

Delphi Instrument For Hospital-based Domestic Violence Programs

INTRODUCTION

The following instrument was created by Jeff Coben and the Agency for Healthcare Research and Quality (AHRQ). It may be used to help track your facility's progress in improving your institutional response to domestic violence. The instrument should be completed *before* you begin implementing your plan; and repeated at six month intervals.

PROCEDURES FOR ADMINISTRATION AND SUGGESTED USES

The attached instrument can be self-administered or administered by an independent evaluator in conjunction with a representative from the hospital IPV program. In either situation, the individual who is most familiar with the IPV program should participate in the process. The required information can be best obtained via a "site visit" of the hospital. The hospital should be provided with sufficient time to assemble the materials that need to be reviewed (3 weeks advance notice is suggested). The assessment procedures should include a review of these materials as well as a physical tour of the facility to examine posters, brochures, documentation procedures, equipment (i.e., cameras), and other supplies. Approximately four hours should be allocated for completion of the instrument.

The instrument can be used for a variety of purposes. First, the measures can serve as useful benchmarks or objectives for program achievement. Second, the assessment of an individual site's performance can be conducted repeatedly over time to determine progress in program implementation. Ideally, sites should perform a baseline assessment prior to implementing a new program and re-assess their status with annual assessments. Third, the instrument can be used by researchers and program administrators to compare and contrast different programs across different sites. Finally, if linked to appropriate outcome measures, the instrument could be used to help determine which program features are most important in creating positive long-term outcomes for IPV victims.

The focus of this instrument is on hospital-based IPV programs. While IPV programs have been implemented in many other settings, the generalizability of the instrument to other settings, including other health care settings (such as private physician offices or outpatient clinics), has not been tested.

Delphi Instrument For Hospital-based Domestic Violence Programs

Facility _____ Date _____
Name of Lead Contact _____

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: 40px;">a) define domestic violence?</p> <p style="padding-left: 40px;">b) mandate training on domestic violence for any staff?</p> <p style="padding-left: 40px;">c) advocate universal screening for women anywhere in the hospital?</p> <p style="padding-left: 40px;">d) define who is responsible for screening?</p> <p style="padding-left: 40px;">e) address documentation?</p> <p style="padding-left: 40px;">f) address referral of victims?</p> <p style="padding-left: 40px;">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: 40px;">a) meet at least every month?</p> <p style="padding-left: 40px;">b) include representatives from multiple (more than two) departments?</p> <p style="padding-left: 40px;">c) include representatives from the security department?</p> <p style="padding-left: 40px;">d) include physicians from the medical staff?</p> <p style="padding-left: 40px;">e) include representatives from a domestic violence advocacy organization?</p> <p style="padding-left: 40px;">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: 40px;">a) < \$5000/year</p> <p style="padding-left: 40px;">b) \$5000-\$10,000/year</p> <p style="padding-left: 40px;">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 style="padding-left: 40px;"><input type="checkbox"/> Yes (6)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes (12)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes (17)</p>

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 that 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>nursing staff</p> <p>medical staff</p> <p>administration</p> <p>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>	<p>or</p> <p>or</p>	<input type="checkbox"/> Yes (3) <input type="checkbox"/> Yes (6) <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) In the hospital's policies, is universal screening specifically recommended 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 there referral information and brochures related to domestic violence available in language 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 was documented in the last 12 months</p> <p>b) >1 program was documented in the last 12 months</p>	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> Yes (15) <input type="checkbox"/> Yes (20)
TOTAL SCORE FOR CATEGORY 3		(SUM ALL POINTS) =	

CATEGORY 4: TRAINING OF PROVIDERS

4.1	<p>Is there a formal training plan that has been developed for the institution? If yes:</p> <p style="padding-left: 20px;">a) Does the plan include the provision of regular, ongoing education for clinical staff?</p> <p style="padding-left: 20px;">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 style="padding-left: 20px;">a) as part of the mandatory orientation for new staff?</p> <p style="padding-left: 20px;">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 style="padding-left: 20px;">a) definitions of domestic violence</p> <p style="padding-left: 20px;">b) dynamics of domestic violence</p> <p style="padding-left: 20px;">c) epidemiology</p> <p style="padding-left: 20px;">d) health consequences</p> <p style="padding-left: 20px;">e) strategies for screening</p> <p style="padding-left: 20px;">f) assessment</p> <p style="padding-left: 20px;">g) documentation</p> <p style="padding-left: 20px;">h) intervention</p> <p style="padding-left: 20px;">i) safety planning</p> <p style="padding-left: 20px;">j) community resources</p> <p style="padding-left: 20px;">k) reporting requirements</p> <p style="padding-left: 20px;">l) legal issues</p> <p style="padding-left: 20px;">m) confidentiality</p> <p style="padding-left: 20px;">n) cultural competency</p> <p style="padding-left: 20px;">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"/> 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: (choose one)</p> <p style="padding-left: 40px;">a) a single individual?</p> <p style="padding-left: 40px;">b) a team of hospital employees only?</p> <p style="padding-left: 40px;">c) a team, including community expert/s?</p>	<input type="checkbox"/> Yes (10)	<input type="checkbox"/> Yes (15) <input type="checkbox"/> Yes (25)
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TOTAL SCORE FOR CATEGORY 4	(SUM ALL POINTS) =	
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CATEGORY 6: DOCUMENTATION

<p>6.1</p>	<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>	<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 (0)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p>
<p>6.2</p>	<p>Is forensic photography incorporated in the documentation procedure?</p> <p>If yes:</p> <p>a) Is there 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 there a specific, unique “Consent to Photograph” form obtained prior to photographing any injuries?</p> <p>e) Does medical or nursing staff (not social work or a DV advocate) photograph, for medical documentation purposes, all injuries, even if police obtain their own photographs for evidence purposes?</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 (0)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p> <p><input type="checkbox"/> Yes (10)</p>
<p>TOTAL SCORE FOR CATEGORY 6</p>		<p>(SUM ALL POINTS) =</p>	

CATEGORY 8: EVALUATION ACTIVITIES

8.1	Are there any formal evaluation procedures in place to monitor the quality of the domestic violence program? If yes:	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (25)
	a) Do evaluation activities include periodic monitoring of charts to audit for domestic violence screening?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (18)
	b) Do evaluation activities include peer-to-peer case reviews around domestic violence?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (17)
8.2	Do healthcare 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	<p>Does the hospital collaborate with local domestic violence programs in conjunction with their activities? If yes, which types of collaboration apply:</p> <p>a) collaboration with training?</p> <p>b) collaboration on policy and procedure development ?</p> <p>c) collaboration on DV task force?</p> <p>d) collaboration on site service provision?</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 (10) <input type="checkbox"/> Yes (10) <input type="checkbox"/> Yes (12)
9.2	<p>Does the hospital collaborate with local law enforcement agencies in conjunction with their DV program? If yes, which types of collaboration apply:</p> <p>a) collaboration with training?</p> <p>b) collaboration on policy and procedure development?</p> <p>c) collaboration on DV task force?</p>	<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	<p>Is there collaboration with the domestic violence program of other health care facilities? If yes, which types of collaboration apply:</p> <p>a) within the same healthcare system?</p> <p>b) with other systems in the region?</p>	<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) =	