APPLICATION FORM

Title of Entry:	Trauma Informed Health Care: A Rural Community Response to Interpersonal Violence
Division:	Medium Organizations
Award:	Community Champions
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Trauma Informed Health Care: A Rural Community Response to Interpersonal Violence

According to an April 2016 Government Accountability Office (GAO) report entitled "Sexual Assault: Information on Training, Funding and the Availability of Forensic Examiners," rural communities often lack the services of trained professionals to care for the victims of interpersonal violence. The Centers for Disease Control (CDC) has done extensive research in the ACES study, or Adverse Childhood Experiences, correlating the effects of trauma in childhood and the link to future health. Our facility has taken a lead role in our community to invest in establishing and maintaining a sustainable SANE, or Sexual Assault Nurse Examiner, program to better serve our patients. This year, we commemorate the commitment by our SANEs to our community, who have provided uninterrupted service to victims of sexual violence in our Emergency Department for 15 years.

While we were providing excellent care to our patients who experienced sexual assault on an emergent basis, we identified we could better serve all victims of abuse by evolving our SANE services to encompass all aspects of forensic nursing. This would include; improving on the identification, assessment and treatment of patients who may have experienced child abuse, domestic violence, elder abuse and human trafficking. To address violence as a community health issue, our forensic nurses, in conjunction with multidisciplinary community agencies, educated healthcare providers, direct care staff, and key community members vested in improving health outcomes in this patient population.

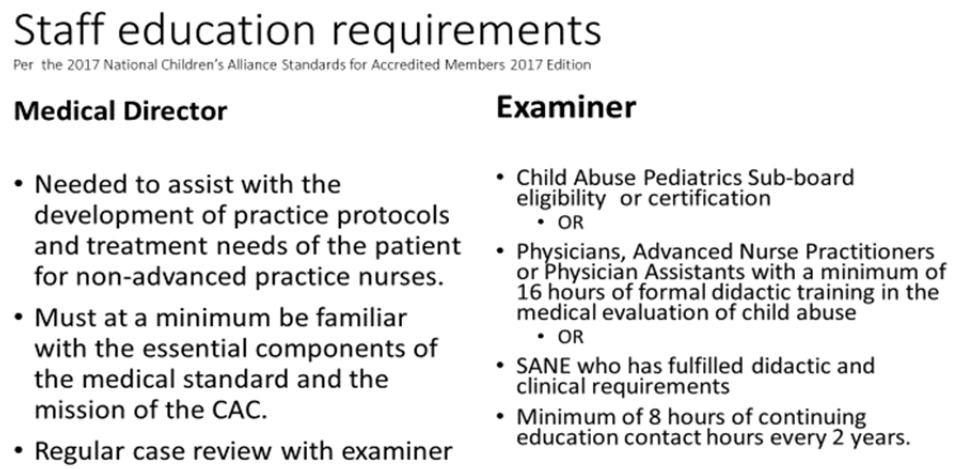
Our county has maintained one of the highest rates of substantiated child abuse reports per capita in the Commonwealth for many years. This unfortunate statistic led to a progressive multidisciplinary team, including our forensic nurses, to develop and establish a Child Advocacy Center. In May 2016, we partnered with the Child Advocacy Center to initiate a regional outpatient clinic to provide specialized medical examinations and follow up treatment to child victims of sexual abuse. With this investment in our community, in 2016 there was a 61% increase in patients, and their families, receiving quality forensic medical care. When compared to the same time frame, as of May 1, 2017 we have seen an 133% increase in pediatric sexual abuse examinations, 76% of these patients were seen on an outpatient basis in a child friendly setting not utilizing emergency room resources.

The purpose of the forensic medical examination is to ensure the health and welfare of victims of abuse, and promote healing. Identifying abuse victims, addressing their medical and mental health needs and coordinating referrals to community agencies is the cornerstone of forensic nursing practice. Although the benefits are difficult to quantify, our commitment to improving the response to interpersonal violence in our community will decrease the risk of chronic medical and mental health consequences to our patients. This is consistent with our mission to provide the highest quality medical services in response to the healthcare needs of the region, to promote community wellness, and to restore health and comfort to patients.

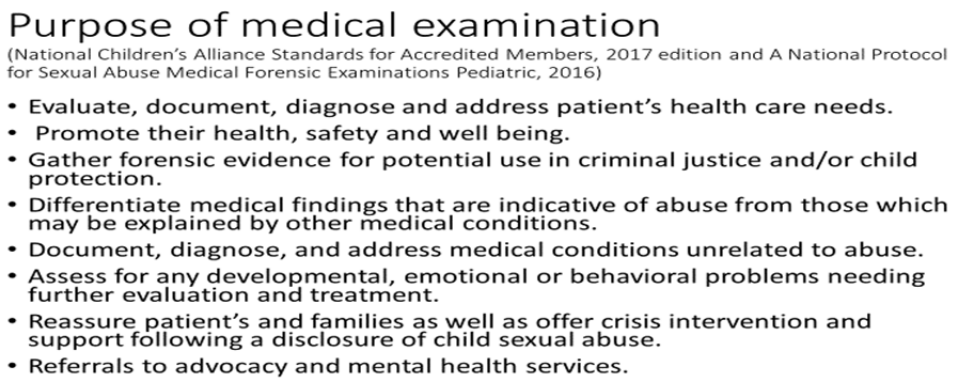
Needs Assessment

According to the Annual Child Protective Services Report 2016, our county remains one of the highest rated in substantiated child abuse rates in the Commonwealth, 73% higher than the average in rural counties. As the only agency in the region, our county Child Advocacy Center (CAC) receives referrals for services from the five counties that surround our own. All children who receive forensic interviewing and advocacy services at the CAC are offered a medical examination per best practice standards. This six county rural region includes the county with the highest child abuse per capita rate, which is 142% greater than the average rural county. The average substantiated rate for our region is 76% higher than the average for the Commonwealth. Of these substantiated reports 47.5% are sexual abuse, 29.6% physical and 8.3% involves serious physical neglect.

With the need identified for a better response to child abuse in our community, a multi-agency team collaborated to evaluate our current resources and where we could improve. This included representatives from our hospital, law enforcement, advocacy, child and youth services, juvenile probation, mental health and the district attorney's office which has evolved to the Multidisciplinary Investigative Team. The strength of our medical response to abuse is a long-standing commitment to quality care to victims of sexual violence. The challenge would be how to extend the same quality medical forensic care from the emergent to the outpatient setting. We needed to ensure we not only met the national requirements and protocols for these examinations, but also our own expectations for quality care. First and foremost, we needed to have an examiner who met the standards established by the National Children's Alliance.



We were fortunate to have a Board Certified Pediatric SANE and a Medical Director who share our facility's vision to promote health and wellness in our community and met these requirements. These medical providers understand the focus of the medical exam and how it improves the outcomes for patients and their families.



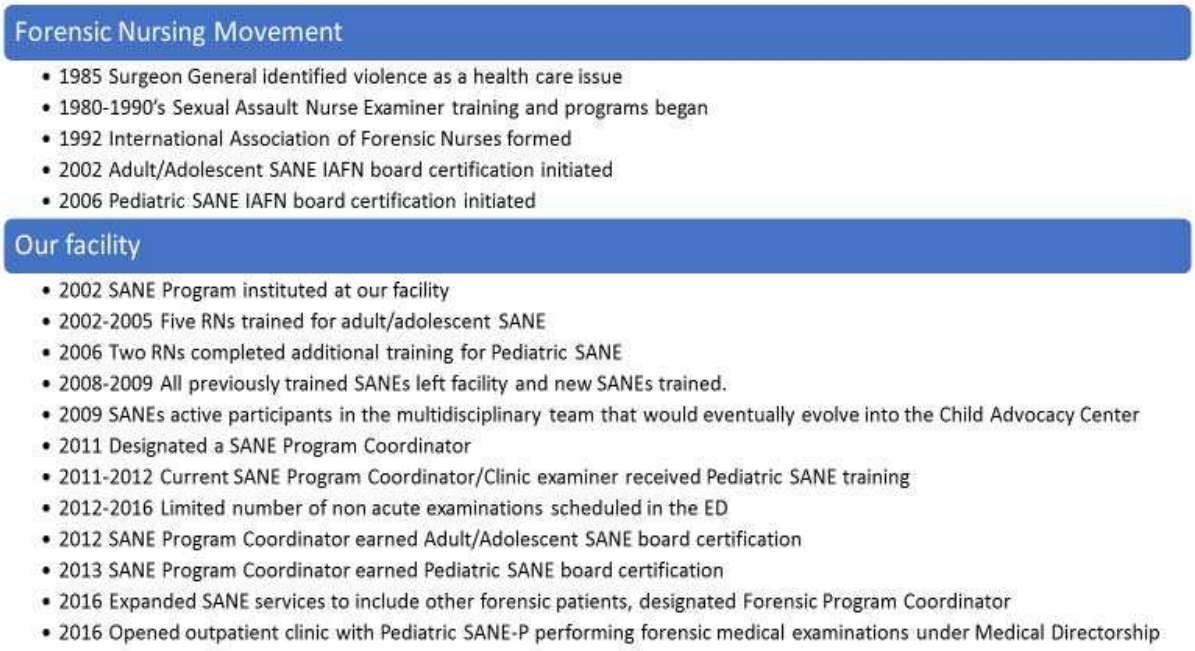
With the community need identified and the foundational requirements of how we could attain the goal of an improved response met, the next focus would be how to establish an outpatient pediatric medical forensic clinic.

Parallel to the advancement of the collaborative team approach of the CAC, forensic nursing has expanded the role of the SANE to encompass all patients who have experienced interpersonal violence. Prior to increasing these services, this patient population did not receive the same assessment, documentation, referrals and coordinate team response as our sexual assault patients. This is an ongoing effort to improve care to forensic patients throughout the inpatient and outpatient departments in our facility.

Health care provider and community education is paramount to improving health outcomes by increasing recognition, responding, reporting and prevention of interpersonal violence. Identifying the scope of the problem and educating on how to intervene has been the focus of the multidisciplinary team in 2016.

Intervention

To implement a forensic nursing program, or expand on the current SANE services, we first needed to define the role of the forensic nurse.



Investment into developing a sustainable forensic nursing program will lead to a multitude of patient and community benefits. This can be attained by recognition, support and compensation of these dedicated professionals. Our facility has devoted resources to the following:

- SANE training
    - Training includes 40 hour didactic and 40+ hour clinical preceptorship for both Adult/Adolescent and Pediatric modules.
    - Hospital investment included time off to complete training, course cost including study materials, and time to complete clinical preceptorship.
- Forensic Nurse representative presence:
    - Child Advocacy Center multidisciplinary team monthly case review
    - Adult Sexual Assault Response Team representation

        - Collaborate with, provide advice and educate multidisciplinary team members on the medical aspect of the care of forensic patients.
        - Court testimony
- Hospital staff education:
    - Forensic Nurses develop and educate hospital staff on assessment, documentation, and referrals to community agencies of patients who may have experienced interpersonal violence.
- Community education
    - Local college/university student and staff education
    - First responder (law enforcement and EMS) education
    - Education through media on issues surrounding forensic nursing
    - Community education on violence as a healthcare issue
    - Often in conjunction with multidisciplinary team members
- Continuing Education
    - Promote opportunities for forensic nurses to obtain required continuing education to maintain certifications and be current on best practice in a rapidly evolving field.
    - Two Pediatric SANEs attended advanced pediatric SANE training to have tools to evaluate children independently under Medical Directorship in the outpatient clinic
- Program Coordination
    - Designated a program leader to develop policies, educate non-forensic staff, precept new forensic staff, and oversee patient care practices by existing forensic nurses.

Having vested forensic nursing staff, support of administration and coordination with the core multidisciplinary agencies involved with our patients affected by violence is imperative to evolve the care of the abused patient to the outpatient setting.

The Multidisciplinary Team

- Child and Youth Services
- District Attorney
- Children's Advocacy Center
    - Forensic Interviewer
    - Family Advocate/Case Manager
    - Director
- Law Enforcement
- Victim Advocacy
- Mental Health Crisis resources
- Trauma Therapy

Our next step was to establish a planning committee and develop an implementation plan.

Outpatient clinic development

Hospital Administration knowledge of the purpose of medical examinations for child sexual abuse and the correlation with better patient outcomes is vital.

Planning committee:

- Hospital Administration
- Nursing Administration
- SANE Program Coordinator
- Risk Management
- HIM
- Patient billing
- Plant Services
- ED Medical Director
- Clinic Medical Director
- ED Nurse Manager
- IT
- Infection Control
- Patient Registration
- Pharmacy
- Laboratory

Clinic operation considerations:

- MOU development
- Protocol development
- Physical space for examinations and consultation
- Standing orders for testing and/or treatment of sexually transmitted infections
- Supply and linen inventory/ordering
- Billing process
- Registration process
- Documentation
- Medical record and photograph secure storage
- Peer and case review process with Medical Director
- Method of obtaining expert review on examinations with abnormal findings
- Time considered for court preparation and testimony

Referrals to the outpatient clinic are made by Child and Youth Services or Law Enforcement through the Child Advocacy Center. The CAC Case Manager coordinates the clinic appointment with the Pediatric SANE, then gathers the demographic information and preregisters the patient. An Advocate either from the CAC, or our community victim's resource center, is also present during the visit for patient support. The Child and Youth Services case worker may also attend. This private outpatient setting also allows for the patient and family to meet with multidisciplinary team members at a central location, which is a more patient centered approach.

Results

By initiating the outpatient clinic in conjunction with the CAC, in 2016 there was a 61% increase in patients, and their families, receiving quality forensic medical care. When compared to the same time frame, as of May 1, 2017 we have seen an 133% increase in pediatric sexual abuse examinations; 76% of these patients were seen on an outpatient basis in a child friendly setting not utilizing emergency room resources. While our statistics for the adult sexual assault population remain consistent with last year, there has been an increase in response by 42% in child abuse, and 57% of domestic violence cases. For our most vulnerable populations, this increase reflects better assessments, identification, reporting, documentation, and referrals to ongoing services that may directly impact future health and mental well-being.

Prior to investing in Pediatric Sexual Assault Nurse Examiners:

- Most non-urgent/non-acute pediatric patients did not have a medical examination
- <u>If patients did not get an exam:</u>
    - Although uncommon, any injuries from chronic abuse were not identified.
    - Child was not screened, tested or treated for sexually transmitted infections
    - Child did not have reassurance or education about their health related to the abuse
- <u>If patients did get an exam</u>:
    - Patients were transported by Child Protective Services to a pediatric trained professional either 120 miles one way to the west or 160 miles south. This was a considerable strain on agency resources and few patients received a medical exam

Prior to our outpatient clinic:

- Limited patients were scheduled in the Emergency Department
- Did not have a private, child friendly setting which is best for children, and consistent with the National Children's Alliance Standards for Child Advocacy Centers.
- Strain on ED resources

Our outpatient clinic today:

- Closest trained providers are 120 miles to west, 80 miles to south and 160 miles to the east one way.
- Currently receiving referrals for our county, as well as 5 counties surrounding ours, saving families and community agencies from lost time and resources in travel time.

The private outpatient setting allows for patient and family education by an experienced forensic examiner on normal anatomy and physiology, the implications of a normal examination, sexually transmitted infections, pregnancy prevention, virginity, and what the abuse may or may not mean for their future sexual health. These are difficult feelings to process, or questions to ask, for both caregivers and patients. Having an impartial medical professional to have these conversations with may lead to a more successful healing process.

Outpatient forensic clinic benefits
(for the nonurgent or non acute examinations)

Emergency Department:

- Utilizes ED resources such as ED Physician/Midlevel Provider and ED staff time.
- Patient occupies an ED bed for 2-4 hours
- Setting not child friendly
- Confidentiality and privacy may be compromised due to agency's presence in ED.
- More staff involved in case which requires involvement in judicial process. This is a time investment as well as involving those without specific forensic training in cases.

Outpatient clinic:

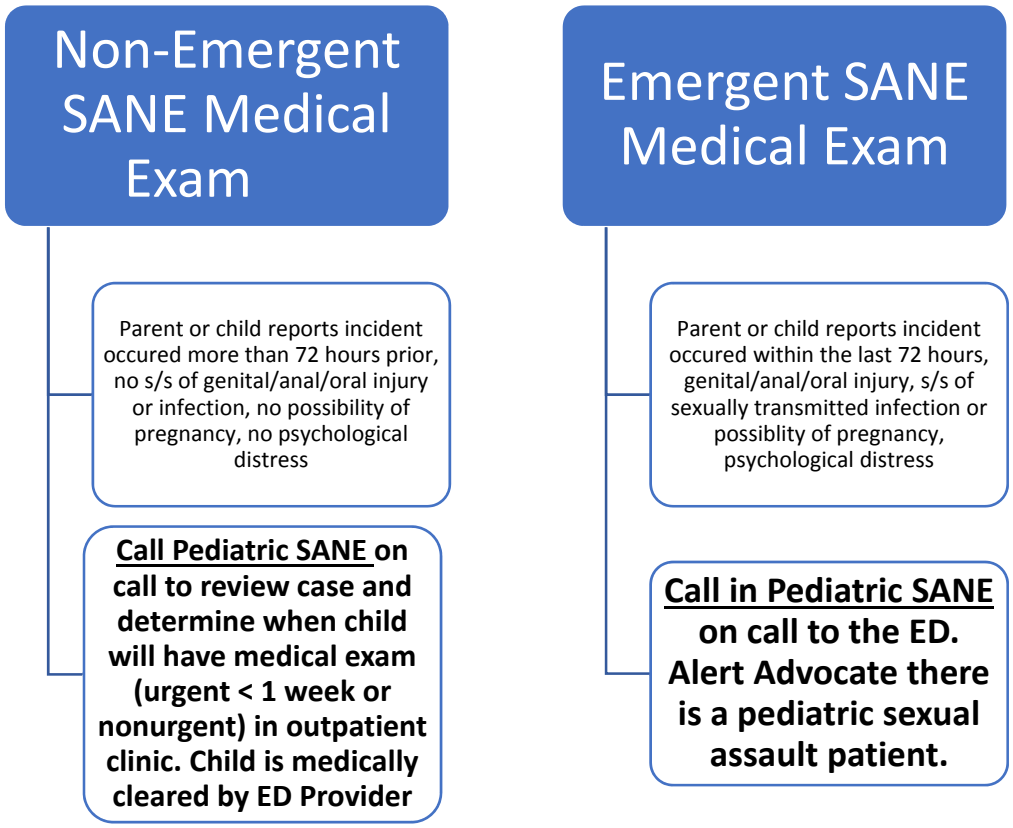
- 1:1 comprehensive, individualized care by professional with advanced training in sexual assault examination and documentation.
- Outpatient clinic is private and child friendly which leads to improved compliance with exam.
- Greater opportunity for education of patient and family in a more relaxed atmosphere.
- Isolated space for peer/case review with Medical Director or collaboration with child protective and law enforcement agencies.
- Child Advocacy Center Advocate is able to support the patient and family during the exam, and meet with them individually to discuss any concerns.
- Allows space for follow up examinations with patients who have abnormal findings either in clinic or during ED visit.

We provide anonymous patient satisfaction surveys are sent to all patients who receive an outpatient medical examination, with approximately 20% response rate. Of those that responded, 100% report a positive experience with comments such as:

- "Courteous"
- "Thorough"
- "Very comfortable"
- "Our girls now know what their bodies should look like. The nurse was wonderful and our girls felt very comfortable with her"
- "Very caring and professional staff"
- "The exam room was so calming and child friendly."
- "The nurse was very calm, cool and collected."
- "Very pleased with the staff. We all felt very comfortable and involved."

Adaptability

To transition forensic care from the emergent to outpatient setting requires education of Emergency Department staff and Physicians on how this service can be utilized. We developed an algorithm delineating the plan of care for the emergent and non-emergent exam.



It is also important to ensure staff understands the basic concepts of pediatric forensic nursing care and the multidisciplinary team response outlined as follows:

1. When is a SANE examination necessary?
   - If the child discloses sexual abuse, has symptoms that may indicate abuse, or is exhibiting behaviors concerning to staff or family such as suicidal or homicidal thoughts or exhibiting self-injurious behavior.
   - If the child is complaining of pain with urination or bowel movements, bleeding from vaginal area or anus, or discharge that sexual abuse cannot be reasonably be excluded as a differential diagnosis during medical exam.
   - Any report of penetration, possible exposure to sexually transmitted infections or possibility of pregnancy.
2. **The history should not be obtained from the child, or with the child present**. If the child spontaneously discloses incident, document what is said but do not interview the child. Obtain minimal facts to report to the correct agencies:
   - What type of abusive act happened?
   - Where did it happen (jurisdiction)?
   - When did it happen? (first time, last time, frequency)
   - Who is the reported perpetrator? (relationship to child)
   - Any other witnesses? Other victims?

3. Referral to resources
    - Call CYS for County where abuse occurred to come to ED if there is an immediate concern for safety on discharge
    - Call Victim Advocate
    - Call Law Enforcement for jurisdiction where abuse occurred.
    - Call Child Line
4. Develop safety plan for discharge with parent/guardian, Child and Youth Services and/or Police and document plan.

A unique aspect of pediatric forensic nursing in the outpatient setting is the requirement of case and expert review. All cases at our facility are reviewed with the Pediatric SANE and the Medical Director.

- Expert review
    - At minimum 50% of all abnormal or "diagnostic" of trauma from sexual abuse must have expert review by an **advanced medical consultant**
    - Case must include all case history, assessment findings, and photographic evidence.
- We currently use My Case Review a confidential online expert peer review through Midwest Regional CAC
- <u>Advanced medical consultants may be:</u>
    - Child abuse Pediatrician
        - OR
    - Physician or advanced practice nurse who meets the minimum training standards for a CAC provider and has performed at least 100 child sexual abuse examinations

The medical examination must be documented by written report, diagrams and diagnostic quality photography. This is important as evidence, as well as for peer and expert review. Quality photographs may also be used for patient education of normal anatomy and physiology.

The pediatric examiner must be able to evaluate any findings and develop a diagnostic impression. Maintaining competency in a rural area may prove difficult, a challenge that can be overcome with consistent quality peer review and commitment to continuing education. Another obstacle may be creating a position, or modifying an existing staff position, without the prediction of patient volume to substantiate the costs.

The success of our forensic nursing program in addressing violence as a healthcare issue is attributed to the commitment of our nurses, the support of our administration, and the dynamic multidisciplinary team approach by members who have the common vision to improve the health and well-being of victims of abuse. Establishing a regional pediatric outpatient clinic for patients who have been sexually abused has increased access to care not previously readily available, and decreased the financial strain on families and community agencies. With patient centered care, this financial benefit may also extend through the lifespan of the abused patient. A patient, who has a coordinated team response to violence, and referrals to the appropriate agencies, may reap the benefits of better physical and mental health outcomes.