

Delphi Instrument for Hospital-based Domestic Violence Programs

Program _____

Date _____

CATEGORY 1: HOSPITAL POLICIES AND PROCEDURES

1.1	<p>Are there official, written hospital policies regarding the assessment and treatment of victims of domestic violence? If yes, do these policies:</p> <p style="padding-left: 20px;">a) define domestic violence?</p> <p style="padding-left: 20px;">b) mandate training on domestic violence for any staff?</p> <p style="padding-left: 20px;">c) advocate universal screening for women anywhere in the hospital?</p> <p style="padding-left: 20px;">d) define who is responsible for screening?</p> <p style="padding-left: 20px;">e) address documentation?</p> <p style="padding-left: 20px;">f) address referral of victims?</p> <p style="padding-left: 20px;">g) address legal reporting requirements?</p>	<p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p>	<p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p>
1.2	<p>Is there evidence of a hospital-based domestic violence task force? If yes, does the task force:</p> <p style="padding-left: 20px;">a) meet at least every month?</p> <p style="padding-left: 20px;">b) include representatives from more than two departments?</p> <p style="padding-left: 20px;">c) include representatives from the security department?</p> <p style="padding-left: 20px;">d) include physicians from the medical staff?</p> <p style="padding-left: 20px;">e) include representatives from a domestic violence advocacy organization?</p> <p style="padding-left: 20px;">f) include representatives from hospital administration?</p>	<p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p>	<p><input type="checkbox"/> Yes (3)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p> <p><input type="checkbox"/> Yes (2)</p>
1.3	<p>Does the hospital provide direct financial support for the domestic violence program? If yes, how much annual funding? (<u>Choose one</u>):</p> <p style="padding-left: 20px;">a) < \$5000/year</p> <p style="padding-left: 20px;">b) \$5000-\$10,000/year</p> <p style="padding-left: 20px;">c) > \$10,000/year</p>	<p><input type="checkbox"/> No (0)</p> <p style="text-align: center;">or</p> <p style="text-align: center;">or</p>	<p><input type="checkbox"/> Yes (0)</p> <p><input type="checkbox"/> Yes (6)</p> <p><input type="checkbox"/> Yes (12)</p> <p><input type="checkbox"/> Yes (17)</p>
1.4	<p>Is there a mandatory universal screening policy in place?</p>	<p><input type="checkbox"/> No (0)</p>	<p><input type="checkbox"/> Yes (0)</p>

	<p>If yes, does the policy require screening of all women: (choose one)</p> <p>a) in the emergency department (ED) or any other out-patient area?</p> <p>b) in in-patient units only?</p> <p>c) in more than one out-patient area?</p> <p>d) in both in-patient and out-patient areas?</p>	<p>or</p> <p>or</p> <p>or</p>	<p><input type="checkbox"/> Yes (6)</p> <p><input type="checkbox"/> Yes (6)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (14)</p>
1.5	<p>Are there administrative enforcement procedures in place to ensure domestic violence screening?</p> <p>If yes, are there:</p> <p>a) regular chart audits to assess screening?</p> <p>b) positive reinforcers to promote screening?</p> <p>c) punitive measures for lack of screening?</p>	<p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p>	<p><input type="checkbox"/> Yes (0)</p> <p><input type="checkbox"/> Yes (6)</p> <p><input type="checkbox"/> Yes (4)</p> <p><input type="checkbox"/> Yes (5)</p>
1.6	<p>Are there procedures for security measures to be taken when victims of domestic violence are identified?</p> <p>If yes, are there:</p> <p>a) written procedures that outline the security department's role in working with victims and perpetrators?</p> <p>b) procedures that include name/phone block for victims admitted to hospital?</p> <p>c) procedures that include provisions for safe transport from the hospital to shelter?</p>	<p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p> <p><input type="checkbox"/> No (0)</p>	<p><input type="checkbox"/> Yes (0)</p> <p><input type="checkbox"/> Yes (6)</p> <p><input type="checkbox"/> Yes (3)</p> <p><input type="checkbox"/> Yes (3)</p>
1.7	<p>Is there an identifiable domestic violence coordinator at the hospital?</p> <p>If yes is it a: (choose one)</p> <p>a) part time position or included in responsibilities of someone with other responsibilities?</p> <p>b) full-time position with no other responsibilities?</p>	<p><input type="checkbox"/> No (0)</p> <p>or</p>	<p><input type="checkbox"/> Yes (0)</p> <p><input type="checkbox"/> Yes (8)</p> <p><input type="checkbox"/> Yes (12)</p>
TOTAL SCORE FOR CATEGORY 1		(SUM ALL POINTS) =	

CATEGORY 2: HOSPITAL PHYSICAL ENVIRONMENT

2.1	<p>Are there posters and/or brochures related to domestic violence on public display in the hospital?</p> <p>If yes, list total number of <u>locations</u> (up to 35): _____</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) (____)
2.2	<p>Is there referral information (local, State, or national phone numbers) related to domestic violence services on public display in the hospital? (Can be included on the posters/brochure noted above).</p> <p>If yes, list total number <u>locations</u> (up to 35): _____</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) (____)
2.3	<p>Does the hospital provide temporary (<24 hours) safe shelter for victims of domestic violence who cannot go home or cannot be placed in a community-based shelter? If yes: (<u>choose one</u>)</p> <p>a) Victims are permitted to stay in ED until placement is secured.</p> <p>b) Victims are provided with safe respite room, separate from ED, until placement is secured.</p> <p>c) In-patient beds are available for victims until placement is secured.</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (15) or <input type="checkbox"/> Yes (25) or <input type="checkbox"/> Yes (30)
TOTAL SCORE FOR CATEGORY 2		(SUM ALL POINTS) =	

CATEGORY 3: HOSPITAL CULTURAL ENVIRONMENT

3.1	<p>In the last 3 years, has there been a formal (written) assessment of the hospital staff's knowledge and attitude about domestic violence? If yes, which groups have been assessed?</p> <p>a) nursing staff</p> <p>b) medical staff</p> <p>c) administration</p> <p>d) other staff/employees</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (7) <input type="checkbox"/> Yes (7) <input type="checkbox"/> Yes (8) <input type="checkbox"/> Yes (7)
3.2	<p>How long has the hospital's domestic violence program been in existence? (<u>Choose one</u>):</p> <p>a) 1-24 months</p> <p>b) 24-48 months</p> <p>c) >48 months</p>		<input type="checkbox"/> Yes (3) or <input type="checkbox"/> Yes (6) or <input type="checkbox"/> Yes (11)
3.3	<p>Does the hospital have plans in place for responding to employees experiencing domestic violence? If yes:</p> <p>a) Is there a hospital policy covering the topic of domestic violence in the workplace?</p> <p>b) Does the Employee Assistance Program maintain specific policies and procedures for dealing with employees experiencing domestic violence?</p> <p>c) Is the topic of domestic violence among employees covered in the hospital training sessions and/or orientation?</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (7) <input type="checkbox"/> Yes (7) <input type="checkbox"/> Yes (7)
3.4	<p>Does the hospital's domestic violence program address cultural competency issues? If yes:</p> <p>a) Does the hospital's policy specifically recommend universal screening regardless of the patient's cultural background?</p> <p>b) Are cultural issues discussed in the hospital's domestic violence training program?</p> <p>c) Are translators/interpreters available for working with victims if English is not the victim's first language?</p> <p>d) Are referral information and brochures related to domestic violence available in languages other than English?</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (6) <input type="checkbox"/> Yes (6) <input type="checkbox"/> Yes (3) <input type="checkbox"/> Yes (4)
3.5	<p>Does the hospital participate in preventive outreach and public education activities on the topic of domestic violence? If yes, is there documentation of: (<u>choose one</u>)</p> <p>a) 1 program in the last 12 months?</p> <p>b) >1 program in the last 12 months?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (15) or <input type="checkbox"/> Yes (20)
TOTAL SCORE FOR CATEGORY 3		(SUM ALL POINTS) =	

CATEGORY 4: TRAINING OF PROVIDERS

4.1	<p>Has a formal training plan been developed for the institution? If yes:</p> <p>a) Does the plan include the provision of regular, ongoing education for clinical staff?</p> <p>b) Does the plan include the provision of regular, ongoing education for non-clinical staff?</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (10)
4.2	<p>During the past 12 months, has the hospital provided training on domestic violence:</p> <p>a) as part of the mandatory orientation for new staff?</p> <p>b) to members of the medical staff via grand rounds or other sessions?</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (15) <input type="checkbox"/> Yes (15)
4.3	<p>Does the hospital's training/education on domestic violence include information about:</p> <p>a) definitions of domestic violence?</p> <p>b) dynamics of domestic violence?</p> <p>c) epidemiology?</p> <p>d) health consequences?</p> <p>e) strategies for screening?</p> <p>f) assessment?</p> <p>g) documentation?</p> <p>h) intervention?</p> <p>i) safety planning?</p> <p>j) community resources?</p> <p>k) reporting requirements?</p> <p>l) legal issues?</p> <p>m) confidentiality?</p> <p>n) cultural competency?</p> <p>o) clinical signs/symptoms?</p>	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Yes (1)
4.4	<p>Is the domestic violence training provided by: <u>(choose one)</u></p> <p>a) no training provided</p> <p>b) a single individual?</p> <p>c) a team of hospital employees only?</p> <p>d) a team, including community expert/s?</p>	 	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (15) <input type="checkbox"/> Yes (25)
TOTAL SCORE FOR CATEGORY 4		(SUM ALL POINTS) =	

CATEGORY 5: SCREENING AND SAFETY ASSESSMENT

5.1	<p>Does the hospital use a standardized instrument, with at least 3 questions, to screen patients for domestic violence?</p> <p>If yes, is this instrument: (<u>choose one</u>)</p> <p style="padding-left: 20px;">a) included, as a separate form, in the clinical record?</p> <p style="padding-left: 20px;">b) incorporated as questions in the clinical record for all charts in ED or other out-patient area?</p> <p style="padding-left: 20px;">c) incorporated as questions in the clinical record for all charts in two or more out-patient areas?</p> <p style="padding-left: 20px;">d) incorporated as questions in clinical record for all charts in out-patient and in-patient areas?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (20) or <input type="checkbox"/> Yes (25) or <input type="checkbox"/> Yes (30) or <input type="checkbox"/> Yes (36)
5.2	<p>What percentage of eligible patients have documentation of domestic violence screening (based upon random sample of charts in any clinical area)?</p> <p style="padding-left: 20px;">a) Not done or not applicable</p> <p style="padding-left: 20px;">b) 0%-10%</p> <p style="padding-left: 20px;">c) 11%-25%</p> <p style="padding-left: 20px;">d) 26%-50%</p> <p style="padding-left: 20px;">e) 51%-75%</p> <p style="padding-left: 20px;">f) 76%-100%</p>		<input type="checkbox"/> Yes (0) or <input type="checkbox"/> Yes (4) or <input type="checkbox"/> Yes (9) or <input type="checkbox"/> Yes (18) or <input type="checkbox"/> Yes (28) or <input type="checkbox"/> Yes (37)
5.3	<p>Is a standardized safety assessment performed and discussed with victims who screen positive for domestic violence?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (27)
TOTAL SCORE FOR CATEGORY 5		(SUM ALL POINTS) =	

CATEGORY 6: DOCUMENTATION

6.1	<p>Does the hospital use a standardized documentation instrument to record known or suspected cases of domestic violence?</p> <p>If yes, does the form include:</p> <p>a) information on the results of domestic violence screening?</p> <p>b) the victim's description of current and/or past abuse?</p> <p>c) the name of the alleged perpetrator and relationship to the victim?</p> <p>d) a body map to document injuries?</p> <p>e) information documenting the referrals provided to the victim?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0)
6.2	<p>Is forensic photography incorporated in the documentation procedure?</p> <p>If yes:</p> <p>a) Is a fully operational camera with adequate film available in the treatment area?</p> <p>b) Do hospital staff receive on-going training on the use of the camera?</p> <p>c) Do hospital staff routinely offer to photograph all abused patients with injuries?</p> <p>d) Is a specific, unique consent-to-photograph form obtained prior to photographing any injuries?</p> <p>e) Do medical or nursing staff (not social work or a DV advocate) photograph all injuries for medical documentation purposes, even if police obtain their own photographs for evidence purposes?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0)
TOTAL SCORE FOR CATEGORY 6		(SUM ALL POINTS) =	

CATEGORY 7: INTERVENTION SERVICES

7.1	Is there a standard intervention checklist for staff to use/refer to when victims are identified?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (14)
7.2	Are “on-site” victim advocacy services provided? If yes, <u>choose one</u> : a) A trained victim advocate provides services during certain hours. b) A trained victim advocate provides service at all times.	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (10) or <input type="checkbox"/> Yes (20)
7.3	Are mental health/psychological assessments performed within the context of the program? If yes, are they: (<u>choose one</u>) a) available, when indicated? b) performed routinely?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (5) or <input type="checkbox"/> Yes (9)
7.4	Is transportation provided for victims, if needed?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (10)
7.5	Does the hospital domestic violence program include follow-up contact and counseling with victims after the initial assessment?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (15)
7.6	Does the hospital domestic violence program offer and provide on-site legal options counseling for victims?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (9)
7.7	Does the hospital domestic violence program offer and provide domestic violence services for the children of victims?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (11)
7.8	Is there evidence of coordination between the hospital domestic violence program and sexual assault, mental health and substance abuse screening and treatment?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (12)
TOTAL SCORE FOR CATEGORY 7		(SUM ALL POINTS) =	

CATEGORY 8: EVALUATION ACTIVITIES

8.1	<p>Are any formal evaluation procedures in place to monitor the quality of the domestic violence program? If yes:</p> <p>a) Do evaluation activities include periodic monitoring of charts to audit for domestic violence screening?</p> <p>b) Do evaluation activities include peer-to-peer case reviews around domestic violence?</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (25)
8.2	Do health care providers receive standardized feedback on their performance and on patients?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (21)
8.3	Is there any measurement of client satisfaction and/or community satisfaction with the domestic violence program?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (19)
TOTAL SCORE FOR CATEGORY 8		(SUM ALL POINTS) =	

CATEGORY 9: COLLABORATION

9.1	Does the hospital collaborate with local domestic violence programs? If yes, which types of collaboration apply: a) collaboration with training? b) collaboration on policy and procedure development ? c) collaboration on DV task force? d) collaboration on site service provision?	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (12)
9.2	Does the hospital collaborate with local law enforcement agencies in conjunction with their DV program? If yes, which types of collaboration apply: a) collaboration with training? b) collaboration on policy and procedure development? c) collaboration on DV task force?	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (11) <input type="checkbox"/> Yes (11) <input type="checkbox"/> Yes (12)
9.3	Is there collaboration with the domestic violence program of other health care facilities? If yes, which types of collaboration apply: a) within the same health care system? b) with other systems in the region?	<input type="checkbox"/> No (0) <input type="checkbox"/> No (0) <input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (12) <input type="checkbox"/> Yes (12)
TOTAL SCORE FOR CATEGORY 9		(SUM ALL POINTS) =	