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QUALITY IMPROVEMENT I
Health Care for the Homeless -3rd

DOMESTIC VIOLENCE WO.

Date Reviewed: _____ Reviewer(s): _____ Title: _____

Site Name: _____

| <p><u>INDICATORS / CHART NUMBER</u></p> <p>PLEASE INDICATE (YES, NO, OR N/A)</p> | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. The medical record reflects that a Domestic Violence screening / assessment has been performed. | | | | | | | | | | | | | | | | | | | | |
| 2. Use of patients own words regarding injury and abuse are clearly documented? | | | | | | | | | | | | | | | | | | | | |
| 3. A body map and / or a polaroid photograph has been used to clearly identify and document all injuries? | | | | | | | | | | | | | | | | | | | | |
| 4. A social worker has been contacted, and has provided a list of shelters, resources and hotline numbers, as needed? National Domestic Hotline: (800) 799-SAFE | | | | | | | | | | | | | | | | | | | | |
| 5. A follow-up appointment has been scheduled, as needed? | | | | | | | | | | | | | | | | | | | | |
| 6. A report has been filed-as per California law-reporting that physical injury has resulted from assaultive or abusive conduct? | | | | | | | | | | | | | | | | | | | | |
| 7. A verbal or written report has been made to law enforcements? | | | | | | | | | | | | | | | | | | | | |

Additional Comments:

Recommendations:

Actions:

