Applying Implementation Science to build IPV screening and referral capacity in a Fracture Clinic: Lessons learned from a pilot study

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BACKGROUND

In Toronto, a previous study reported that 1 in 4 female patients at the St. Michael's Hospital Fracture Clinic had experienced intimate partner violence (IPV) within a year of their fracture[1,2]. Building upon the need for and motivation to support a comprehensive screening and referral initiative in the Fracture Clinic, a team of researchers and clinicians used methods of implementation science to strengthen existing screening activities taking place in the clinic.

Goals

- **Build upon existing implementation research by adapting the approach to a health care setting**
- **Ensure the process is well integrated within the clinic by engaging a research-clinician implementation team throughout the process**
- **Share successes and challenges, allowing for scale-up to a variety of healthcare settings**

***Intentional** investment in the **planning** stages of implementation led to successful uptake of an IPV screening program, with improved screening efforts and strong partnerships built between clinicians and researchers.*

ADAPTED METHODOLOGY USING THE APPLIED IMPLEMENTATION FRAMEWORK[3]

Exploration
- Understand clinic environment
- Identify implementation strengths and challenges
- Build relationships
- Create readiness to proceed with Installation

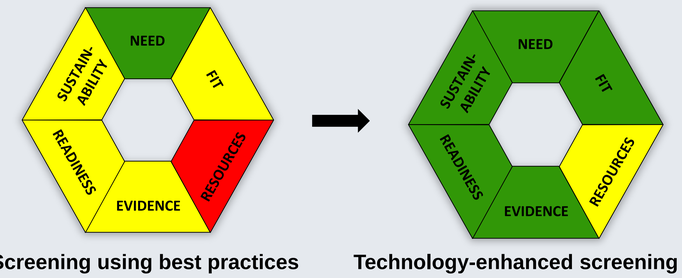
Installation
- Design evidence-based screening protocol
- Train staff
- Build capacity
- Prepare for Initial Implementation

Initial Implementation
- Pilot test the screening program
- Provide staff with coaching and support
- Refine screening processes

Final Implementation
- Ensure sustainability of the screening program

FINDINGS

(1) Data summarized from Exploration Tools[4]



Screening using best practices → **Technology-enhanced screening**

Existing clinic barriers:

- ☒ Lack of privacy
- ☒ Limited staff time to spend on screening
- ☒ Presence of patient's partner

Addition of technology:

- ☑ Minimize delays in clinic flow
- ☑ Reduce burden on staff
- ☑ Give control back to patients

(2) Data reported from Round I of Pilot (over period of 8 clinic days)

Fracture Clinic Type *(N of eligible patients)*	% of Patients who Completed *IPV** Screening	# of Positive Screens
Upper extremity *(N=158)*	60.8	11
Trauma *(N=30)*	46.7	1
Hip and knee *(N=69)*	28.9	1
Overall *(N=257)*	**50.6**	**13**

*Does not include patients who completed dummy screening or opened/closed the screening app without answering

Link to IPV screening app: https://withwomen.ca

Patient acceptability of technology-enhanced screening (N=4):
Had enough privacy and felt safe and comfortable completing screening
Technology was easy to understand
Comfortable knowing a healthcare provider might follow up with them

LESSONS LEARNED

- It was important to **balance** the need for clinical staff input while respecting their time and patient care responsibilities.
- Implementation tools had to be **simplified** and **tailored** to each Fracture Clinic setting.
- **Transparency** in sharing data with stakeholders in real time allowed the program to be tailored iteratively.
- Engaging a **diverse** implementation team of **front-line** clinical and **managerial** staff proved critical to understanding the full clinic context.
- **Systematically** examining the intervention and clinic context helped anticipate and plan for potential problems at later stages.

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ACKNOWLEDGEMENTS

Special thanks to the staff at the Fracture Clinic for their support throughout the implementation process. This research is being generously supported by the St.Michael's Hospital Translational Innovation Fund.