

Improving Mental Health Appointment Adherence For Female Survivors of Domestic Violence

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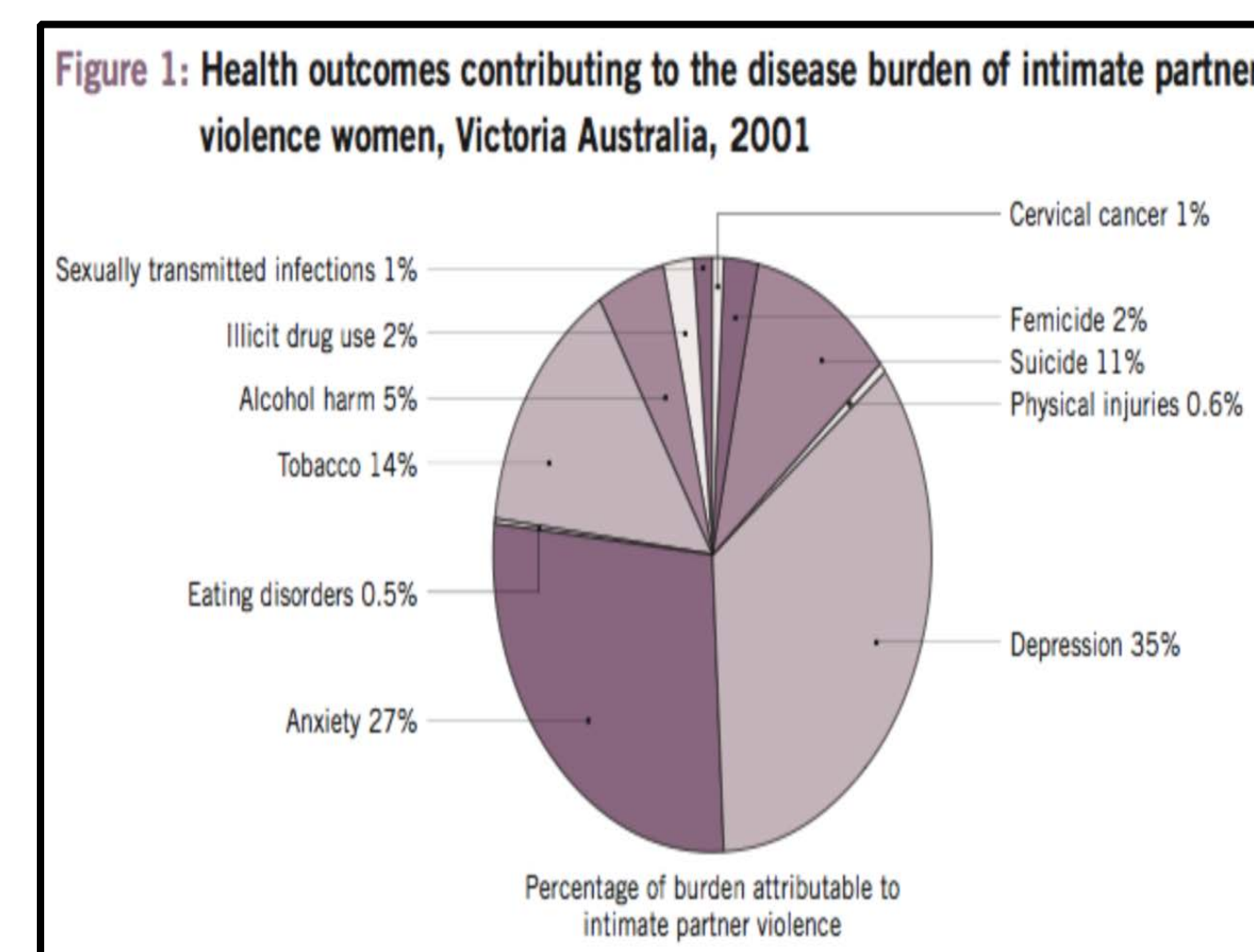
Background

Introduction

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.

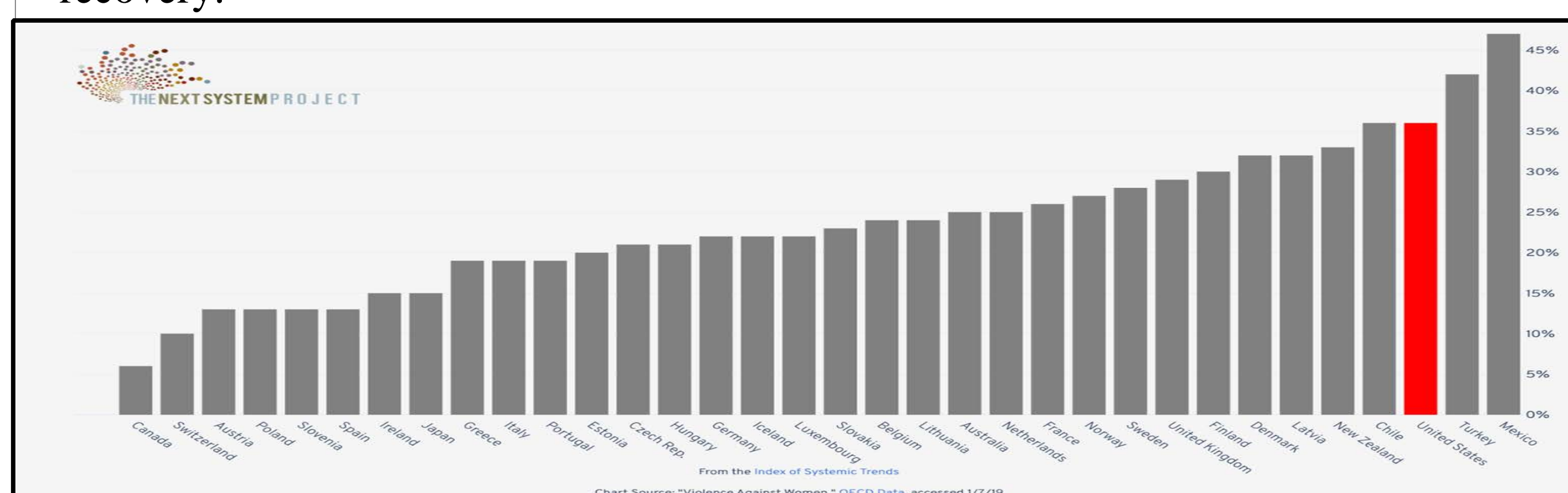
Significance & Scope

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

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

Intervention

Intervention: Adapt a safe and effective reminder system for DV survivors to increase appointment adherence using text, call, and email per patient preference.

Pre-Implementation

- Baseline data was collected for 2 weeks

Intervention

- Provided staff educational zoom in-service
- Established reminder safety protocol templates
- Implemented appointment reminder system over 10 weeks

Post-Intervention

- Undertook appointment data analysis
- Staff completed a post-intervention likert survey



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

Limitations & Strengths

Limitations:

Loss of the grant that provided free mental health services for patients significantly impacted the number of participants enrolled in the study. Some of the participants were not able to access this once free service anymore and this impacted outcomes. Thus, this project used hypothetical data. Likewise, there is little to no data on appointment reminders in this specific patient population.

Strengths:

However, the biggest strength was how open to change the stakeholders and patients were. This made implementing the project more seamless.

Results

Outcomes for Aim 1:

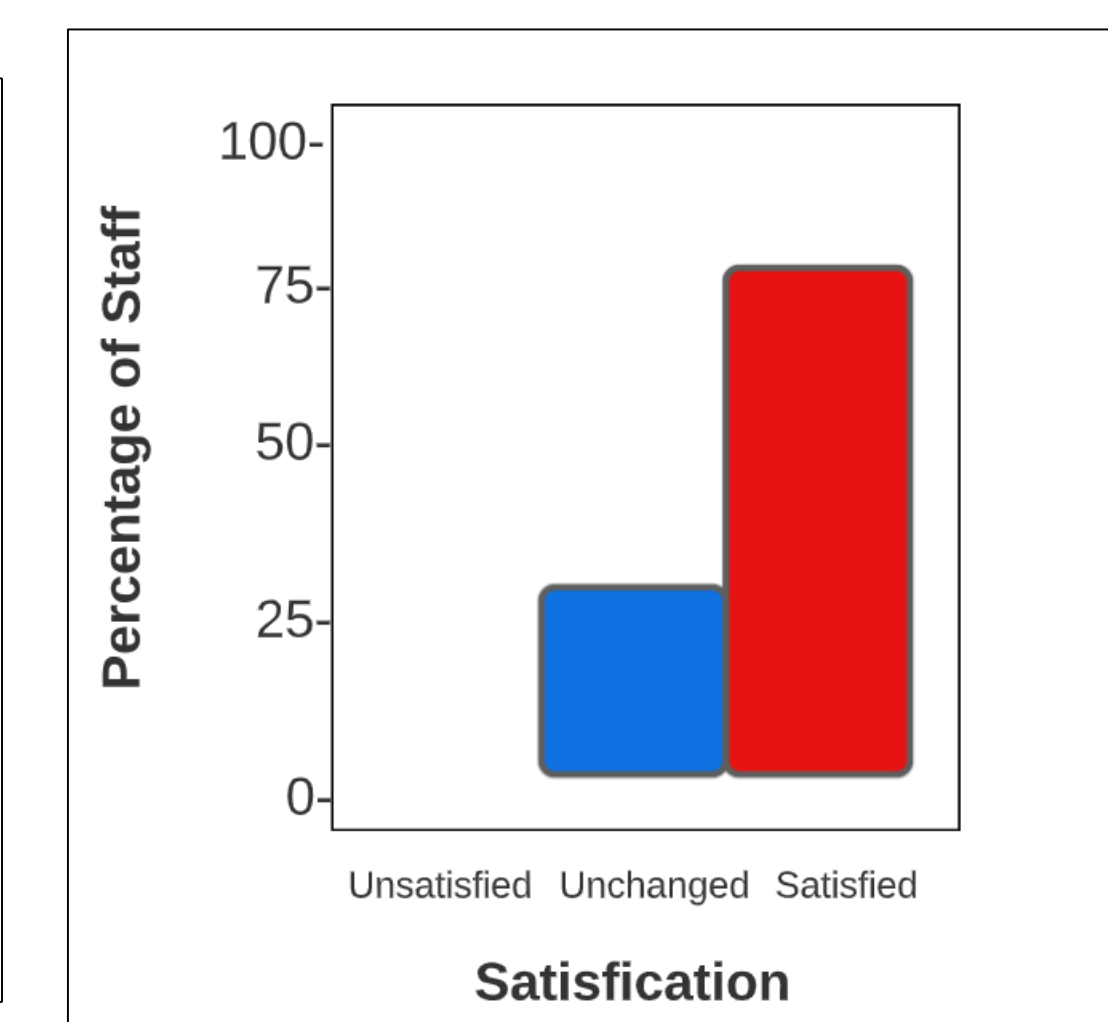
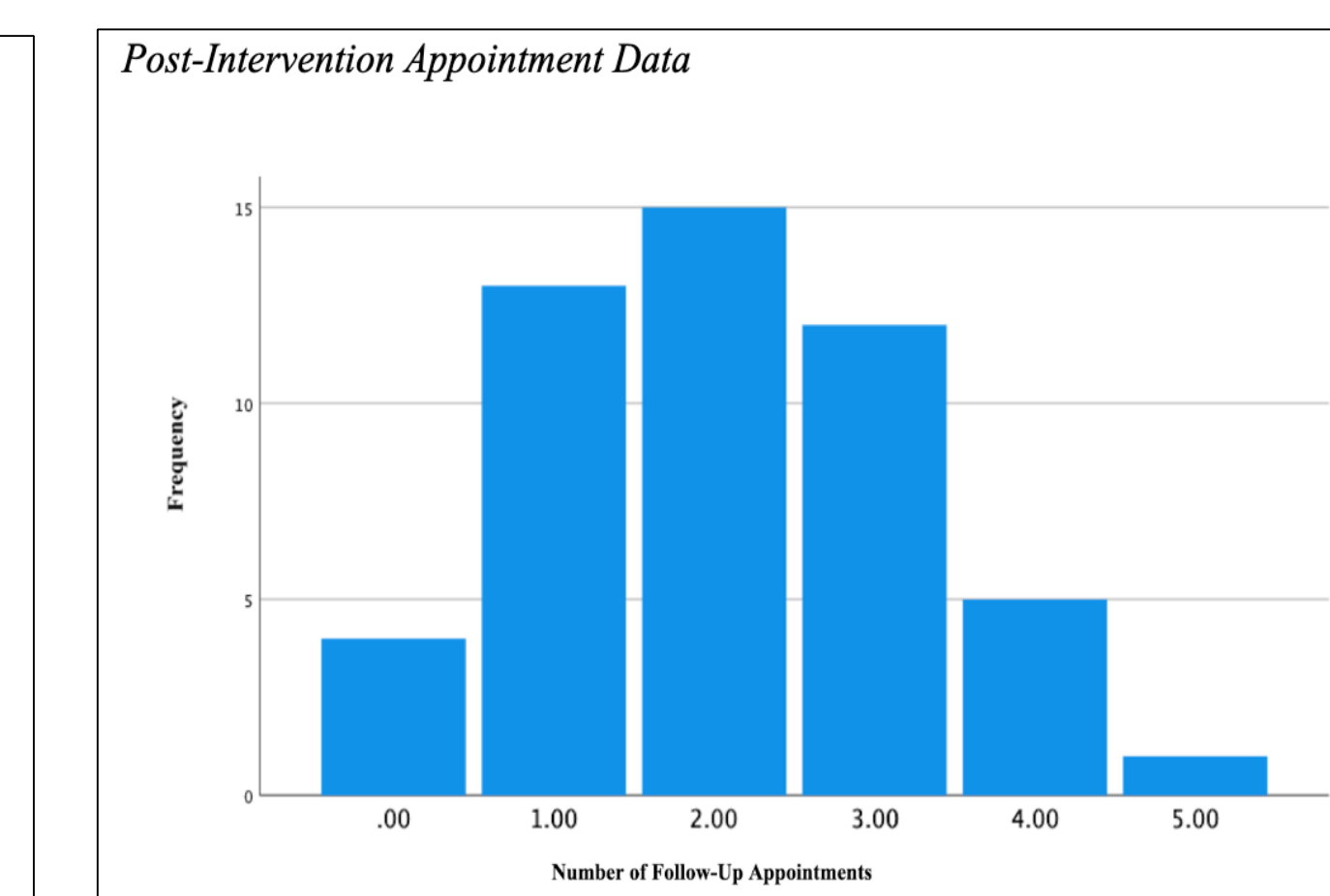
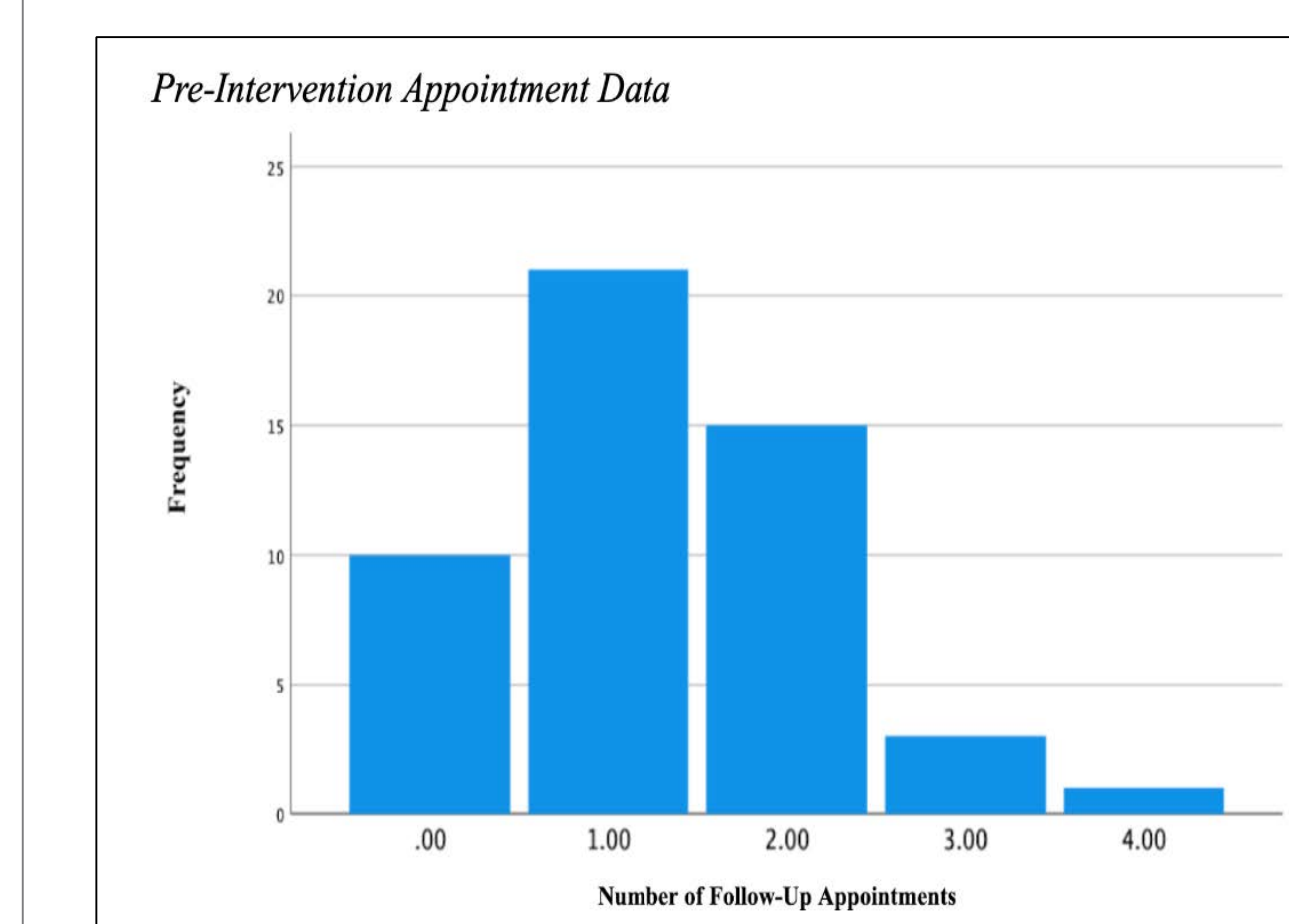
- Before the intervention the mean follow-up appointment was 1.28 (SD 0.93) with a range of 0 to 4 appointments.
- Average follow-up visit ranged between 1 & 2 follow-up visits with patients attending as many as 4 appointments in this period. The interquartile range (IQR) was 1.
- After the 10-week intervention period the mean follow-up appointment was 2.08 (SD 1.19). The range of appointments were from 0 to 5. The average follow-up visit ranged between 2 and 3 follow-up visits with patients attending as many as 5 appointments in this time period.
- Post-intervention there was an increase in IQR when compared to before the intervention. The IQR was 2. A Wilcoxon signed-rank test was conducted. The p-value was <0.001.
- Pre-intervention patients attended 64 appointments and post-intervention patients attended 104 appointments.

Outcomes for Aim 2:

- Staff completed an anonymous 3-point Likert post-intervention survey on satisfaction with the project intervention. The survey was administered via Qualtrics.
- 75% (n=3) of staff reported satisfaction and improved workflow while 25% (n=1) reported unchanged.

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% (n=3) of staff agreed that they were satisfied with the intervention.



Conclusions

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.