

Sexual Assault Medical Forensic Services Implementation Task Force

Thursday, August 27, 2020

1:00pm – 3:30pm

Meeting Minutes

Task Force Members Present: Ann Adlington (SANEs), Christy Alexander (SANEs), Amy Barry (Hospitals), Brenda Beshears (Hospitals), 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), Brenda Danosky (Illinois State Police), Dr. Marjorie Fujara (Child Abuse Pediatricians), Eva Hopp (Hospitals), Lisa Mathey (Hospitals), 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 June 25, 2020 Meeting Minutes

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

III. ISP – Kit Tracking system implementation

- Brenda Danosky discussed the Illinois State Police kit tracking system. The law was signed on 8/26/2019 requiring ISP to create a tracking system and have it implemented by 8/16/2020. The system went live on 8/14/2020 with some hospitals. Brenda has been handling a significant number of phone calls since. The system is called CheckPoint. The system will work by Sirchie (the evidence collection kit vendor) sending out kits with K#, pins and information for survivors. ISP is creating a video for the survivor to learn how to access the system.
- There is not any information for the patient until the new kits are shipped. Old kits can still be used and the hospital will need to generate a K#. The 2nd page that gets printed when a K# is generated should be given to the patient because it contains the K# and the patient pin#. The new kits will have a sticker and index card that will need to be provided to the patient. Advocates will only have access to the website to track kits for clients if the client provides the advocate with their K# and pin#. SANEs and hospitals cannot track the kit.
- Brenda plans to update the user guide after answering so many questions from hospitals and law enforcement but there is currently a step-by-step guide on the CheckPoint system. No instructions are loaded on the ISP website.
- When the kit is transferred to law enforcement, it will remain on the hospital dashboard until law enforcement logs into the system and acknowledges that they collected the kit. Once this happens, the kit will fall off the hospital dashboard.

- There is an option to select Mobile Chicago Police units 50-100. Brenda is not sure what this means and will look into it.

IV. Illinois Department of Public Health Update

- Karen reported that a few hospitals have been updated and hopefully the document is more user friendly. She added that if the hospital is a transfer facility, you can now see who is accepting their transfers. Some of this information will be posted on the IDPH website. Karen has not decided if any additional analysis would occur.
- Data from Jan-June 2020 shows that 2,240 patients were treated, 1,945 kits were offered and 1,491 kits were completed (454 kits were declined). 521 pediatric patients presented, 40 pediatric patients were transferred (though some may not have filled in this section), 388 pediatric patients had kits offered, 262 accepted and 126 declined.
- The graphs demonstrated that the numbers were down compared to the 1st 6 months of last year, but not by that much. The percentage of patients accepting evidence collection is between 75-79% and 68-73% for pediatrics.
- Karen created a graph to show the numbers by Health Service Area (HSA) region. Hoping that this data can be used to help facilitate regional discussions.
- 16 hospitals changed from treatment to transfer since the last update.
- [Public Act 101-0634](#), Federally Qualified Health Centers: No applications have been received.
- The administrative rules for the new Public Act for FQHCs is not out, but the Administrative rules for the past Public Act are on the IDPH website.
- IDPH is not performing any site surveys at this time unless there is a complaint. It is not known when the site surveys will start up again.

V. Office of the Illinois Attorney General Update

- Jaclyn provided an update on the Online Training for Emergency Department Clinical Staff. So far 6,775 individuals had taken and passed the on-line training created by OAG. This training is accessible until January 2022 and will be re-evaluated at that time.
- Jaclyn provided an update on Sexual Assault Nurse Examiner Trainings. OAG is planning to provide one Pediatric/Adolescent and three Adult/Adolescent SANE trainings prior to the end of the year. Currently working to restructure the format to be completely virtual. So far in 2020, there are 37 new AA SANEs and 8 new PA SANEs. There are an estimated 300 practicing AA SANEs and 35 practicing PA SANEs. Modifications to the SANE requirements due to COVID include an alternative courtroom experience and encouraging 3 additional activities to be completed by Zoom or phone call. Extensions are being considered on an individual basis once a current copy of the clinical training log is received.

VI. Discussion on IAFN presentation

- Jaclyn provided a brief overview of the presentation previously provided by Kim Day from IAFN including that the 40-hour SANE training cannot be done in nursing school because being an RN is a prerequisite to SANE training. This was

supported by other members of the task force. The discussion then shifted to teaching basics of SANE and forensic nursing in undergraduate programs. As a reminder, the Foundation Training is currently open to everyone.

- A concern was brought up that nurses are being forced into SANE training and this can be retraumatizing to those individuals. Some hospitals are stating that all nurses will become SANEs. Nurses threatened to quit because they did not want to complete the training. All clinicians should receive instructions on how to complete an evidence collection kit, talk about the process and trauma-informed care during orientation in the emergency room. Male clinicians should also be trained. IHA has requested a document from the task force emphasizing that clinicians should not be forced into becoming SANEs.
- Karen suggested that these ideas should be brought to nursing schools to request they be added to the curriculum. This could help to increase the interest in becoming a SANE. There will be a new committee established to help develop this recommendation.
- Medical school and residency requirement still needs to be discussed as part of the task force goal. This will be pushed until 2021.

VII. Discussion on the Telehealth and Medical Forensic Services presentation

- To implement Telehealth in Illinois would require a legislative change. Telehealth would not replace the in-person requirement of a QMP by 2022, but could be utilized for SANEs to get assistance. It could also be a viable option for rural facilities to ensure patients are receiving the best possible care. A pilot program may be helpful in trialing Telehealth. No one wants Telehealth to replace or water down the 2022 QMP requirement. IHA stated that hospitals would be interested in a pilot program.
- IHA believes that 800 SANEs would be needed to meet the 2022 QMP requirement. Jaclyn stated that the more realistic number is between 400-500, but that hospitals need to collaborate for the 2022 QMP requirement to be achieved. The 2022 QMP requirement will only be met by utilizing mentors and supporting current SANEs.
- A Telehealth subcommittee will be created to further discuss recommendations and next steps. Individual interested in participating on the subcommittee should e-mail SANE@atg.state.il.us.
- Some key points to remember:
 - i. Training will be required for the practitioners performing the medical forensic exam
 - ii. Telehealth could prevent unnecessary transfers
 - iii. Immediate peer review and assistance
 - iv. Use Telehealth as a tool, not a replacement, adding to the patient and examiners experience
 - v. Telehealth should augment and support the patient and healthcare provider

VIII. Committee Reports:

- On-Call SANE/SAFE Programs – Guide to Establishing a SANE Program will be completed by the November meeting.

- Urban Treatment Plan: Currently focused on looking at hospitals in the Chicagoland area. The goal is to get hospitals to the correct designation by 2022. There is a questionnaire that is being created to utilize when discussing future treatment plans with hospitals. Hospital administration, SANE Coordinator, ER Director and ER Manager will be approached to discuss future plans for sexual assault patient services. There are currently 24 treatment hospitals and 21 treatment with approved pediatric transfer. Hospitals without sufficient pediatric patients will be suggested to switch their designation to treatment with approved pediatric transfer. Adult and adolescent patients will be discussed as well. Due to COVID, the meeting will happen over Zoom or WebEx.
- Out-of- State Treatment Plan: The goal is to collect data on the impact of out-of-state transfers. The committee discussed how to track the data and decided to focus on the following topics: timeliness, number of patients, working with law enforcement, working with prosecutors and working with advocates. HIPPA privacy is being considered when discussing the collection of patient data. It was mentioned that advocates from Illinois are not being called to the out-of-state hospitals despite the fact that it is a legislative requirement that out-of-state hospitals have a MOU with an Illinois rape crisis center. Karen stated that both out-of-state hospitals have an agreement with the Illinois rape crisis center but only one facility is currently using the Illinois rape crisis center.
- Areawide Treatment Plan: This committee is looking at in-state transfers and transportation. A guidance document has been created that looks at the different modalities of transportation available. There was discussion regarding whether the treatment or transfer hospital should take on this additional cost. Revisions will be made to the current template transfer agreement to include language about transportation and will ask the two facilities to decide how transportation will be handled between them. SASETA covers transportation to the treatment facility but not back to the initial transferring facility. The administrative code will need to be amended to address this new requirement.
- Rural Treatment Plan: This committee did not meet.
- Cost of Care Subcommittee: IDPH is finalizing the analysis of data from 2016-current. The data will be graphed and analyzed by the committee before presentation to the task force. The goal would be to present this data at the November task force meeting. The data will be analyzed by HSA region and there will be a detailed statistical analysis performed.

IX. Task Force Members Announcements and Concerns

- There was a question about SAFE's. IDPH and OAG have met and are working to finalize the requirements before the end of the year. Current medical school curriculums do not mirror the IAFN requirements. Therefore other considerations have been discussed for how to grandfather someone into this designation. This will be reported out in November.
- There is not currently any information regarding the kit tracking system on the ISP website. The instructions for how to utilize the system are loaded in the CheckPoint system. Survivor instructions will be on the ISP website.

- For the Cost of Care committee, it has not been analyzed to determine if HSA data with population, are certain rates/areas higher for sexual violence.

X. Public Comment

- The complaint form to notify IDPH of SASETA violations can be found on the IDPH Hospitals website.

XI. Next Meetings: November 18, 2020

XII. Adjournment Roll Call: Sarah Beuning made a motion to adjourn the meeting. Brenda Beshears seconded the motion. Role call was taking and the adjournment approved. The meeting was adjourned at 3:13pm.