

Sexual Assault Medical Forensic Services Implementation Task Force

Thursday, June 25, 2020

1:00pm – 3:30pm

WebEx Login

<p>----- To join the training session -----</p> <p>1. Go to https://illinois2.webex.com/illinois2/k2/j.php?MTID=te3f110efc171b65eb8155fec9384bfe9</p> <p>2. Enter your name and email address.</p> <p>3. Enter the session password: prPtKBGP332</p> <p>4. Click "Join Now".</p> <p>5. Follow the instructions that appear on your screen.</p> <p>To view in other time zones or languages, please click the link https://illinois2.webex.com/illinois2/k2/j.php?MTID=t9be3b2166e5f06d433b19f3a431dba2b</p>	<p>----- To join the session by phone only -----</p> <p>To receive a call back, provide your phone number when you join the training session, or call the number below and enter the access code: (133 638 7926)</p> <p>United States Toll (Chicago):+1-312-535-8110 USA Toll:+1-240-454-0879</p> <p>Having trouble dialing in? Try these backup numbers: US Toll:+1-415-655-0003 Global call-in numbers: https://illinois2.webex.com/illinois2/globalcallin.php?MTID=t7b26183c9a303895acfdac7e2827ed2 Access code: 133 638 7926</p>
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Meeting Minutes

Task Force Members Present: Ann Adlington (SANEs), Christy Alexander (SANEs), Sarah Beuning (Sexual Assault Survivors and Rape Crisis Centers), Nancee Brown (Sexual Assault Survivors and Rape Crisis Centers), Dr. Joseph Burton (Hospitals), Dr. Scott Cooper (Physicians), Dr. Marjorie Fujara (Child Abuse Pediatricians), Marites Gonzaga-Reardon (Nurses), Dr. Arvind Goyal (Department of Healthcare and Family Services), Eva Hopp (Hospitals), Heather Keirnan (Hospitals), Sandy Kraiss (Hospitals), Kim Mangiaracino (Children’s Advocacy Centers of Illinois), Lisa Mathey (Hospitals), Debra Perry (Sexual Assault Survivors and Rape Crisis Centers), Dr. Channing Petrak (Child Abuse Pediatricians), Dr. Monika Pitzele (Emergency Physicians), Jaclyn Rodriguez (OAG), Karen Senger (Illinois Department of Public Health (IDPH))

I. Opening Remarks and Roll Call

- Karen Senger called the meeting to order at 1:00pm.
- Roll call was taken and a quorum was present.

II. Approval of February 25, 2020 Meeting Minutes

- There were no corrections or additions to the minutes. Roll call was taken and minutes were approved with 2 members abstaining.

III. Telehealth and Medical Forensic Services- Speaker from the Massachusetts TeleSANE Program

- Jaclyn introduced Joan Sham and Randi Petricone
- Joan and Randi presented a PowerPoint presentation with the following information:
 - The Massachusetts SANE Program:
 - RNs must have 3 years of experience to be hired into the program
 - Christy Alexander asked about this requirement. Joan said they also look at other work experiences. Joan explained that the nurses must also attend yearly mandatory 8-hour certification, 9 regional meetings per year and a skills day.
 - Employed by Massachusetts Department of Public Health
 - 65 hospitals in the state, the program covers 38 hospitals currently
 - Peds SANEs are all NPs and work out of 8 CACs
 - 150 SANEs in the state (15-40 per region) and 20% have been with the program over 10 years
 - They care for approximately 2,000 patients per year
 - Program started as an unfunded mandate in 1995 and currently has a budget of \$4.8 Million
 - 24 Staff members
 - Each region has a regional coordinator
 - TeleSANE Program
 - Grant funded program with sites selected from a national solicitation
 - Needed resource binders and had to learn other evidence collection kits
 - Not looking to replace in-person SANE response
 - Building relationships was important including having a pilot site liaison and ongoing training
 - Massachusetts was not a nursing compact state and it took 9 months to get licensed in other states, it took approximately 18 months to get things set-up for patients and almost 2 years before they saw the first patient
 - The 4 pilot sites were already using SANEs
 - Mentoring and precepting were very important
 - Model was tailored to RN and patient needs and an advocate every time
 - Remote training changed based on who they were training (SANEs vs. no SANEs) and they implemented a quality caring model
 - Beyond the encounter they provided consultation on medications, services, etc.

- Program Impact
 - 229 encounters
 - Over 130 trainings
 - 86% overall acceptance rate of teleSANE
 - Excluding military, 94% overall acceptance rate of teleSANE
 - Massachusetts sites 94% acceptance rate of teleSANE
 - Presentation of services is important
- Lessons learned
 - Need to look at the patient's experience, only a process evaluation done previously
 - OVC awarded 4 states to do the same (South Dakota, Arkansas, Texas, Alaska)
 - There isn't one standardized kit across the country
 - Only 2 cases (in California) that have had charges filed and both took plea deals so trial testimony and prosecution have not been evaluated
 - No subpoenas received yet
 - Trial prep with nurses done
 - Important process but does not replace in-person SANE
 - Applicants were SANE programs looking for mentors
- Current State
 - Bridge funding while beginning to discuss hospital cost sharing program
 - Financial model based on volume of ER not number of SA patients
 - Looked at private/public payer mix
 - Different tiers (teleSANE less than in-person SANE)
 - Currently Joan decides whether a hospital will join as a teleSANE or in-person SANE facility
 - TeleSANE is back-up for when a SANE is not available
 - Competence for nurses: 6 hours required for a core of 20 nurses and some of those nurses took statewide training
 - Only Adult/Adolescent. They have thought about Pediatric/Adolescent but they have not done it yet.
- Cost of teleSANE cart: \$10,000
 - Currently grant funded
 - Some stationary, some portable
 - New hospitals joining get cart for nothing and program for free for 1 year with cost sharing in the future

IV. International Association of Forensic Nurses (IAFN) Sexual Assault Nurse Examiner Education Guidelines and Illinois Nursing Program Curriculums – Speaker from IAFN

- Jaclyn introduced Kim Day

- Kim stated that Illinois and Massachusetts are two of 11 states that have SANE requirements
 - 5 programs regulated through the Board of Nursing
 - Others are through the Department of Health, Attorney General, specialty boards and voluntary credentialing
- Minimum requirement is RN licensure
- American Academy of Forensic Sciences recognized forensic nursing as a discipline in 1991
- American Nurses Association recognized forensic nursing as a nursing specialty practice area
- Uses fundamental nursing knowledge and skills
- The goal established by our legislation is huge
 - No undergrad RN programs currently have that requirement
 - Think about transfers from other states
- She emphasized that it's not just about the box
- Nurses will go on to specialize as SANEs but clinical experience is required before training (anywhere from 1 year to 3-5 years depending on the state)
- Training all over the country, some things you think would be easy, some people don't know or do well
 - This includes RN, APRN, MD, PA
- SANE training needs to be given when a nurse has a minimal level of training
 - Nursing process is a framework of SANE training
 - Novice to Expert (goals of the SANE training is to move the nurse along this continuum)
 - Developing expert practice is essential

V. [Public Act 101-0634](#), **Federally Qualified Health Centers**

- Karen discussed Public Act 101-0634
 - Became law on June 5, 2020
- Federally Qualified Health Centers (FQHCs) can perform medical forensic exams for anyone age 13 and older during a public health emergency
- They must apply to the Illinois Department of Public Health
 - They need to submit additional paperwork similar to an Approved Pediatric Health Care Facility (rape crisis center agreement, signage with hours of operation and transfer agreement with hospital)
- Ends June 31, 2021
 - Too early to tell if there is a possibility to extend past this timeframe
- Lisa Mathey asked how many sites are requesting this. Karen stated only 1 that she is aware of.
- Sarah Beuning asked about the requirements of the 10 hours of training. Notified that the FQHC has to provide proof of the 10 hours and that it must be done by a qualified medical provider

VI. **Task Force Member Announcements and Concerns**

- Karen stated that the Administrative Rules became effective April 10, 2020 and published on April 24, 2020
- Data collection for the 1st 6 months of 2020 must be submitted by July 15th
 - Data submission form has been revised
 - Definitions provided
 - Send to DPH.HospitalReports@illinois.gov
- Karen discussed the guidance put out by the Department during COVID on medical forensic exams, rape crisis centers, etc.
- Nancee Brown asked whose responsibility is it to provide transportation back for a patient that came by ambulance. Jaclyn stated that we will work on this in a committee as the legislation currently only addresses transportation back for out-of-state transfers

VII. Public Comment

- There was a brief discussion regarding the training deadline and that there are no plans to change this at this time
- There was a brief discussion about clinical training log extensions. Jaclyn stated that each clinical training log would be evaluated individually for an extension as they always have. There will not be a blanket extension for clinical training because individuals may need additional guidance to be successful.
- Lisa Mathey encouraged everyone to think about the pandemic and the current resources available as well as the financial strain of hospitals.

VIII. Next Meetings

- **August 27, 2020**
- **November 18, 2020**

IX. Adjournment

- Roll call was taken and approval was obtained for adjourning the meeting. Karen Senger adjourned the meeting.