Background

The World Health Organization (WHO) reports 1 in 3 women worldwide experience physical or sexual violence. In the US, 1 in 4 women experience varying forms of gender-based violence from physical to sexual violence. Survivors cope with physical injuries while also suffering in silence with psychological traumas. Trauma may manifest as PTSD, self-harm, low self-esteem, and phobias. Survivors are more than 2.3 times likely to abuse alcohol and almost three times as likely to have depression or anxiety. DV is a global public health issue that poses significant challenges for survivors.

Consequence & Scope
At least 42% of women in Maryland have experienced physical violence, sexual assault, or stalking by a partner. Impaired access to mental health care may result in negative outcomes and coping mechanisms. Increasing patient retention and improving appointment adherence can improve mental health outcomes in this population.

Problem Statement
Healthcare facilities providing mental health services often struggle with patient adherence to follow-up appointments. Data from this project site suggests that patient adherence presents a challenge as well especially with the unique barriers that this population is facing. In a 9 month period, 45% patients did not attend their initial appointment. Bolstering follow-up appointment attendance is pivotal to healing and recovery.

Purpose & Aims

Purpose
- To increase patient adherence to follow-up appointments for mental health care services in the domestic violence community. They face extraordinary circumstances and obstacles that affect retention and adherence to medical therapy.

Aims
1. Increase patient attendance to appointment follow-up through the implementation of an appointment reminder system over a 10 week period.
2. Evaluate provider and staff satisfaction with the reminder system over a 12 week period.

Methodology

Design
- Pre & Post-intervention design utilizing Plan, Do, Study, Act (PDSA) as the translational framework.

Demographics
- 50 survivors of domestic violence, age 18 & older, female gender, referred for mental health services (such as medical management & therapy) through grant program
- Recruited 4 shelter staff members: 1 Provider, 2 Nurses, 1 Site-Coordinator

Data Collection
- Appointment data collected from EMR every 2 weeks, de-identified, and logged in JHU OneDrive & anonymous staff surveys collected from Qualtrics

Data Analysis
- Ran Shapiro-Wilk test, rejected null hypothesis
- Wilcoxon signed-rank test utilized for pre-and post-intervention appointment data analysis

Interpretation of Hypothetical Data
The findings of this project show that establishing an effective multimodal reminder system can improve follow-up appointment outcomes. This was evidenced by the uptick in appointment adherence post-intervention which showed an increase in the mean follow-up appointments post-intervention to 2.08 appointments from 1.28 appointments attended. Likewise, 75% (%) of staff agreed that they were satisfied with the intervention.

Results

Outcomes for Aim 1:
- Before the intervention the mean follow-up appointment was 1.28 (SD 0.93) with a range of 0 to 4 appointments.
- Average follow-up visit ranged between 1 & 2 follow-up visits with patients attending as many as 4 appointments in this period.
- After the 10-week intervention period the mean follow-up appointment was 2.08 (SD 1.19). The range of appointments were from 0 to 5.

Outcomes for Aim 2:
- Staff completed an anonymous 3-point Likert post-intervention survey on satisfaction with the project intervention.
- 75% (%) of staff reported satisfaction and improved workflow while 25% (%) reported unchanged.

Conclusion

DV can have a lasting physical and psychological impact on survivors. Improving access to mental health care resources is crucial. This QI project attempted to help alleviate some of the burdens that patients often face when seeing a health care provider. A safe and efficient multimodal appointment reminder system was implemented to help remind female survivors of scheduled mental health appointments. The results of this quality improvement project showed that a multimodal reminder system approach can lead to an increase in appointment adherence in this population. In the future, more research should be conducted on this topic and the unique barriers faced by survivors of domestic violence receiving mental health care.