



Complete Summary

TITLE

Domestic violence: percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 40 p. [80 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

RATIONALE

The priority aim addressed by this measure is to increase training opportunities for health care staff for screening and assessment of domestic violence.

PRIMARY CLINICAL COMPONENT

Domestic violence; health care staff training

DENOMINATOR DESCRIPTION

Number of health care staff in primary/urgent care settings identified by medical group as eligible for training (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Numbers of health care staff employed with their medical group in their position, or a similar position who attended training sessions for implementation of this guideline within the previous twelve months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Structure

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Domestic violence.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Emergency Medical Services
Hospitals
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Allied Health Personnel
Emergency Medical Technicians/Paramedics
Nurses
Physician Assistants
Physicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Does not apply to structure measures

TARGET POPULATION GENDER

Does not apply to structure measures

STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to structure measures

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

According to the National Violence Against Women Survey and review done by the U.S. Department of Justice, there is wide variability in the reported incidence of intimate partner violence in today's literature.

Initial clinical trials have found prevalence from 10 to 30% where concerted efforts have implemented direct respectful routine screenings.

Recent reports on domestic violence during pregnancy have documented that 7 to 20% of abused women experienced abuse during pregnancy, including white, African American, and Hispanic women and both adult and teen mothers.

Bullock and McFarlane reported 26% of pregnant teens had experienced physical abuse, and about 65% of the abused, pregnant teens had not told anyone about the abuse. Many teens reported abuse by both partners and parents. Increased abuse was reported in the postpartum period by Gielen et al.

Battered women remain underdiagnosed by the medical community generally, and by primary care physicians specifically. As few as 1 in 20 battered women are correctly diagnosed by the physicians to whom they turn for help.

Domestic abuse is at least as common as breast cancer and far more common than thyroid problems, hypertension, or colon cancer, for which primary care physicians routinely screen. In pregnant populations, battering occurs at a frequency far greater than the incidence of rubella, Rh and ABO incompatibilities, hepatitis, and diabetes combined yet it is rarely, if ever, screened for, let alone appropriately diagnosed in the 10 to 25% of obstetric patients who are battered.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 40 p. [80 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Domestic violence is a major health problem that cuts across ethnic, gender, and socioeconomic lines.

Women who have been physically abused as adults have a higher rate of mental disorders than women without a history of abuse.

33% of battered women suffer from anxiety and depression; 26% of all women who attempt suicide are victims of domestic violence. 64% of hospitalized female psychiatric patients have a history of being physically abused as adults.

Depression is well documented as a major symptom of domestic violence.

Campbell found abuse during pregnancy to be associated with increased severity and frequency of abuse as well as increased risk of homicide.

Abused women are at an increased risk of delivering a low birth weight infant, even after controlling for other risk factors correlated with low birth weight. Prenatal abuse is also correlated with late prenatal care. Domestic abuse can affect the new parent's ability to provide care.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 40 p. [80 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Does not apply to structure measures

DENOMINATOR SAMPLING FRAME

Does not apply to structure measures

DENOMINATOR (INDEX) EVENT

Does not apply to structure measures

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of health care staff in primary/urgent care settings identified by medical group as eligible for training*

*Health care staff (including physicians, nurses, mental health providers, physician assistants, nurse practitioners, midwives, and social workers) in primary care, obstetrics-gynecology, urgent care, and mental health.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Numbers of health care staff employed with their medical group in their position, or a similar position who attended training sessions for implementation of this guideline* within the previous twelve months

*See the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Domestic Violence](#).

This measure may be collected through a survey to each medical group's implementation coordinator or through training attendance records at the medical group.

Data may be collected semiannually.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Does not apply to structure measures

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Clinician survey
Provider data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to structure measures

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Does not apply to structure measures

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months.

MEASURE COLLECTION

[Domestic Violence Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Nov

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Domestic violence. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 40 p. [80 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of health care staff trained in initial assessment of problems of domestic violence every twelve months," is published in "Health Care Guideline: Domestic Violence." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on September 16, 2004.

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