Sexual Assault Care Using Telehealth Technology 101

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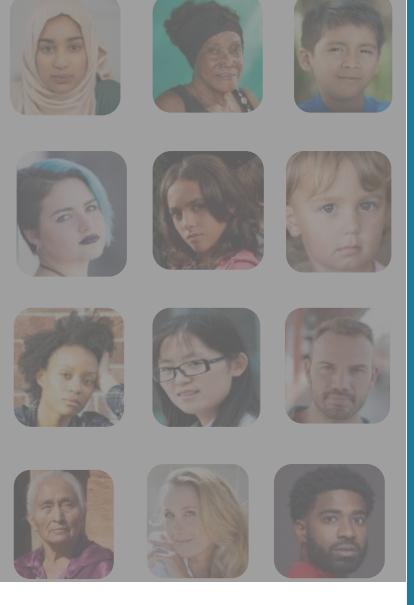
Presenters



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LEARNING OUTCOMES

- Describe how the use of telehealth technology for sexual assault care is able to increase access and quality of medical forensic exam.
- List three crucial components in the development of a telehealth approach to sexual assault.
- Describe the role of advocacy accompaniment during the sexual assault care with the use of telehealth technology.

Describe components of the online teleSAFE toolkit.

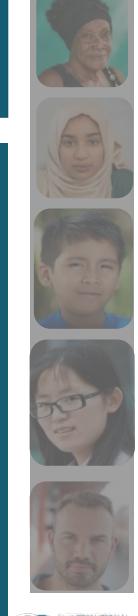
Polling Question: What disciplines are here with us today?

Advocates

Law Enforcement

Health Care

Prosecutors/Defense Attorneys Counselors/Behavioral Health





TeleSAFE Terminology

TeleSAFE: is the use of two-way telecommunication technologies to allow the TeleSAFE/SANE to support and provide guidance in conducting a patient-centered, trauma-informed, sexual assault medical forensic exam to the clinician with little or no experience in sexual assault care.

Hub site: refers to the site where the experienced SAFE/SANE is assisting with the exam remotely.

Spoke site: this is the site where the clinician is live with the patient and is conducting the sexual assault medical forensic exam.

Consultation: is the interaction of the hub clinician with the spoke clinician and patient during the exam. The consultation occurs with informed consent from the patient.





Polling question #2

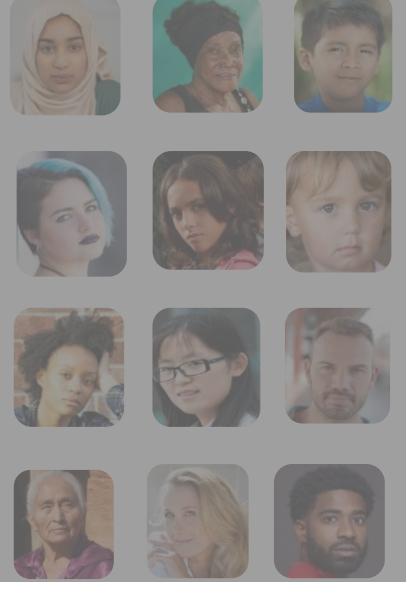
 How many attendees are from a community that provides teleSANE service to spoke facilities?

 How many attendees are from a community that receives teleSANE services from a hub site?

 How many attendees are curious or thinking about either receiving or providing teleSANE services?









Project Background OVC FY 2019 Using Telehealth to Improve Care, Access and Quality of Sexual Assault Forensic Exams



Expanding access to trained clinicians to improve quality



Inclusion of advocacy during the exam



National technical assistance from the International Association of Forensic Nurses

IAFN www.forensicnurses.org



The International Association of Forensic Nurses is a professional organization of more than 6,000 nurses from 25 countries who provide specialized healthcare for patients impacted by violence and trauma.

Standards of practice for forensic nursing

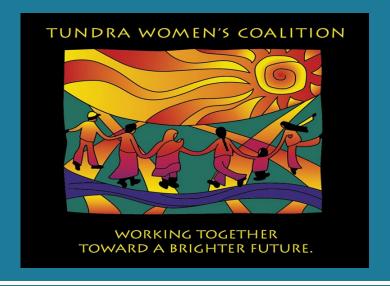
Develops, promotes, and disseminates information about forensic nursing science

Serves as a global network for forensic nurses to exchange ideas, serve as mentors, and enhance their practice.

Offers board certification for sexual assault nurse examiners who care for Adult/Adolescent (SANE-A®) and Pediatric/Adolescent (SANE-P®) patients.

OVC 2019 TeleSAFE Pilot Sites

Bethel, Alaska



Sioux Falls, South Dakota

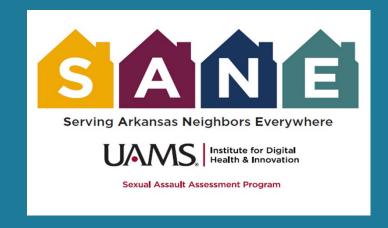


College Station, Texas



Tex-TRAC

Little Rock, Arkansas





Building Blocks to Trauma-Informed TeleSAFE

- Hub Needs Assessment
- Choosing Sites
- Clinical training

Planning

Operations

- Technology & Privacy
- Internal/External Partners
- Policy & Procedure

- Peer review
- Program evaluation
- Clinical and Patient evaluation

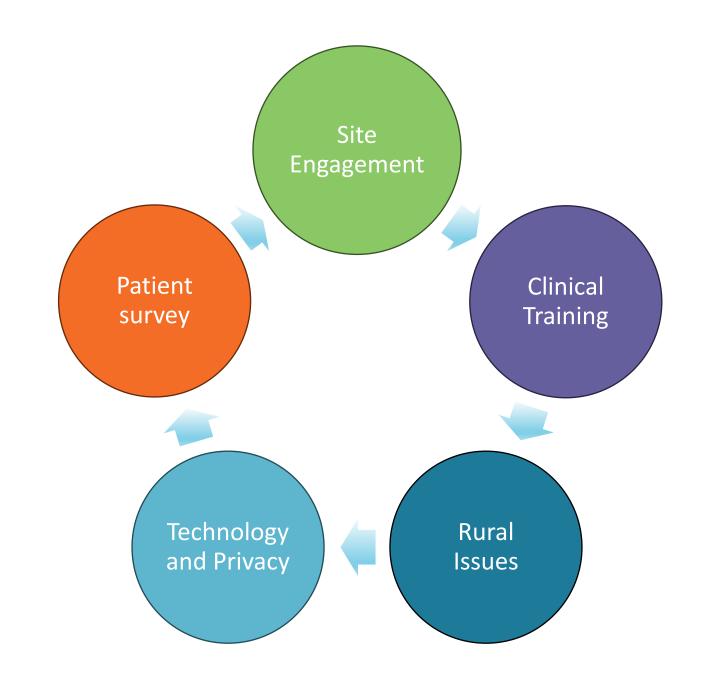
Evaluation







Overcoming challenges



Access, Quality and Health Equity



- Provides access to quality exam no matter what zip code
- Promotes confidence of clinicians with little or no experience with sexual assault care
- Improves collaboration with community partners
- Community response

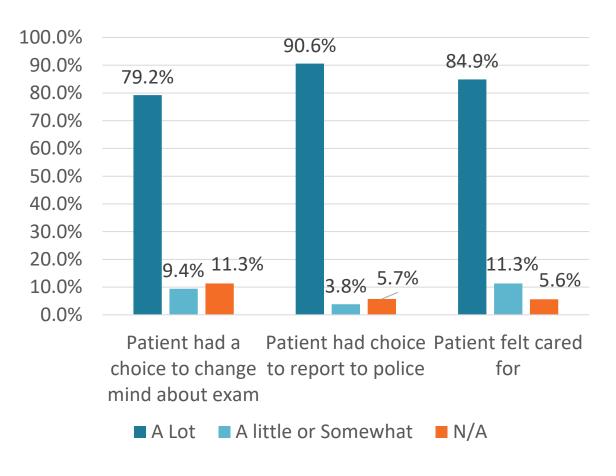




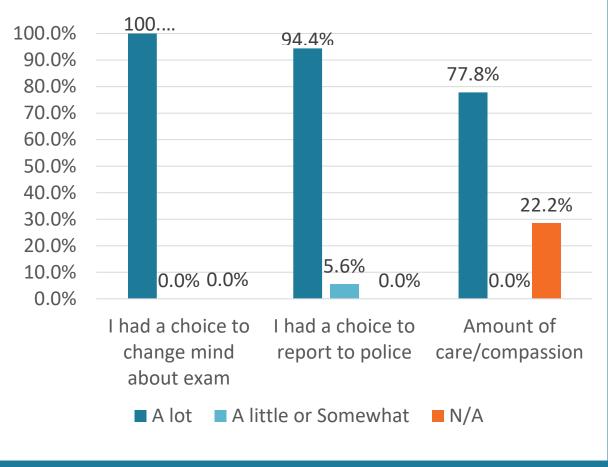
TeleSANE Experiences: Advocate and Patient Perspectives



Advocate Perspectives (n=53)

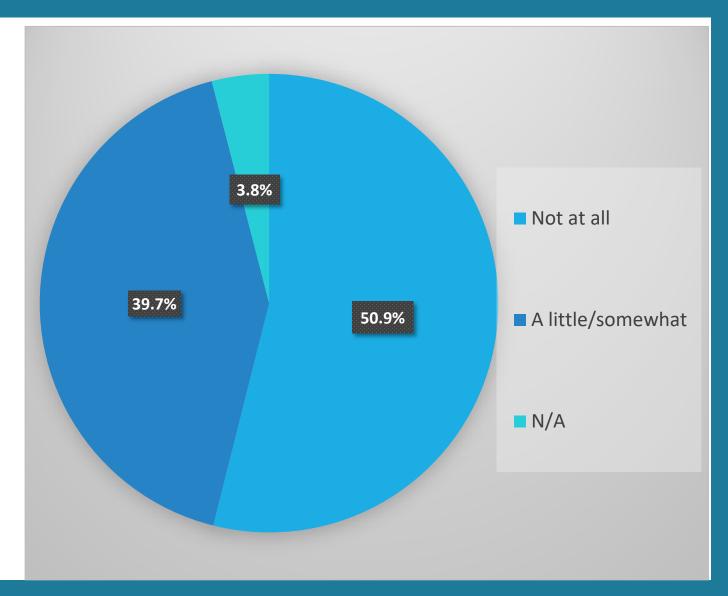


Patient Perspectives (n=18)



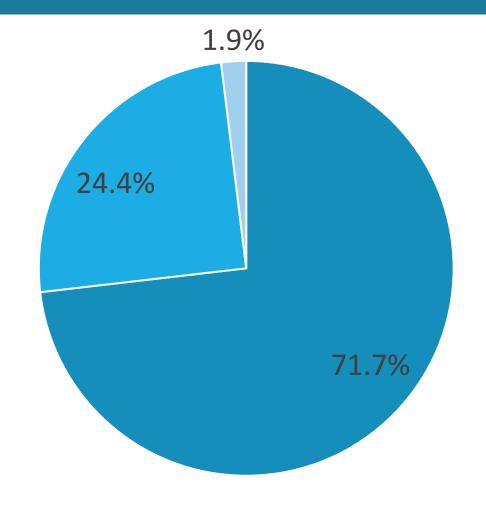


How uncomfortable did the patient appear to be with the use of video/teleSANE equipment? (n=53)





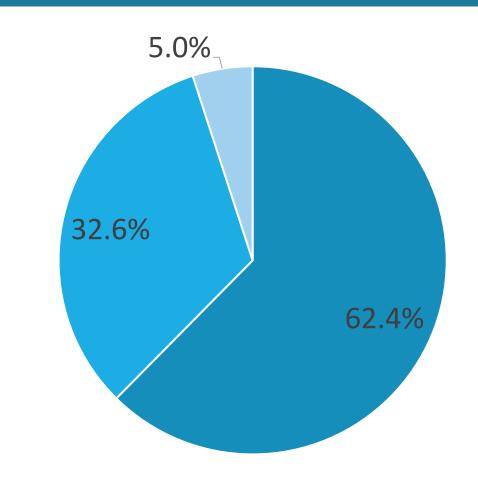
How much did the support of the Hub clinician contribute to your ability to provide patient-centered, trauma-informed care? (n=70)



■ A lot ■ A little or somewhat ■ Not at all



How much did the teleSANE consultation contribute to the Spoke clinician's ability to provide patientcentered, traumainformed care? (n=279)

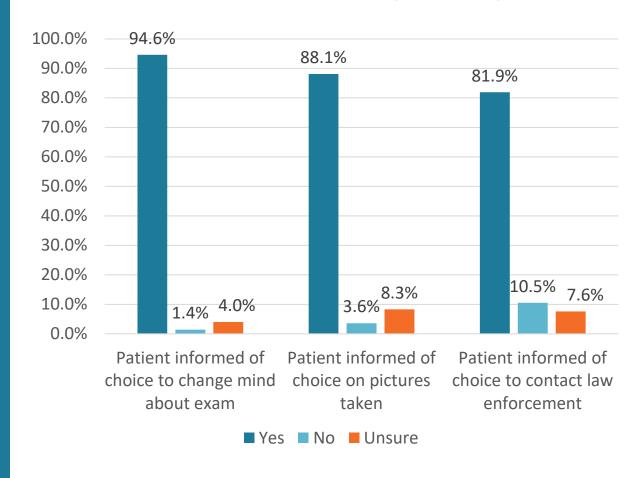


■ A lot ■ A little or somewhat ■ Not at all

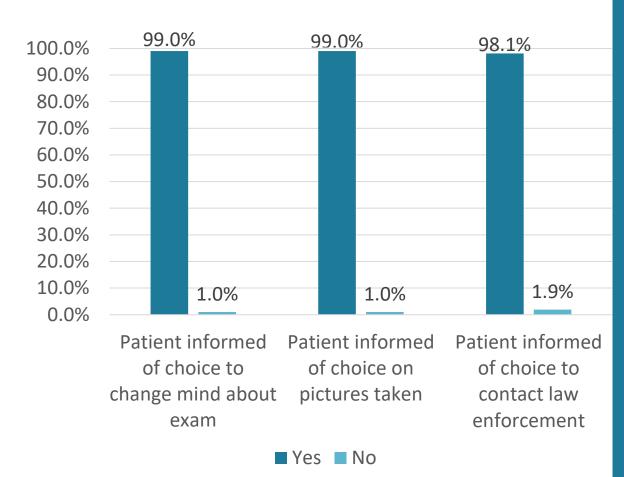
Clinician Experiences: Hub & Spoke Perspectives



Hub clinicians (n=285)



Spoke clinicians (n=105)





























Feedback from the Field before teleSAFE

- One nurse/SANE in the Emergency Department...and then she left. No system change.
- Advocate memorizing the steps of the kit because no one else knew them.
- Clinician bias
- Law Enforcement bias



Feedback from the field with teleSAFE

- "We got notified right away that there was a case and I was able to just focus on the survivor."
- "The nurse was doing her first case, but was amazing. Between the training she had and the teleSAFE support...she did great"
- "When the survivor told the doctor she was not ready, he physically took a step back and told her to take her time."
- "For the first time, I feel like we offered a survivor-centered service. It gives me hope."









Small or large group discussion

Do you see teleSAFE as a viable solution for access to quality care in your community? (Will it work?)

If no, what are the barriers?

What could be done to make teleSAFE a more trauma-informed model of care?

Sustainability



- Is this a traumainformed model of care?
- Financial
- Retention of clinicians
- Quality
- Evaluation





Forensicnurses.org TeleSAFE Resources





TeleSAFE Toolkit

VIEW

TeleSAFE Toolkit

TeleSAFE

The Resource Helpline provides technical assistance (TA) to support the demonstration sites selected by Office for Victims of Crime (OVC) in establishing and/or maintaining victim-centered, trauma-informed, and evidence-based telehealth sexual assault forensic examinations.

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Questions?

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