**Private rooming workflow**

Front Desk

* Before implementation
  + Signage in waiting rooms

Sample Script: ***The confidentiality of the patient-doctor relationship is important to us.***

***That’s why we ask family members and friends to remain in the waiting area during patient examinations.***

***Afterward, at the patient’s request, family or friends may be invited into the exam room.***

***Thank you for your understanding and support.***

* + Front desk/ Scheduling Patient Services: to inform patients of upcoming start date of private rooming policy at check-in

Sample Script: ***We’re letting our patients know about a new policy. Beginning (date) our staff will bring patients into the exam areas alone. Your friends and family may have an opportunity to join you later during the visit.***

* + Once implemented
    - Signage
    - Front desk continues to inform patients of private rooming policy at check-in

Ex: ***When our Medical Assistant calls your name, only you (the patient) will be taken back.***

Back Office

* Frequency of screen – 1x a month

Sample Script: Medical Assistant:

* Calls patient name
* As needed identifies the patient
* Sample script if other family friends appear to be coming back:
  + ***I am going to take (patient’s name) to the back and the rest of you please have a seat.***
  + If challenged or concern is expressed: ***There may be an opportunity to join the patient during the visit. To protect the privacy of all our patients, we see patients alone.***

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* + Vitaling done alone
  + MA gives patient laminated screening card once in exam room
  + MA checks progress > when completed> MA documents (screening administered, answers, providers notified if applicable – using developed Smartphrase) in sensitive progress note
  + If patient asks or refuses (scenario to be addressed in training)> say forms/assessments are done to assist with patient care.

If patient completely refuses to complete screen, document in EPIC and tell provider

* MAs to green dot the patient/visit before screenings have been completed to increase provider visit time
* Provider workflow
* Provider still needs to document that screening occurred or document their own assessment
* Provider discretion about when to dive deeper into negative IPV screening> only at annual, well woman, pap?
* If positive IPV, provider to ask if patient would like to wait to speak with BH staff about options and resources or would patient be open to having BH staff contact him/her

Ex: Positive current IPV (moderate risk)

*I see that you answered yes to some of the questions on our screening card. Could you tell me more about \_\_\_? What you’ve told me concerns me and I’m sorry that you’re going through that. I’d like to connect you with a member of my team who will be able to help you.*

[WHO option:]

*Would you comfortable to have a member of my team speak with you before you leave today? (*

*If no) Would you be comfortable to have a member of my team contact you by phone? Is there a number that you feel comfortable (safe) receiving a phone call? Is it ok to leave a message?*

[Referral option:] *Would you be comfortable having a staff member contact you by phone to go over what resources are available/what your options are?* [if they say yes:] *Is this number ok for our staff to call you at? Is it ok to leave a message?*

Positive historical IPV (low risk)

*I see that you answered yes to questions 4 and/5 on our screening card. Are you comfortable talking/would you like to talk more about those situations? Do you feel like this is currently impacting you/your life?*

Negative IPV

*So it looks like you answered no to all of our screening questions, I’m glad to hear it. Just to check in, have you experienced any stressful major events since we last met? Is anything still bothering you?*

Feedback still needed:

* How to address the issue of avoiding asking patients about historical trauma at every visit?

Options:

* + Cross out questions 4 and 5 on laminated card if the patient has already answered them in a previous visit
  + Have questions 4 and 5 separated from questions addressing current IPV on laminated card through formatting, along with messaging that indicates unnecessary to answer if have already done so at previous visit
  + Can provider/MA search notes in EPIC through keywords to avoid repeating asking about historical trauma
* If positive historical IPV,

Options:

* + MA to verbally ask if patient wants to discuss OR provider asking?
  + Potential 6th question on screening, in EPIC Smartphrase, or verbal?
  + Script or card could include do you want to discuss with someone, how is this affecting you, etc.

**Screening Questions**

* Decision to edit original Kaiser questions to capture current and historical, historical limited to trauma involving a partner, current to capture any relationship (not just partner)

1. Are you currently in any relationship where you are hit, slapped, kicked, or hurt?

🞎 Yes 🞎 No

1. Are you currently in any relationship where you feel unsafe?

🞎 Yes 🞎 No

1. Are you currently in any relationship where you are pressured or force to have sex?

🞎 Yes 🞎 No

1. Have you ever had a partner who physically hurt or threatened you?

🞎 Yes 🞎 No

1. Have you ever had or do you currently have a partner that causes you emotional stress or has emotionally abused you in anyway?

🞎 Yes 🞎 No