff

Enable staff to screen

Provide place to screen

Improve access to social work support

Improve staff recognition of DVRS as core business

Reduce stigma of DV amongst staff

Increase staff confidence to administer DVRS

Improve staff awareness/understanding of D۷

Train staff to administer DVRS tool

Improve staff knowledge of ava i lable resources

Change Ideas **Priority Change Ideas**

Review validated screening Impact: High tools and select one for use Implementation: Easy

Integrate DVRS into ward Impact: High orientation Implementation: Hard

Develop a stakeholder map Impact: Low Implementation: Easy

Develop auditing tool to check Impact: Low DVRS compliance Implementation: Hard

Impact: Low Implement a risk register Implementation: Easy

Impact: High Utilise discrete written Implementation: Easy resources

Develop best method of Impact: Low documentation Implementation: Easy

Impact: High Schedule regular staff debriefs Implementation: Easy



Allocate a safe, private place Impact: High Implementation: Easy to screen

Impact: High Develop social work response Implementation: Easy strategy

Impact: High Run a nursing claims and Implementation: Easy

concerns session Impact: Low Integrate DVRS update into

Implementation: Easy

Implementation: Easy

Address staff concerns with Impact: High feedback system Implementation: Easy

monthly meetings

orientation

Incorporate training into staff Impact: High

Train a super-trainer for Impact: High

Children's ward Implementation: Easy

Schedule regular In-services Impact: High

Implementation: Easy and role plays

Impact: High Source/develop a list of useful Implementation: Easy resources



Change ideas

- 1. Educate
- 2. Screen
 - Strong evidence that screening by a skilled health worker directly asking Qs increases identification
- 3. Respond

Educate

- Health-care workers beliefs and attitudes about DV, preparedness and comfort following disclosure critical to sustaining screening (Todahl and Walters, 2011)
- Regular updates
- De-briefing



Screen

- NSW Health endorsed screen
- Health workers support tools that are short and simple to use (Spangaro et al., 2011)



Screening for Domestic Violence

Explain:

In this Health Service we ask all women the same questions about violence at home.

This is because violence in the home is very common and can be serious and we want to improve our response to women experiencing domestic violence

Domestic violence can take many forms including physical, sexual, psychological, emotional, verbal and social abuse, and harassment or stalking. Some women experience one or more of these types of abuse from their partner or ex-partner.

You don't have to answer the questions if you don't wish to

This information will remain confidential to the Health Service except where you give us information that indicates that you or your children are at risk of serious harm

Ask:

Q1. Within the last year have you been hit, slapped or

butt in other ways by your partner or ex-partner? Q2. Are you frightened of your partner or ex-partner?

If the women answers NO to both questions, give the information card (Z card) to her and state here is some information that we are giving to all women about domestic violence

If the women answers YES to either or both of the above questions, ask all of the following questions:

Q7. Are you concern about the children's safety?

Q3. Are you safe to go home? Q4. Would you like some assistance with this?

Q5. Has your child/children been hurt or witnessed violence?

No Yes No

Q6. Who are the children with now?_

Yes No

Health Workers must make a report to FACS when they have reasonable ground to suspect a child is at risk of harm.

Mother's Details

Full name:

DOB:

Address:

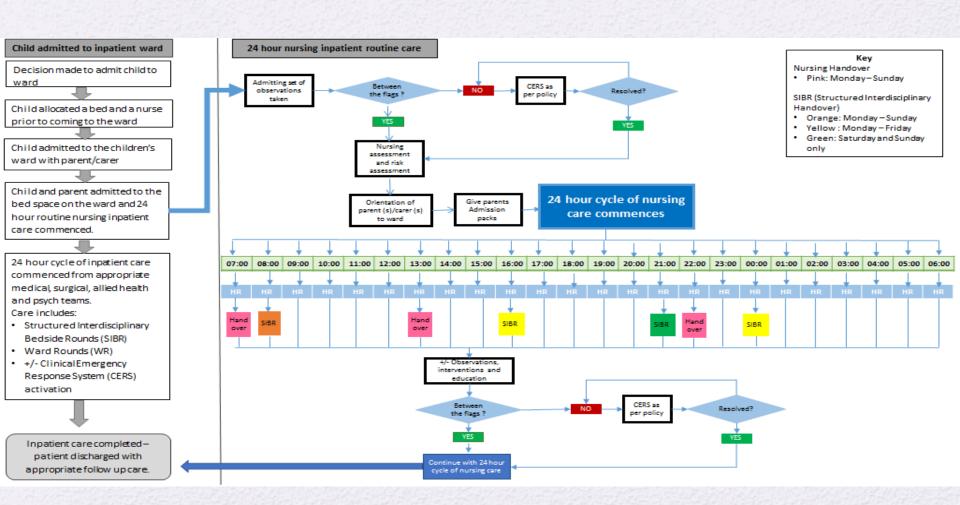
Do you identify yourself as an Aboriginal or Torres Strait Islander? YES NO BOTH Would you like to be seen by our Aboriginal Liaison Officer? YES NO Do you speak any other language other than English at home? YES NO

If so what language:

Would you like to use our Interpreter Services? YES NO



Process Map



Respond

- Immediate support
- Written information (Z cards)
- Social work response pathway
 - Rapid response to referrals after disclosure pivotal in women's progress to safety and important to women screened (Malpass et al, 2014)

Respond

- Health Justice Partnership
- Aim
 - Provide legal assistance
 - Address social determinants

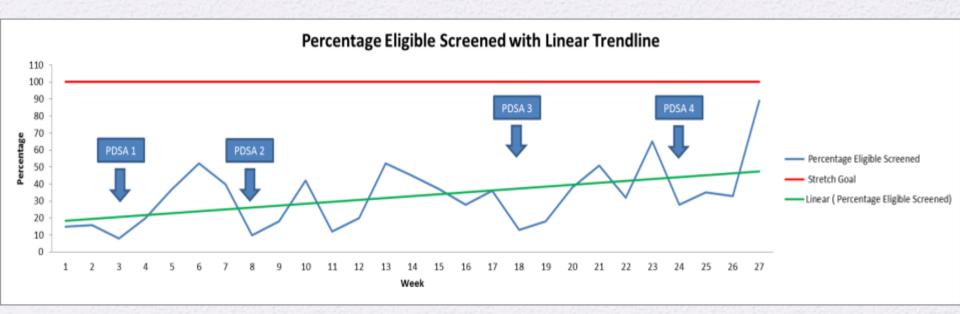


Results

- Total screens completed 353
 - 18 disclosures
 - Disclosure rate 5%
- Intervention
 - Social work reviews 6
 - Legal referrals 2



Results





Step 1: Engage

- Social work +/- Legal
 - Response pathway
- Child protection/DV services
 - Education
- Staff
 - Shared vision
- Sponsor(s)



Step 2: Enable

- EMR
 - Scheduling
 - Screen
- Education
 - Pre-commencement
- Opportunity to screen
 - Process map



Step 3: Embed

- Screening process
- Ongoing education program
- De-briefing
- Standing agenda item
- Feedback and encouragement





Questions?



Thank you