

Christus St. Vincent Regional Medical Center

A State of the Art Approach

**Creating the CSVRMC Domestic
Violence Medical Advocacy Program**

Goals of Domestic Violence (DV) Medical Advocacy Program –

- **To ensure a patient’s right to be free from physical assault, willful cruelty, neglect, economic abuse, sexual assault or any form of abuse or violence is protected.**
- **To provide on-site medical advocacy services to victims of domestic violence.**
- **To promote the early identification of domestic violence victims by implementing universal screening (DV screening for patients 14 years and older).**
- **To implement a comprehensive educational program for all physicians, residents, nurses, case managers, security, and others within the healthcare setting.**
- **To undertake a systematic evaluation of interventions and outcomes in order to refine (and possibly replicate) the model.**

Domestic Violence Medical Advocacy Projects need the following to be successful –

- **Collaborative model, including most disciplines.**
- **Policies and Procedures developed (this has been completed at CSVRMC).**
- **Education – 2 to 4 hour workshops, depending upon discipline. Hospital’s DV advocate and education/outreach personnel from Esperanza will provide.**
- **Ongoing implementation of and compliance re hospital DV policies and procedures.**
- **Universal screening.**
- **On-site advocacy (will require hiring a full time DV medical advocate).**
- **An institutionalized response. Administrative buy-in and support is imperative.**

Members of the Domestic Abuse Multi-disciplinary Team at the hospital should include –

- **Administrative representation (CEO and a VP)**
- **Emergency Medicine MD (preferably chair)**
- **OB/GYN MD (preferably chair)**
- **Hospitalist MD**
- **Trauma representative**
- **Case Management representative**
- **Nursing rep (preferably Director or Manager)**
- **Staff Nursing (one rep each from ER, OB/GYN, and ICU)**
- **SANE program representative**
- **Spiritual Care**
- **Patient representative**
- **Security**
- **Quality Management/Risk Management**
- **Organizational Development (Education)**
- **Medical records representative**
- **Foundation (ongoing grant support and exploring more funding possibilities)**
- **Hospital hired domestic violence medical advocate**

Responsibilities of the hospital's Domestic Abuse Team –

- **Meets quarterly to review and discuss program**
- **Any actions needed**
- **Compliance issues**
- **Admin support**
- **Best Practices**
- **Community Updates**
- **Several members of this team represent CSVPMC at the Santa Fe CCRC quarterly meetings and the CCRC medical sub-committee.**

Challenges –

- **Lack of education**
- **Overcoming misconceptions and myths about domestic violence**
- **Discomfort or denial about the issue of domestic violence**
- **Time constraints**
- **Personal history of staff re domestic violence**
- **Staff shortages**
- **Staff turnover**
- **Local cultural challenges**

Hospital Administrative and Executive Level support needed –

- **Hospital support for DV education**
- **Collaborative work environment**
- **Mandatory reporting laws (if applicable)**
- **Universal screening of all patients**
- **Compliance re universal screening (by RNs in private)**
- **Referrals**
- **Safety Planning**
- **Documentation – legal mandates**
- **Photography – equipment, education of use, placement in medical record**

Education in hospital setting needed initially for –

- **Case Management**
- **Emergency Room staff, including all ER doctors and nurses**
- **Labor and delivery physicians and nurses**
- **Women’s Health Services**
- **Hospital security**
- **Primary Care MDs (hospitalists) employed by the hospital**

Photographic Consent Policy –

- **Education on use of digital photography (provided by hospital as a competency)**
- **Consent/release form**
- **Two sets of photos for each injury (one remains in medical record, other goes to patient).**

Opportunities for Research –

- **Chart reviews re universal screening practices (screening rates, provider bias)**
- **Evaluations**
- **Surveys**
- **Focus Groups (Internal Review Board)**
- **Benefits of DV education received and opportunities for improvement**
- **Research obtained, shared, and presented.**

Job Description

CSVPMC Domestic Violence Medical Advocate and Facilitator (40 hours per week, on-site)

Summary: Works with DV victims and medical staff in hospital setting.

Reports to: Director, Case Management

Responsibilities:

- Provide supportive services to identify and assist abused patients in the hospital setting.
- Provide crisis intervention and safety planning to victims.
- Make appropriate referrals re follow-up for victims.
- Coordinate hospital and domestic violence services as part of the hospital wide Domestic Abuse Team.
- Establish relationships with hospital personnel, medical staff and Domestic Abuse Team members.
- Provide educational training for hospital staff.
- Assist with the development of assessment procedures, the collection of relevant data, and on-going program evaluation.
- Provide public speaking and public education information.
- Other duties as assigned by supervisor.

Qualifications:

- Master's degree in a Human Services field (ie Social Work, Psychology, Nursing)
- 3 years experience in Human Services (preferably domestic violence) field
- Understanding of domestic violence issues
- Strong program development, teaching, and service delivery skills
- Ability to work with and coordinate different systems, including hospital, domestic violence programs, and service delivery organizations.
- Knowledge of cultural diversity
- Preferably bi-lingual (English and Spanish)

Salary: \$61,500

Benefits: Offered and provided by CSVPMC

Status: Exempt