



# **Intimate Partner Violence and Human Trafficking: Clinical Skills, EHRs, and Community Partnerships for Patient Care**

Region 18 CHAMPS NWRPCA Annual Primary Care Conference  
Seattle, WA  
Monday, October 23, 2023

# Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

## **We offer health center staff ongoing educational programs including:**

- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools
- **Learn more:** [www.healthpartnersipve.org](http://www.healthpartnersipve.org)
- **Online toolkit:** [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org)





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# Faculty



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# Learning Objectives

1. Discuss State/Territory-Wide Transformation on Health, Intimate Partner Violence, and Human Trafficking through collaborations between state PCAs, state DV coalitions, and state Departments of Public Health
2. Discuss HC protocols and community partnership tools and approaches (DV Programs and Medical Legal Partnerships) for integrating IPV and HT issues into care and discuss the privacy, safety, and confidentiality principles behind developing an EHR Smart Tool that can facilitate the collection of UDS data on IPV and HT.
3. Learn how to use the CUES (Confidentiality, Universal Education and Empowerment, Support) framework and safety card tools to help providers initiate conversation with patients about IPV and HT.





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# Health Care Context

*The Universal Education Approach to  
Prevention and Intervention: CUES*

# What is Intimate Partner Violence (IPV)?

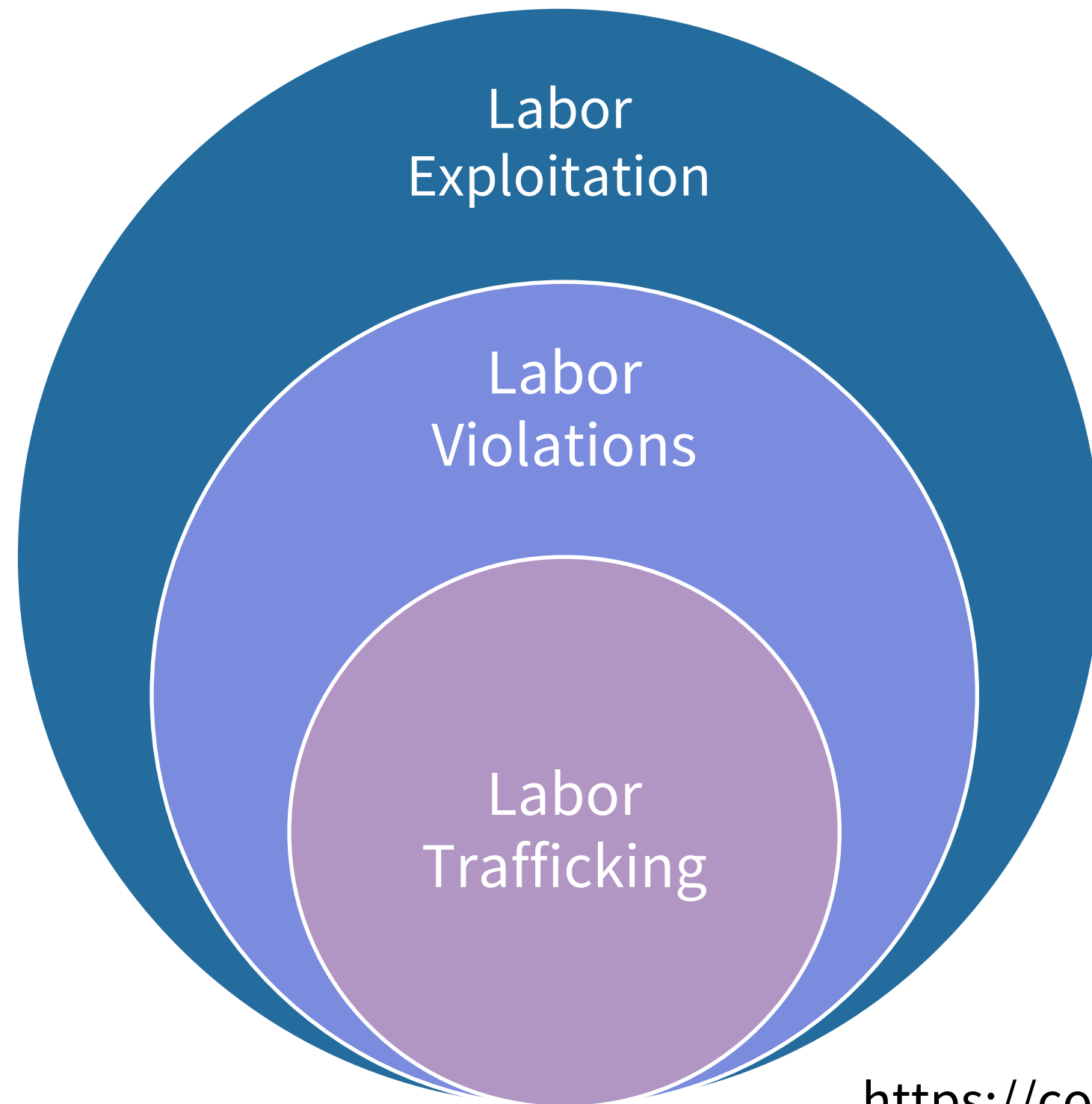
A person(s) in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

- It is often a cycle that gets worse over time – not a one-time ‘incident’
- Abusers use jealousy, social status, mental health, money, and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors





# Labor Exploitation, Wage Theft, Labor Trafficking: A Spectrum of Experiences



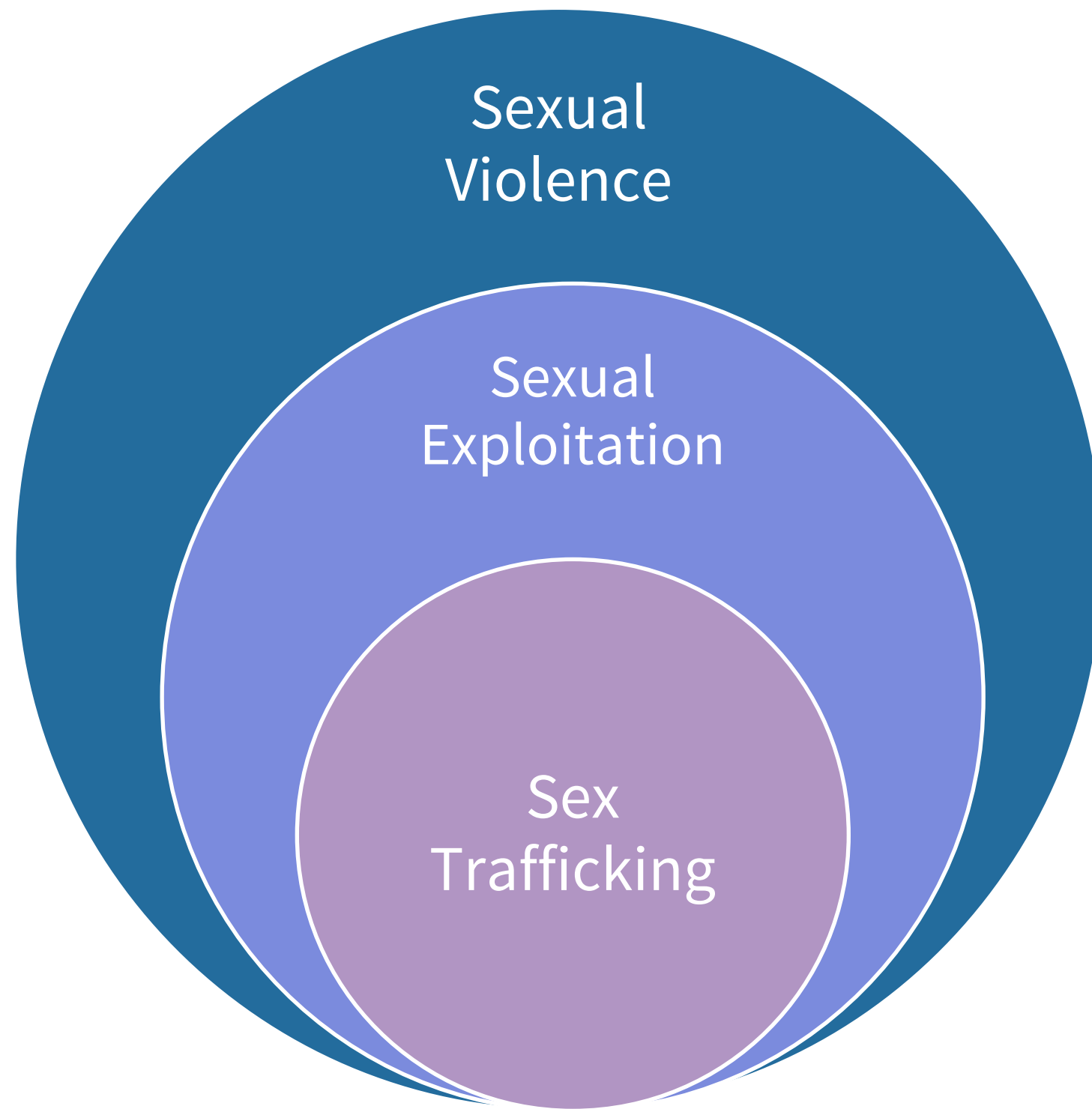
**Labor exploitation:** an employer unfairly benefits from employee's work. Labor exploitation is not a legal term—in fact, not all forms of labor exploitation are illegal.

**Labor violations:** a legal term used when employers violate federal, state, or municipal laws related to worker treatment, workplace safety, or recordkeeping requirements.

<https://combathumantrafficking.org/2020/01/labor-trafficking/>



# Sexual Violence, Sexual Exploitation, Sex Trafficking: A Spectrum of Experiences



**Sexual Violence:** includes rape, sexual assault, sexual harassment, nonconsensual image sharing, incest, child sexual assault, public masturbation, watching someone engage in private acts without their consent, unwanted sexual contact/touching

**Sexual Exploitation:** Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exchanges:

- Coercion from employers/workplace
- Coercive rent/debt exchange
- Trading drugs/children's sex

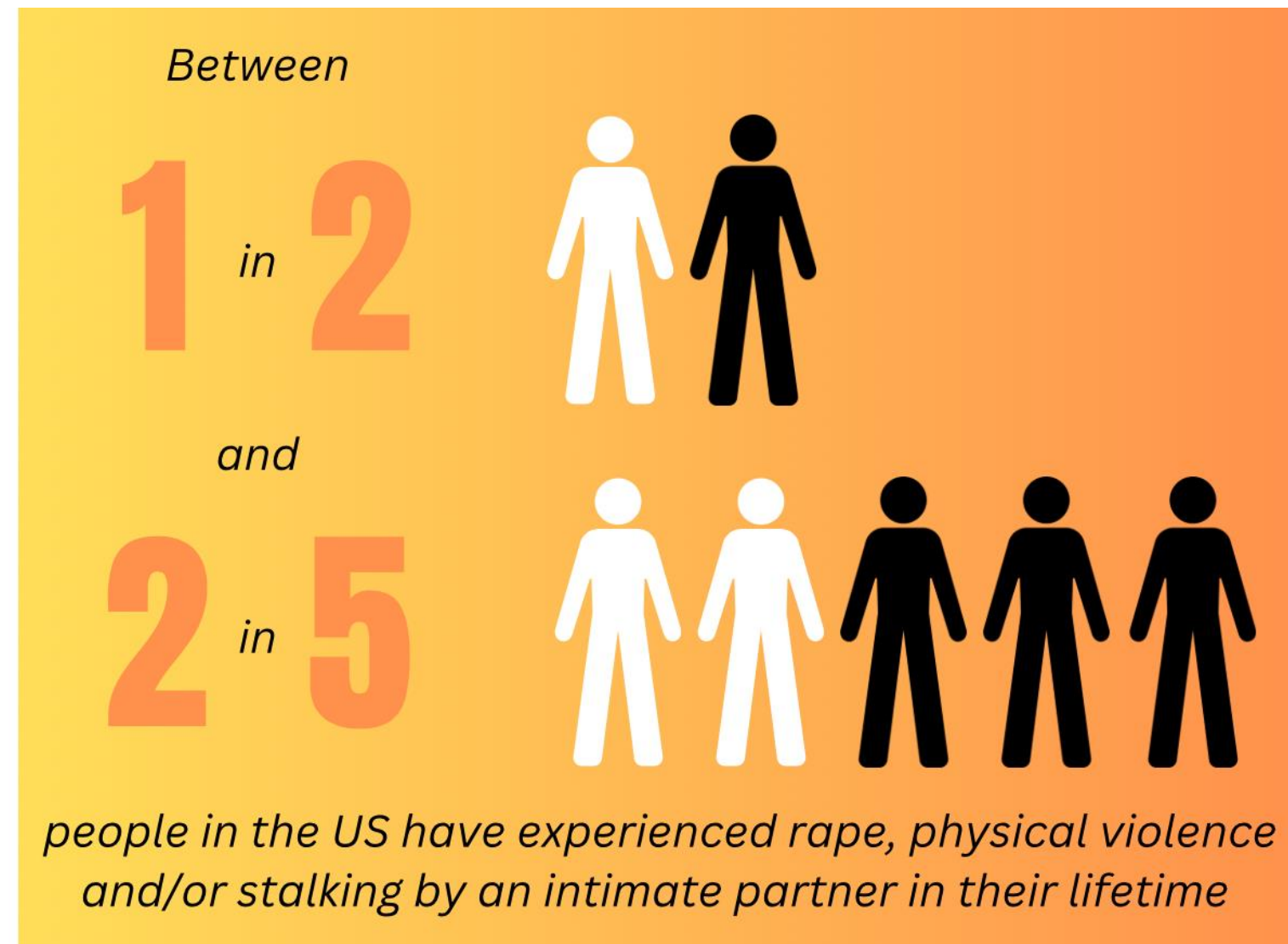




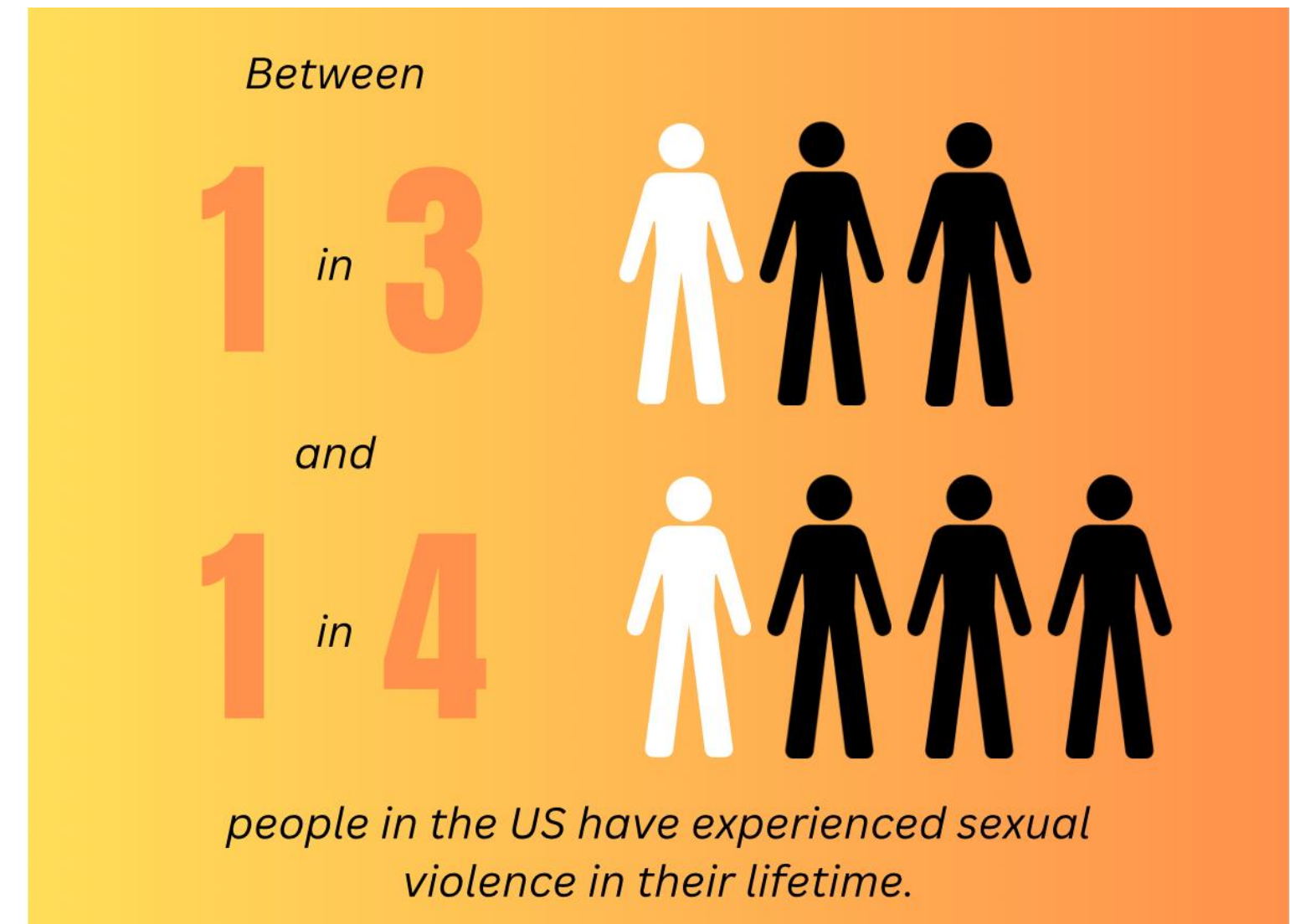
# Prevalence



## Intimate Partner Violence



## Sexual Violence



Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.



**59.9%** of lesbian women, **79.3%** of bisexual women, and **53.3%** of heterosexual women in the U.S. **experienced some form of sexual violence** during their lifetimes.

**59.8%** of gay men, **56.4%** of bisexual men, and **29.3%** of heterosexual men in the U.S. **experienced some form of sexual violence** during their lifetimes.

*Lesbian, bisexual, and gay people experience higher rates of intimate partner violence than heterosexual people.*

**56.3%** of lesbian women, **69.3%** of bisexual women, and **46.3%** of heterosexual women in the U.S. experienced **some form of intimate partner violence** during their lifetimes.

**47.7%** of gay men, **46.1%** of bisexual men, and **44.1%** of heterosexual men in the U.S. experienced **some form of intimate partner violence** during their lifetimes.

***Bisexual women experienced alarmingly high lifetime prevalence of all forms of violence. In their lifetimes, 4 in 5 bisexual women experienced some form of sexual violence, 1 in 2 reported being stalked, and 7 in 10 experienced intimate partner sexual violence.***

# Health Impact of IPV/HT

- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Intimate Partner Violence

- Anxiety, Depression, PTSD
- Back pain
- Barriers to healthcare
- Cardiovascular problems
- Dental pain
- Headaches
- Gastrointestinal issues
- Sleep problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Human Trafficking



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Workshop: CUES safety cards discussion with audience participation (can do practice CUES or lead discussion of the cards)

## Shifting Away from Screening...

**“No one is hurting you at home, right?”** (Partner seated next to client as this is asked – consider how that felt to the patient?)

**“Within the last year has he ever hurt you or hit you?”** (Nurse with back to you at her computer screen)

**“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”** (Screening tool in hand -- What was the staff communicating to the patient?)



# Rethinking Screening

- ✓ Low disclosure rates
- ✓ Not survivor centered
- ✓ Resources offered only based on a patient's disclosure
- ✓ Missed opportunity for prevention education

***What if disclosure/identification  
is no longer the goal?***





# Universal Education = Equity in Health

Provides a strategy to treat clients with respect by giving them key information about healthy and unhealthy relationships and where to get supports without requiring disclosure to get them.

*\*We strongly recommend first doing universal education prior to IPV screening*



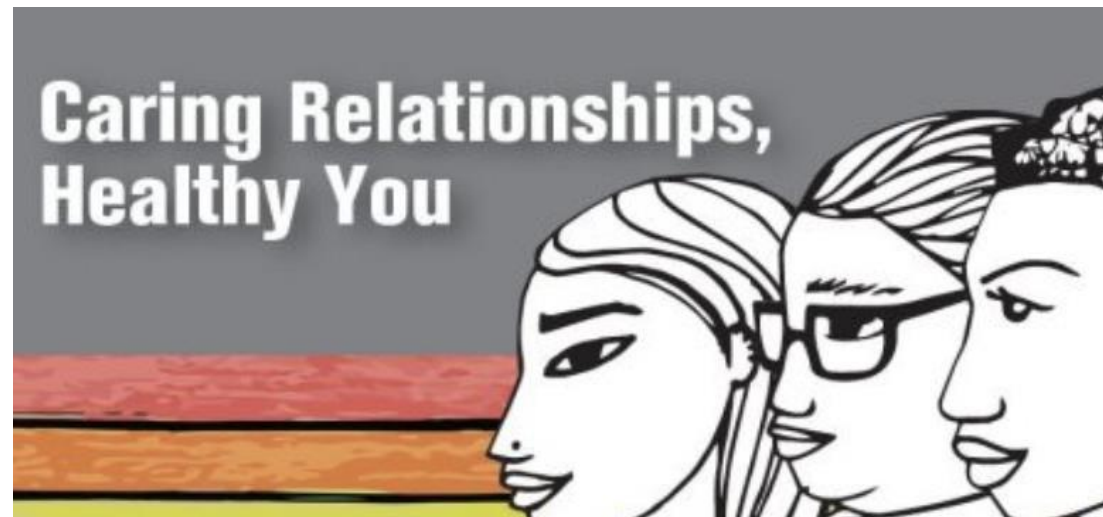
# CUES: An Evidence-based Intervention

**C**onfidentiality

**U**niversal Education

**E**mpowerment

**S**upport



(Above: four images of safety card tools)

# CUES: An Overview



## **C:** Confidentiality

- ✓ See patient alone, disclose limits of confidentiality

## **UE:** Universal Education + Empowerment

- ✓ Normalize activity
- ✓ Make the connection—open the card and do a quick review

## **S:** Support

- ✓ Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines

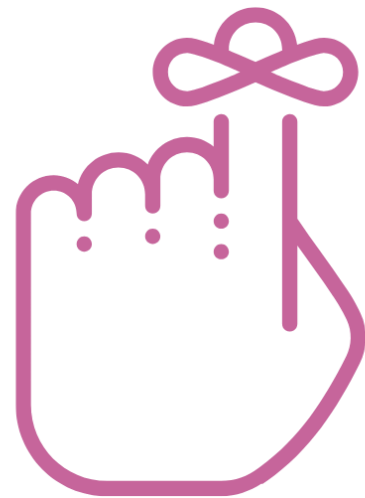


Safety cards are available for different settings, communities and in a variety of languages at [store.futureswithoutviolence.org/](https://store.futureswithoutviolence.org/)



## **S: Important Reminder**

Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.





## Things to say to people who have experienced harm:

**I believe you.**

**I am so sorry  
this is  
happening  
to you.**

**Thank you for  
sharing this.**

**I don't even  
know what to  
say right now,  
but I am so  
glad you told me.**

**You don't  
deserve this.**

**Thank you for  
telling me.**

**It's not  
your fault.**

**You are  
not alone.**

**You get to  
choose what  
you do next.**

# ICD-10 Codes for Intimate Partner Violence

## IPV ICD-10 Codes

- T74.11 – Adult physical abuse, confirmed
- T74.21 – Adult sexual abuse, confirmed
- T74.31 – Adult psychological abuse, confirmed
- Z69.11 – Encounter for mental health services for victim of spousal or partner abuse
- Y07.0 – Spouse or partner, perpetrator of maltreatment and neglect





# ICD-10 Codes for “Human Trafficking”

- ❖ **T74.5** – Forced sexual exploitation, confirmed
- ❖ **T74.51** – Adult forced sexual exploitation, confirmed
- ❖ **T74.52** – Child sexual exploitation, confirmed
- ❖ **T74.6** – Forced labor exploitation, confirmed
- ❖ **T74.61** – Adult forced labor exploitation, confirmed
- ❖ **T74.62** – Child forced labor exploitation, confirmed
- ❖ **T76.5** – Forced sexual exploitation, suspected
- ❖ **T76.51** – Adult forced sexual exploitation, suspected
- ❖ **T76.52** – Child sexual exploitation, suspected

- ❖ **T76.6** – Forced labor exploitation, suspected
- ❖ **T76.61** – Adult forced labor exploitation, suspected
- ❖ **T76.62** – Child forced labor exploitation, suspected
- ❖ **Z04.81** – Encounter for examination and observation of victim following forced sexual exploitation
- ❖ **Z04.82** – Encounter for examination and observation of victim following forced labor exploitation
- ❖ **Z62.813** – Personal history of forced labor or sexual exploitation in childhood
- ❖ **Z91.42** – Personal history of forced labor or sexual exploitation





## 2022 UDS Measures on HT and IPV

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health Conditions, Substance Use Disorders, and Exploitations				
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0		

<https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf>

Line	Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)	Visits per Patient	
2020	20e	Human Trafficking	41,754	4,028	10.37
	20f.	Intimate Partner Violence	58,923	15,929	3.70
2021	20e	Human Trafficking	4,875	2,396	2.03
	20f.	Intimate Partner Violence	41,603	16,170	2.57
2022	20e	Human Trafficking	4,228	2,571	1.64
	20f.	Intimate Partner Violence	19,781	9,605	2.06





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# Partnerships and Protocols – Systems Change:

*Project Catalyst – Statewide Partnerships between PCAs, DV Coalitions, and Depts of Health*

# Project Catalyst

Fostering leadership and collaboration at the U.S. state and territory level to improve the health and safety outcomes for survivors of IPV and human trafficking in community health centers and domestic violence programs and to promote prevention.

## **Leadership teams consist of three partners from one state or territory's:**

- Primary Care Association
- Department of Health/  
Department of Public Health
- Domestic Violence Coalition



# Project Catalyst Overview

**State and Territory Leadership Teams worked to achieve the following goals:**

1. Promote state and territory policy and systems changes for health centers (HCs) and domestic violence programs (DVPs)
2. Trauma-informed practice transformation in 5 partnering HCs and DVPs
3. Ongoing integration of the IPV and human trafficking response into health care delivery statewide/region-wide; action plan to train 50% of HRSA-funded HCs.





# The Heart of the Model: Building Meaningful Partnerships



# Domestic/Sexual Violence Advocacy Programs

**Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.**

**Advocates connect patients to additional services like:**

- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy for IPV/HT, family court, immigration, labor
- Support groups/counseling
- Children's services
- Employment support

<https://nnedv.org/content/state-u-s-territory-coalitions/>

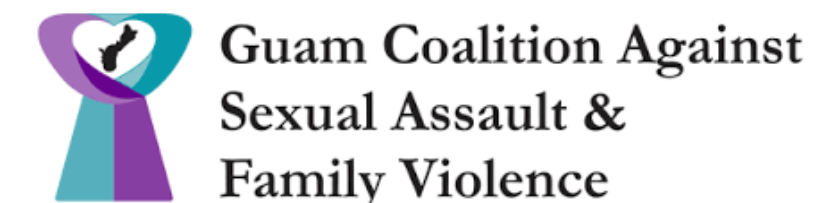
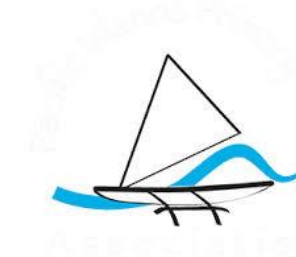
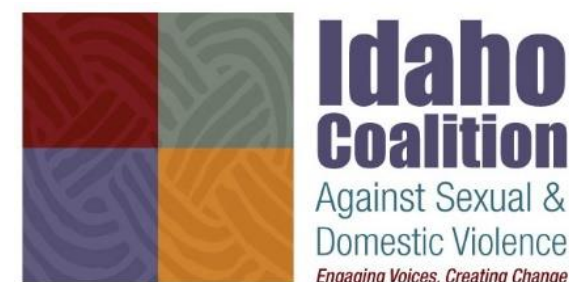
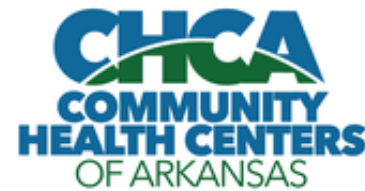
<https://www.niwrc.org/tribal-coalitions>



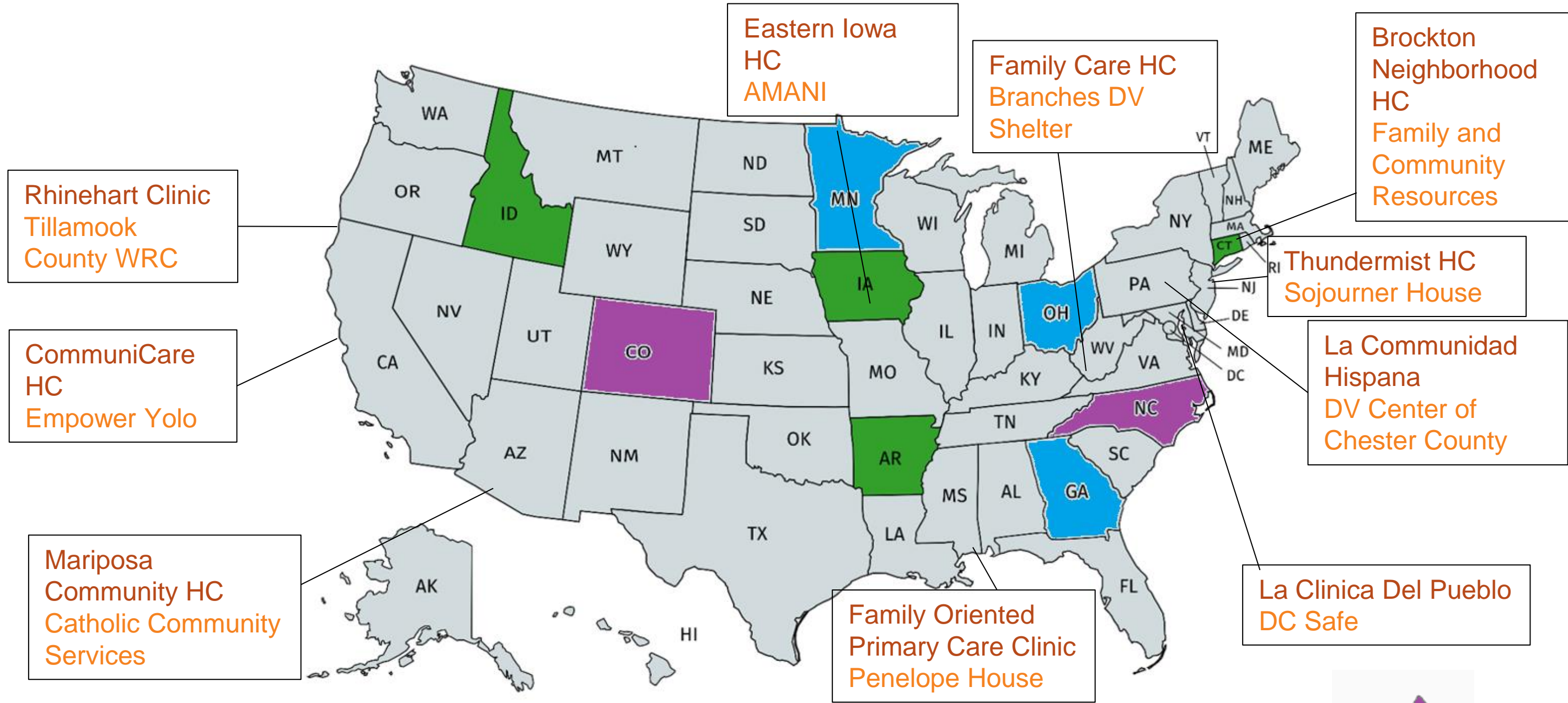


# Project Catalyst 2017-2021

## STATE-LEVEL: PRIMARY CARE ASSOC, DEPTS OF HEALTH, DV COALITIONS



# Improving Health Outcomes and Project Catalyst Phases I-III Sites



Created with mapchart.net ©

Red: Community Health Center, Improving Health Outcomes  
Orange: Social Service Site Partner, Improving Health Outcomes  
Green: Project Catalyst Phase I  
Purple: Project Catalyst Phase II  
Blue: Project Catalyst III











# Project Catalyst: Total Reach

Through 3 phases, Project Catalyst has had participation from **10 states/territories**

- Number of PCAs reached: **11**
- Number of DVCs reached: **11**
- Number of Depts of Health/Public Health: **10**



*Idaho Training of Trainers in Boise, ID in 2018*

**ACROSS THREE PHASES, PROJECT CATALYST'S 96 DEMONSTRATION SITES  
(HCs AND PARTNERING DV PROGRAMS) TRAINED:**

**45** Domestic Violence  
Programs/Community  
Based Organizations

**377** Domestic Violence  
Programs/Community  
Based Organization Staff

**51** Community  
Health  
Centers

**1,068** Community  
Health  
Center Staff



# **Poll: Does your health center have a working partnership with the local Domestic Violence Advocacy Program?**

- A. Yes
- B. No
- C. No, but we want one
- D. Unsure
- E. Development in Progress

# Establishing a Memorandum of Understanding

## An MOU between your health center + DVP may help:

- ✓ Establish a formal working relationship
- ✓ Create an avenue for bi-directional warm referrals
- ✓ Identify strategies to serve survivors more holistically through coordinated care

Visit <https://ipvhealthpartners.org/partner/>:

- ✓ Sample MOU
- ✓ Building and Sustaining Fruitful Partnerships
- ✓ DV Advocates' Guide to Partnering with Health Care

**MEMORANDUM OF UNDERSTANDING**

Between [DOMESTIC VIOLENCE/SEXUAL ASSAULT--DV/SA AGENCY] and [HEALTH CENTER]

This agreement is made by and between [DV/SA Agency] and [health center] to [state purpose of the MOU or project, i.e. to strengthen relationship between parties, to strengthen capacity for each entity, etc].

[Use this space to provide a brief description of each partner agency].

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV/SA Agency] and [health center] will meet each other in person at least once to understand the services currently provided by their respective programs and to discuss needs/goals and next steps.
- 2) Representatives of [DV/SA Agency] and [health center] will continue to meet between [date] and [date] [list frequency and meeting location].
- 3) [Health center] will hold the following roles and responsibilities: [list the responsibilities and role of the health center—i.e. training DV/SA advocates on the health impact of abuse or clinic services; serving as a primary health care referral for clients referred by the DV/SA program; drafting and reviewing IPV policies and procedures; offering health education or resources to clients in the DV/SA program; etc.].
- 4) [DV/SA Agency] will hold the following roles and responsibilities: [list the responsibilities and role of the DV/SA agency—i.e. training health center providers and staff; serving as a primary referral for health center patients in need; drafting and reviewing policies and procedures; offering DV/SA advocacy support onsite at health centers; tabling materials/resources at health fairs or other health events; etc.].
- 5) [Health center] will provide the following resources: [list resources that the health center can bring to support the project's efforts—i.e. additional staff time; materials; office space for advocates co-located at the health center; funding; key contacts; condoms or other reproductive health support; etc.].
- 6) [DV/SA Agency] will provide the following resources: [list resources that the organization can bring to support the project's efforts—i.e. additional staff time; materials; key contacts; funds; etc.].
- 7) [DV/SA Agency] and [health center] staff will develop an evaluation plan to measure the success and challenges of the project [i.e. implementing the QA/QI tool every six months to measure progress; other measurable outcomes such as referrals made; client/patient satisfaction surveys; provider/staff training evaluations; etc.].

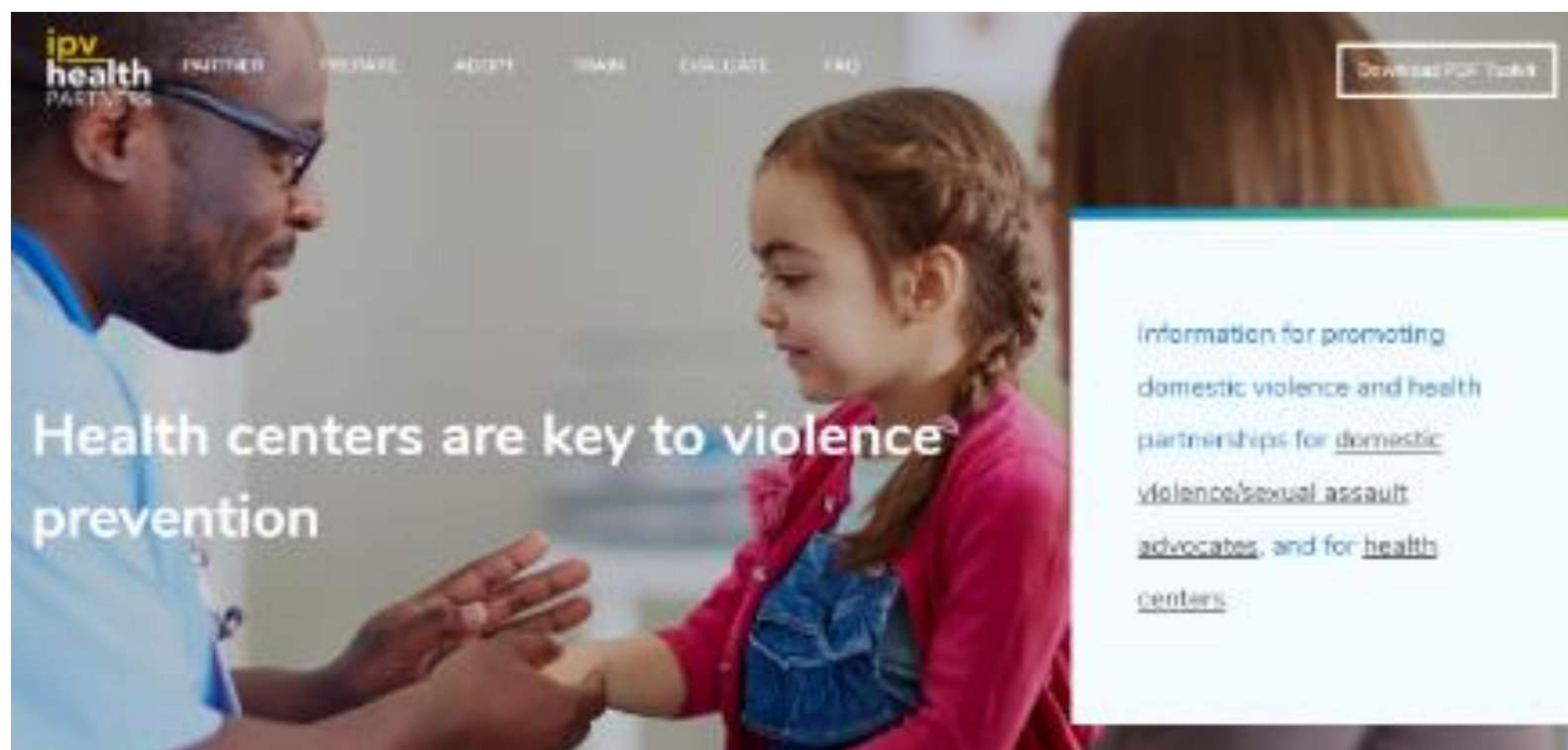
We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding. This agreement will be valid from [date] to [date], and may be renewed at the end of this period if both parties agree.

By _____	By _____
Name _____	Name _____
Title _____	Title _____
Health Center _____	DV Program _____
Date _____	Date _____

This MOU template was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence. For more tools visit: [www.ipvhealthpartners.org](https://ipvhealthpartners.org)

**FUTURES  
WITHOUT VIOLENCE**





**[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org)**

Developed by and for community health centers in partnership with domestic violence programs

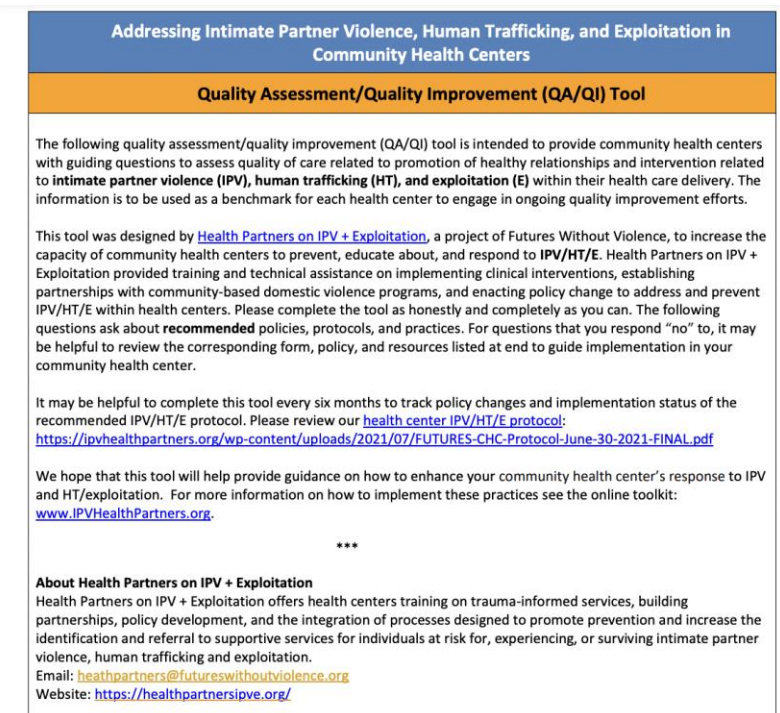
## An Online Toolkit with Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources



# Quality Assessment / Quality Improvement Tool (QA/QI)

- ✓ Guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery
- ✓ A benchmark for each health center to engage in ongoing quality improvement efforts
- ✓ Complete every six months to track policy changes and implementation status



[https://healthpartnersipve.org/wp-content/uploads/2022/09/HealthCenter\\_QAQI\\_TOOL.pdf](https://healthpartnersipve.org/wp-content/uploads/2022/09/HealthCenter_QAQI_TOOL.pdf)





# **Poll: Does your health center have a Medical-Legal Partnership?**

- A. Yes
- B. No
- C. No, but we want one
- D. Unsure
- E. Development in Progress

# Medical Legal Partnership Toolkit

Developed in Partnership with the National Center for Medical-Legal Partnership: Increasing Capacity to Address Health, Justice, & Equity Through Partnerships: A Guide to Help Health Centers, Domestic Violence Programs, & Civil Legal Aid Organizations Address & Prevent Intimate Partner Violence, Human Trafficking, & Exploitation

<https://healthpartnersipve.org/futures-resources/increasing-capacity-to-address-health-justice-equity-through-partnerships/>



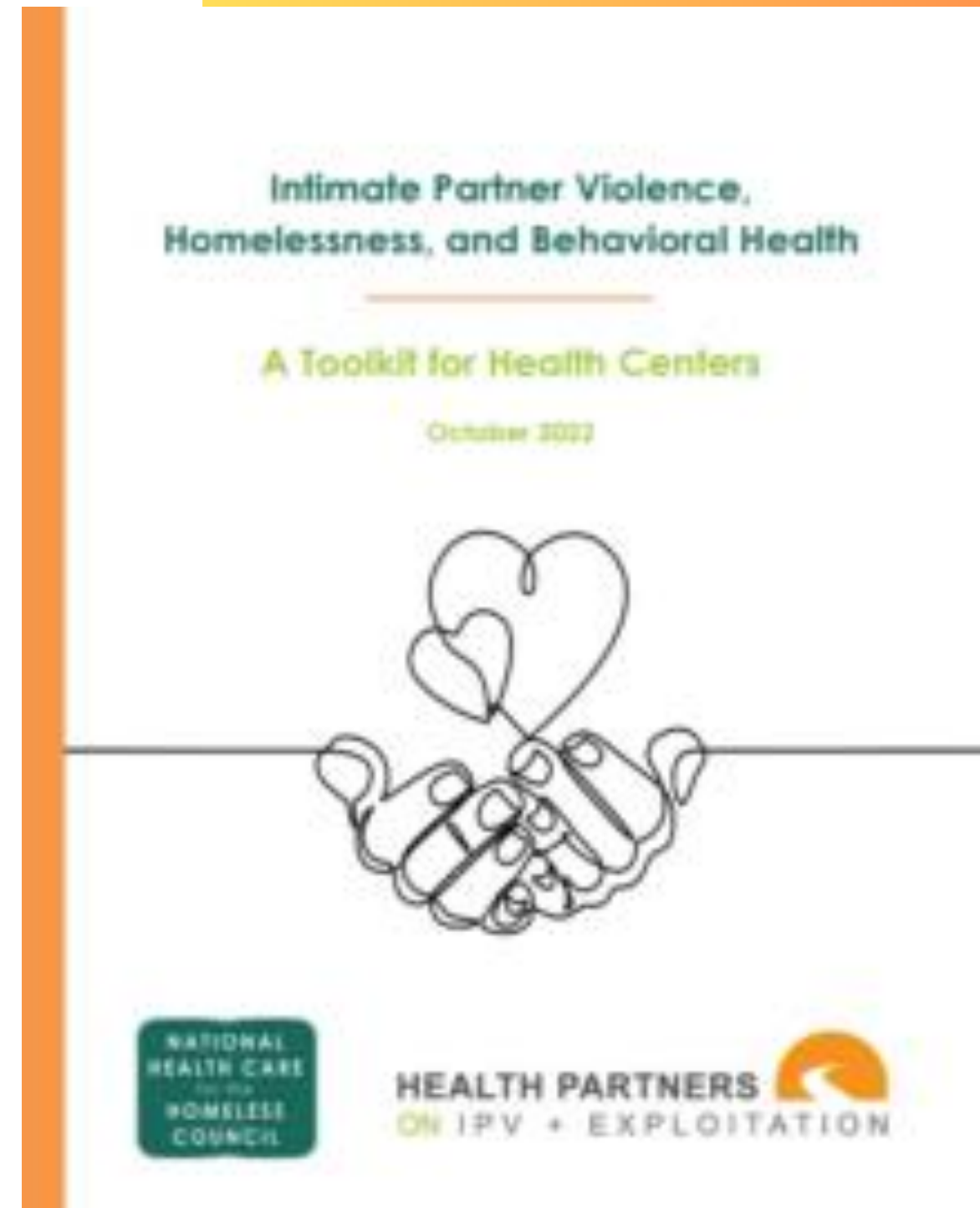


# Intimate Partner Violence, Homelessness, and Behavioral Health: A Toolkit for Health Centers

Developed in collaboration with the National Health Care for the Homeless Council, the following toolkit is intended to assist health centers and community-based programs in addressing the intersection of IPV and homelessness in four domains:

- Foundations of intersectional practice
- Provider self- and team-care
- Guidance on clinical conversations
- Community partnership

<https://healthpartnersipve.org/futures-resources/intimate-partner-violence-homelessness-and-behavioral-health-a-toolkit-for-health-centers-2/>



# Adaptable Health Center Protocol on IPV/HT/E

**In English and Spanish:**

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

## Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

**Protocol Purpose:** The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

1

(Version: July, 2021)

# Tools to Create a Comprehensive Response

- Assess your process and will for change
- Prepare: Update Protocol:  
<https://www.futureswithoutviolence.org/HCPtoAdressIPVandHT>
- Train support staff:  
<https://ipvhealthpartners.org/train/>
- Creating a healing environment:
  - Order posters!
- Reach out to community partners
- Implement [CUES](#)
- [Assessment and sustainability](#)



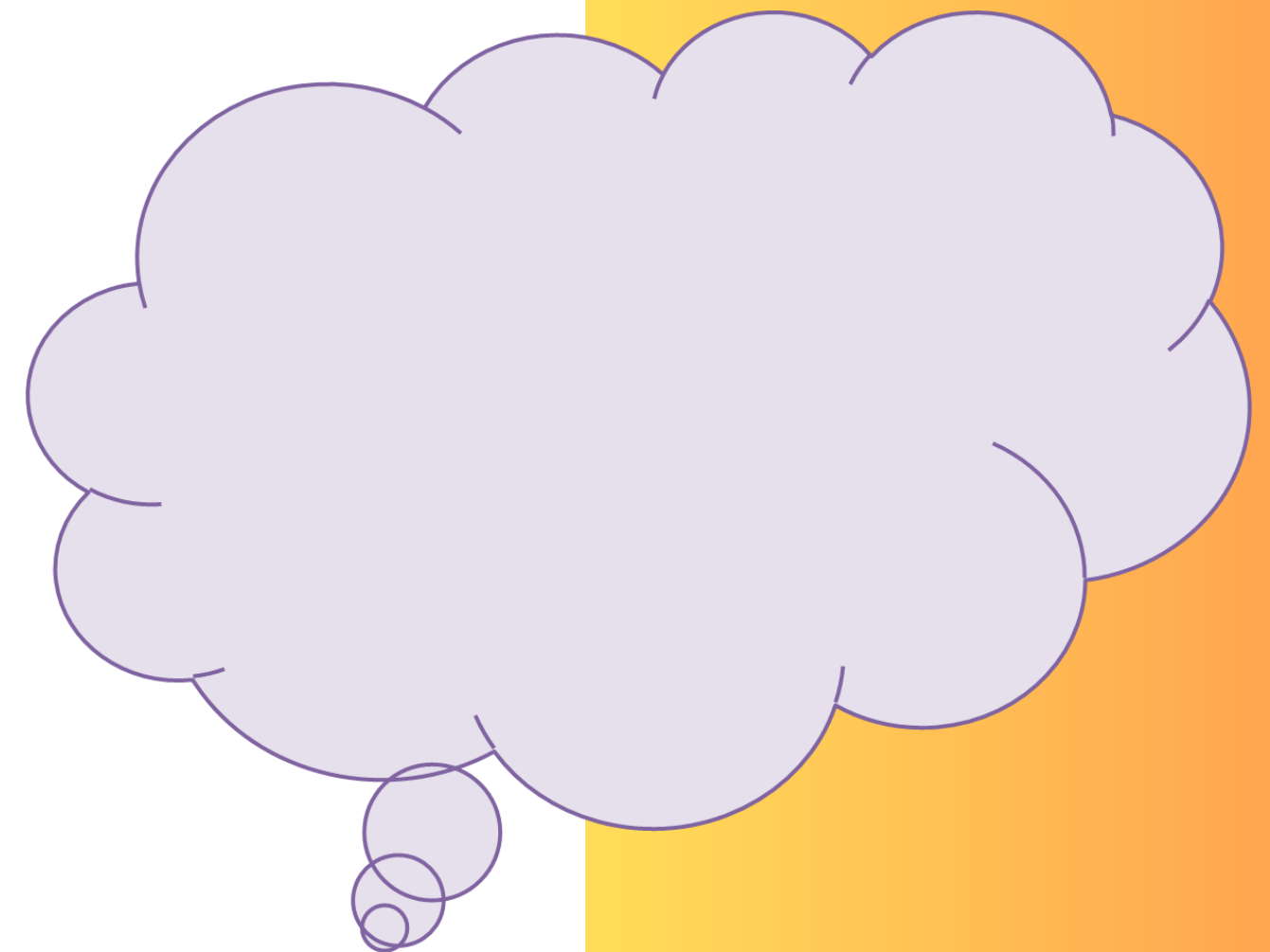


# Using Health IT to Support Addressing IPV/HT

## Opportunities and Considerations

# Embedding CUES, UDS measures into EHR

Discussion of Privacy, Safety, and Confidentiality – What pitfalls should be considered when developing clinical protocols and EHR tools to document IPV/HT/E?



# Components of EHR SmartForms to Assist Providers and Facilitate Private, Safe, and Confidential Documentation

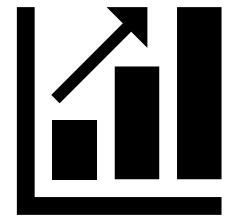
- Embed CUES Provider Scripts
- Link to ICD-10 IPV and Exploitation Codes
- Confidential Coding
- Ability to make notes Private
- Links to Resources



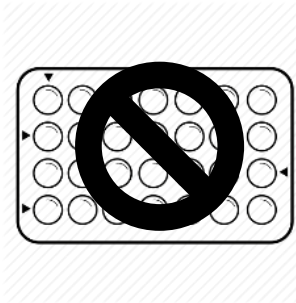


# Evidence Provider Scripts Work

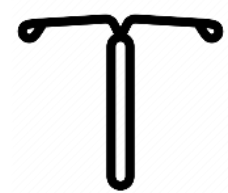
In a randomized controlled trial at four family planning clinics in Western Pennsylvania, **provider scripts showed promise in:**



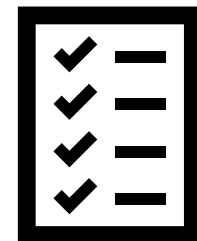
Improving **implementation of universal education** about intimate partner violence.



Reducing **reproductive coercion** over time.



Increasing uptake of **long-acting reversible contraceptives** over time.



Provider **scripts are helpful** in facilitating conversations with patients about healthy relationships and could be **incorporated into the EHR.**

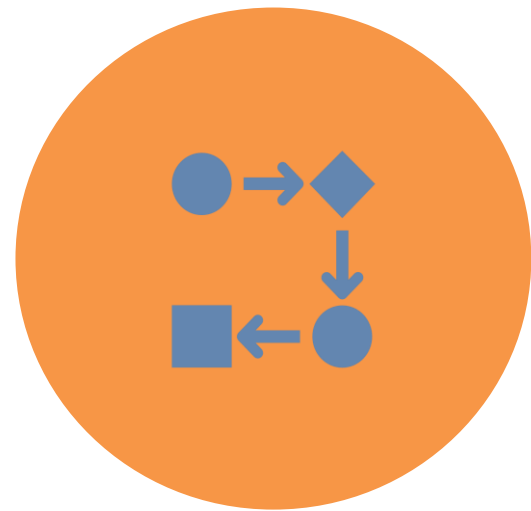


Courtesy of UPMC's Children's Hospital of Pittsburgh



# OCHIN EPIC Pilot Framework

FUTURES Partnered with OCHIN to develop a Smart Tool to:



FACILITATE WORKFLOW



FACILITATE AND DRIVE  
PRACTICE CHANGE



FACILITATE DATA  
COLLECTION



IDENTIFY AREAS FOR  
IMPROVEMENT AND GAPS IN  
RESPONSE FOR CLINIC FLOW

# OCHIN Toolbox

- ❑ CUES trained organization may elect to use to OCHIN's Best Practice CUES Tools.
- ❑ Workflows that include CUES-informed scripts and SmartTools
- ❑ Toolkit to support the implementation of CUES: Folio 8: CUES Intervention to Support Survivors of IPV and Prevent Future Violence

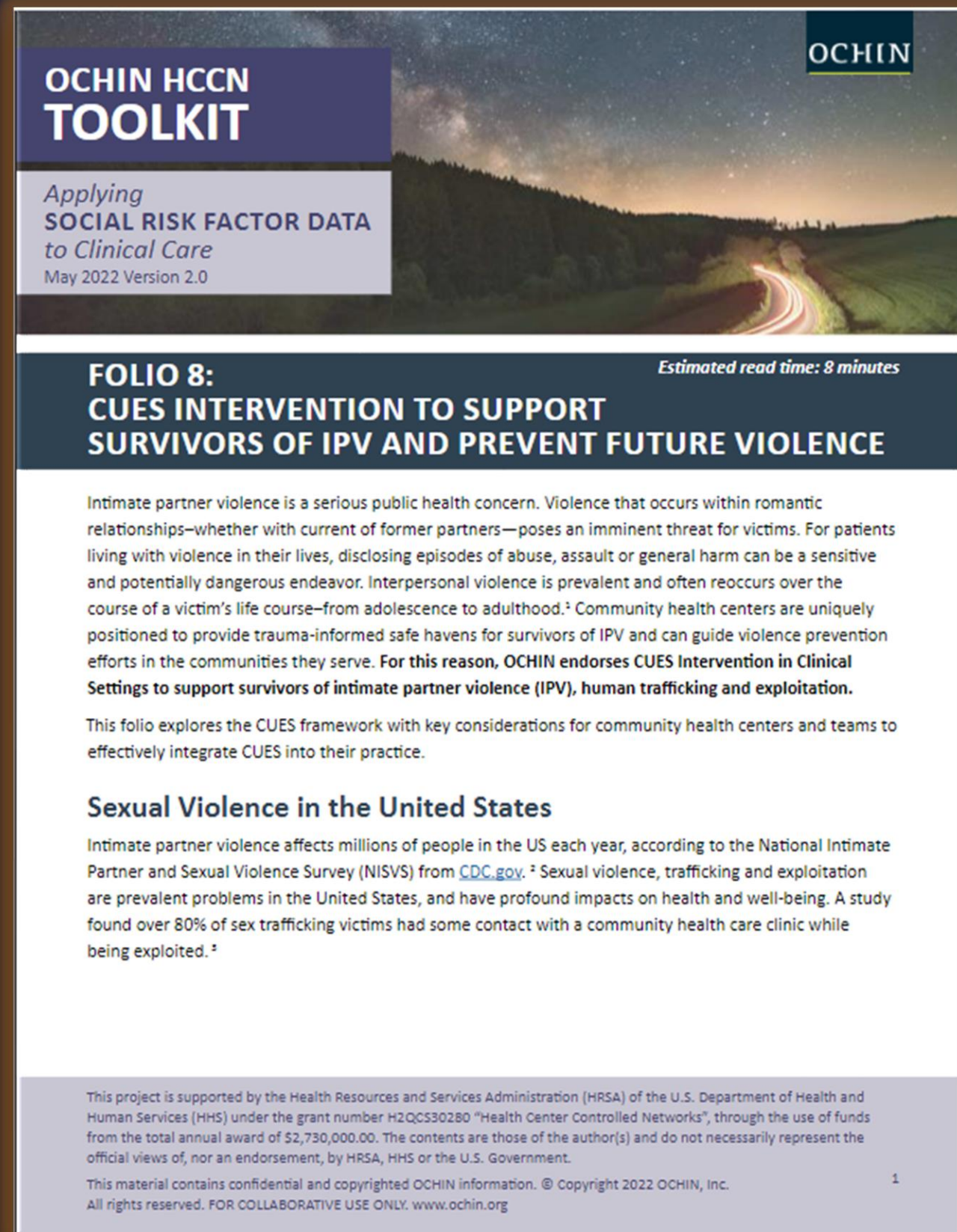
*Thanks to OCHIN + Asian Health Services for your partnership!*

# OCHIN Toolbox

- ❑ CUES trained organization may elect to use to OCHIN's Best Practice CUES Tools.
- ❑ Workflows that include CUES-informed scripts and SmartTools
- ❑ Toolkit to support the implementation of CUES: Folio 8: CUES Intervention to Support Survivors of IPV and Prevent Future Violence

*Thanks to OCHIN + Asian Health Services for your partnership!*

# OCHIN Toolbox: HCCN Toolkit



## Content:

- ☐ Futures Without Violence (FWV): An Advocate for Change
- ☐ What Is CUES?
- ☐ How Does CUES work?
- ☐ Why CUES?
- ☐ Why Does CUES Work So Well in Community Health Centers?
- ☐ Getting Started: How Can Your Organization Adopt CUES?
- ☐ Facilitating the Change to the CUES Framework Using Change Management Tools
- ☐ Essential Steps for Change Management
- ☐ Training Resources for Providers
- ☐ Patient Education Material
- ☐ References and Resources



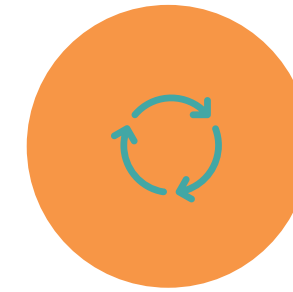
# Preparing to Implement



Clinician champion



Training and education (FUTURES can help!)



Clinical (operational) workflow



Supply and patient materials inventory



Patient safety protocols



Patient confidentiality policy



PDSA Cycle





# Asian Health Services (Oakland, CA)



- ☐ Trained all staff on CUES
- ☐ Utilized multi-lingual safety card tools
- ☐ Implemented Smart Tool
- ☐ Provided feedback to OCHIN



# Results

- ❑ Identified a need for improved access to multilingual patient resources
- ❑ Tool was easy to use and having it integrated into Flowsheets - time saver
- ❑ Facilitated team awareness and rich conversation with patient
- ❑ SmartPhrase and protect buttons great
- ❑ Use of Storyboard instead of BPA
- ❑ Need to train providers before using tool
- ❑ How Asian Health is using the tool now until we roll out more widely



# Summary of Key Points

- ❑ “CUES” is an evidence-based intervention on IPV and promotes prevention.
- ❑ Patients appreciate the discussion and resources, and the tool provides a confidential and safe way of documenting discussions and disclosures.
- ❑ Partnerships between HCs and local programs also promote safety outcomes for patients and staff
- ❑ Health Partners on IPV + Exploitation is a BPHC-funded NTTAP that offers free training and resources.
- ❑ OCHIN offers a Smart Tool and toolkit to help integrate IPV into practice





For additional resources visit [healthpartnersipve.org/](http://healthpartnersipve.org/)