

Welcome to the IAFN SAFE-TA Webinar: SANE Peer Review



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SAFETA Webinar Series



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SANE Peer Review

What is it? Do we need it?

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Objectives

1. Describe the peer review process
2. Identify the reasons why a peer review should be done
3. Identify resources in particular practice arenas that can validate the peer review process

Literature Review

A good quality assurance program recognized that effective peer review reduces error, failure, and potential liability. Such a system has a positive effect- as long as the provider has the ability to improve without fear of precipitous punitive action (Davidson, 2006).

Literature Review

Today, registered nurses, in addition to physicians, nurse practitioners, and physician assistants, are being trained to do child sexual abuse examinations. There is a great need for standardization of this training, with some type of certification offered when the clinician has completed the training and documented continuing education and on-going peer review of cases (Joyce Adams, 1999).

Literature Review

As part of the forensic evaluation process, all cases should be reviewed by the team members to ensure consistency in the interpretation of the findings and as a continued learning experience. Feedback is also given regarding the written and photographic documentation of examinations (Anderson, Ross, 2004, p.91).

Literature Review

Some tools to ensure consistent high quality response by involved professionals include training, on-going education, supervision, periodic performance evaluations, and peer review (e.g. medical forensic reports) (NCJ -A National Protocol for Sexual Assault Medical Forensic Examinations p. 25).

Literature Review

It is suggested that examiners within an exam site, jurisdiction, or region, devise an appropriate review process tailored to their needs. These reviews can serve to increase the overall effectiveness of the examiner program by ensuring that reports are filled out according to policy, assessing staff training needs, considering adjustments needed to paperwork, troubleshooting for potential problems, and identifying trends in presenting issues of patients (NCJ -A National Protocol for Sexual Assault Medical Forensic Examinations p. 80).

Literature Review

Quality assurance measures of coordinated response (NCJ -A National Training Standards for Sexual Assault Medical Forensic Examinations p. 8).

Literature Review

Program Evaluation-output evaluation:
Peer chart reviews for completeness and
accuracy of documentation (Ledray, 1999
p. 131).

Problem Statement

Although peer review is mentioned in the literature, there is only one article that addresses how to do a peer review process (Brown, Gorham, 2008).

SANEs need a well-defined, and consistent peer review process

What is Peer Review

For purposes of this discussion, we will use

“SANE peer review is the review of the sexual assault report by an expert in the field of sexual assault that would include review of the written and photo documentation”.

Why programs don't

- Fear of judgment
- Lack of knowledge
- Open scrutiny to the practice
 - In court

Why programs don't

- Legal issues...will it get out in court
- Not necessary
- Time consuming

Why programs don't

- Don't know how to do it
 - Don't know who is the expert to review
 - No guides
 - No tools
 - No standards

Answers

Fear/lack of knowledge:

1. Peer review increases knowledge
2. Every exam is a learning experience
3. Open to constructive input
4. Increases experience
5. Increases autonomous practice
6. Level of care is increased
7. Decrease burnout

Answers

Court:

1. Report is more non-bias
2. Reviewer is not “emotionally involved”
3. Less chance for successful opposition expert
4. Increases competency in court
5. Continuity in court
6. Program looks credible, professional
7. Best examination goes to court

Answers

Legal:

- Most hospital QA/QI forms are protected documents
- VA Code ANN.8.01-581.17
- No patient identifying information on peer review form

Answers

Not necessary:

- All nurses can learn
- Increases credibility
 - In court
 - In teaching others
- Increases a more open, collaborative team

Answers

Time Consuming:

- Based on how many examinations are done
- Based on availability of reviewer
- Look at the positive outcomes (verses time)

Answers

Don't know how to do it :

Who should do the peer review?

- Team approach
- SANE supervisor
- Outside expert
- Medical Director

START SOMEWHERE

Florence Nightingale

“For us who nurse, our nursing is a thing, which, unless in it we are making progress every year, every month, every week, take my word for it, we are going back”

Answers

No tools/guides

SANE Development and Operation Guide:
Resource Services Chart Audit p. 235 has
an example

Question: Assessment consistent with
documented findings

Remainder of questions more QA/QI based

Answers

No tools/guides

Inova Fairfax Hospital- initial form

Inova Fairfax Hospital- upgraded form

Patient's Sex:	Male X Female	Case 2005.04.02.sb
Patient's Age:	3	
Summary of the history:	Patient reported she was sitting in the living room on a couch on the lap of a 10-year-old female. Patient reported the 10 yr old pulled the patient's panties to the side and touched her vaginal area. Occurrence approx. 2 weeks ago	
Allegation: Acute X Non-acute	No acute or chronic injuries noted to the genitalia. Hymen annular in appearance, symmetrical, without evidence of penetrating trauma. Anus with good anal tone, without acute or chronic injuries.	
Conclusions:	X Normal Exam Non-specific Supportive of allegation	
Reviewed By:	SANE Director X Concur Do not concur Inadequate photos Medical Director X Concur Do not concur Inadequate photos	
Comments:	Photographs entered here	

All peer review activities are intended to be peer review activities as defined in the federal statutes, including the Health Care Quality Improvement Act of 1986. AS 18.23.020, AS .23.070(6). As such, they shall be protected from discoverability, This is a review document used to document information gathered relating to the care and treatment of patients for the purpose of evaluation and improving the quality of care.

Age of patient _____ Examining SANE _____ Date of Exam _____ Reviewed by _____ Review Date _____	Yes	No	Not Applicable
1. Are medication allergies documented on SANE report?			
2. Are medication allergies documented on medical record?			
3. Is tetanus status documented on SANE report?			
4. Is tetanus status documented on medical record?			
5. Is medical history written on SANE report?			
6. Is medical history written on medical record?			
7. Is the exam start time written on SANE report?			

Age of patient _____ Examining SANE _____ Date of Exam _____ Reviewed by _____ Review Date _____	Yes	No	Not Applicable
8. Is the exam start time written on medical record?			
9. Are vital signs documented on medical record? (For children includes weight)			
10. Is STD prophylaxis documented on SANE report?			
11. Is STD prophylaxis documented on medical record?			
12. Is pregnancy prevention documented on SANE report?			
13. Is pregnancy prevention documented on medical record?			
14. Is there a signed consent for the exam from the patient or legal guardian?			
15. Is the time of the assault documented on the SANE report?			
16. Are appropriate medical referrals documented on aftercare instructions?			
17. Is the PERK number written after the MR number on the SANE report?			

Age of patient _____ Examining SANE _____ Date of Exam _____ Reviewed by _____ Review Date _____	Yes	No	Not Applicable
18. If appropriate to the history, was the DFSA documented on the SANE report?			
19. Is all handwriting legible?			
20. Is the detective name/jurisdiction on demographic forms?			
21. Was there a diagram completed of the genitalia?			
22. Documentation: gross, TBD, Colposcope?			
23. Are genital photos of good quality?			
24. Did genital photos adequately show anatomy?			
25. Did genital photos adequately show injury?			
26. Did the genital photos show abnormal discharge?			

Age of patient _____ Examining SANE _____ Date of Exam _____ Reviewed by _____ Review Date _____	Yes	No	Not Applicable
27. Were STD cultures done?			
28. Pregnancy test before antibiotics and EOC?			
29. Exam position documented?			
30. Knee-chest examination for children if positive frog leg			
31. Was the last sexual activity clearly documented?			
32. Did the genital injury documentation match the photos?			
33. Were there diagram(s) completed of the body/mouth?			
34. Were external body injuries photographed?			
35. Were the external injuries photographed with and without the ABFO ruler?			
36. If bruising or redness present for external injuries, was the color tool used in photographs?			

Age of patient _____ Examining SANE _____ Date of Exam _____ Reviewed by _____ Review Date _____	Yes	No	Not Applicable
37. Did the external injury photos show a 3 step process photography of each injury (far, medium, close-up)?			
38. Did the medical case review validate the SANE's findings?			
39. I agree with the examining SANE's findings.			
40. Was the report/paperwork completed immediately post exam?			
Comments:			

Procedure

Case completed by SANE

Reviewer reviews cases ASAP

If no discrepancies, peer review form given to examining nurse

Any discrepancies discussed between parties

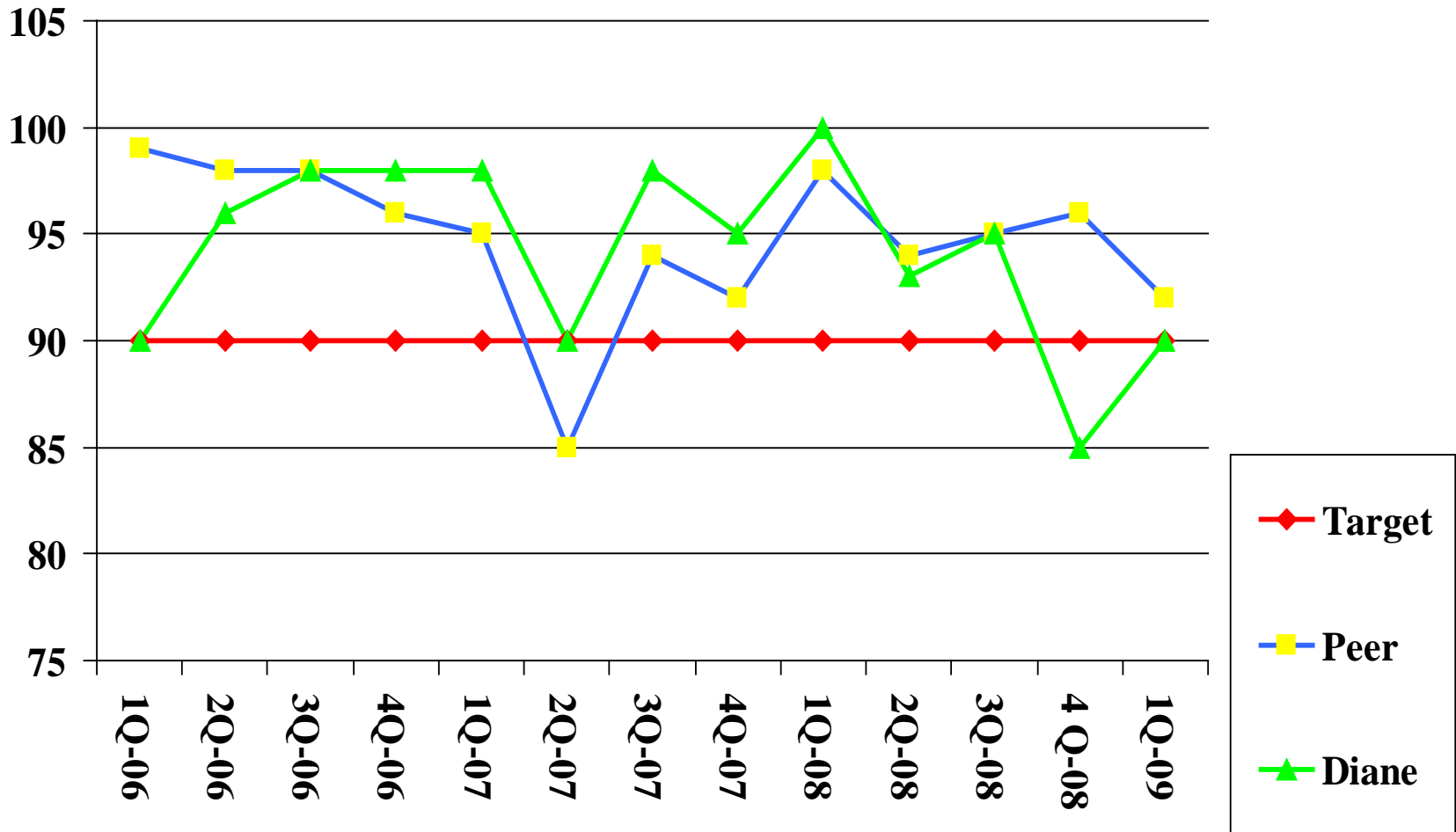
Report sent out

Enter info on QA/QI

QA/QI

- Enter info into QA/QI forms
- Great for documenting practice
- Shows re-education being done either as a group or individual

D's Results



Staff re-education done 2007 Individual education 2008

Case Study

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