

MA SANE Advisory Board Meeting October 24, 2016

Attendees: Carlene Pavlos, Kristen Sullivan, Nancy Alterio, Jen Franco, Nikki Antonucci, Maureen Gallagher, Robyn Kennedy, Adam Delmolino, Roxanne Dunn, Tim Grant, Gina Scaramella, Melissa Sutherland, Cheryl Re, Adine Latimore, Karen Hazard, Aleigh Jerome, Stacy Malone, Dr. Ylisabth S. Bradshaw, Kati Alford, Kristi Holden, Claire Shastany, Jess Shaw, Tania Baez

Welcome – Roxanne Dunn welcomed as the new Massachusetts Emergency Nurses Association representative on the SANE Board. We thank Bee Potter for her participation on the Board.

June 13, 2016 Minutes – Minutes were approved as written

SANE FY17 State Funding Update (Line item 4510-0810): - The FY17 budget was funded at \$4,630,499. This included a \$180K earmark for the Massachusetts Children's Alliance that had not previously been included in the budget.

FY'15 and FY'16 SANE Service Delivery

Adult Adolescent		CAC/Pediatric SANE	
FY '16	1,051	FY '16	889
FY '15	900	FY '15	757

FY'17 Expansion:

Since designating South Shore Hospital and Berkshire Medical Center last year, MA SANEs have seen 106 additional patients to date.

- South Shore Hospital designated on 10/26/2015 = 69 patients to date
- Berkshire Medical Center designated on 11/7/2015 = 37 patients to date

Lowell General Hospital (LGH) On October 12, 2016, Lowell General Hospital became the 30th designated SANE site in the Commonwealth. The Northeast SANEs have cared for 6 patients to date.

Middlesex County Children's Advocacy Center (MCAC) Pediatric SANE

The Middlesex County CAC is in its final buildout stages and Mildrine Tulyse will be transitioning as the Pedi SANE there from her current role as the Bristol County CAC Pedi SANE. The physical location of the medical suite is located inside the DA's office and will be equipped with an exam room as well as an office/work space.

SANE Program Updates

Pediatric SANE Transitions/Personnel Updates

- Deb Sorrentino (previously an Adult/Adolescent SANE and Pediatric SANE for Norfolk CAC) is now the Pediatric SANE for the Children's Cove in Barnstable County.
- Anne Hutchinson of the Kids' Place in Berkshire County has retired and Karen Egenes (formerly at the Norfolk CAC) has transitioned to replace her.
- Anne Marchant, Pedi SANE Clinical Coordinator, will be retiring as of December 1st. The position has been posted.
- The Bristol County CAC Pedi SANE position has been posted
- The Norfolk County CAC Pedi SANE position is pending

SANE Program Policy/Operations Update

- **MOUs Revisions with all SANE Sites**

The current MOUs at all designated SANE sites have been in place without any updates since as early as 2002. The revised MOUs will now include updates to SANE protocol including: care in the ICU/OR, Progesterone-only EC, HIV Meds, Pediatric patients at 5 SANE sites, storage guidelines for MSAECKs, kit storage and transport, and management of electronic medical records.

MOUs will be sent to the Directors of Patient Care Services and Nurse Managers.

- **Changes in A/A SANE Photography Protocol**

Only non-genital exam images are taken for A/A patients. The process of burning images to CDs was cumbersome and complicated. The DVD burners are now obsolete so replacing these devices when needed is difficult and expensive. SANEs will now use a SD camera card per patient to capture images taken during a SANE exam and the camera card will be stored in medical records with the patient records. Per the revised MOUs, Hospitals will be responsible for supplying additional camera cards for their patients.

- **SANE Certification Training**

Once again, the SANE Certification Training will be held at UMass Medical School. South Shore Hospital will host the legal overview training day. The training will welcome 19 new SANE candidates from the Southeast, Central, Northeast, and Western regions of the state. This year, the Program utilized an online application process where applicants could submit their application online and references could be submitted electronically. Included in this year's class are 2 male SANE candidates for the Central and Southeast regions. The MA SANE Program reached out to male SANEs in NY to discuss their experiences and it was

clear that the decision to include male SANEs in the Program would be beneficial to patients. As Lisa LaChance noted during the meeting, the impact with the interface with female patients will require the male SANEs to be prepared for “rejection” and the male SANEs in NY have generously offered coaching on how best to prepare for critical messaging. The Program has been having limited discussion about the possibility of conducting research regarding patient experiences in this regard.

- **Medical STI Taskforce**

Discussion ensued regarding testing for STIs in adult/adolescent patients at the time of the initial presentation post-sexual assault. Since most STIs are indicative of infection prior to the assault, historically there has been concern about this being used to discredit the sexual assault patient. The national discourse regarding this issue relates to the rise of STIs. From a public health/medical perspective, sexual assault patients are at a higher risk for STIs and some disciplines are pushing for testing. However, this issue needs to be reviewed in regard to informed consent for traumatized patients and any potential negative implications. A group of clinicians has convened to look at medical evidence to support best practice and discussion will be brought to the Board for recommendations and input. Following Board discussion, the decision was made to bring an advocacy perspective into the discussion at this point in the process. The SANE MOUs will include current practice with the caveat that the policy may change or include the amended policy when available.

- **Adolescent Taskforce Update**

Discussions continue in responding to Adolescent Sexual Assault patients to develop best practice guidelines that consider the developmental needs of adolescents. Areas of continued exploration include:

1. Mandated reporting (all teens 12-17)
2. Informed consent
3. Crime lab procedures regarding opening, processing, and storage of kits
4. Access to kit forms by law enforcement

- **HB 4364 (Evidence Preservation Law)**

Storage of “unreported MSAECKs” for 15 years versus 6 months will become effective in 90 days. Further clarification needed regarding processes for informed consent, chain of custody, and kit transport and storage. Any unreported cases currently at the State Police and Boston Police crime labs will be kept for 6 months then after that time, will be returned to the submitting agency and kept for an additional 15 years. SANEs will now be providing informed consent that unreported kits will be kept for 15 years. Gina Scaramella and Jess Shaw clarified the importance to be clear what these kits are considered: “backlog” vs. “unsubmitted (unreported, untested)”.

National TeleNursing Center Update

Avinash Raghavendra introduced as new Operations Manager exploring issues regarding NTC sustainability and expandability. Cindy Moore, NTC Education and Outreach Coordinator, and Amanda Wyma, NTC provided a brief overview of the project to date. To date the NTC has consulted on 86 patients, 52 patients have met the criteria for forensic evidence collection and NTC support. All but 4 of the 52 patients have accepted NTC services. A formal process evaluation is being compiled but anecdotally we are learning that the NTC is an extremely promising practice with great potential for expansion in MA and nationally to improve access to expert SANE services in underserved communities. It also holds great promise for pediatric patients.

SANE Trust Discussion

Current balance includes \$815 and options for use involve fee-for-service for TeleNursing, training, SANE and wrap around services. A Board of Directors should be convened to administer funds and it was recommended that a subcommittee of the Board be establish to explore operationalizing the SANE Trust. Any interested members should contact Joan Sham.

Meeting adjourned at 12:00pm