

MD TEMPLATE FOR POSITIVE RESPONSE TO DOMESTIC ABUSE SCREEN

WHAT TO SAY	WHY
I'm very sorry to hear this is happening. How long has this been going on? How often does it happen? What does s/he do?	Establish duration, frequency, and severity of abuse.
No one deserves to be treated this way. You deserve better. This is not your fault.	Responding in a supportive and nonjudgmental manner makes patients significantly more likely to accept an intervention.
I'm concerned about your safety and how this is affecting your children.	Concern about effects on children is one of the top reasons a woman seeks change – use this as a “hook”, especially in ob.
Also I'm concerned because the stress of what you are going through may be increasing the pain you are feeling from -----.	Pointing out effects on health is another top reason patients seek change.
I'd like to have someone (on our staff) talk to you about your safety, and the support available to you.	Refer to social work or community hotline for support
Everything we discuss here today is confidential – your partner cannot get this information. However, if you come in with a visible injury that you say or I suspect is due to abuse, by law I must report that.	Explain limits of confidentiality
I'd like to see you back in two weeks to see how your new medication is working out, and we can discuss this further. What's the safest way to contact you?	Make follow-up appointment. Find out the most private way to contact her, since many abusers sabotage medical care as a form of control.
SAFETY ASSESSMENT (Social worker or telephone hotline worker can assist)	
Do you feel safe going home today?	If not, can she go to a friend or relative, or consider ER hold until shelter arrangements made.
Do you have a place to go when you don't feel safe?	Encourage planning.
Sometimes when a person is in a situation like this, they might feel so upset or depressed that they think about hurting themselves. Have you felt that way?	Assess suicidality.
Are the children being hurt? (or elders, dependent adults)	If children are being hurt, explain that you are required by law to report this to Child Protection Services. Give her the option of calling CPS herself from your office to report her partner. This may help her avoid “failure to protect” charges. You still need to report situation yourself.
Let's go over this hotline and safety information. You can fold it up and hide it. Do you feel comfortable bringing it home with you?	See sample info sheet in seven languages at http://domesticabuse.stanford.edu/patient_materials.html If she is too afraid to bring info home, have her memorize 1-800-799-SAFE (800-1=799), National Domestic Violence Hotline.
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DOCUMENTATION

WHAT TO DICTATE	WHY
Patient states that her husband has been physically abusing her for the past 2 years, 1-2 times/month. "He slaps me, shoves me against the wall, and sometimes punches me. I've had several black eyes. Three months ago I had to go to the ER because I thought he had broken my arm. He said he would steal the children and I'd never find them if I tell anyone."	Use patient's own words for duration, frequency, severity of abuse, including threats.
Patient does not have present injuries.	Evaluate during physical exam. Visible present injuries from abuse are reportable.
However, patient states and the records show that since the abuse began, she has developed insomnia, and the pain from her ----- has gotten more frequent and severe.	Document effects on mental and physical health.
Referred to Social Work. Follow up appt. 2 weeks, leave messages on her cell, not house phone.	Document referrals and follow-up.
– if SW assessment not done separately add –	
Patient states she feels safe going home today, and can go to her Aunt's if she doesn't feel safe.	Document safety.
She denies suicidality or harm to children.	Document pertinent negatives.
Patient given hotline and safety sheet.	Document materials given.
– if injury add –	
Patient has multiple bruises and abrasions on both forearms (see body map). Palo Alto PD called, Officer Smith responded, took photographs and received Form OES-920 (copy to chart).	Document injuries and any required legal responsibilities.
CODING/BILLING	
Add domestic abuse to problem list	Pros: Important info for patient's other healthcare providers Evidence in court Supports increased billing time Helps document prevalence in area Cons: Abuser may receive bill/coding #s Possible future insurance bias (illegal)
CPT	Step up New/Established patient level to reflect counseling time Add -21 Prolonged E&M services Add -25 Separately identifiable E&M same day (medical sx & domestic abuse) 99058 – Emergency care in the office which disrupts schedule; add to E&M code
ICD-9	995.80 - Adult maltreatment, unspecified .81 - Physical abuse .82 - Emotional/psychological abuse .83 - Sexual abuse .84 - Adult neglect