

# Changing the admission process in an OB triage to allow for confidential screenings

 SCHOOL OF NURSING **Holly Kifer, CNM, C-EFM; Joanne Bailey, DNP, CNM; Melissa Davis, DNP, CNM**  
VANDERBILT UNIVERSITY *Vanderbilt University School of Nursing*

## Introduction

Intimate partner violence and sex trafficking can put obstetrical patients at risk for complications. Abuse screening is a JACHO requirement for every patient.

### Topic

We are missing opportunities to assess patients' needs in OB triage.

### Problem

- Patients are rarely alone, making it difficult to assess abuse/trafficking
- There are missed opportunities to assess patient's needs
- Survivors of sex trafficking who become pregnant may not be receiving the care or resources they need
- In Michigan in 2020, 845 survivors contacted the Human trafficking hotline by phone, text, email, online, or via online chat, and 295 human trafficking cases were reported

### Aim

To change the flow of the obstetrical triage to allow for confidential screening, including initiation of a human trafficking (HT) screening tool. To use the established screening tool and the human trafficking screening tools with 95% of patients to assist the needs of patients from October to November 2022 in the University of Michigan's obstetrical triage unit

### Objectives

- 1.)Educate all staff in the obstetrical unit on the use of HT tool and algorithm by 10/20/2022.
- 2.)Implement HT tool and algorithm on the OB unit from 10/21/22-11/21/22.
- 3.)Evaluate compliance of using the HT tool and algorithm in triage by 1/1/23
- 4.)Evaluate positive results of how many HT survivors were identified, how many confidential screenings were completed, if the HT education and HT tool increased staff knowledge on identifying a HT survivor by 1/1/23.

## Methods

Patients will be roomed separately when admitted to the Von Voigtlander Women's Hospital's triage to allow screening questions to be asked. The patient's visitors will wait and be invited into the room after the questions are completed. An educational module will educate the nurses on the new process before implementation. Two validated human trafficking questions will be added to the screening questions.

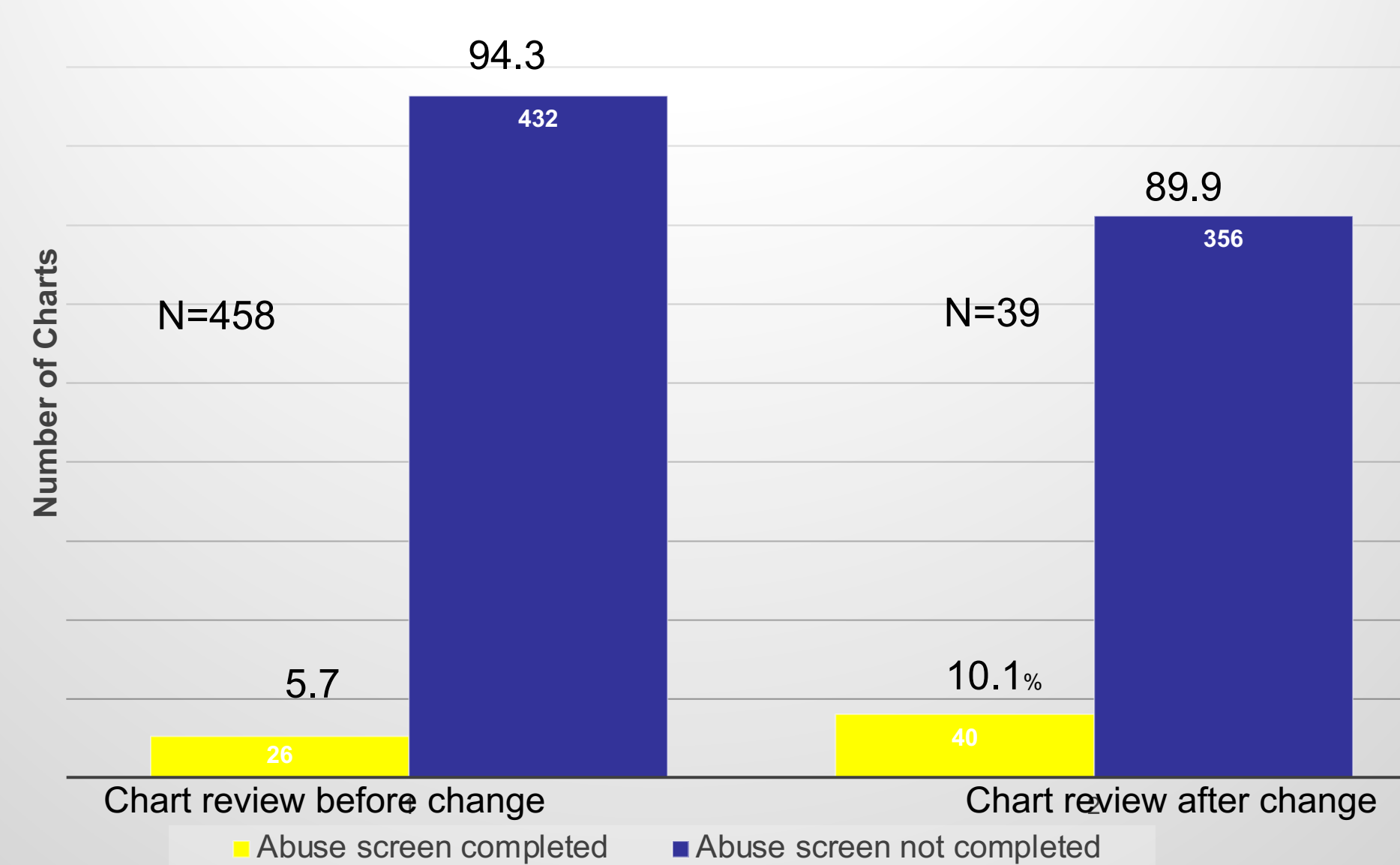
### PDSA Cycle

- 1.)Educate staff on QI project, HT questions, risk factors for HT, and risk factors for HT
- 2.)pre-study survey
- 3.) implement the admission to triage process in one of three ways (clerk rooming patient the RN greeting/asking abuse questions, RN rooming patient and asking abuse questions, clerk rooming patient and handing patient abuse screening to be completed),
- 4.) post survey and analyze data
- 5.) adapt, abandon, adopt

### Measures

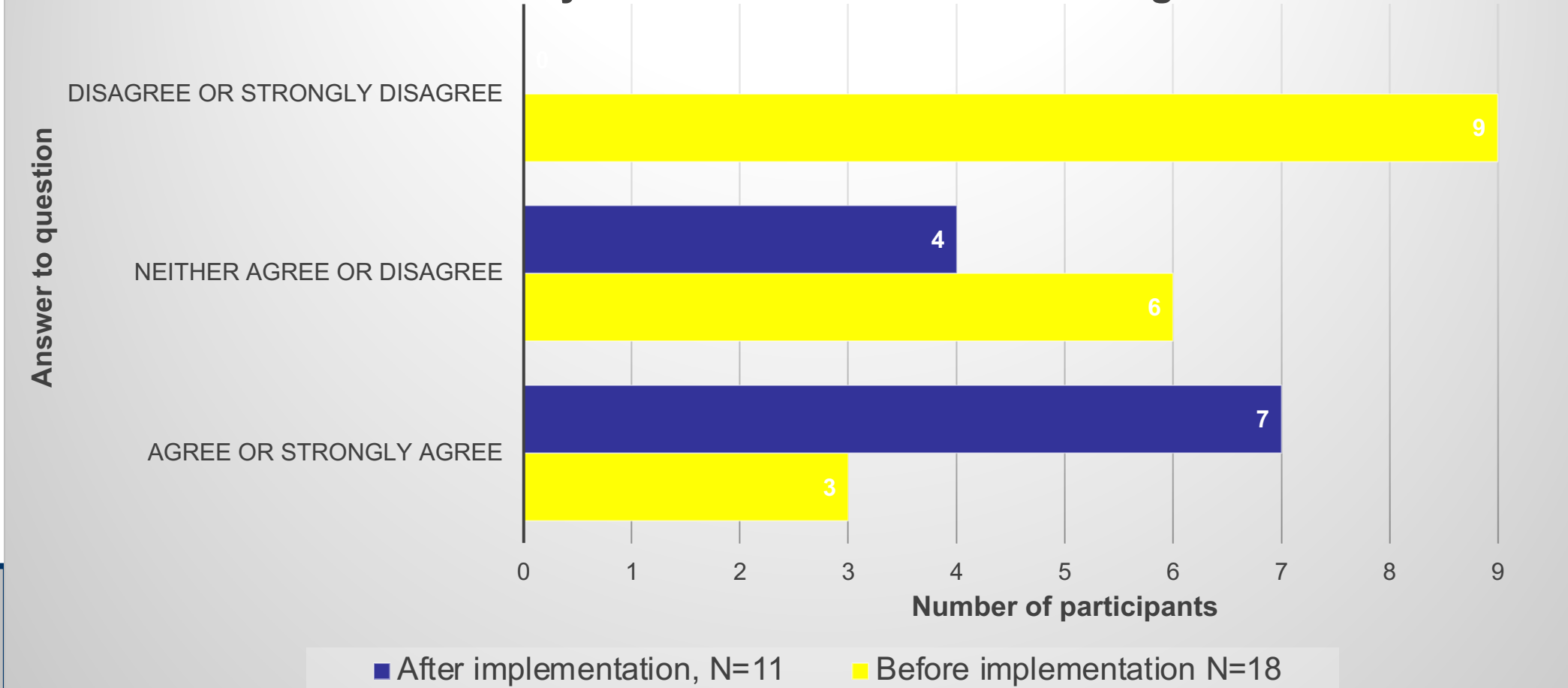
- Compliance with abuse screening before and after implementing the change
- Pre-test and post-test scores on screenings will be analyzed using a Likert scale.

Abuse screening completed before and after change in triage admission process



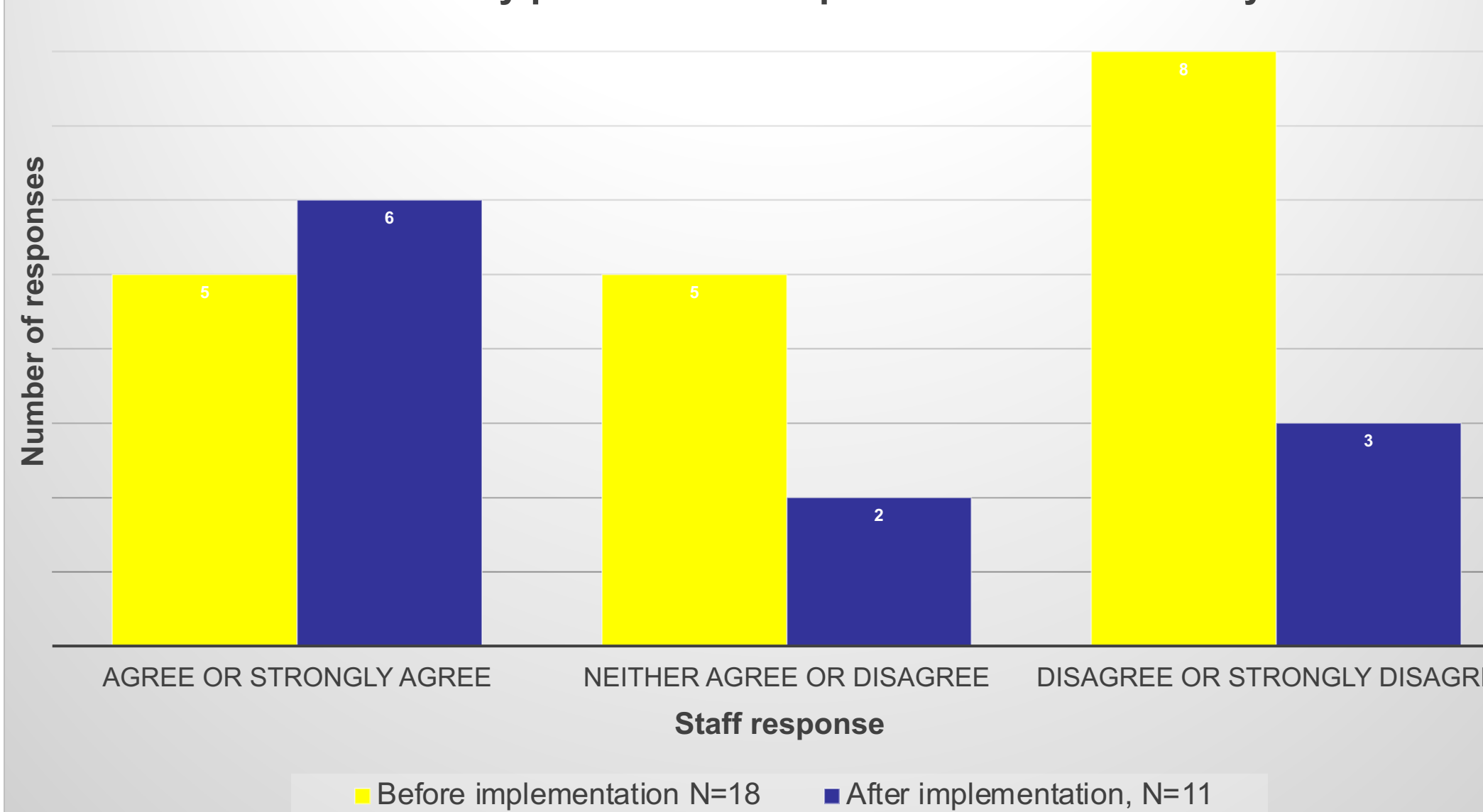
Figure\_1. Pre and post-abuse screening completed

"I can identify a survivor of human trafficking"



Figure\_2. Human trafficking identification

"I can ask my patients abuse questions alone routinely"



Figure\_3. Identifying the ability to ask questions alone.

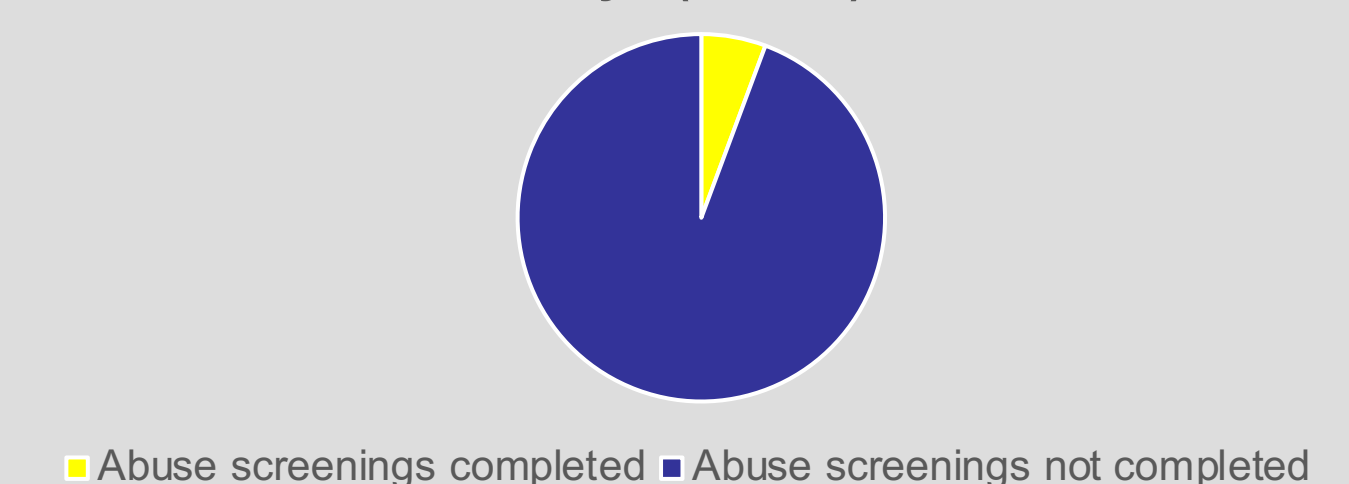
## Results

- Abuse screenings increased from 5.7% to 10.1%
- Two survivors of human trafficking and one survivor of sexual abuse were identified. One patient admitted to being verbally and emotionally abused.
- Patients were alone for 1 to 10 minutes while screening questions were being asked.
- The number of participants who agreed they could identify a survivor of human trafficking increased from 3 out of 18 (16.7%) to 7 out of 11 (63.5%) after the educational module and using the human trafficking screen tool.
- The number of participants who agreed they knew what to do after a survivor of human trafficking was identified went from 9 out of 18 (50%) to 8 out of 11 (81.8%) after the new triage admission process was implemented.
- The number of participants who agreed or strongly agreed they could routinely ask their patients confidential questions alone went from 5 out of 18 (27.8%) before the new admission process to 6 out of 11 (54.5%) after the new triage admission process was implemented.
- Fewer participants, 8 out of 11 (80%) agreed they had difficulty getting their patients alone after implementing the new triage admission process compared to 2 out of 18 (88.9%) of participants agreeing they had difficulty getting their patients alone before implementing the new triage admission process.

## Implications for Practice

- A HT screening tool should be used with every patient.
- Patients should be roomed by themselves to allow for confidential screening, strong correlation of abuse screenings with rooming the patient alone
- Education on human trafficking should include information on what to do once a survivor is identified. HT education should be reviewed every year to assist with confidently identifying a survivor. The education assisted with staff knowing risk factors, knowing what to do when a survivor is identified, and how to identify a survivor.
- Barriers to change and meeting goal of completing confidential screening with 95% of patients: busy unit, understaffing, union contract negotiations, resistance to change, and not willing to participate.

Needs assessment chart review over 31 days (N=458)



Figure\_4. Chart review over 31 days. (N=458)

## References



SCAN ME