

## Starting a SANE Program: A Primer From Experience

7/10/2007

Reprinted from SANE List Serve, original from Susan Chasson, MSN, JD, IAFN President

Several years ago, Susan Chasson recounted her experiences starting several SANE Programs. These experiences, which Susan recalled as some successful, and some "not so successful" prompted her to share in a format that others struggling to start new programs or working to restore programs that might not be working to capacity. Here are her suggestions:

1. **Start Small:** When we started Salt Lake SANE 4 years ago, we limited ourselves to one hospital and one law enforcement agency. We got all of the kinks out of how to do exams and how to get nurses trained before we eventually expanded county-wide and to eight different hospitals. Remember the concept of a 'pilot program' and start with one hospital.
2. **The BEST things in life are NOT Things:** Make your nurses a priority. We were the first large program to abandon the use of colposcopes and instead used digital cameras for documentation of genital trauma. We decided we could spend \$30,000 on a colposcope or we could pay our nurse to be on call at a decent rate for a year. (At \$3.00/hour that is little more than \$26,000 to cover call.)
3. **Money will be your biggest limiting factor:** Some things to consider: How are exams reimbursed in your state? Will the reimbursement costs cover the costs of your program? Who has the money and the desire to support the establishment of your program? Remember- In Kind donations are the easiest to get. While SL SANE is a private non-profit, one of our local hospitals gives a very small (only slightly bigger than a broom closet) office which provides our home base. Things that will kill your program will be high monthly cost that you will never be able to recoup from exam reimbursements: i.e.; rent and utilities. Etc.
4. **Remember the team approach!** Who are your supporters, and who are your detractors? Who will gain and who will lose? Try to get some strong supporters on your side early on in the start-up of your program.
5. **Never forget that you are a nurse and that your primary duty is to your patient.** I have a confession to make. I did my first sexual assault exam in 1991. I testified in my first trial in 2005. If the thrill of the courtroom/CSI aspect of being a SANE had been my motivation, I would have quit a long time ago. My motivation has always been that each patient gets the care that I would want for my daughter, my sister or mother. I have two early patients who have kept in touch long enough to let me know that they both went on to nursing school. (For me that is more important than any criminal conviction).
6. **Do your homework:** What does your state nurse practice act say about SANE? Can you give our single dose medications? How will meds be handled? How many patients does your community expect to see a year? Who pays for examinations?
7. **Be creative in your approach.** Salt Lake SANE was able to get started because we were going to have the Winter Olympics in Salt Lake City. We looked at the increases that occurred in Atlanta during the Summer Olympics and used that as a reason for the community to be prepared with a well-trained team. We had no idea that 9/11 would occur before the Olympics and that there would be more police officers than spectators in Salt Lake City. We also had the fewest rapes ever recorded during that period of time.

8. You are not alone, and a little money invested up front may save you a lot in the end. In other words, we have members of the IAFN who provide support for program development at no cost. Their help may be what you need to get started!

9. Keep asking questions