Domestic Violence Routine Screening (DVRS) in the Child and Family Health Program.

Emma Field, A/Director Integrated Care and Partnerships emma.field@health.nsw.gov.au 0477 308 403 Cohort 20

Aim Statement:
Within 6 months, increase the rates of Domestic Violence Routine Screening to 70% in the Child and Family Health Nurse program.

Background
- DV affects the physical, psychological and social health of many women and children. Globally, 30% of women who have been in a relationship have experienced DV (Snider 2009).
- Routine screening in NSW Health services commenced in 2003. Screening has resulted in increased identification and referral to services to support women and children.
- Historically an annual one month snapshot was used to measure screening rates. In 2018 quarterly data has been extracted.
- Electronic data collection provided an opportunity to assess screening behaviour and rates locally.

Driver Diagram Template

The Problem:
The number of Routine Screeners for Domestic Violence in the Child and Family Health Program at MLHD is under the 70% KPI.

Better use of Technology
- How much: Number of staff receiving DVRS feedback
- By when: OCT 18

Definition of Problem:

Outcome Measures:
- % DV
- By January 2019

Primary Drivers

- Improve Communication
  - Fitness breaks: Weekly
  - Monthly DVRS feedback: Post screening

- Better use of Technology
  - How much: Number of staff receiving DVRS feedback
  - By when: OCT 18

Secondary Drivers

- Access to female Interpreter Services: FHA
- Providing coaching to sensitive feedback to clinicians
- By when: October 18

- Use of Alerts on eMIFI

- Extract data and feedback to self

- Improve DV education to all participants

- Policy Definition

- Train staff to use DVRS tool

- Identify local referral pathways

- Improve staff/Consumer understanding of DV

- Privacy creation

- Time management

Change Ideas

- Patient & Staff feedback to improve screening rates
- VCS/Risk assessment

Priority Change Ideas

- Impact: Low Implementation: Easy
- Impact: Medium Implementation: Easy
- Impact: High Implementation: Easy

Discussion

- Results indicated that with the introduction of immediate feedback to clinicians, giving them their screening rate for the month, increased screening behaviour. Highest increase seen PDSA 2.
- Placing screening rates on Agenda at Child and Family Health Nurse Forums by town/cluster also increased screening rates PDSA 3
- Smaller increase seen in education provided to nurses PDSA 1

Overall Outcome of Project:
Our stretch goal was reached – 70%

Plans to sustain change

How will we sustain these gains into the future with the improvements we have made?

1. Standardisation of training for all new CFHN staff include the DVRS screening training. Ongoing quarterly agenda item on CFHN Forum. NUM’s have included in monthly Monthly Accountability Meetings (MAM’s).
2. Documentation will continue and screening rates will be extracted monthly (reported quarterly to MoH).
3. Measurement – Data will be monitored monthly and the ‘bottom 10’ will be identified and ‘top 3’