

## Engaging Hospitals

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

### *Tips to engage hospitals to participate with SART*

**Background:** Several communities have difficulty engaging hospitals in their local SARTs. Oftentimes victims wait for hours for a medical forensic exam because the emergency department doesn't have anyone trained to do the forensic exam. Despite the problems and delays, the hospital does not feel compelled to make changes.

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#### California (Sacramento)

- Hospitals generally support doctor's preferences in order to minimize physician turnover.
- Cost effectiveness might be a tactic to persuade hospital administrators. For example, if hospitals utilize SANEs, doctors will have more time to do research. Additionally, doctors will not have to testify in court- another costly expenditure of physician resources. (This does not mean nurses' time is less valuable than physicians' time).
- The local District Attorney may be an important ally since the prosecuting attorney's office has a vested interest in using expert forensic examiners to testify. Doctors who rarely perform medical forensic exams may not be able to provide the same expert testimony that SANEs provide.
- SANEs generally perform more exams and build a level of knowledge and competence in sexual assault evidential collection that most emergency department doctors cannot approximate.

#### Louisiana (New Orleans)

- When SART was initially established, hospital administrators agreed that there was a need for a SANE program at one hospital.
- SART collaborated with community agencies and now all hospitals send their patients to designated SANE hospital- even inpatients.
- It takes hospital leaders and SANEs working together (ideally from the program's inception) to establish a community-wide procedure that is adhered to when a sexual assault patient presents.
- It is preferable to inform *all* hospitals that they are a part of a SART just by virtue of being a place where sexual assault patients present.
- Training and education in sexual violence to get interagency buy-in, is also a good idea.

#### New York

- Most Sexual Assault Exam (SAE) Programs are hospital based.
- Some hospitals participate readily; for others it is a hard sell because they interpret SAE Programs as negatively impacting the bottom line.

- NY recently embarked on a SAE expansion. The Grant Administrator at the NYS Criminal Justice Services, Violence Against Women Unit, contacted CEO's of hospitals and asked them to "host" a SAE program.
- The Grant Administrator discussed the money, the equipment needed, the commitment required, as well as the importance of SAEs to the community. Most, but not all hospitals agreed to participate.
- For the most part, hospitals are happy to have a SAE program - it releases their doctors from exams that can take several hours
- Hospitals are bottom line - - and need to be assured they will not lose too much money.

### **New York (Manhattan)**

- There has to be a champion or two at the hospital facility - preferably in the Emergency Department- although someone from OB might also help.
- The facility has to then be made aware that becoming a *center of excellence* in the care of the survivors is not only beneficial to the hospital but it is "standard of care."
- We took this approach with our facility and ultimately said that we also needed to do this because our sister facilities and our competitors were already doing what we should be doing (a form of friendly persuasion).
- It has been a tough and bumpy road but the Manhattan hospital is entering their first year as NYS Department of Health certified SAFE *center of excellence* and part of a NYC SART Program.

### **Ohio (Cleveland)**

- To engage hospitals, there are basic organizational questions to consider:
  - Is there a specific hospital or hospital system in mind?
  - Are there SANE-trained RN's at that facility?
  - If not, will training be made available?
  - Are there numbers to justify training of RNs as SANES?
  - Are there other area SANE programs with a supportive medical director and staff?
  - What observations have been made by your local crime lab, law enforcement and judiciary systems about SANE programs? (Try and get everything in writing for hospitals and remember that *positive outcomes in the community, continuity of care, stronger community ties* are usually a portion of hospitals' mission statements.
  - What is the recommendation of the health department regarding SANES?
  - What is the statement regarding SANES by JACHO? (Joint Commission on Accreditation of Healthcare Organizations)
    - JCAHO standards for accreditation address a health care organization's level of performance in specific areas-not just what the organization is capable of doing, but what it actually does.<sup>1</sup>
    - The standards set forth maximum achievable performance expectations for activities that affect the quality of care.
    - Standards are developed in consultation with health care experts, providers, measurement experts, purchasers and consumers.
    - The standards are usually updated every two years.
    - For more information see: <http://www.jointcommission.org/> and resources at the end of this summary )

- Are SANE's recognized by professional and medical organizations? ANA, ACEP, CDC etc.
- View National trends. How many magnet hospitals have a SANE program?
- List the benefits and disadvantages of a SANE program.
- If you can get one or two emergency departments (ED) to look seriously into a SANE program, find some strong nurses who are committed to making it work at there hospital, and a physician who is in support of the benefits of the program to the community, staff, and the physicians. Other ED's will want to be a part of that movement. I would focus on a hospital that is aggressive/progressive in the care of the patient. I would also encourage that the targeted area be invited to attend regular SART meetings.
- Another approach is to invite local ED physicians and administrators to an educational luncheon or tea to provide information about SANE's and there benefits to the community. Have professionals from the SART discuss their experiences with the SART and the Impact that SANE's have. Provide numbers (administrators love numbers!!) Demonstrate SANE v. Non-SANE figures. Then maybe consider providing a public challenge to the hospitals.
- Small steps and a lot of patience and a strong will can make anything happen.

## Texas

- In the beginning, the designated SANE hospital was very clear about what it would and would not give/donate/provide to the SANE Program.
- The SART knew the level of commitment from the hospital *in advance* and the program was created around only the resources expected from the hospital and others.
- Hospital representatives eventually stopped coming to SANE organizational meetings. Communications broke down, and the SART continued to move forward without any input from the hospital.
- The SART then decided to identify other sites to do the exams and entered into serious negotiations with one of those sites.
- When the initial hospital realized that we had *other* options for an exam site (and we were willing to use them), the hospital immediately became concerned about not being the site. In a matter of days they worked to meet the SART's requirements for the hospital to be the designated exam site.

## Resources

### JCAHO REQUIREMENTS for hospitals

#### ***"Standard Name: PC.3.10 Standard Text:***

Patients who may be victims of abuse or neglect are assessed. (See standard RI.2.150.):

1. The hospital develops or adopts criteria for identifying victims in each of the following situations: Physical assault, Rape, Sexual molestation, Domestic abuse, Elder neglect, or abuse Child neglect or abuse. The Family Violence Prevention Fund is one resource that can be contacted for further information at [www.fvvpf.org](http://www.fvvpf.org) .
2. Appropriate staff is educated about abuse or neglect and how to refer, as appropriate. Staff should be able to screen for abuse and neglect as indicated by the patient's needs or conditions. The hospital may define who conducts the full assessment for alleged or suspected abuse or neglect or refer to another organization.
3. A list of private and public community agencies that provide or arrange for assessment and care of abuse victims is maintained to facilitate appropriate referrals.
4. Victims of abuse or neglect are identified using the criteria developed or adopted by the hospital at entry into the system and on an ongoing basis.

5. The hospital's staff refers appropriately or conducts the assessment of victims of abuse or neglect.
6. All cases of possible abuse or neglect are reported to appropriate agencies according to hospital policy and law and regulation.
7. All cases of possible abuse or neglect are immediately reported in the hospital.

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<sup>i</sup> U.S. Department of Justice, "A National Protocol for Sexual Assault Medical Forensic Examinations", 2004. P.57.