Hospitals-Protocol for Sexual Assault Medical Forensic Examinations and Planning Committee (SAFE Committee)

Meeting Minutes

Date: Thursday, January 8, 2015
Time: 10:00 AM – 11:50 AM
Chairperson: Joyce Dantzler MS, MCHES
Co – Chair: Carole Ann Mays RN, MS, CEN
Members Present: Joyce Dantzler, Carole Mays, Christine Jackson, Gail Reed, Susan Kraus, Verlin Meekins, Casey Nogle, Eunice Esposito, Kathleen O'Brien, Mary Lou Watson, Tiwanica Moore, and Amy Robinson
Guests Present: Subha Chandar (DHMH), Lisa Garceau (DHMH), Laurie Chin (Montgomery County), Jim Brown (MIEMSS), Jody Sheely (DHMH), Lynda King (MCASA), Katie Wunderlich (MHA)

Members Excused: Greta Cuccia, Lisae Jordon, Brian McGarry
Members Absent: Mark Arsenault

TOPIC	DISCUSSION	ACTION	PERSON/S RESPONSIBLE	STATUS 1/8/2015
Welcome and Introductions	Roundtable Introductions	None	Joyce Dantzler	CLOSED
Open Meeting Message	Excerpts from the "Maryland Open Meetings Act" were read. No member of the public attending the open session may participate unless specifically requested by a committee member for subject matter expertise.	Information and Reference	Carole Mays Joyce Dantzler	ONGOING
Review of Previous Minutes & Approval	November 13, 2014 minutes have been amended.	Motion to approve the November minutes made		CLOSED

		and seconded (Jackson, Nogle).		
	December 16, 2014 draft minutes were distributed.	Motion to approve the December minutes made and seconded (Jackson, Nogle).		CLOSED
	A quorum is needed to make major decisions. There are 14 individuals on the SAFE Committee. Recommendation to define a quorum as 9 individuals (Dantzler).	No dissent.		CLOSED
"Open" Issue Review	It is not clear if you are able to vote via call-in. It will be assumed that this is acceptable unless we are notified otherwise.	Voting requirements will be confirmed with Attorney General.	Joyce Dantzler	OPEN
	Sub-Committee Chair nominations for Public Input and Reimbursement must be confirmed. - Susan Kraus – nominated for Public Input Sub-Committee. She will accept the nomination. Carole Mays will co-chair. - Kathleen O'Brien – nominated for Reimbursements Sub-Committee. She will accept the nomination. Joyce Dantzler will co-chair.	Sub-Committee Chair nominations confirmed.	Joyce Dantzler	CLOSED
	Sub-Committee Work plans – The Committee had previously requested a work plan from each Sub-Committee. A sample plan and timeline were distributed to the Sub-Committee Chairs. Staff can assist with setting up sub-committee meetings if needed.	Sub-Committee Work plans are due to the Committee.	Sub-Committee Chairs	OPEN

	SAFE Committee attendance requirements were clarified, and it was reiterated that Committee member designee attendance will not count toward member attendance. Designees may attend to observe and relay information only. The member attendance requirement is 50% per calendar year.	Clarified by Amy Robinson with Kim Bennardi (DHMH).		CLOSED
	Hearing Testimony was distributed earlier this week.	Committee members should familiarize themselves with hearing testimony.	Committee Members	OPEN
	Testimony Overview: In opening testimony, Delegate Kelly provided the impetus for introducing the bill. Her hope was that all facilities would have a protocol for sexual assault victims to gain access to a Sexual Assault Forensic Examination (SAFE) (through the facility, a FNE, or a transfer). Minimizing victim travel was one of the salient issues. Opposition to the bill was concerned with the quality of exams and the potential to compromise evidence. Additional testimony discussed specific examples of victim experiences and facility perspectives. It should be noted that there is both verbal and written testimony available for review. -Delegate Kelly's testimony stated that every county had a SAFE hospital. This is incorrect; every county has access to a SAFE hospital (Mays). -Another correction to testimony: DHMH does not define which facilities are designated SAFE programs. This is a hospital administration decision (Dantzler).	Review Link to video testimony will be distributed to the Committee.	Joyce Dantzler Carole Mays Amy Robinson	CLOSED OPEN

	Every jurisdiction has a SAFE program, but may not necessarily be functioning or have the resources available. Previous instances have had victims waiting 8+ hours for access/transfer to exams (Reed). The Joint Commission (TJC) Guidelines require all hospitals to have some policy/procedure for how to handle a sexual assault patient (Mays).			
SAFE Sub-Committee Deliverables: - Documentation - Definitions - Statute - Current Maryland Best Practices with Reference - Proposed Changes for Maryland	Committees should be looking at both current and best practices for both adult and pediatric exams. This will identify the gaps in our system and will allow for recommendations for change (Mays). - Regular training processes must be reviewed and should be considered for creation. Hospital turnover and facility guidelines often affect the efficiency of programs (Jackson). - The Board of Nursing will play a critical role in determining that Forensic Nurses are "SAFE" and assessing their ability to travel and receive reimbursement for their work (Watson). - Practice and barriers versus protocol must be reviewed. Policy does not always reflect practice (O'Brien). - What other models for SAFE service delivery are out there? Best practices nationwide should be reviewed (Reed). - How many Forensic Nurses are currently licensed in the state of Maryland? How do we get training programs out there? (Esposito) The real work of this group needs to be happening in the Sub-Committees. They should be meeting in between regular meetings and reporting back to the Committee at every monthly meeting. Issues should not be raised in the Committee meetings without Sub-Committees vetting them before and/or after. Sub committees	Current practices, best practices, and protocol should all be collected throughout the state and discussed in sub-committees. Begin work on Sub-Committee deliverables to report back to the Committee.	Committee Members Joyce Dantzler Committee Members	OPEN OPEN

	should look at current, national and best practices and include any definitions that need to be explained as part of their reports (Dantzler). **House Bill deliverables are as follows:** - Review hospital protocols; - Examine barriers for providing care; - Study reimbursement issues; - Examine EMS and Law Enforcement protocols; - Determine best practices for public education; - Make recommendations for SAFE practitioner caseloads; - Consider geographic differences as it relates to the provision of SAFE services; - Consider hospital reporting requirements; - Review other state practices of SAFE services; - Develop and recommend protocol for victims' rights and privacy; - Receive public testimony from stakeholders; and - Adopt recommendations consistent with State Medicare and Medicaid contracts.		Carole Mays	
SAFE Sub-Committee Reports: Victim Care & Hospital Protocols	The Sub-Committee has received 5 hospital SAFE protocols. The Sub-Committee will meet following this meeting to discuss hospitals that do not currently have protocols. National best practices will be reviewed and defined for comparison against current programs to generate recommendations for change (Meekins). Members also suggested looking at non-SAFE hospitals; at states that have statewide protocols such as NY, NJ, NH, and OH for examples of other models; and at Mercy as an example of best practices in MD.	Sub-Committee will continue to collect information and begin program comparisons. Statewide protocols for NY, NJ, NH, and OH will be distributed.	Verlin Meekins & Christine Jackson Sub-Committee Members Gail Reed	OPEN OPEN

	SAFE hospital representatives should be invited to the Sub-Committee meetings to discuss current practices used and barriers experienced (Dantzler). MCASA is committed to assist with information and resources as needed (MCASA Guest Lynda King, invited to speak by Joyce Dantzler).			
SAFE Sub-Committee Reports: Law Enforcement & EMS	The Sub-Committee has begun collecting SOPs from Law Enforcement jurisdictions and noting where SOPs do not exist (Nogle, Reed).	Sub-Committee will continue to collect information and begin gap identification.	Casey Nogle & Gail Reed Sub-Committee Members	OPEN
	There is an existing model policy for uniform response. It has been requested that Committee members reach out to their county Law Enforcement jurisdictions for current practices (Reed).	Model policy will be distributed.	Gail Reed	OPEN
	We can gather policies but they should be measured against some ideal standard. Important to think about what we want first. (O'Brien)	Current policies of Law Enforcement jurisdictions will be collected.	Committee Members	OPEN
	We've been asked to look at current practice and identify gaps and barriers (Mays). Baltimore City has a model policy. Identified model policy from international agency. Baltimore City Police Dept. based their policy on this international model (Nogle, Reed). There is a need to identify current practice, national Best Practice (BP), Maryland's BP, and then determine what we recommend happen (Dantzler).			

	State of Maryland EMS Protocol was referenced. MIEMSS does delegate trauma facilities but does not designate SAFE hospitals. The Patient Care Guidelines define if a patient should be taken to a trauma hospital. - The average sexual assault victim is brought in from the field as a priority 2. More severe injuries would define the patient as a priority 1 and would require they be taken to a trauma facility (Mays). 911 Dispatch protocols regarding sexual assault reports should be collected and reviewed (Reed). - Police is usually notified immediately. EMS is only notified when serious injury is also reported (Nogle). Jurisdictional issues were identified as barriers. - The incident location may effect where the patient is taken and what resources are available (Jackson, Reed, Esposito). - Victims should have a choice as to where they receive their exam. - The victim should have the same rights and receive the same treatment no matter where the assault occurred (Esposito, Reed). - We may also want to look at colleges, universities, and military bases for best practices (O'Brien).	Collect 911 dispatch sexual assault protocols.	Carole Mays Amy Robinson	OPEN
SAFE Sub-Committee Reports: Reimbursements	DHMH houses the Sexual Assault Reimbursement program. Lisa Garceau was invited today to discuss the reimbursement process (Dantzler): - Document distributed: COMAR Title 10, DHMH Subtitle 12, Adult Health, Chapter 02, Rape and Sexual Offenses – Physician and Hospital Charges	Power Point presentation and documentation, along with Lisa's full contact information, will be distributed to Committee members as part of the January minutes.	Lisa Garceau Amy Robinson Tiwanica Moore	OPEN

	- This program was specifically created by legislation in 1977 to reduce the emotional and financial hardships experienced by sexual assault victims. Program is only for victim-specific costs and does not include hospital overhead costs. - In 1990, the program was expanded to include child sexual abuse cases. In 2005, Congress reauthorized the Violence Against Women Act and Maryland regulations were revised to accommodate delayed reporting, also known as Jane Doe cases. - Services covered include adult and pediatric initial physical exams, evidence collection, emergency treatment for physical injuries directly resulting from the alleged assault, and initial interview of patient. Reimbursement is also offered for follow-up medical testing up to ninety days post assault. In extenuating circumstances, hospitalization may be covered. - Hospitals and laboratories are reimbursed at the rate set by the Health Services Cost Review Commission (HSCRC), vary by facility, and change periodically. Itemized bills are required. - Medical screening exams (MSE) at non-SAFE facilities are partially covered to meet EMTALA law. Gap identified – non-SAFE facilities often do not know that they should not be charging the patient. DHMH should be billed directly and hospitals should accept this as payment in full. The law does not speak to billing patients' insurance companies, but is generally considered the same as billing the victim. DHMH is the payer of first resort regardless of insurance status. Instructions should be included in newly developed protocols to make sure that billing is properly handled (Meekins).			

	MHA could be contacted to arrange a meeting with hospitals billers to notify them of how things should be handled based on the legislation (Dantzler). - There is no reimbursement to providers for court testimony. - DHMH can provide reimbursement for the hospital where the victim is seen. FNE services may be reimbursed by the program when traveling to another hospital and when working in consultation with a physician. There is no mechanism to directly reimburse a FNE that travels for an exam. FNEs cannot bill on their nursing license. Their services are included in the ER global fee. - Additional funding to the DHMH budget would be necessary to increase the flat rate given to the physician (currently $80 for adult victims). This creates a disincentive for providers to be involved with this population, another barrier (O'Brien).The mobile capacity of FNEs should be reviewed nationwide (Reed).	Sub-Committee will continue to collect information and identify gaps for review.	Kathleen O'Brien Joyce Dantzler Sub-Committee Members	OPEN
SAFE Sub-Committee Reports: Public Input	Correspondence indicated that MCASA has agreed to develop a Survey Monkey tool. Feedback from victim service providers suggested that it is important to provide a place for people to comment (Mays). A narrative may be the best form of communication instead of asking specific questions.	A survey will be developed. The International Association of Forensic Nurse Examiners will be invited to speak.	Susan Kraus Carole Mays MCASA / Jordan Carole Mays Lisae Jordan	OPEN OPEN

New Business	Completion of a 2015 financial disclosure statement is required of each Committee Member. This is due in April via electronic submission (Dantzler). State Ethics Commission contact information: 410-260-7770 Carole Mays and Amy Robinson have started the draft report and will need information about the number of cases in Maryland for the last 3-5 years.	Financial disclosure must be submitted by April 2015. Link to financial disclosure statement will be distributed. Please share all references and data with the Committee so that it can be incorporated into the draft report.	Committee Members Joyce Dantzler Committee Members	OPEN OPEN OPEN
Recap of Issues Identified for Next Meetings and Announcements	Sub-committees should meet prior to the February meeting. Sub-committee work plans should also be submitted by the next meeting. **Announcements:** Member contact information will be updated. The mileage reimbursement rate for the State has increased from $0.56 to $0.575. Handouts relaying this information were distributed. Requests for reimbursement should reflect the new rate starting January 1, 2015.	Revised list will be distributed.	Amy Robinson Tiwanica Moore	OPEN