Lethality Assessment Program
Frederick Memorial Hospital

Program/Project Description
Problem: Interpersonal violence occurs to approximately 5.3 million people a year (mostly women). Fifteen hundred of those victims are killed each year. Forty seven percent of those killed had previously sought medical attention. At Frederick Memorial Healthcare System we see patients who present with injuries, or related medical conditions aggravated by domestic violence. We have always treated the wounds but not assisted the victims in realizing that they could be in lethal danger. Our goal is to connect our patients with the domestic violence services available that can help them with immediate and/or long term safety plans, shelter and legal expertise.

Process.
Process: Frederick Memorial Healthcare System (FMH) is one of two hospitals in the state of Maryland who are modeling a Lethality Assessment Program (LAP) piloted by first responders in law enforcement since 2005. This lethality assessment tool was implemented by the Maryland Network against Domestic Violence (MNADV) after being researched and developed by Dr. Jackie Campbell from Johns Hopkins University. How would FMH initiate this tool without incurring further harm to our patients and assisting them in forming a safety plan.

Solution.
Solution: This assessment is part of the Joint Commission STANDARD PC. 01.02.09
The nurse assesses the patient who may be a victim of possible abuse and neglect. All our ED nurses were educated on the screening process of domestic violence.

Our LAP workflow was implemented at FMH, providing a mandatory subjective question that must be answered during the triage process in our emergency department. “Is there any indication, suspicion or belief of possible abuse?”

If yes check one: 1. Type of Injury
2. Family or pt behaviors
3. Multiple visits

If the nurse answers YES - a lethality assessment form automatically prints out from our online documentation record with the patient’s labels. Per protocol the patient is taken to a private location where the primary nurse sits with the patient and asks the eleven questions on the lethality tool. If a yes response is given to any of the first three or four of the remaining seven questions the nurse phones Heartly House (Frederick County’s Domestic Violence Service Center) making them aware that this is a High Danger Assessment. The patient makes the choice of screening in with the advocate or declining their assistance at that time.

Measurable Outcomes.
Measurable Outcomes: The MNADV 2010 second quarter statistical report is the first that hospitals reported a full quarter’s worth of information and marks the first discipline outside of law enforcement to implement the LAP. Because domestic violence lethality assessment is such a new approach within participating hospitals, we did not know what to expect in terms of the screening process and protocol referral. This quarter’s results give us a first glimpse of:

– A relatively high number of screened victims (36);
– An exceedingly high rate of patients who screened in at High Danger (86%);
– A very high screening in rate with Heartly House, perhaps higher than expected, especially for a first-time effort; (74%)
– An outstanding first-time performance by health-care professionals on behalf of victims of domestic violence

Sustainability.
Our LAP program is monitored by FMH’s Forensic Nurse Examiners (FNEs’) All new ED registered nurses are oriented to the LAP in the department by one on one education with the FNE coordinator and a Netlearning powerpoint. Quarterly statistics of how many of our patients are at risk is shared at our staff meetings.
Role of Collaboration and Leadership.
Our director of the emergency department, risk management and director of medical records all supported the emergency department's LAP

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**LETHALITY ASSESSMENT SCREEN**

- Check here if patient did not answer any of the questions.

<table>
<thead>
<tr>
<th>A. “Yes” response to any of Questions #1-3 automatically triggers the protocol referral.</th>
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<tbody>
<tr>
<td>1. Has he/she ever used a weapon against you or threatened you with a weapon?  □ Yes  □ No  □ Not Ans.</td>
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<tr>
<td>2. Has he/she threatened to kill you or your children? □ Yes □ No □ Not Ans.</td>
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<tr>
<td>3. Do you think he/she might try to kill you? □ Yes □ No □ Not Ans.</td>
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- Negative responses to Questions # 1-3, but positive responses to at least four of Questions 4-11, trigger the protocol referral.

| 4. Does he/she have a gun or can he/she get one easily? □ Yes □ No □ Not Ans. |
| 5. Has he/she ever tried to choke you? □ Yes □ No □ Not Ans. |
| 6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? □ Yes □ No □ Not Ans. |
| 7. Have you left him/her or separated after living together or being married? □ Yes □ No □ Not Ans. |
| 8. Is he/she unemployed? □ Yes □ No □ Not Ans. |
| 9. Has he/she ever tried to kill himself/herself? □ Yes □ No □ Not Ans. |
| 10. Do you have a child that he/she knows is not his/hers? □ Yes □ No □ Not Ans. |
| 11. Does he/she follow or spy on you or leave threatening messages? □ Yes □ No □ Not Ans. |

- Hospital staff member may trigger the protocol referral, if not already triggered above, as a result of the patient’s response to the below question, or whenever the staff member believes the patient is in a potentially lethal situation.

> Is there anything else that worries you about your safety? (If “yes”) What worries you?

Check one:  □ Patient screened in according to the protocol  
□ Patient screened in based on the belief of hospital staff member  
□ Patient did not screen in

| If the patient screened in: Did the hospital staff member contact Heartly House? □ Yes □ No |
| If the patient screened in: After advising her/him of a high danger assessment, did the patient speak with the hotline counselor? □ Yes □ No |

I consent to this screen being given to Heartly House for statistical and follow-up purposes.

_______________________________________________________

Patient Signature

DV information given to patient □

Lethality Screen utilized in this health care system, is part of a program administered by **The Maryland Network Against Domestic Violence**.

**NOTE:** The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although, most victims who screen “positive” or “high danger” would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.