Data Collection Success Checklist

*Use this tool to help you develop a clear, written workflow for making and receiving warm handoffs/referrals, and clearly identify staff roles and responsibilities.*

**FOR HEALTH PARTNERS TO COMPLETE**

1. **Clearly identified staff roles**
   - Who is responsible for:
     - Completing DV assessments: ________________________________
     - Doing universal education: ________________________________
     - Documenting in patient record: ____________________________
     - Completing record extraction and completes the Health Agency Data Collection tool: ____________________
     - Referral point of contact(s)
       - Making referrals as appropriate to DV partner: ____________________
       - Scheduling appointments for patients referred to DV site: ____________________
       - Following up on client referrals/appointment status: ____________________
       - Communicating appointment status with DV partner: ____________________
       - Completing the Feedback Loop Tracking tool: ____________________
     - Reporting data monthly to leadership: ________________________________
     - Overseeing the success and progress of partnership and data: ________________________________

2. **Clearly identified data collection period**
   - Data Collection began/begins: ________________________________

3. **Clearly identified timeline for monitoring the data**
   - Month 1: ________________________________ Month 7: ________________________________
   - Month 2: ________________________________ Month 8: ________________________________
   - Month 3: ________________________________ Month 9: ________________________________
   - Month 4: ________________________________ Month 10: ________________________________
   - Month 5: ________________________________ Month 11: ________________________________
   - Month 6: ________________________________ Month 12: ________________________________

4. **Clearly identified ongoing communication with partner**
   - Coordinating and participating in check-in calls with DV partner
     - Date: ____________________ Who’s participating? ____________________
     - Date: ____________________ Who’s participating? ____________________
     - Date: ____________________ Who’s participating? ____________________
Date: ___________________ Who’s participating? _______________________________
Data Collection Success Checklist

Use this tool to help you develop a clear, written workflow for making and receiving warm handoffs/referrals, and clearly identify staff roles and responsibilities.

FOR DV PARTNERS TO COMPLETE

1. Clearly identified staff roles
   - Who is responsible for:
     o Completing health assessments: _______________________________
     o Doing universal education: _______________________________
     o Documenting in client record: _______________________________
     o Completing DV Agency Data Collection tool: ____________________
     o Referral point of contact(s)
       ▪ Making referrals as appropriate to health partner: ____________________
       ▪ Scheduling appointments for clients referred to health partner: ____________________
       ▪ Following up on client referrals/appointment status: ____________________
       ▪ Communicating with health partner about appointment status: ____________________
       ▪ Documenting appointment status on the DV Agency Data Collection Tool: ____________________
     o Reporting data monthly to leadership: ____________________
     o Overseeing the success and progress of the partnership and data: ____________________

2. Clearly identified data collection period
   - Data Collection began/begins: ____________________

3. Clearly identified timeline for monitoring the data
   o Month 1: ____________________  Month 7: ____________________
   o Month 2: ____________________  Month 8: ____________________
   o Month 3: ____________________  Month 9: ____________________
   o Month 4: ____________________  Month 10: ____________________
   o Month 5: ____________________  Month 11: ____________________
   o Month 6: ____________________  Month 12: ____________________

4. Clearly identified ongoing communication with partner
   - Coordinating and participating in check-in calls with DV partner
     o Date: ____________________ Who’s participating? ____________________
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