



HOSPITAL GUIDANCE

WHAT IS THE CARDIFF VIOLENCE PREVENTION MODEL?

More than half of violent crime in the United States is not reported to law enforcement, according to the U.S. Department of Justice. That means cities and communities lack a complete understanding of where violence occurs, which limits the ability to develop successful solutions.

The Cardiff Violence Prevention Model provides a way for communities to gain a clearer picture about where violence is occurring by combining and mapping both hospital and police data on violence. But more than just an approach to map and understand violence, the Cardiff Model provides a straightforward framework for hospitals, law enforcement agencies, public health agencies, community groups, and others interested in violence prevention to work together and develop collaborative violence prevention strategies.



WHO COLLECTS THE INFORMATION?

Nurses may be in the best position to collect violence-related injury information when asking general screening questions during intake or registration. If the registration process is completed by a non-nurse, this staff member could also be considered to be the primary point of contact for data collection.

WHAT SPECIFIC INFORMATION IS COLLECTED?

Hospital and healthcare personnel collect violence-related injury information* that can be used to track local violence trends and develop prevention programs. This information includes:

- **When** the injury occurred (date and time)
- **Where** the injury took place (exact location: business name and/or street address)
- **How** the injury happened and/or weapon used (e.g. hit, stabbed with a knife)

WHEN IS THE INFORMATION COLLECTED?

Violence-related injury information may be collected at any point during the patient visit. For example, the U.K. Cardiff Model and U.S. pilot sites collected data during registration or initial triage to prevent any disruption in the workflow.

WHERE IN THE HOSPITAL IS THE INFORMATION COLLECTED?

It is recommended that data be collected in the emergency department (ED), including the trauma bay if the hospital is a trauma center. If the hospital has a separate, on-site urgent care clinic and/or trauma unit, these intake points may also be used to collect injury information.

HOW IS THE INFORMATION COLLECTED?

The violence-related injury information can be integrated into the existing electronic medical record (EMR) or collected via separate data forms and databases. Integration of violence-related injury information into the EMR permits the most efficient data collection and data extraction process.

* Violence-related injury data from hospitals in combination with law enforcement records are used to map where violence occurs. The U.K. Cardiff Model collects intentional injuries only; in the U.S., unintentional and/or intentional (violent) injuries have been collected and shared with the community safety partnership. Each hospital and community can decide whether to focus on violence or injuries more broadly.

HOW OFTEN DOES VIOLENCE INFORMATION GET SHARED?

Violence information can be shared on any mutually agreeable timeframe within the community safety partnership (CSP). Past partnerships have found monthly sharing to be useful, although more frequent sharing could occur.

CHALLENGES OF USING ELECTRONIC MEDICAL RECORDS (EMRS) TO COLLECT AND SHARE DATA

Protection of private patient information is a major consideration in the implementation of the Cardiff Model. The Cardiff Model shares information that captures an injury location, date and time, and the weapon used. The model uses real-time hospital and law enforcement data to help communities identify and map areas where violence frequently occurs such as in public spaces like street corners or bus stops and businesses.

In some hospitals or healthcare facilities, using the EMR or other forms of a patient medical record to collect data that will be shared outside of the institution may raise privacy concerns. These concerns are addressed in the "Legal, Technical, and Financial Considerations" document.



KEY STEPS TO ESTABLISHING THE CARDIFF MODEL IN YOUR HOSPITAL:

1. BUILDING RELATIONSHIPS

- a. Establish a violence prevention partnership with local law enforcement, a public health agency, and other applicable partners
- b. Determine the most useful injury information for the local partnership to collect, with a focus on keeping information collection brief. It is important to weigh the advantages of including the information that stakeholders might like to have against the consequences of making the screening process too long. It is best to focus on the information that is most critical.
- c. Gain hospital leadership (e.g. management and nursing) and support

2. COLLECTING AND SHARING DATA

- a. Identify the personnel or departments with the capacity to integrate Cardiff Model fields in the health record or EMR
- b. Establish procedures for collecting injury information
- c. Train nurses and other staff to collect injury information
- d. Determine strategies to monitor and improve data quality
- e. Find out what laws and regulations must be considered in order to collect and share violence information outside of the hospital or healthcare system
- f. Establish procedures for extracting and sharing injury information
- g. Identify hospital information technology/data quality team to set up a data sharing process
- h. If necessary, develop and sign a shared data use agreement to protect the information that is shared

3. BUILDING A COMMUNITY SAFETY PARTNERSHIP

- a. Work with law enforcement and public health partners to establish a broader community board to review the maps on violent injury
- b. Help to develop a culture of decision-making based on real-time data
- c. Assist in implementing multi-agency prevention programs and initiatives at locations identified in the mapping of the data

TRAINING OPTIONS FOR HOSPITAL STAFF

Training can be delivered in many different formats. Below are some of the advantages and challenges with different training formats. The U.S. Cardiff Model pilot sites tested multiple methods of training; in-person training is most helpful for rapid scale-up and close adherence to the model when starting a new Cardiff Model program.

FORMAT	DELIVERY METHOD	ADVANTAGES	CHALLENGES
Self-study	E-mail, online, paper	Easy and does not require significant personnel time or effort , can be integrated into standard staff training and education platforms	Difficult to evaluate the extent and efficacy of training process
Staff In-service	Large group instruction	Face-to-face , provides the opportunity to ask questions	Requires on-site trainer until all staff have completed training; in-services may be infrequent and slow the initiation of project activities; training may not reach new staff
Regular staff or shift change meeting	Small group instruction	Face-to-face , provides the opportunity to ask questions	Requires trainer or project champion on shift until everyone is trained and in continuation to educate new staff
One-on-one training	Individual	Face-to-face , opportunity to ask questions, able to assess knowledge	Requires on-site trainer; resource intensive

LEARN MORE

about the Cardiff Model and how to start using it in your community's violence prevention efforts at www.cdc.gov/violenceprevention/fundedprograms/cardiffmodel

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