

Scheduling and Activating Advocates

SART Listserv
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States are listed as a point of reference rather than as a statewide perspective.

Issue: How do communities ensure an advocate is available for hospital accompaniment?

Background: On-call advocates in an urban community frequently use cell phones as their main contact number for hospital accompaniment. Problems occur when advocates change shifts, call in sick, and have car problems or travel out of range.

Ohio (Cleveland)

- Urban-based Rape Crisis Center with 2 hospital advocates out of a staff of 15.
- Most hospital advocacy calls are covered by 45 volunteers. The volunteer response rate is about 98%.
- Volunteers go through extensive training so that they are able to provide quality, compassionate and professional support to survivors.
- The Rape Crisis Center has an on-call schedule and an emergency roster.
- Volunteers are reminded of their shifts beforehand and are asked to give two contact numbers (if they have them).
- There has not been a significant problem with on-call advocates not answering their phone—and if does happen, the emergency roster is used. Ultimately, the on-call staff persons (1 of the 2 staff advocates) will take the call.
- The hotline is used to dispatch advocates.
- Using volunteers has worked extremely well for us.

Texas

- The pagers that we provide for advocates come with printed instructions and extra batteries.
- Staff and volunteers are advised not to go out of range of their pagers or cell phones while on call.
- We provide advocates on-call calendars at the beginning of the month. All changes, **are then documented on** dispatch calendar that is kept in the staff office.
- Only the ONE "dispatch" calendar is considered accurate, so only the "dispatch" copy of the calendar is used when an advocate or SANE needs to be dispatched. (This has solved LOTS of our previous problems)
- We ask advocates to contact the office if they are not able cover their shifts so that 24-7 availability of advocates and SANEs remains uninterrupted. (This includes flat tires, plumbing problems, sick children, sick advocates, sick pets, & advocates that must leave "response area", etc).
- The rape crisis center also dispatches SANEs where a SANE dispatch calendar is kept.

- If, for some reason, the SANE does not answer the phone or page immediately, staff are responsible to find another SANE from a master list. This generally involves a series of contact calls, brief waiting periods, and call-backs from the SANEs.

Michigan

- Instead of cell phones, agencies might consider pagers with a single group number that pages all first responders. This could ensure immediate contact for hospital accompaniment.
- The advocates are volunteers and in nearly 1000 cases we have only had two times when an advocate did not respond.

Location?

- We utilize two volunteers per shift, one that is cleared and one to shadow.
- Additionally, we have staff on schedule for back-up and normally obtain 2 contact numbers for them.
- Volunteers are responsible for securing another volunteer when there are changes in their schedules.
- Generally there are no problems.

Natasha

Forensic Examiner Response

- For 5 years we used a group pager system (all SANE pagers tied to a group number)
- At times pages were missed because of unidentified pager failure or reception problems. This was very frustrating to the agencies involved in response and increased the wait time for our patients.
- The SANE Director was a backup for the pager system and if second page came in from the same number, the director followed up.
- Recently the SANE program contracted with an answering service in order to minimize the need for the SANE director to be on constant pager backup.
- The answering service now calls the nurse and the SANE director is only called when the answering service is unable to find a nurse to respond.