



Building sustainable SANE programs from the ground up

Why SANE programs?

SANE programs provide a specialized healthcare response to patients presenting after sexual assault. With the appropriate education, **SANE-trained** clinicians have the capacity to attend to the medical forensic needs of sexual assault patients, including the provision of medical care, comprehensive patient education and anticipatory guidance, evidence collection and referrals for a variety of community-based services. Research tells us this approach is beneficial in several ways:

- 1.) It improves psychological outcomes
- 2.) It improves health care outcomes
- 3.) It improves the quality of evidence collected from sexual assault patients
- 4.) It improves criminal justice outcomes. This is true for **pediatric patients**, as well as adolescent and adult patients.

Foundations of SANE practice

In regard to the specific response to sexual assault patients, the *National Protocol for Sexual Assault Medical Forensic Examinations of Adults/Adolescents* is the guiding resource for clinicians practicing in the U.S. However, in terms of nursing practice, there are two other foundational documents with which SANEs must be familiar: the *Nursing Scope and Standards of Practice* and the *Forensic Nursing Scope and Standards of Practice*. SANEs use both sets of *Scope and Standards of Practice* to guide practice, ensure a comprehensive clinical approach, and articulate their role when called to testify in court. Additionally, SANEs need to familiarize themselves with their **state Nurse Practice Act** and what it may say, either explicitly or implicitly, about SANE practice. SANEs must be confident that they are practicing within their scope, using their Nurse Practice Act, hospital risk management professionals, and other **available resources** as guidance.

Safe and legal SANE practice requires that certain elements are in place, including malpractice insurance for all clinical staff (link to malpractice resource page); policies and procedures to support all aspects of patient care (link to policy and procedure checklist); and a plan for achieving and maintaining clinical competence. However, SANE practice cannot thrive in a vacuum, so while it's critical to create a strong, internal infrastructure, that infrastructure is not complete without also creating healthy collaborative relationships (link to Collaboration section in app) with **professionals in the community**.



Structuring SANE programs



Today, there are many models for SANE program operations. While hospital-based programs are still the most common model, there also are a variety of community-based models – in free-standing agencies, such as rape crisis programs, public health departments, and mental health agencies; in **mobile units**; and in **family justice centers**. Pediatric patients might also make themselves available to **child advocacy centers** to access healthcare and other community-based services. Some communities have opted for regional SANE services, with operations located in a single location, but patient care provided at multiple hospitals or agencies in the designated area. What's important to note is that there is no need to take a one-size-fits-all approach to SANE program development. Communities need to look at issues such as patient access, privacy, and administrative support to make the best decision as to where the program should be located. And while around-the-clock service provision is ideal, some SANE programs simply might not have the staff or the patient numbers to make that a realistic option. In such cases, consistency of availability is key, ensuring that hours in which SANEs are available are well-publicized to community and health care partners, and that emergency department personnel who may conduct the exams when SANEs aren't available have had appropriate education and training to perform them exams competently.

Funding



SANE program budgets may be derived from a variety of sources: the parent organization; **state or local exam reimbursement**; government, community and/or foundation grants; and fundraising and individual contributions. In order to build a sustainable model, the goal is to derive funding (link to funding section within app) from more than one source. Program managers should consistently be involved in funding conversations, regardless of whether the program's budget is part of a larger department's or stands alone. One of the most effective ways to contribute to funding and budgeting discussions is to understand the program's expenditures and revenue sources. A tool such as a **business plan** can organize these figures in such a way as to create a firm foundation for negotiating support.

Staffing



SANE programs require program management. Ideally, a manager is paid to fill this role, with a minimum of 16 hours per week of dedicated time overseeing the administrative aspects of running a sustainable SANE program. When patient volume increases, more hours will need to be dedicated to program management. In programs where the manager is not a nurse, a nurse from the team should be appointed the lead clinician to be able to evaluate and mentor clinical staff, since non-clinical managers cannot assess the clinical competency of their team members.

Programs obviously need clinical staff. How many is up to the individual program, and should be based in part on patient volume and availability of interested clinicians. No one wants to be the designated SANE 24/7; at the same time, every member of the team needs to have the opportunity to provide



enough patient care that they are able to maintain their competence. The goal in staffing should not be acquiring the most SANEs possible, but rather balancing patient care needs with the need of clinicians to maintain competence. Clinicians should be a good fit for the program and meet the program's needs for availability (specific shifts or numbers of shifts).

Medical directors



Medical directors also are a necessary part of a sustainable SANE program. A dedicated and invested medical director who interacts with and collaborates with the SANE team is crucial. A medical director can provide mentoring, education, and assistance with quality initiatives, as well as act as liaison between the program and other medical departments and providers. Program managers should have an active role in choosing a medical director, and they should look for one who is enthusiastic for the work, has excellent collaboration skills with nursing colleagues, and has a passion for clinical teaching.

Job descriptions



Every role within the SANE program needs to be supported with a **job description**. This includes both paid and volunteer (if applicable) positions, regardless of whether full-time, part-time, or PRN. Keep in mind that SANE programs are nursing services, so the same type of infrastructure created for other nursing services, such as hospice or home health nursing programs are needed for SANE programs, as well. This includes **employment contracts, competency evaluation,** and policies and procedures that are **regularly reviewed** and approved.

Recruitment



Recruiting staff can be a challenge. Television has made the role of the forensic professional seem glamorous and mysterious, and many prospective nurses see it as a change of pace from patient care. Since this role is entirely about patient care, it's critical to make the realities of the role clear prior to investing time and resources in interested clinicians. In fact, managers need to be cautious about sugar-coating the role in any way, so as to ensure that prospective team members are clear about what it means to be a SANE. It is a mistake to hire staff simply to add to numbers on the team. A nurse who is not a good fit for the program because of role confusion or issues with availability will ultimately use precious resources with little return on investment for the program, because they will be difficult to retain. Program managers can increase the likelihood of retaining staff by **properly orienting** and **providing mentoring** to new members of the team. This allows them to understand the role more fully, provides them with answers to clinical questions in real time, and ensures that they feel supported and guided in their new role.



A health care-focused approach



Medical-forensic exams are about evidence collection, but not to the exclusion of patient health and well-being. A **small percentage** of our patients will see the inside of a courtroom, but 100% of our patients have the potential to develop health-related sequelae to the violence they have experienced. Therefore, it is a mistake to prioritize or limit the encounter to collection of the kit. SANE programs should consider how they can provide a comprehensive approach to sexual assault patients, and managers should ensure that members of their team are well-versed in some of the essential but often overlooked aspects of patient care, including safety and discharge planning, suicide risk assessment, lethality risk assessment, and many of the general issues that can arise with patients, such as preventative health care and reproductive health issues. SANE programs also need to be prepared to care for a variety of patient populations. Managers should ensure competence in caring for patients from a wide range of specific populations and circumstances (e.g. LGBTIQ patients, patients who are elderly or homeless). The entirety of the encounter needs to be conducted in a trauma-informed manner, understanding that many patients have experienced multiple types of trauma in their lives, all of which informs the dynamic between patient and clinician.

Ensuring quality



A program is not sustainable if it does not accomplish what it has set out to achieve. One of the goals of SANE programs is to elevate the quality of care for sexual assault patients. However, we cannot know if we are accomplishing this goal if there is no system in place to review the work of the program. Quality improvement initiatives are critical for ensuring that programs are meeting identifiable benchmarks for quality and always striving to be better. Instituting a quality process should include regular chart review (for programs that care for pediatric patients (link to pediatrics doc), that should include review in collaboration with a child abuse pediatrician); some aspect of peer review or discussion about quality issues; and a concrete plan for maintaining competency of all team members, whether through regularly provided clinical updates, set expectations for a minimum number of continuing education units, or support to attend regional, state or national conferences.

Programs may look to their collaborators for feedback, but should keep in mind that any changes suggested by other disciplines should be carefully weighed to ensure that they are 1. for the benefit of patients (as opposed to changes that are suggested for the benefit of another discipline) and 2. consistent with the nursing process and good health care practices, in general. It is easy to succumb to pressure by collaborating professionals regarding issues such as documentation practices or sample collection, so the test should always be, "Would I do this for any other type of patient?" If the answer is no, the change probably shouldn't be made.



About the author

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