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

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.

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.

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.

REFERENCES

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