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

• The audio portion of this meeting is being delivered over a phone connection.
  *If you have not already done so, please dial 1-888-479-6531 and use 900777 as your entry code.

• IAFN requests that you e-mail the names of any non-registered attendees who may be sharing this webinar experience with you so we can track attendance. Please send additional attendee names to INFO@IAFN.ORG today.
  Thank you in advance for your help and cooperation!

SAFETA Webinar Series

• This project was supported by Grant No. 2005-WI-AX-K004 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this presentation are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

SANE Peer Review
What is it? Do we need it?

Suzanne Rotolo, PhD, MSN, RN, SANE-A, SANE-P, CFN
Suzanne.rotolo@inova.org
Lisa Gorham, BSN, RN, SANE-A, SANE-P, CFN
Inova Fairfax Hospital/Inova Fairfax Hospital for Children
3300 Gallows Road
Falls Church, VA 2242-3300
703-776-3505
Sane.nurse@inova.org

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**


**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 Do Peer Review

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

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

Not necessary:
• All nurses can learn
• Increases credibility
  – In court
  – In teaching others
• Increases a more open, collaborative team

Time Consuming:
• Based on how many examinations are done
• Based on availability of reviewer
• Look at the positive outcomes (verses time)

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

Patient's Sex: Male X Female
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. Father reported the 10 year old pulled the patient's pants down and inspected 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 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:

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.

<table>
<thead>
<tr>
<th>Peer Review Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are medication allergies documented on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are medication allergies documented on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is tetanus status documented on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is tetanus status documented on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is medical history written on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is medical history written on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is the exam start time written on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is the exam start time written on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are vital signs documented on medical record? (For children includes weight)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is STD prophylaxis documented on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is STD prophylaxis documented on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is pregnancy prevention documented on SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is pregnancy prevention documented on medical record?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Is there a signed consent for the exam from the patient or legal guardian?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Is the time of the assault documented on the SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Are appropriate medical referrals documented on aftercare instructions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Is the PERK number written after the MR number on the SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. If appropriate to the history, was the DFSA documented on the SANE report?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Is all handwriting legible?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Is the detective name/jurisdiction on demographic forms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Was there a diagram completed of the genitalia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Documentation: gym, TRU, Uniforms?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Are genital photos of good quality?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Did genital photos adequately show anatomy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Did genital photos adequately show injury?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Did genital photos adequately show abnormal discharge?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3/29/2011

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

References
References

