

# **Sexual Assault Medical Forensic Services Implementation Task Force**

## **August 5, 2019 Meeting Minutes**

### **Video Conferencing Locations**

Illinois Department of Natural Resources Building  
One Natural Resources Way, Springfield, IL 62702

Illinois Department of Public Health  
Chicago Director's Office Conference Room  
69 W. Washington St., 35th Floor,  
Chicago, IL 60602

**Task Force Members Present:** Ann Adlington (SANEs), Sarah Beuning (Sexual Assault Survivors and Rape Crisis Centers), Dr. Scott Cooper (Physicians), Brenda Danosky (Illinois State Police), Dr. Marjorie Fujara (Child Abuse Pediatricians), Dr. Arvind Goyal (Illinois Department of Healthcare and Family Services), Eva Hopp (Hospitals), Sandy Kraiss (Hospitals), Lisa Mathey (Hospitals), Debra Perry (Sexual Assault Survivors and Rape Crisis Centers), Jessica O'Leary (Office of the Illinois Attorney General (OAG)), 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**

- Co-Chair Karen Senger, called the meeting to order at 1:06pm.
- Membership updates were provided.
  - Jaclyn Rodriguez has been designated as Task Force Co-Chair.
  - The Illinois Department of Health Care and Family Services appoint Dr. Arvind Goyal, Medical Director, to the Task Force.
  - The Office of the Illinois Attorney General appointed Jessica O'Leary, Assistant Attorney General, to the Task Force.
- Roll call was taken and a quorum was met.

### **II. Approval of Minutes from April 30, 2019 Meeting**

- Debra Perry made a motion to approve the minutes as amended. Dr. Monika Pitzele seconded the motion. The motion passed unanimously by voice vote.

### **III. Public Act 101-0073 (HB 3038) – Amends the Sexual Assault Survivors Emergency Treatment Act**

- Jessica O'Leary provided an update on passage of HB 3038. P.A. 101-0073 was signed into law and went into effect on July 12, 2019. The Act allows Transfer Hospitals to transfer sexual assault survivors age 13 and older to the nearest Treatment Hospital with Approved Pediatric Transfer if the facility is closer than the nearest Treatment Hospital.
- Updates to the Task Force's Educational Materials were distributed.

### **IV. Illinois Department of Public Health Update**

- Submissions of Sexual Assault Treatment and Transfer Plans – There are less than 10 outstanding Treatment and Transfer Plans that IDPH is waiting for. Approximately an additional 30 are pending, waiting on corrections or transfer agreements. IDPH will be posting to its website a list of all facilities with their approved designation as a Treatment

**Sexual Assault Medical Forensic Services Implementation Task Force**  
**August 5, 2019 Meeting Minutes**

Hospital, Treatment Hospital with Approved Pediatric Transfer, and Transfer Hospitals. The information will also include which facilities are participating in an Areawide Treatment Plan. This report will be updated quarterly on the website.

- Data Collection
  - IDPH will be posting data that hospitals are required to submit every six months regarding the number of sexual assault patients who present to their facility and the number of evidence collections kits offered to its website by the end of August. Hospitals will need to make sure that their number of evidence collection kits offered to sexual assault patients is equal to the number of kits completed and declined.
  - January 2019 – June 2019 Data Submissions
    - Of 2519 total sexual assault patients presented, 2103 were offered evidence collection (83%).
      - 23% of pediatric patients who presented were offered evidence collection.
    - Of the 2103 total sexual assault patients who were offered evidence collection, 1575 consented to the completion of evidence collection (75%).
      - 66% of pediatric patients who were offered evidence collection consented to its completion.
  - Only data on patients with an acute complaint of sexual assault or sexual abuse should be provided to IDPH. Discussed issuing a memo to hospitals to clarify definitions of the information to be submitted.
  - The data on the website is available for any purpose. The initial purpose of collecting this information was to identify the number of sexual assault patients presenting to hospitals in Illinois and identify regional trends.
- Administrative Rules – The draft Administrative Rules will be reviewed by the State Board of Health in September with the goal of having the rules published for public comment in November. The rules will include the changes made by P.A. 101-0073.

**IV. Office of the Illinois Attorney General**

- Online Emergency Department Training
  - The OAG has an agreement with SIU Carbondale to host the electronic sexual assault training for emergency department clinical staff and to provide the CMEs/CEUs. ED staff will need to go to the SIU website to complete the training. They will receive a certificate of completion with the CMEs/CEUs. Hospital administrators will be able to contact SIU directly to obtain a list of staff who have completed the training. Because of the CMEs/CEUs, it was not possible to provide the training to hospitals to put it on their learning management systems. The content creation is complete. The training needs to be voiced over before it can be released.
  - An inquiry was raised about legislatively extending the July 1, 2020 training deadline as the training is not yet available. Jaclyn stated that at this time there is no plans to do so as this training is to be an option made available to hospitals, but is not required. Some facilities have already been doing to the

**Sexual Assault Medical Forensic Services Implementation Task Force**  
**August 5, 2019 Meeting Minutes**

training on their own. The OAG 8-hour Foundation training would also meet the requirement, although CMEs/CEUs are not available at the training.

- Whether this training requirement is met will be part of the IDPH site inspections, once the requirement goes into effect.
- Medical Forensic Services Brochure – Content is being reviewed. Once finalized, it will be formatted into an easy to print format for hospitals.
- Qualified Medical Providers
  - Sexual Assault Nurse Examiner Didactic Trainings
    - Previously, the OAG has hosted 3 Adult/Adolescent (A/A) SANE trainings and 1 Pediatric/Adolescent (P/A) SANE training a year.
    - A/A SANE trainings completed in 2019
      - January, Urbana, 70 participants out of 75 available seats
      - March, Chicago, 71 participants out of 75 available seats
      - May, DeKalb, 40 participants out of 75 available seats
    - A/A SANE trainings remaining in 2019
      - August, Marion, 48 registered out of 75 available seats
      - Waukegan, 33 registered out of 75 available seats
      - 1 more not yet announced
    - P/A SANE trainings completed in 2019
      - February, Collinsville, 23 participants out of 75 available seats
      - July, Maywood, 29 participants out of 75 available seats
    - P/A SANE trainings remaining in 2019
      - 1 more not yet announced
    - 8-hour Foundation Training completed in 2019
      - February, Urbana, 24 participants (20 RNs) out of 100 available seats
      - February, Peoria, 39 participants (30 RNs) out of 100 available seats
    - 8-hour Foundation Training remaining in 2019
      - August, Highland, 6 registered out of 100 available seats
      - August, Mattoon, 11 registered out of 100 available seats
      - September, Waukegan, 6 registered out of 100 available seats
    - The OAG will be taking into consideration the number of open seats during this year's training when planning 2020 trainings. It was raised that it would be helpful for hospitals to know training dates a year in advance for planning and hiring purposes. If that is not possible, at least the number of trainings that will be held. Jaclyn explained that due to grant processes and rules the OAG is restricted as to when it can release training information. The Office is working on announcing A/A SANE trainings 12 week in advance and obtaining permission from the Illinois Criminal Justice Information Authority to release out a tentative schedule.
    - Training announcements are posted to the OAG website and sent out to a SANE email listserve (1600 recipients).

**Sexual Assault Medical Forensic Services Implementation Task Force**  
**August 5, 2019 Meeting Minutes**

- Clinical Training Requirement
  - Jaclyn Rodriguez stated that she has been receiving numerous requests for time extensions to complete training log beyond 12 months. Nurses are not being given opportunities complete medical forensic exams. In many cases, this is not due to a lack of survivors presenting to hospitals for medical forensic services.
  - The International Association of Forensic Nurses require clinical training components to be completed in 6 months. Illinois has extended this timeframe to 12 months. There was discussion that in some hospitals it is taking 12 – 18 months to complete clinical training components. It can take awhile in a hospital with a large volume of sexual assault patients has there is a higher number of providers completed the exams.
- Sexual Assault Forensic Examiners
  - IDPH and OAG are scheduled to meet in late August to begin discussing a process for SAFEs to submit education/training information to qualify as a SAFE. They will be reaching out the physicians who have also attended SANE trainings for their input. A physician or physician assistant may complete the 40-hour SANE training and clinical requirements to qualify as a SAFE.
  - Physicians considering seeking qualification as a SAFE need to keep in mind that that will be required to complete the entire medical forensic exam and will not be able to delegate portions to other non-QMP emergency department staff. A discussion followed where the following points were raised:
    - Just as a SANE has to complete the entire exam, so must SAFEs.
    - Concerns were raised that this does away with the team-based approach employed by hospitals.
    - For purposes of chain of custody, it is important that one person document the entire exam.
    - An exam takes 4-6 hours when completed by a SANE.
    - Examples of SANEs delegating portions of medical forensic services to others were expressed, such a blood draws.
    - As of January 1, 2022, portions of the medical forensic services can only be delegated to another qualified medical provider. However, once a QMP starts an evidence collection kit, that QMP must complete the entire kit.
    - Hospital will need to decide how to handle shift changes.
    - Having only 1 individual perform the exam is in the best interest of the patient.
    - The Kit paperwork regarding assisting healthcare providers may need to be updated.

**Sexual Assault Medical Forensic Services Implementation Task Force**  
**August 5, 2019 Meeting Minutes**

**V. Committee Reports**

- On-Call SANE/SAFE Programs
  - The committee is working on a Guide for Hospitals on how to establish SANE programs. The has been opened up to non-Task Force members. The committee is in need of additional assistance. Anyone who would like to work on this, please email Jessica O'Leary.
- Areawide Treatment Plans: Rural; Urban; Out-of-State Hospitals
  - A sample transfer agreement is being worked on for the transfer of adults and adolescent survivors, similar to the pediatric agreement.
  - The Out-of-State subcommittee will need to be convened to begin discussing what information will need to be collected regarding transfers to out-of-state hospitals in order for the Task Force to assess the process and provide a report to the General Assembly regarding the “the impact of transfers to out-of-state hospitals on sexual assault survivors and the availability of treatment hospitals in Illinois.”
  - Once all of the Sexual Assault Transfer and Treatment plans are submitted the Committee will analyze to determine if there is particular region of the state to focus on.
- Medical Forensic Services Costs
  - The Committee is seeking to identify or use existing data to identify what is being billed for the purpose of having solid information to back up any requests for an increase in reimbursements to hospitals providing medical forensic services.
  - In 2005, it was prohibited by the federal government to bill patients out-of-pocket for medical forensic services. In 2012, reimbursement to hospitals for patients with no insurance, not Medicaid eligible, was tied to the Medicaid payment rate. In 2012, that rate was approximately \$300. It is currently under \$70. Illinois is one of the few states to bill private insurance.
  - Karen Senger has submitted a request to IDPH data staff for relevant information.

**VI. Public Comment**

- A question was raised regarding Sexual Assault Treatment Plans and required protocols for the issuance of sexual assault vouchers. It was determined that SASETA only requires Approved Pediatric Health Care Facilities to include statements signed by each employee of the facility with access to the Medical Electronic Data Interchange or successor system affirming that the Medical Electronic Data Interchange or successor system will only be used for the purpose of issuing sexual assault services vouchers in its protocol. Karen Senger stated that any hospital that was asked to include signed statements in its protocol may disregard.
- A question was raised regarding log in requirements to the Medi System for the issuance of vouchers. Each person issuing vouchers must have their own log in. This is required in order to track who has assessed the system.

**VII. Task Force Member Announcements or Concerns**

- Following up the discussion regarding Sexual Assault Forensic Examiners, Lisa Mathey rased the issue of partnering SANEs partnering with emergency department staff to

**Sexual Assault Medical Forensic Services Implementation Task Force**  
**August 5, 2019 Meeting Minutes**

provide medical forensic services. A robust discussion occurred in which the following points were raised:

- Using other nurses for tasks such as forensic photography, drawing blood, and labeling the kit decreased the length of stay for the sexual assault patient. Having a Qualified Medical Provider to everything will increase the length of stay.
- There was support for leaving a space for “assisting provider” on the Kit paperwork.
- Jaclyn Rodriguez informed members that after January 1, 2022, non-QMPs will not be able to assist with the exam, including assisting with forensic photography.
- Concerns were raised that this would require hospitals to purchase a voice-activated camera.
- The Task Force’s sample policy suggests using a foot pedal, remote, or voice activation to take pictures. A patient may also assist.

**VIII. 2019 Meeting Dates: November 21, 2019**

**IX. Adjournment**

- Sarah Beuning made a motion to adjourn and Brenda Beshears seconded the motion. The motion passed unanimously by voice vote and the meeting was adjourned.