



TA BULLETIN ENGAGING YOUR RURAL HEALTHCARE PROVIDER

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Purpose of the Meeting - To meet with your local healthcare facility stakeholders in an effort to encourage them to effectively serve patients who have experienced sexual violence either through the use of Sexual Assault Nurse Examiners, or the education and support of treating clinicians

Determine who you want to meet with

- Emergency Department (ED) nursing director
- ED medical director
- hospital administration
- hospital volunteer coordinator/auxiliary
- hospital attorney

Select a Date for the meeting.

Ensure the date allows you time to review all of the materials suggested below.

Prepare for the Meeting

Review this material BEFORE you meet with the hospital

- **Explore** [Wheretobegin](#) on the IAFN website. This will provide some great suggestions on how to start..
- **Research** to find out how they are measuring throughput¹ metrics in their E.Ds. Having an idea about time constraints related to throughput may help to understand the impact of these measurements on sexual assault exams. Measuring throughput can place pressure on the staff (nurses and physicians), especially if they are classifying sexual assault patients as non-trauma patients. One way to get key hospital stakeholders to think differently about this patient population is to provide the information on the trauma effects of sexual assault on the patient. Having a trauma patient classification for sexual assault patients increases the time allocated to address the patient's needs. Resources to use: Hospital website or nursing staff from ED. State Hospital Association website
- **Consider** this information on performance measurements used by the facility: <https://www.ahrq.gov/research/findings/final-reports/ptflow/section3.html> Look specifically at which measurements they are required to meet, and you will get a broader understanding of any pressure to move patients through quickly. Time and motion metrics are tied to reimbursement by Medicare and

¹ Throughput is defined as the sum of services provided by healthcare per unit of time. (*Farlex Partner Medical Dictionary*).

Medicaid, so at the bottom line, this is why hospitals push the medical and nursing staff to move patients through quickly.

- **Review** these articles:
 - New study: nearly half of all medical care in the US is delivered in the ED:
<http://www.ajmc.com/newsroom/nearly-half-of-all-medical-care-in-the-us-is-in-emergency-departments> (14 year study ED visits increased 44%). University of MD School of Medicine study *The paper recommends working to connect the care delivered in emergency departments with the level of delivered care in the rest of the healthcare system*
 - This is a dated article, written by emergency physicians, but it does a good job of capturing the information needed to have an informed discussion about the care needed after a sexual assault. <http://www.emdocs.net/managing-sexual-assault-emergency-department/>
- **Read this section** of the SANE Program Development and Operation Guide and [Building a sustainable SANE program](#)
- **Complete** a SANE Program [Readiness Assessment](#)
- **Research** funding options within the state and national sources for:
 - [Exam reimbursement](#)
 - Training and educating staff and team members
 - SANE Program development
 - Equipment and supplies

Create an agenda for the meeting

Start with common ground. Develop an approach that starts with a concept upon which everyone agrees. Assuring that the community is safe and healthy are always in everyone's best interest.

Remember; the goal of the discussion is to assure that the patients are getting the needed healthcare after the sexual assault, preferably without having to transfer the patient elsewhere.

Describe the problem Use the statistics and information from the research that you did to define the problem, bring a story of what happens when the system works and perhaps one instance where it did not work so well. Also consider using the [SANE365](#) presentation at the meeting, or send it to the attendees ahead of time for them to view.

Describe or outline the current process or ask if they can come prepared to describe the current process for sexual assault patient care. **Present the findings** of your [Readiness Assessment](#)

Consider first steps and small changes. For example, consider recommending that the hospital try creating a dedicated or specific cost center or another method to begin tracking the actual time necessary to provide the comprehensive trauma care/medical forensic evaluation of these patients. Caring for sexual assault patients will then be out of the constraints placed on ED staff to meet throughput targets. Once they have taken some time tracking of the actual medical forensic examination time, there may be justification for seeking funding and support for a formalized SANE program.

Recognize that a first meeting will most likely just be to lay the groundwork for common ground and future discussion.

Ask for a commitment to allow further discussion to take place.

Schedule a time and date for an additional meeting. Determine which additional stakeholders should be present at the second meeting (such as people from finance, nursing administration, case management, or medical staff).

Attend the meeting WITH these documents

Any existing sexual assault protocols within the state, region or city

[National Protocol for Sexual Assault Medical Forensic Exams: Adult/Adolescent](#)

[National Protocol for Sexual Abuse Medical Forensic Exams: Pediatric](#)

Outline/diagram the current process for SA if there are no written protocols in writing

Statistics about sexual assault from DOJ, state and/or local resources (police, any other programs that are seeing sexual assault survivors)

[Adult and Adolescent Sexual Assault Patients in the Emergency Care Setting](#)

[Care of Prepubescent Pediatric Sexual Abuse Patients in the Emergency Care Setting](#)

Follow up after the meeting

Follow up is critical to maintaining the momentum that has begun and solidify newly formed connections.

Send summary email reminding attendees of any action steps decided on in the meeting. Remember to remind them of any future meeting date and time (even if the date is months in the future or pending gathering more information).

Reach out to SAFETA for assistance

Remember that the SAFETA project at IAFN is here to support you in this journey! Contact us at:

info@safeta.org or call the helpline at: 1-877-819-7278 (SART) if you need assistance.