

**REDEFINING YOUR SANE TEAM:
The Philadelphia Experience**

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**NO FINANCIAL
DISCLOSURES / CONFLICTS
OF INTEREST**

Objectives

- Define Sexual Assault Response Team and SANE program models
- Describe a nurse run, stand alone response center designed to support of adult victims of sexual assault
- Describe the roles of medicine and law enforcement in the newly created nurse focused center
- Discuss the migration of SANE roles and responsibilities from a hospital based program to a stand alone center
- Discuss the success and barriers in creating a free standing SANE program in a major US city, Philadelphia

TERMINOLOGY REVIEW

Sexual Assault Response and Resource Team (SARRT)

- Multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.
- Varies from community to community
- Usual representatives:
 - Law enforcement
 - Rape Crisis Center
 - Healthcare
 - Criminal Justice
 - Social Service Agencies, Victim Services, Colleges

Role of the Nurse Examiners

- Evaluate and treat bodily injury (refer to medicine as needed)
- Evaluate and document genital injury
- Collect forensic evidence
- Provide STI prophylaxis
- Provide Emergency Contraception
- Provide HIV prophylaxis
- Linkage to services
- Testimony at trial (fact and/or expert)

SANE Program Models

- Hospital Based (often medicine focused)
 - Usually housed in Emergency Department
 - Open 24/7
 - Secure site
 - Wide array of medical and support services
 - MDs are available to treat other injuries
 - On-call vs. On-duty SANE/SAFE
 - ED overhead and MD fees can be sizable
 - Alternative sites may be used within hospital
 - Clinics
 - Urgent Care /Fast Track

SANE Models

- Community-Based (often nurse focused)
 - Multiple sites for service
 - Hospital
 - Clinic
 - Private office
 - YWCA/rape crisis center/Family Justice Center
 - Better coordination of service provision with other SARRT members
 - Need to work with hospital ED for care of injured victims and transfers
 - Less injury focused, more victim needs focused

SANE Program Models

- Community-Based
 - Medication acquisition may be difficult
 - May be owned/managed by several entities:
 - Hospital/Medical group
 - Non-profit
 - Private company
 - Rape Crisis center
 - Attorney General Office/Prosecutor
 - Mobile team capabilities are usually easier to navigate



Philadelphia

- 2012 Census: 1,547,607 residents
 - Largest city in PA; only city-county
 - 2nd largest east coast
 - 5th largest in US
- Bordered by Delaware and Schuylkill rivers
- 142.6 square miles in size
- Population density: 11, 457 people/square mile
- Race:
 - White: 41%
 - AA: 43.4%
 - Hispanic: 12%
 - Asian: 6.3%

Philadelphia's SARRT

- Philadelphia Sexual Assault Advisory Committee
- Multiple agency representation
- Meet monthly to bi-monthly
- Work closely with SVU and DA office
- Projects
 - Medical and nursing protocols
 - Police directives
 - Development of new center
 - Prevention/education
 - College campus awareness




SVU STATISTICS:

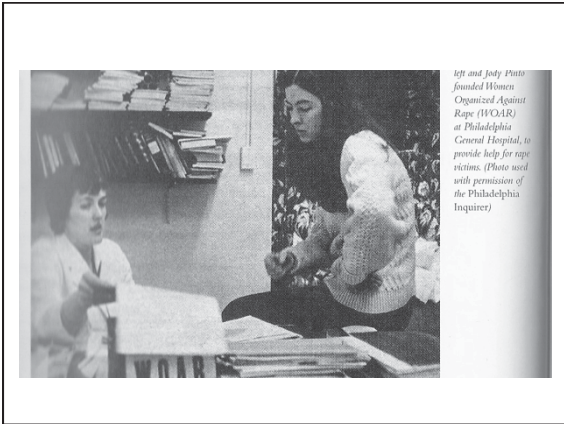
2013	<ul style="list-style-type: none"> • 440 cases • Jan-Jun
2012	<ul style="list-style-type: none"> • 880 cases
2011	<ul style="list-style-type: none"> • 833 cases

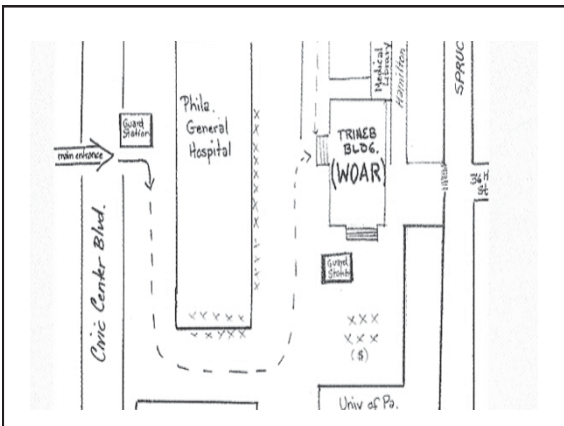
On average each year, the PPD SVU handles 1200-1300 adult cases

The Philadelphia Experience

- Medical/Forensic rape services provided at Philadelphia General Hospital
- One of first hospitals in US to have rape crisis advocate housed ED
- Rape crisis center had its own office in the ED
- Close proximity to rape crisis center
- ALL survivors taken to PGH for care
 - SVU interview in ED
 - Exams done by ED doctor







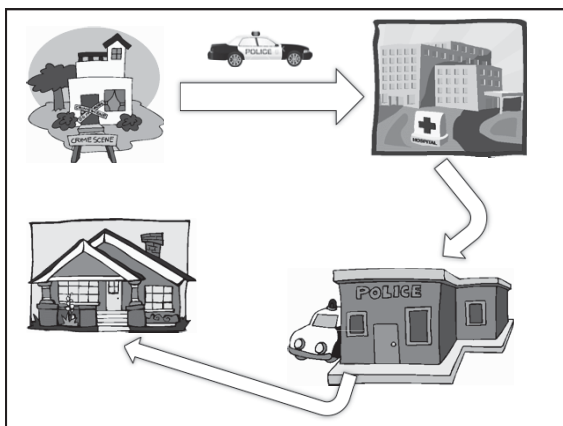
The Philadelphia Experience

- PGH closes in 1977
- 2 hospitals designated as Rape Crisis EDs
 - SANE Director and Medical Director identified at each
- Geographic delineation for patient triage

The Philadelphia Experience

- Centralized services allowed for more consistent care and protocols as well as SAFE experience
- New protocols written and police directive developed of where to take victims
- City provides funds via Public Health Department, Division of Maternal Child Health

PROBLEMS IDENTIFIED





The Problems

- City stops funding of rape crisis hospitals
 - Not in that division's mission; no one else has funds
 - Less \$ for SANE training → Less SANE staff
 - Less programmatic support → Less time for program support
- At least 2 hospitals closed in proximity to designated rape crisis EDs
 - Increased ED volume
 - ED crowding worsened
 - Increased wait times
 - Rape victims waiting hours for exams; walk out; or refuse to speak to police due to time issues

The Result

- Sexual Assault victims
 - Left ED without evidence collection
 - Left ED without talking to the police
 - Left ED without ANY medical treatment
 - Become distrustful of the process / uncooperative
 - Seen as being evasive, non disclosing, or non credible

Solution

- OUR GOAL: Victim Centered Approach
 - Bring services to victim; not victim to services
- Subgroup of Philadelphia Sexual Assault Advisory Committee formed
 - Healthcare, Police/SVU, DA, WOAR members
 - Reviewed our data
 - Victims had few needs that could only be met in ED
 - Reviewed other models across country
 - Literature
 - Phone calls



The Solution



- Free Standing Site, available 24/7
- Co-locate with SVU
- Presented to Mayor's office
- Agree with model and envisions it will be co-located with new center that is being planned.
- Unfortunately, economy crumpled, city's plan put on hold
 - Center plans put on hold

Solution Implementation

- Time delays continue
- Victims not being served
- Committee decides to move toward development of a free-standing center.
- Several questions arose...

How to Run Center??

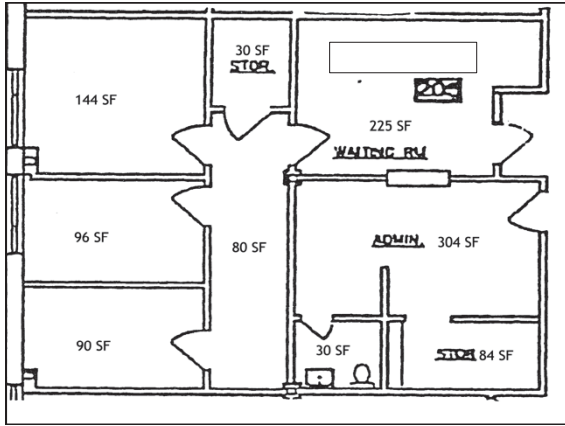
- Current designated hospitals?: No
- Other hospitals?: No
- Rape Crisis Center?: No, "conflict of interest"
- DA office?: No, "bigger conflict of interest"
- Police?: No, maybe "biggest conflict of interest"
- Public Health Department?: No
- Regional Public Health Institute?:
 - Interested, but limitations in the plan
 - Seemed like there was an unclear motive

Form Our Own Non-Profit

- Using Children's Advocacy Center model
- Incorporation easy and relatively inexpensive
- Pro-bono attorney
- Budget created
- Unexpected problems:
 - Malpractice costs
 - Insurance costs
 - Accounting/payroll costs
 - Start up money

PSARC Formation

- 2010: Drexel University College of Medicine, Department of Emergency Medicine agreed to oversee project. Dean agreed
 - Community service
 - Fits the Women's Health mission of DUCOM
- Potential site found...
 - Medical Office Building on SVU campus
 - Board of Trustees issue
- Name chosen...
 - Philadelphia Sexual Assault Response Center



PSARC Formation

- Lots of input and suggestions from PSAAC
- Budget developed
 - Based on 400 cases per year
- Program Director hired
 - Retired SVU Lieutenant
- Protocols developed and written
 - Input from other SANE programs
 - Reviewed by everyone at PSAAC
 - Lots of revision and review

PSARC Formation

- Patient flow issues worked out
 - Police directive had to be re-written
 - ED vs Center: criteria developed for patient
 - Non-police reporters: police will help transport to center
 - Calling in the SANE: done via answering service
- Supplies and equipment bought
 - DUCOM preferred vendors and other websites
- SANEs hired and trained
- Opened May 11, 2011

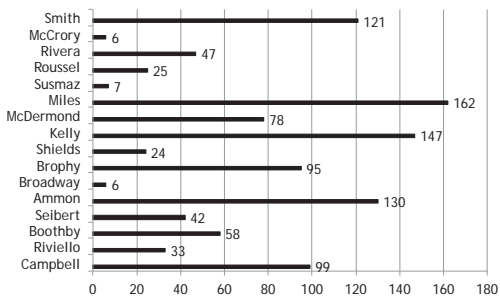
PSARC

- 24/7 availability of On-call SAFE
 - 17 currently
 - Experience 1 year to 20+
- Patient Age: 16 and over
- Available regardless of participation with police investigation
- Medical forensic exam and STI, Pregnancy, and HIV prophylaxis
- Rave reviews: DA, police, patients, crime lab

PSARC Stats

- May 11, 2011 – June 15, 2014: 1408
 - 2011: 322
 - 2012: 473
 - 2013: 418
 - 2014: 195
- Demographics
 - Males: 45 (3.2%)
 - African American: 825 (58.6%)
 - Caucasian: 460 (32.6%)
- Average Exam Time: 1.75 hours

Cases by SAFE



PSARC: Is it Safe?

- No rapid response team calls (when at office building)
- 1 Stat 13 call (security help)
- Total of 10 sent to ER (0.7%)
 - Internal vaginal injury (1)
 - Pregnant and abdominal pain (1)
 - Pain/injury complaint (3)
 - Intoxicated (1)
 - Hypertensive emergency (1)
 - Strangulation injury (1)
 - Vaginal bleeding (2)

Benefits of New Center...

To Survivors:

- Victim-Centered Care
 - “one-stop shopping”
 - ALL aspects of care
- Ease of access
- Private and quiet
- 1 on 1 care
- Rape center advocate
- Less time

To SANEs:

- Exam experience
- Additional income source
- Continuing education programs
- Training experience for new SANEs

Benefits of New Center

To Police:

- Simplified process
- Better relationship with SANE
- Timely evidence collection
- Easy of evidence transfer
- Patrol officer less time away from street

To Criminal Justice System:

- Consistent evidence collection
- Chain of Custody
- Easier subpoena and record handling
- Easier access to experts

Benefits of New Center

To Philadelphia

- Better tracking of sex crimes
- Better follow-up care of victims via City services
- Less financial commitment

To Research

- Participant in University of Pennsylvania genital injury research study
- Women's Health Study (UNC)
- Large patient database

Benefit of DUCOM

- Human resources office
 - Employment application and verification
- Payroll office
 - Paying folks
- Procurement office
 - Preferred vendors → Substantial savings/purchase power
 - P-card: credit card for purchases
- Human Subjects Protection Office
 - IRB for research projects
 - Grants and contracts for funded projects

Benefit of DUCOM

- Risk Management Office
 - Malpractice coverage
 - Legal advice
- Information Technology Services
 - Computer and Tech services
- Institutional Advancement and Public Relations
 - Get the word out about our service
 - Donors
 - Assist with funding sources and grants

Late 2011 on...

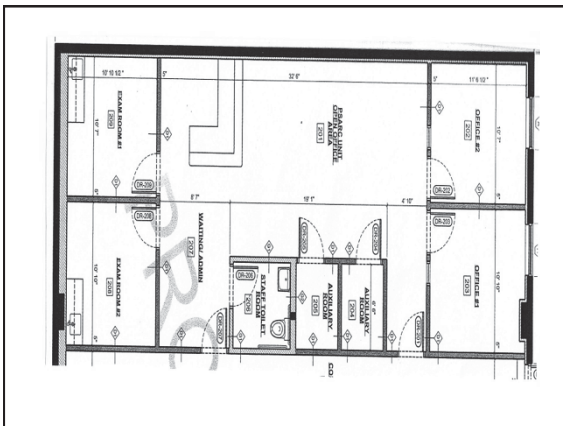
- City enthusiasm for new co-located center resurges
- Plan to co-locate SVU, DHS Child Abuse Division, Philadelphia Children's Alliance, and PSARC in one site
- Several sites chosen, one finally agreed upon
- Part existing building, part new construction
- Construction started: late summer 2012
- Move-in: Aug 2013

Philadelphia Safety Collaborative

- 300 East Hunting Park Avenue, Philadelphia, PA
- 40,000 square feet
- Separate entrances for each agency
- Child medical evaluation center
- PSARC
 - 1300 square feet
 - 2 offices
 - 2 exam rooms
 - 2 storage rooms
 - Dedicated bathroom









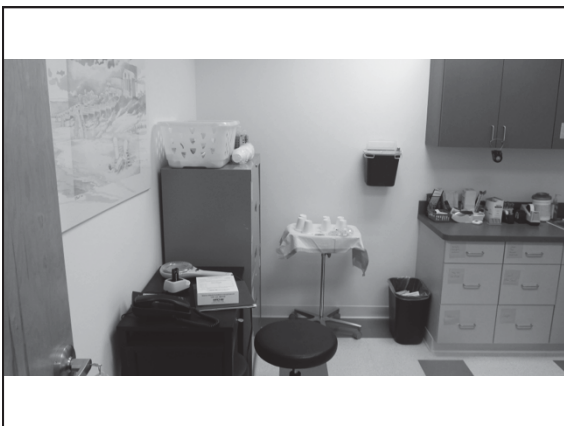












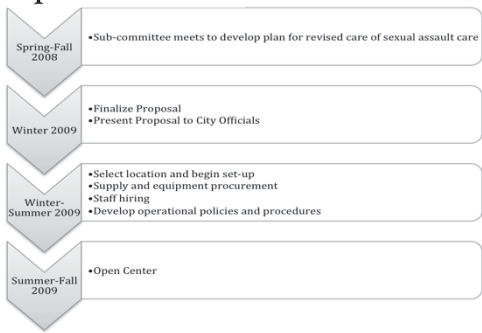
PSARC Lessons Learned

- Develop timeline and add to it...
 - 1.5 years vs. 3.5 years
 - Unique to us?

- Lease negotiations biggest time eater
 - The lease itself
 - Approval
 - Dueling Health Systems



Proposed Timeline



A C T U A L T I M E L I N E



PSARC Lessons Learned

- Unexpected start-up costs/needs
 - Personal care supplies
 - Snacks/drinks
 - TV
 - Scheduling program/answering service
- Police Buy-in
 - Thought was going to be difficult, probably easiest part
- IT issues
 - Non-university sites
 - Internet services



PSARC Lessons Learned

- Share the work
 - Work in teams
 - Highlight and draw from people's talents
- Simultaneous Projects
 - Change Police Directive
 - Write policies and procedures
 - Hire staff
 - Hire nurses
 - Purchase supplies, equipment, etc.....

New Office Location Issues

- Sub-lessee of the city
- Red bag and Sharps Services
- Moving Expenses
- IT and TV service and set-up

New Initiatives

- Mobile Team
- Computer charting
 - SANE developed and specific
- Prison SANE Team

Mobile SANE Team

- Center cannot treat all victims
- Plan to develop mobile team that can go to victims in hospital who cannot be sent to the center
 - Develop plan after free-standing center running smoothly
- Approached in Fall 2012 by local Level I trauma center interested in our services

Mobile SANE

- MOU developed
 - Huge time delay!!
- Policy created
 - SANE friendly
 - Dedicated parking area
 - Free parking
 - No need for SANE application, credentialing, etc...
 - Center chart used, no medical care provided, recommendations left for team regarding post SA care
- Mobile suitcase
 - Created by Nurses
 - All equipment needed

Computerized Chart

- Private vendor
- Cloud based storage: HIPAA compliant
- Everything is stored as a database and searchable
- Better statistics and research
- Easier billing procedures

SEXUAL ASSAULT HISTORY				
Control Number	First Name	Last Name	Date of Birth	Exam Date
09-2556			02/07/1996	06/16/2014

Since the Assault, Has the Victim:

Consumed Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had something to eat / drink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chewed Gum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathed / Showered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brushed or Flossed teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used Mouthwash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washed Hair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washed Clothes (from assault)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deodorant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urinated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used anything to wipe / clean genital area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used anything to wipe off any fluid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used / discarded any tampons or pads	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was the victim's clothing removed during the assault? Yes No

Did the victim lose consciousness? No Yes

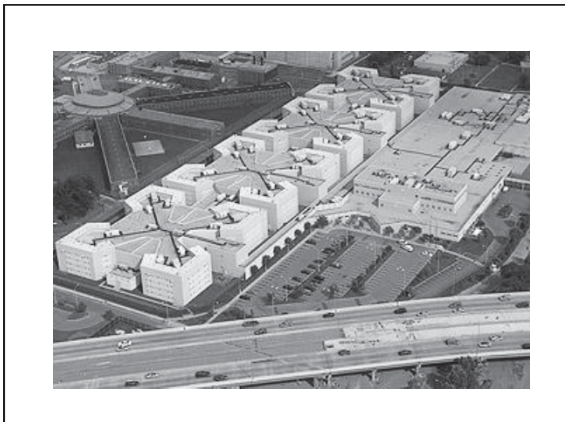
If Yes, Explain: _____



PRISON SANE TEAM

- Prison guards transported victims of sexual assault from the Philadelphia jail to the new stand alone center.
- The victims arrived shackled and guarded.
- Nurses at the center willingly cared for these victims, but were concerned about stress producing transportation issues.
- Negotiations began with nurses at the Philadelphia jail about caring for the victims on their campus.





SANE in Jail

- University of Pennsylvania and the Director for the Center trained 34 nurses who volunteered to pilot a SANE project in jail.
- The forty hour training was conducted inside the jail during the nurses' free time.
- With six months, protocols for the nurses were written, policies were re-written for SUV, prison security and physicians who work in the jail

The Program

- Victims are escorted to a SANE exam room
- One of the SANE nurses who is on duty is dispatched to the exam room by his or her head nurse.
- The nurse on call provides caring and compassionate care to the victim including evidence collection
- Medical doctors are available for treatment of injury and writing of prescriptions.
- Follow up counseling is provided to the victim via mental health service nurses.
- Follow up physical care is provided by nurses on the "block" where the victim resides

The Program

- Each reported incident of sexual assault is investigated by a combined team of prison security and SVU.
- SVU detective goes to prison to interview victim
- SVU transfers the evidence collection kits to the crime lab

Challenges and Advantages

- | | |
|--|--|
| <ul style="list-style-type: none">• <u>Challenges:</u>• Supplying the room with needed equipment• Written support for the center from SVU, DA's Office, Prison Officials• "Ego" | <ul style="list-style-type: none">• <u>Advantages:</u>• Prison Rape Elimination Act compliance• The jail program uses the same paperwork (forms) as the center uses• "Best practice?" |
|--|--|

Conclusion

- Many models for medical SART exist
- A private, co-located service is a viable alternative to ED-based program
- Buy-in from all interested parties is KEY
- Careful planning and development
- Be adaptable!!



Questions

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