

Regional Services

**SART Listserv
October 2006**

States are listed as a point of reference and do necessarily represent a statewide perspective

Issue: Models for providing services to multiple counties

Oklahoma

- In Oklahoma City, we are the only provider of SANE in our county and the surrounding counties;
- We provide services for victims in other counties, but they come to Oklahoma City;
- Hospitals in Oklahoma City rotate as the designated forensic exam facility every month;
- Victims are transported to the hospital where SANE is located for that month;
- We have a hotline that notifies LE/victim/others the site of the designated hospital.

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Regional Models

Regional SANE/SART models designate certain hospitals or facilities within a geographical area as their SAFE or SART centers and then refer all sexual assault victims to those facilities.

Issues:

- What are the procedures for transferring patients to designated SANE/SART facilities when they present at a center not designated as SANE/SART??
- Is it possible to transfer patients without involving the police or EMS?
- If a system uses EMS as the transfer, how is the EMS bill covered? \How do communities with designated SAFE centers ensure follow-up services? Are follow-up services ever provided by non-SAFE centers?

Referral/Transfer Protocols in Cleveland Ohio Region

- Patient can present to any of the many facilities in the county however, there are only 3 SART programs established;
- SART active for 2-3 years;
- 52 municipalities; all with their own law enforcement;
- Sheriff's Department does not respond to sexual assault in this county unless case involves jails;
- Emergency Department staff of non-sane hospitals are educated about benefits of SART programs;
- Hospitals that do not have SANEs ; screen patients according to EMTALA guidelines

Referral/ Transfer Protocols in New York Region

- New York does not have a law enforcement response requirement for forensic exams;
- Any patient reporting sexual assault can choose to have an evidence collection kit completed. (If the patient chooses not to release the kit to law enforcement at the time of the exam, per New York State Public Health Law (10 NYCRR 405.9 (c) and 405.19), the hospital must maintain the evidence collection kit and the chain of custody for no less than 30 days).

Central New York

- DOH rules that every institution has to be able to provide a sexual assault exam whether it is from a SANE or not.
- 4 hospitals in our area : 2 with SANEs and 2 without SANEs
- No transferring of patients between hospitals without SANEs to hospitals with SANEs.
- Law enforcement involvement is completely up to the patient, as is evidence collection.
- We have 3 separate permission forms for patients to sign. One for evidence collection, one for notifying law enforcement, and one to turn the evidence over to law enforcement.
- If patients call Crisis Centers, they are steered to SANE hospitals

Suffolk County NY

- No requirement for law enforcement involvement for a SANE to perform an exam and/or collection of evidence.
- We have 3 designated sites where law enforcement bring all patients.
- If a patient presents to another hospital ED, they are briefly evaluated for injury (to comply with EMTALA) and referred to SANE facility, if patients elect to go.
- If patients prefer to remain in a facility that does not provide SANE evaluations, they can be seen by the ED physician. (ED physicians encourage patients to be seen in the most appropriate setting. The exception is, obviously, if a patient is unstable).
- Victim advocacy centers also refer to designated exam centers.

Austin/San Antonio Texas Region

- In Texas, no SANE exams are performed without a law enforcement report
- One hospital in San Antonio provides exams for children and a different hospital provides exams for adults.
- Survivors are triaged at the initial hospital; advocates are called and law enforcement is dispatched IF they choose to report
- Law Enforcement determines which SANE-staffed hospital to use and authorizes/guarantees payment for exams
- If survivors choose not to report or declines exams, hospitals can provide care that includes EC and antibiotics
- Previously, all patients were transferred by ambulance to SANE-staffed hospital.

- Patients received ambulance bills for over \$800 that were not covered because transportation was not a medical necessity and wasn't part of criminal investigation
 - Some clients have this "fee" on credit history years later
 - Hospitals changed from "transferring " patients, (which required being transported by ambulance) to discharging them and "referring" them to a SANE-staffed hospital
- Advocates accompany survivors from non-SANE hospitals to SANE-staffed hospitals
 - Advocates remain in touch with survivors as long as survivors want to remain in contact.
 - We try to have the same advocate that originally responded at the hospital for continued assistance (protective orders, court accompaniment, law enforcement accompaniment, counseling, clothing, transportation, etc.)

EMTALA regulations

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- According to EMTALA, patients must have a medical screening exam before transferring to a regional SANE/SART program.

<http://www.cms.hhs.gov/providers/emtala/default.asp>

National Protocol (Page 59 – Facilities)

<http://www.ncjrs.org/pdffiles1/ovw/206554.pdf>

- At a minimum, the list of designated exam sites should be provided to all local hospitals, law enforcement agencies, emergency medical services, sexual assault victim advocacy programs, and protective services.
- Promoting community public awareness about these sites is also important given that victims may first disclose an assault to family members, friends, teachers, faith-based leaders, employers, coworkers, and others.
- In addition, success will depend on interagency cooperation in explaining facility options to victims and transporting them to designated exam sites (with their permission).
- Law enforcement representatives and advocates may need guidance on how to recommend an exam location to victims without mandating that they go to a specific site.

National Protocol – Recommendations for Transferring Patients (Page 59)

<http://www.ncjrs.org/pdffiles1/ovw/206554.pdf>

- Use an established protocol that minimizes time delays and loss of evidence while addressing patients' needs. (section drawn from the North Dakota Sexual Assault Evidence Collection Protocol, 2001, p. 12, and the Texas Evidence Collection Protocol, 1998, p. 14.)
- Avoid transferring sexual assault patients where possible. Every transfer can destroy evidence and cause patients further stress.
- If a sexually assaulted individual arrives at a health care facility that is not able to provide a medical forensic exam, interagency transfer procedures must be in place to transfer that individual to the nearest designated exam site.
- Evidence should be preserved when examining, treating, or transferring patients.

- If there are acute medical or psychological injuries that must be treated immediately, treatment should be provided at the initial receiving facility.
 - It may be helpful to offer patients support and advocacy from advocates at both the receiving facility and exam site.
 - A copy of all records, including any X-rays taken, should be transported with patients to the exam facility.
 - It may not be necessary to send all medical records if patients' medical needs are met before they are transferred to a non-medical exam site for evidence collection.
 - All health care facilities receiving Federal funds, including Medicare and Medicaid payments, are required to screen patients medically before transferring them to another health care facility.¹²³ (Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395dd)
 - Patients have a right to decline a transfer. They should be aware of the impact of refusing transfer, as it may negatively affect the quality of care, the usefulness of evidence collection (if it is collected at all), and, ultimately, any criminal investigation and/or prosecution.
 - They should understand that declining a transfer might also be used to discredit them in court.
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