



# Changing Workflow to Assess Abuse & Neglect

Stacie Price BSN RN Amanda Webb BSN RN Kristen Lemorie, MSN, APRN, AGCNS-BC, CPAN, CAPA



University of Michigan UH PACU

## Background

- The Joint Commission (TJC) identified the need to screen patients at all new encounters at UMH-including perioperative/procedural areas
- Prior to January 2022 patients were not screened at any point in their perianesthesia care
- Jan 2022-Oct 2022 No patient representatives were allowed at bedside due to Covid restrictions. During this time there was a decreased number of patients that were marked Unable to Assess (UTA) due to privacy, versus the increase in positive screenings
- Nov 2022-Aug 2023 Patient representatives were allowed to be brought back alongside the patient. This resulted in an increase in the UTA percent and a decrease in positive screenings
- August 28, 2023 the new workflow pathway was implemented where the patient was brought to preop without representative and following assessment representative was to join patient in preop



## Implementation

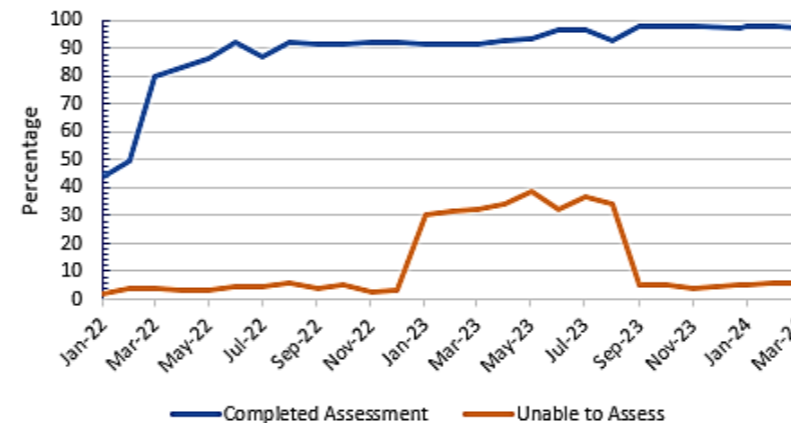
- Patient will be brought back to Preop unaccompanied
- Preop nurse will complete Abuse and Neglect screening assessment. If positive, nurse will enter a consult request for social work (SW), and notify the surgical team
- If SW is unable to assess patient in Preop, assessment/follow up will be attempted in PACU prior to discharge or on the inpatient unit if admitted
- After screening assessment, patient representative will be messaged to meet staff to be brought to Preop



UH Preop Abuse & Neglect Positive Screens



UH Preop Abuse & Neglect Screening



## Successful Practice

The standardized perioperative protocol has significantly improved staff compliance with Abuse and Neglect screening. Completed assessments consistently exceed the 95% benchmark, while the Unable to Assess (UTA) has decreased by 22% to an average of 5.12%. This has resulted in identifying and providing support to at least 8 individuals through social work consults and additional resources.

## Objectives

- Increase staff compliance with completing assessment in preop
- Identification and resolution of barriers that lead to choosing "Unable to Assess" (UTA)
- Upon any positive screen, require staff to follow new pathway and place social work consult
- Provide patients with resources and the opportunity to discuss sensitive issues privately

## Implications

Utilizing a new workflow that prioritized patient privacy resulted in heightened compliance with Joint Commission standards and improved patient outcomes. The positive screenings resulted in cooperation between nursing and social work, enabling the implementation of further interventions and resources.

## References

- STOP Domestic Violence Image. RedBubble.com. (n.d.). <http://www.redbubble.com/people/lifeisagit>
- The Joint Commission. (2022, January). Addressing intimate partner violence and helping to protect patients-Issue 63. The Joint Commission. <https://www.jointcommission.org/-/media/tjc/newsletters/quick-safety-63-addressing-ipv-final3-1-10-22.pdf>

