

# 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"/> 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>
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) &lt; \$5000/year</p> <p style="padding-left: 40px;">b) \$5000-\$10,000/year</p> <p style="padding-left: 40px;">c) &gt; \$10,000/year</p>	<p><input type="checkbox"/> No (0)</p> <p style="text-align: center;">or 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><b>If yes, does the policy require screening of all women: (choose one)</b></p> <p>a) in the emergency department (ED) or any other outpatient area?</p> <p>b) in in-patient units only?</p> <p>c) in more than one outpatient areas?</p> <p>d) in both in-patient and outpatient 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><b>Are there administrative enforcement procedures in place to ensure domestic violence screening?</b></p> <p><b>If yes, are there:</b></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><b>Are there procedures for security measures to be taken when victims of domestic violence are identified?</b></p> <p><b>If yes, are there:</b></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"/> 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><b>Is there an identifiable domestic violence coordinator at the hospital?</b></p> <p><b>If yes is it a: (choose one)</b></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>
<b>TOTAL SCORE FOR CATEGORY 1</b>		<b>(SUM ALL POINTS) =</b>	

## 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 (&lt;24 hours) safe shelter for victims of domestic violence that cannot go home or cannot be placed in a community-based shelter?</p> <p>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? (Choose one):</p> <p>a) 1-24 months</p> <p>b) 24-48 months</p> <p>c) &gt;48 months</p>	   <p style="text-align: center;">or</p>   <p style="text-align: center;">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: (choose one)</p> <p>a) 1 program was documented in the last 12 months</p> <p>b) &gt;1 program was documented in the last 12 months</p>	<input type="checkbox"/> No (0)      <p style="text-align: center;">or</p>	<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>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) a single individual?</p> <p>b) a team of hospital employees only?</p> <p>c) a team, including community expert/s?</p>	     	<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 & SAFETY ASSESSMENT

<b>5.1</b>	<p><b>Does the hospital use a standardized instrument, with at least 3 questions, to screen patients for domestic violence?</b></p> <p><b>If yes, is this instrument: (<u>choose one</u>)</b></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"/> <b>No (0)</b>	<input type="checkbox"/> <b>Yes (1)</b>  <input type="checkbox"/> <b>Yes (20)</b> <b>or</b> <input type="checkbox"/> <b>Yes (25)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (30)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (36)</b>
<b>5.2</b>	<p><b>What percentage of eligible patients has documentation of domestic violence screening (based upon random sample of charts in any clinical area)?</b></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) 25%-50%</p> <p style="padding-left: 20px;">e) 50% - 75%</p> <p style="padding-left: 20px;">f) 75%-100%</p>		<input type="checkbox"/> <b>Yes (0)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (4)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (9)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (18)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (28)</b>  <b>or</b> <input type="checkbox"/> <b>Yes (37)</b>
<b>5.3</b>	<p><b>Is there a standardized safety assessment performed and discussed with victims who screen positive for domestic violence?</b></p>	<input type="checkbox"/> <b>No (0)</b>	<input type="checkbox"/> <b>Yes (27)</b>
<b>TOTAL SCORE FOR CATEGORY 5</b>		<b>(SUM ALL POINTS) =</b>	

## CATEGORY 6: DOCUMENTATION

<p><b>6.1</b></p>	<p><b>Does the hospital use a standardized documentation instrument to record known or suspected cases of domestic violence?</b></p> <p><b>If yes, does the form include:</b></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"/> 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><b>6.2</b></p>	<p><b>Is forensic photography incorporated in the documentation procedure?</b></p> <p><b>If yes:</b></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"/> 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><b>TOTAL SCORE FOR CATEGORY 6</b></p>		<p><b>(SUM ALL POINTS) =</b></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)
<b>TOTAL SCORE FOR CATEGORY 8</b>		<b>(SUM ALL POINTS) =</b>	

**CATEGORY 9: COLLABORATION**

9.1	<p><b>Does the hospital collaborate with local domestic violence programs in conjunction with their activities? If yes, which types of collaboration apply:</b></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 (10)  <input type="checkbox"/> Yes (12)
9.2	<p><b>Does the hospital collaborate with local law enforcement agencies in conjunction with their DV program? If yes, which types of collaboration apply:</b></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><b>Is there collaboration with the domestic violence program of other health care facilities? If yes, which types of collaboration apply:</b></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)
<p><b>TOTAL SCORE FOR CATEGORY 9</b></p>		<p align="right"><b>(SUM ALL POINTS) =</b></p>	