Strategic Planning TL1

a. Provide one example, with supporting evidence, of an initiative in nursing practice that is consistent with the organization’s mission statement.

Provide a copy of the organization’s mission statement.

Nursing Practice Initiative to Identify High-risk Domestic Violence Patients in the Emergency Department Supports WakeMed’s Mission

Organizations Mission Statement

The mission statement for WakeMed Health & Hospitals is “To improve the health and well-being of our community by providing outstanding and compassionate care to all.” (Evidence TL1-1, WakeMed Health & Hospital Mission Statement)

Nursing Practice Initiative

Domestic violence (DV) is a major public health concern with devastating consequences for adults, children, families and communities. Approximately 1 in 3 women and 1 in 4 men in the U.S. will be victims of DV in their lifetime. Fifteen percent of violent crimes in the U.S. are related to DV, the victims of which are often seen in emergency departments. Even with mandatory screening for DV during these visits, positive findings rarely lead to significant intervention, and thus the cycle continues.

Federal legislation created Domestic Violence Fatality Review Teams (DVFRT) to reduce fatalities. A DVFRT was implemented in Wake County because it had the highest DV homicide rate in North Carolina, and it conducted its first case review on March 27, 2014. (Evidence TL1-2, Nurse Community Partnership to Improve Domestic Violence Outcomes)

Throughout 2015, nurses in the WakeMed Health & Hospitals Emergency Department (ED) frequently expressed frustration over their inability to provide services to DV victims identified through routine screening. Chantal Howard, MSN, RN, CEN, NEA-BC, Vice President Nursing, Raleigh Campus, had been a member of the Wake County DVFRT since its inception in March 2014. Working in concert with Interact, Wake County’s lead domestic violence victim service provider, Howard and the team sought to create and implement an evidence-based program to improve the identification of DV and hasten the delivery of services for victims. (Evidence TL1-3, Work Product from DV Fatality Review Committees)

Howard and ED clinical nurses conducted an extensive literature review that led to the creation of a Lethality Assessment Program, modeled after a similar program in Maryland. Cindy Boily, MSN, RN, NEA-BC, Senior Vice President and Chief Nursing Officer, strongly supported this nursing initiative by approving mandatory attendance for all Adult and Children’s ED clinical nurses at a 1.5-hour educational activity. Boily supported increasing ED nurses’ knowledge of DV and a financial investment in the education rollout.
During 2015, Adult and Children’s ED nurses were educated on the use of the short, but more sensitive, DV lethality screening tool. This evidence-based, 11-question assessment tool assists clinical nurses in more accurately assessing a patient’s risk of serious injuries or homicide from an intimate partner. The patient’s screen is considered positive if they answer “yes” to any of the first three questions or to four of the last eight questions. If the screen is positive, the ED RN requests the patient’s permission to contact Interact to immediately begin support, up to and including emergency shelter. Even if the patient refuses help, the ED RN’s assessment provides the victim with insight into their risk for serious injury. (Evidence TL1-4, Lethality Screening Tool)

The education was completed by all ED nurses at all sites in December 2016, and ongoing training for new employees is provided quarterly. Clinical nurses were empowered to incorporate the tool in nursing assessments; once the risk is identified, they are able to offer immediate access to services to high-risk patients. Patients who screen as high risk and who accept immediate access to the Interact services can receive 24-hour support.

The metrics that are tracked indicate that the nurse-led program has been extremely successful in identifying at-risk women and men and connecting high-risk patients with appropriate services. Outcomes from October 2015 to May 2018 include the following:

- 333 Lethality Assessment screenings conducted
  - 84% (N=276) High Dangers
  - 16% (N=53) Negative findings
- 3,056 Interact services (i.e., emergency shelter, case management or referrals for housing and job counseling) received by patients screened at WakeMed

(Evidence TL1-5, Email Collaboration with Interact Data)

It is noteworthy that several victims screened by law enforcement were not identified as at-risk but were determined to be high risk when screened by nurses. This suggests that victims more readily disclose such sensitive information when they are queried and cared for by nurses.

The nursing practice of incorporating a lethality screening tool into the ED nursing assessment promotes and operationalizes the WakeMed Mission statement, “To improve the health and well-being of our community by providing outstanding and compassionate care to all.”