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BACKGROUND

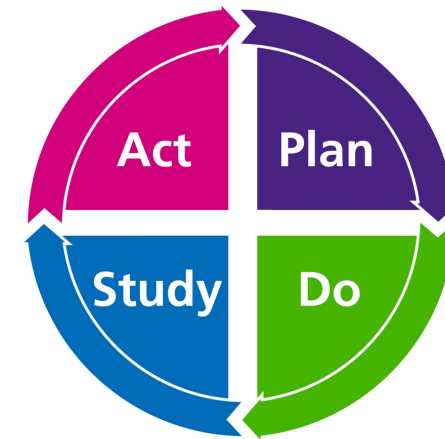
Over one in three women in the United States have experienced rape, physical violence or stalking by an intimate partner.¹ Further, homicide, a consequence of IPV, is the leading cause of death during pregnancy in the United States.² The American College of Obstetricians and Gynecologists (ACOG) recommends routine IPV screening,³ but the implementation rate of such screening remains low.⁴

SMART AIM

We will increase the compliance with IPV screening in women seen at UC's Center for Women's Health for a new obstetric or annual visit from 26% to 80% by 08/01/2022.

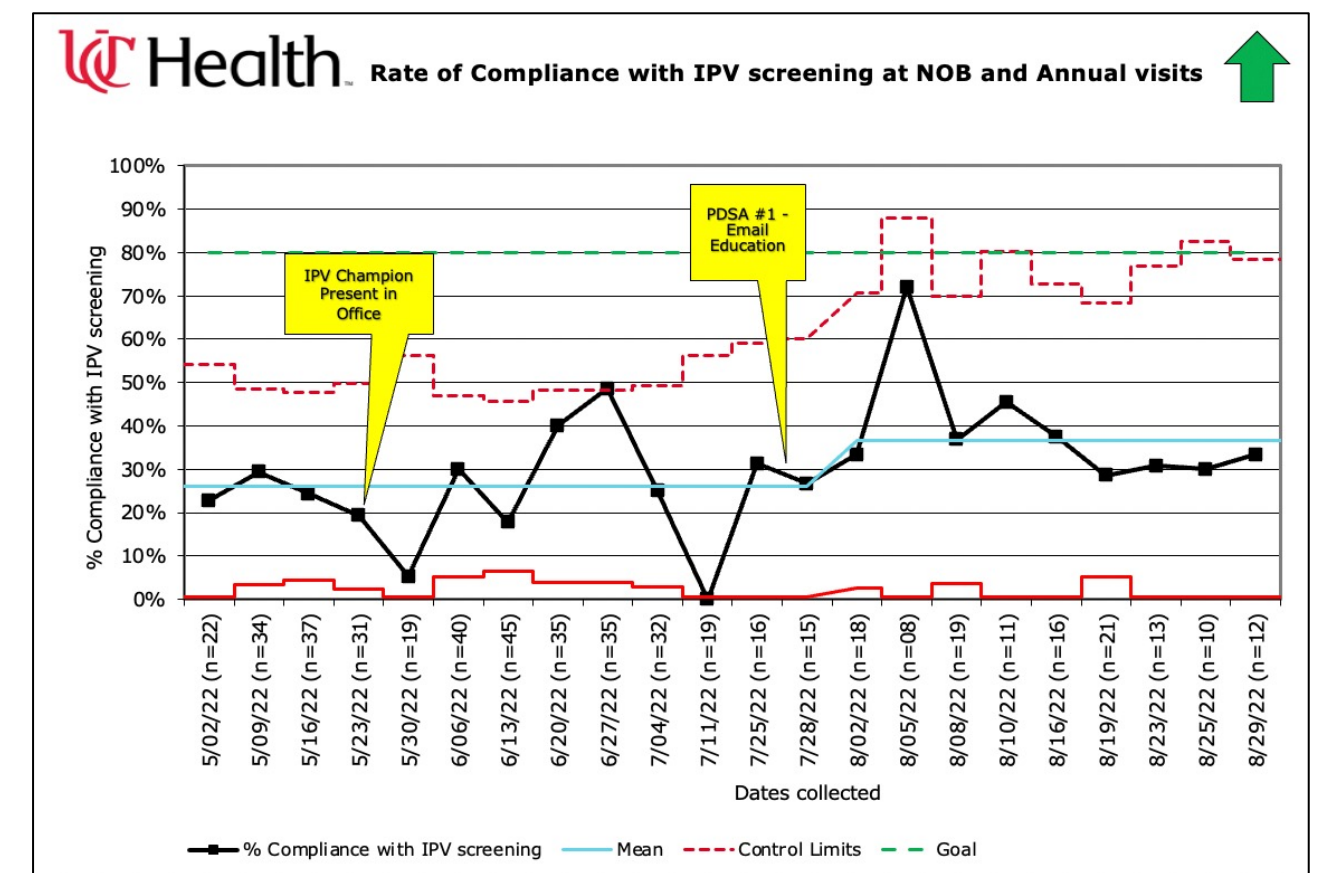
METHODS

- Measured compliance and established a baseline for over 3 months for screening at new obstetric and annual visits.
- Determined failure causes with screening using a Pareto chart.
- Implemented interventions in PDSA cycles, primarily medical assistant, nurse, and provider education.



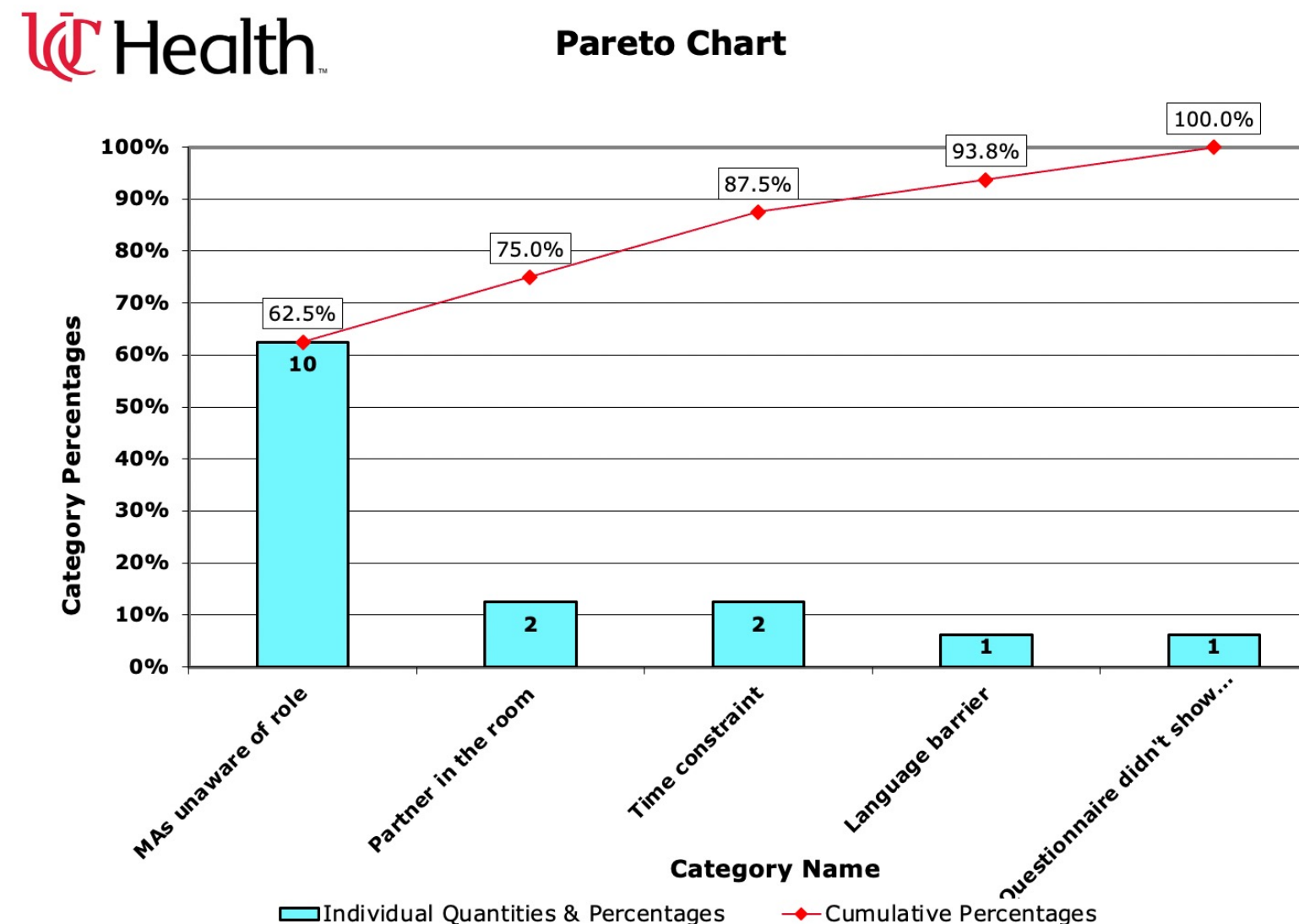
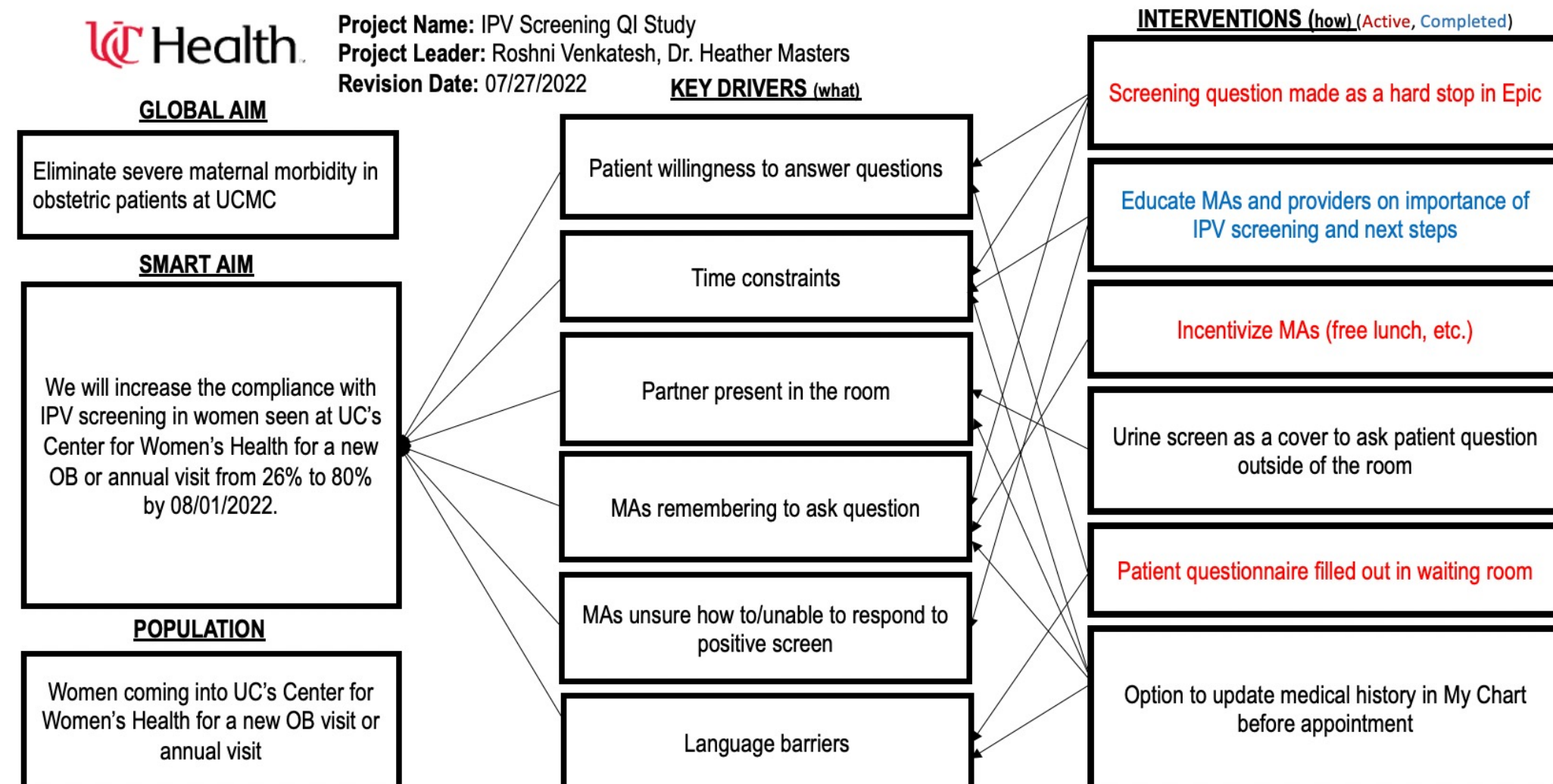
P: Relay importance of screening and detailed instructions on how to screen
D: Send email with pertinent information
S: Slight, but insufficient, increase in compliance
A: Adapt → additional education and higher reliability interventions needed

RESULTS



- Special cause variation was demonstrated in presence of IPV champion in the clinic setting and emails reinforcing importance and requirements of screening.
- Our goal of 80% compliance was not met.

IMPROVEMENT TOOLS



CONCLUSION

- We employed quality improvement methodology to improve adherence to IPV screening, thereby increasing opportunity for intervention for women in our clinic.
- Obstacles: staff turnover and managerial resistance to change.
- Future goals: implement higher reliability interventions to continue increasing compliance, initiate screening during the gestation period.

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