Clinic Registration / Check In
MA takes vitals & DV Screening; flag provider if positive
Provider visit (PA, NP, MD); observation/ DV education
ChapCare Behavioral Health Visit
ChapCare Behavioral Health Visit
Provider Direct Referral to YWCA
Referral to YWCA
ChapCare Behavioral Health Visit
Monitoring and Reinforcement
Referral to YWCA
Provider Direct Referral to YWCA
ChapCare Behavioral Health Visit
Consultation for DV & outreach services
Intake and enroll in DV outreach services
Referral for shelter or other services
DV - YWCA WINGS In Shelter Assessment
Shelter Clients with Health Needs
No show / Other decline
Referral to ChapCare
Referral to other provider based on necessity
Helpline Telephone Screening
Not DV / Decline Services / Unknown
Other DV Shelter or Other Services
Patient/Client flow
Expedited referral pathway
Pathway in development
Intimate Partner Violence Clinic Flow

Front Desk informs patient of new privacy policy

MA calls patient to exam room alone and hands the questions

MA checks patient progress and may answer questions

MA documents patient answers into EMR

- Patients answers yes to one or more questions
- Patient refuses to answer questions

LEGEND

MA: Medical Assistant
IPV: Intimate Partner Violence
EMR: Electronic Medical Record
Haven: Haven Women’s Center
LCSW: Licensed Clinical Social Worker

*Patient may decline meeting with Haven staff and/or LCSW. If this is the case, doctor can offer patient informational handouts and let patient know services are available should they change their mind.

MA schedules LCSW appointment for later date*

Doctor discusses answers with the patient during consultation

MA notifies doctor and calls Haven

- Referral only to Haven
- Referral to LCSW

MA notifies doctor, who may choose to follow-up with patient

Patient is directed to private room with Haven staff*
Domestic Violence (DV) Assessment and Response Flowchart

Patient visits MCHC

MA rooms the patient alone and completes initial screening

Patient discloses injury is due to DV

Patient denies injury is due to DV, but signs and symptoms identified

Patient states the injury was previously reported

Patient reveals DV, but no current injury

Immediately notify the provider and patient advocate. Support the patient and/or acknowledge abuse. Consult with patient advocate and DV agency.

*Consult with patient advocate to develop a safety plan.
*Provider to fill out OES-2-920 form, body map of injuries, and physical assessment in EHR.
*Report: Inform patient of required reporting; Call law enforcement as soon as possible; Mail OES-2-920 Injury Report within TWO business days, Document DV information in EHR “confidential” section.

*Consult with patient advocate to notify patient of resources.
*Provider to document suspected DV in progress notes; document referrals made in EHR.
*Report: (Per the provider’s discretion) inform patient the required reporting of injuries; Call law enforcement as soon as possible; Fill out OES-2-920 Injury Report within TWO business days; Document DV information in EHR “confidential” section.

*Make referrals as needed to best support patient.
*Patient advocate creates safety plan.
*Provider or patient advocate to ask for previous case number and the police department involved in the case.

*Consult with patient advocate to develop a safety plan.
*Refer to DV agency for further resources.
*Document DV information and the referrals made in EHR “confidential” section.

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*Refer to DV agency and health worker.
*Encourage development of a safety plan

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Is the patient at risk to return home?

Immediate Risk:
*Notify police
*Seek emergency shelter and accommodations
*Sexual assault- Refer to SARC
*Suicide risk- refer to crisis hotline, emergency department, or behavioral health specialist

High Risk:
*Refer to DV agency and health worker.
*Encourage development of a safety plan

Moderate Risk:
*Provide written information about resources available to patient
*Encourage development of a safety plan

Children at Risk:
*Notify the police department and/or Child Protective Services (use after hour crisis center if indicated).