Stage-based interventions to improve EM provider efficiency when caring for patients with complex social situations such as intimate partner violence

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Research Type: Research Abstract

IRB Approval or Exemption: Exemption

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Official submission to the FCEP Emergency Medicine Research Competition at Symposium by the Sea 2022

Abstract 2 – Stage-based interventions to improve EM provider efficiency when caring for patients with complex social situations such as intimate partner violence.

Problem

The Emergency Department is a rare setting in which victims of human trafficking or survivors of intimate partner violence can be identified or connected with social support and resources, yet multiple intangible barriers can limit the effectiveness of Emergency Medicine (EM) physicians and other providers when they treat patients who are victims of intimate partner violence (IPV). As a result, many healthcare providers avoid discussions about IPV in the clinical setting due to fear of perceived intrusiveness, provider embarrassment, lack of time, or perceived lack of available resources or assistance for victims of abuse. Therefore, these intangible barriers lead to Emergency Department (ED) "bounce back" visits, increased utilization rates and healthcare costs as high as $12 billion nationally. Additionally, nurses and physicians who are unprepared or ill-equipped to help patients who are survivors of IPV report higher rates of burnout and decreased ability to provide high quality care in the clinical setting.

Approach

The objective of this stage-based clinical algorithm is to give EM providers caring for survivors of intimate partner violence in the ED with a series of possible responses that are supported by best practice recommendations. Although the current version of this clinical decision tool is targeted towards the treatment of patients experiencing IPV, the conceptual model can be applied to a variety of settings that require clinician empathy such as caring for patients in the setting of palliative care, polysubstance addiction and abuse, homelessness, mental illness, or chronic physical disabilities.

Outcomes

The clinical decision tool was introduced to residents and EM clinical attendings. A total of 12 (N) physicians participated. Most respondents felt that this tool could help guide their care of ED patients in complex social situations that affect their health outcomes or clinical care.

Conclusion

The introduction of this simple, stage-based interventions decision tool was well received among EM providers. Participants reported sustained behavioral changes as well as increased comfort in clinical situations that previously would have made them feel uncomfortable or unprepared, reducing ED efficiency and contributing to provider burnout. This simple model may promote the application of evidence-based medicine to complex patient cases and improve the overall experience of both the patient and provider in dealing with human trafficking and intimate partner violence.