REDEFINING YOUR SANE TEAM:  
The Philadelphia Experience

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NO FINANCIAL DISCLOSURES / CONFLICTS OF INTEREST

Objectives

- Define Sexual Assault Response Team and SANE program models
- Describe a nurse run, stand alone response center designed to support of adult victims of sexual assault
- Describe the roles of medicine and law enforcement in the newly created nurse focused center
- Discuss the migration of SANE roles and responsibilities from a hospital based program to a stand alone center
- Discuss the success and barriers in creating a free standing SANE program in a major US city, Philadelphia
TERMINOLOGY REVIEW

Sexual Assault Response and Resource Team (SARRT)
- Multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.
- Varies from community to community
- Usual representatives:
  - Law enforcement
  - Rape Crisis Center
  - Healthcare
  - Criminal Justice
  - Social Service Agencies, Victim Services, Colleges

Role of the Nurse Examiners
- Evaluate and treat bodily injury (refer to medicine as needed)
- Evaluate and document genital injury
- Collect forensic evidence
- Provide STI prophylaxis
- Provide Emergency Contraception
- Provide HIV prophylaxis
- Linkage to services
- Testimony at trial (fact and/or expert)
SANE Program Models

- Hospital Based (often medicine focused)
  - Usually housed in Emergency Department
  - Open 24/7
  - Secure site
  - Wide array of medical and support services
  - MDs are available to treat other injuries
  - On-call vs. On-duty SANE/SAFE
  - ED overhead and MD fees can be sizable
  - Alternative sites may be used within hospital
    - Clinics
    - Urgent Care /Fast Track

SANE Models

- Community-Based (often nurse focused)
  - Multiple sites for service
    - Hospital
    - Clinic
    - Private office
    - YWCA/rape crisis center/Family Justice Center
  - Better coordination of service provision with other SARRT members
  - Need to work with hospital ED for care of injured victims and transfers
  - Less injury focused, more victim needs focused

SANE Program Models

- Community-Based
  - Medication acquisition may be difficult
  - May be owned/managed by several entities:
    - Hospital/Medical group
    - Non-profit
    - Private company
    - Rape Crisis center
    - Attorney General Office/Prosecutor
  - Mobile team capabilities are usually easier to navigate
Philadelphia

- 2012 Census: 1,547,607 residents
- Largest city in PA; only city-county
- 2nd largest east coast
- 5th largest in US
- Bordered by Delaware and Schuylkill rivers
- 142.6 square miles in size
- Population density: 11, 457 people/square mile
- Race:
  - White: 40%
  - AA: 43.4%
  - Hispanic: 12%
  - Asian: 6.5%

Philadelphia’s SARRT

- Philadelphia Sexual Assault Advisory Committee
- Multiple agency representation
- Meet monthly to bi-monthly
- Work closely with SVU and DA office
- Projects
  - Medical and nursing protocols
  - Police directives
  - Development of new center
  - Prevention/education
  - College campus awareness
SVU STATISTICS:

<table>
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<tr>
<th>Year</th>
<th>Cases</th>
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<tr>
<td>2013</td>
<td>440 cases (Jan-Jun)</td>
</tr>
<tr>
<td>2012</td>
<td>880 cases</td>
</tr>
<tr>
<td>2011</td>
<td>833 cases</td>
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On average each year, the PPD SVU handles 1200-1300 adult cases.

The Philadelphia Experience

- Medical/Forensic rape services provided at Philadelphia General Hospital
- One of first hospitals in US to have rape crisis advocate housed ED
- Rape crisis center had its own office in the ED
- Close proximity to rape crisis center
- ALL survivors taken to PGH for care
  - SVU interview in ED
  - Exams done by ED doctor
The Philadelphia Experience

- PGH closes in 1977
- 2 hospitals designated as Rape Crisis EDs
  - SANE Director and Medical Director identified at each
  - Geographic delineation for patient triage
The Philadelphia Experience

- Centralized services allowed for more consistent care and protocols as well as SAFE experience
- New protocols written and police directive developed of where to take victims
- City provides funds via Public Health Department, Division of Maternal Child Health

PROBLEMS IDENTIFIED
The Problems
• City stops funding of rape crisis hospitals
• Not in that division’s mission; no one else has funds
• Less $ for SANE training → Less SANE staff
• Less programmatic support → Less time for program support
• At least 2 hospitals closed in proximity to designated rape crisis EDs
  • Increased ED volume
  • ED crowding worsened
  • Increased wait times
  • Rape victims waiting hours for exams; walk out; or refuse to speak to police due to time issues

The Result
• Sexual Assault victims
  • Left ED without evidence collection
  • Left ED without talking to the police
  • Left ED without ANY medical treatment
  • Become distrustful of the process / uncooperative
  • Seen as being evasive, non disclosing, or non credible
Solution

- OUR GOAL: Victim Centered Approach
  - Bring services to victim; not victim to services

- Subgroup of Philadelphia Sexual Assault Advisory Committee formed
  - Healthcare, Police/SVU, DA, WOAR members
  - Reviewed our data
    - Victims had few needs that could only be met in ED
  - Reviewed other models across country
    - Literature
    - Phone calls

The Solution

- Free Standing Site, available 24/7
- Co-locate with SVU
- Presented to Mayor’s office
- Agree with model and envisions it will be co-located with new center that is being planned.
- Unfortunately, economy crumpled, city’s plan put on hold
  - Center plans put on hold

Solution Implementation

- Time delays continue
- Victims not being served
- Committee decides to move toward development of a free-standing center.
- Several questions arose...
How to Run Center??
- Current designated hospitals?: No
- Other hospitals?: No
- Rape Crisis Center?: No, “conflict of interest”
- DA office?: No, “bigger conflict of interest”
- Police?: No, maybe “biggest conflict of interest”
- Public Health Department?: No
- Regional Public Health Institute?:
  - Interested, but limitations in the plan
  - Seemed like there was an unclear motive

Form Our Own Non-Profit
- Using Children’s Advocacy Center model
- Incorporation easy and relatively inexpensive
- Pro-bono attorney
- Budget created
- Unexpected problems:
  - Malpractice costs
  - Insurance costs
  - Accounting/payroll costs
  - Start up money

PSARC Formation
- 2002: Drexel University College of Medicine, Department of Emergency Medicine agreed to oversee project. Dean agreed
  - Community service
  - Fits the Women’s Health mission of DUCOM
- Potential site found...
  - Medical Office Building on SVU campus
  - Board of Trustees issue
- Name chosen...
  - Philadelphia Sexual Assault Response Center
PSARC Formation

- Lots of input and suggestions from PSAAC
- Budget developed
  - Based on 400 cases per year
- Program Director hired
  - Retired SVU Lieutenant
- Protocols developed and written
  - Input from other SANE programs
  - Reviewed by everyone at PSAAC
  - Lots of revision and review

PSARC Formation

- Patient flow issues worked out
  - Police directive had to be re-written
  - ED vs Center: criteria developed for patient
  - Non-police reporters: police will help transport to center
  - Calling in the SANE: done via answering service
- Supplies and equipment bought
  - DUCOM preferred vendors and other websites
- SANEs hired and trained
- Opened May 11, 2011
PSARC
- 24/7 availability of On-call SAFE
- 17 currently
- Experience 1 year to 20+
- Patient Age: 16 and over
- Available regardless of participation with police investigation
- Medical forensic exam and STI, Pregnancy, and HIV prophylaxis
- Rave reviews: DA, police, patients, crime lab

PSARC Stats
  - 2011: 322
  - 2012: 473
  - 2013: 418
  - 2014: 195

- Demographics
  - Males: 45 (3.2%)
  - African American: 825 (59.6%)
  - Caucasian: 460 (32.6%)
  - Average Exam Time: 1.75 hours

Cases by SAFE
PSARC: Is it Safe?

- No rapid response team calls (when at office building)
- 1 Stat 13 call (security help)
- Total of 10 sent to ER (0.7%)
  - Internal vaginal injury (1)
  - Pregnant and abdominal pain (1)
  - Pain/injury complaint (3)
  - Intoxicated (1)
  - Hypertensive emergency (1)
  - Strangulation injury (1)
  - Vaginal bleeding (1)

Benefits of New Center...

To Survivors:  
- Victim-Centered Care
  - "one-stop shopping"
  - ALL aspects of care
- Ease of access
- Private and quiet
- 1 on 1 care
- Rape center advocate
- Less time

To SANE:  
- Exam experience
- Additional income source
- Continuing education programs
- Training experience for new SANES

Benefits of New Center

To Police:  
- Simplified process
- Better relationship with SANE
- Timely evidence collection
- Easy of evidence transfer
- Patrol officer less time away from street

To Criminal Justice System:  
- Consistent evidence collection
- Chain of Custody
- Easier subpoena and record handling
- Easier access to experts

6/29/14
Benefits of New Center

To Philadelphia
- Better tracking of sex crimes
- Better follow-up care of victims via City services
- Less financial commitment

To Research
- Participant in University of Pennsylvania genital injury research study
- Women’s Health Study (UNC)
- Large patient database

Benefit of DUCOM
- Human resources office
  - Employment application and verification
- Payroll office
  - Paying folks
- Procurement office
  - Preferred vendors
  - P-card: credit card for purchases
- Human Subjects Protection Office
  - IRB for research projects
  - Grants and contracts for funded projects

Benefit of DUCOM
- Risk Management Office
  - Malpractice coverage
  - Legal advice
- Information Technology Services
  - Computer and Tech services
- Institutional Advancement and Public Relations
  - Get the word out about our service
  - Donors
  - Assist with funding sources and grants
Late 2011 on...
- City enthusiasm for new co-located center resurges
- Plan to co-locate SVU, DHS Child Abuse Division, Philadelphia Children’s Alliance, and PSARC in one site
- Several sites chosen, one finally agreed upon
- Part existing building, part new construction
- Construction started: late summer 2012
- Move-in: Aug 2013

Philadelphia Safety Collaborative
- 300 East Hunting Park Avenue, Philadelphia, PA
- 40,000 square feet
- Separate entrances for each agency
- Child medical evaluation center
- PSARC
  - 1300 square feet
  - 2 offices
  - 2 exam rooms
  - 2 storage rooms
  - Dedicated bathroom
PSARC Lessons Learned

- Develop timeline and add to it...
- 1.5 years vs. 3.5 years
- Unique to us?
- Lease negotiations biggest time eater
  - The lease itself
  - Approval
  - Dueling Health Systems

Proposed Timeline:

- Spring 2009
  - Task committee meets to develop plan for revised care of sexual assault victims

- Winter 2009
  - Finalized Proposal
  - Present Proposal to City Officials

- Winter Summer 2009
  - Select location and begin set-up
  - Staffing and equipment procurement
  - Staff hiring
  - Develop operational policies and procedures

- Summer Fall 2009
  - Open Center

ACTUAL

- Task force formed
- Finalized proposal
- Select location for center
- Management structure chosen

TIMELINE

- January 2009:
  - Task force
  - First meeting

- January 2009:
  - Task force
  - Finalized proposal

- Spring 2009:
  - Select location for center
  - Management structure chosen

- Summer Fall 2009:
  - Open Center
PSARC Lessons Learned

- Unexpected start-up costs/needs
- Personal care supplies
- Snacks/drinks
- TV
- Scheduling program/answering service
- Police Buy-in
  - Thought was going to be difficult, probably easiest part
- IT issues
  - Non-university sites
  - Internet services

PSARC Lessons Learned

- Share the work
  - Work in teams
  - Highlight and draw from people's talents

- Simultaneous Projects
  - Change Police Directive
  - Write policies and procedures
  - Hire staff
  - Hire nurses
  - Purchase supplies, equipment, etc.....

New Office Location Issues

- Sub-lessee of the city
- Red bag and Sharps Services
- Moving Expenses
- IT and TV service and set-up
New Initiatives

- Mobile Team
- Computer charting
  - SANE developed and specific
- Prison SANE Team

Mobile SANE Team

- Center cannot treat all victims
- Plan to develop mobile team that can go to victims in hospital who cannot be sent to the center
- Develop plan after free-standing center running smoothly
- Approached in Fall 2012 by local Level I trauma center interested in our services

Mobile SANE

- MOU developed
  - Huge time delay!!
- Policy created
  - SANE friendly
    - Dedicated parking area
    - Free parking
    - No need for SANE application, credentialing, etc...
    - Center chart used, no medical care provided,
      recommendations left for team regarding post SA care
- Mobile suitcase
  - Created by Nurses
  - All equipment needed
**Computerized Chart**

- Private vendor
- Cloud based storage: HIPAA compliant
- Everything is stored as a database and searchable
- Better statistics and research
- Easier billing procedures
PRISON SANE TEAM

- Prison guards transported victims of sexual assault from the Philadelphia jail to the new stand alone center.
- The victims arrived shackled and guarded.
- Nurses at the center willingly cared for these victims, but were concerned about stress producing transportation issues.
- Negotiations began with nurses at the Philadelphia jail about caring for the victims on their campus.
SANE in Jail

- University of Pennsylvania and the Director for the Center trained 34 nurses who volunteered to pilot a SANE project in jail.
- The forty hour training was conducted inside the jail during the nurses’ free time.
- With six months, protocols for the nurses were written, policies were re-written for SUIV, prison security and physicians who work in the jail.

The Program

- Victims are escorted to a SANE exam room.
- One of the SANE nurses who is on duty is dispatched to the exam room by his or her head nurse.
- The nurse on call provides caring and compassionate care to the victim including evidence collection.
- Medical doctors are available for treatment of injury and writing of prescriptions.
- Follow up counseling is provided to the victim via mental health service nurses.
- Follow up physical care is provided by nurses on the “block” where the victim resides.
The Program

- Each reported incident of sexual assault is investigated by a combined team of prison security and SVU.
- SVU detective goes to prison to interview victim
- SVU transfers the evidence collection kits to the crime lab

Challenges and Advantages

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<tr>
<th>Challenges:</th>
<th>Advantages:</th>
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<tr>
<td>Supplying the room with needed equipment</td>
<td>Prison Rape Elimination Act compliance</td>
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<tr>
<td>Written support for the center from SVU, DA’s Office, Prison Officials</td>
<td>The jail program uses the same paperwork (forms) as the center uses</td>
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<tr>
<td>“Ego”</td>
<td>&quot;Best practice?&quot;</td>
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Conclusion

- Many models for medical SART exist
- A private, co-located service is a viable alternative to ED-based program
- Buy-in from all interested parties is KEY
- Careful planning and development
- Be adaptable!!
Questions

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