Planning Committee to Implement Improved Access to Sexual Assault Medical Forensic Examinations in Maryland

Meeting Minutes

Date: Thursday, April 9, 2015
Time: 10:00am – 11:24 a.m.
Chairperson: Joyce Dantzler
Members Present: Mark Arsenault, Greta Cuccia, Brian McGarry, Susan Kraus, Joyce Dantzler, Carole Mays, Tiwanica Moore (staff)
Members Calling In: Lisae Jordan, Kathleen O'Brien, Verlin Meekins, Eunice Esposito, Christine Jackson
Members Absent: None
Members Excused: Gail Reid, Mary Lou Watson, Casey Nogle, Amy Robinson (staff)
Guests Present: Subha Chandar (DHMH), Jenna Williams (Del. Kelly), Jody Sheely (DHMH), Elisabeth Dissen (DHMH)
Guest Presenters: None

TOPIC	DISCUSSION	ACTION	PERSON/S RESPONSIBLE	STATUS 4/09/2015
Welcome and Introductions	Roundtable Introductions	None	Joyce Dantzler	CLOSED
Open Meeting Message	Public is invited to attend but cannot participate unless asked to do so by the committee.	Information	Joyce Dantzler	CLOSED
Review of Previous Minutes & Approval	February 12, 2015 meeting minutes were previously distributed awaiting a quorum approval. March 12, 2015 meeting minutes were distributed.	Motion to approve corrected February minutes made and seconded (Kraus, Cuccia). Motion to approve March minutes made and seconded (Cuccia, Kraus).	Membership Membership	CLOSED CLOSED

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Open Issues Review	**Reminder:** Financial disclosure statements for 2014 are due by April 30, 2015. Filing must be completed electronically using the account that you set up previously. Once you have filed, you should receive a confirmation e-mail to save for your records. Please contact the State Ethics Commission directly at 410-260-7770 if you have questions.	Information	Joyce Dantzler	CLOSED
SAFE Committee Deliverables	**Draft Report Outline:** The report to the General Assembly is the major deliverable for the committee. The report outline was distributed. Members were asked to review it and provide feedback. It is important to include common terms in the report to make it clear and understandable (Jordan, Arsenault). The final report will include frequently used terminology and definitions. The sub-committees are working on developing templates. A regionalization approach of Sexual Assault care is being considered as a recommendation. Due to the variation by region, Baltimore City best practices could be used as a template for all regions for an effective SAFE program (Kraus). A uniformed platform (a way to be unified across the State in terms of definitions and ideals) is recommended (Kraus).	Send out report outline to members calling in. As sub-committees complete deliverables, please forward information to Chairs to be incorporated into the larger report.	Joyce Dantzler Staff Sub-committee Chairs	OPEN OPEN

	Sample protocol templates have been recommended by the committee for law enforcement and EMS. Having over 20 police agencies in a jurisdiction can get complicated. Having a construct template that they can work around is recommended (Arsenault).			
Victim Care Sub-committee Work-plan Review	**Presented by Meekins and Jackson:** A template reflecting policy, procedures, and protocols was created. The sub-committee is in the process of scheduling meetings with SAFE hospital reps from each region to discuss staffing, practice, training, reporting etc. A report on barriers was completed. The sub-committee is planning to meet twice a month. Majority of SAFE programs cover both pediatrics and adults. Hospitals that don't have a SAFE program don't generally cover pediatrics at all; thus, the pediatric piece is not well addressed. Many hospitals are joining larger healthcare systems. There is sometimes one protocol covering multiple hospitals within that system. The barrier report summarizes findings from posted government documents. Some barriers identified include those related to law enforcement, EMS, cultural and language barriers (Esposito). The attrition rate was a problem noted to occur at some hospitals in California that Jackson visited. Reid will be looking at state and national publications.	Hospital Policies & Protocols will continue to be collected and forwarded to DHMH by MHA for review. Jennifer Witten has replaced Katie Wunderlich.	MHA Joyce Dantzler Staff	OPEN

EMS/Law Enforcement Sub-committee Work-plan Review	**Presented by McGarry and Mays:** Protocols/policy from law enforcement jurisdictions across the state were requested for comparison to Baltimore City and statewide. Some jurisdictions don't have a policy. Others allow victims to choose the hospital or to visit their own doctors. Some policies are more comprehensive. One of the issues noted is when a victim chooses not to go to certain hospital. In light of the deliverable, the sub-committee may have to recommend that when a victim chooses to have a SAFE exam, law enforcement agencies will be aware of what hospital provides services. Some policies don't address victim choice at all. Sub-committee has obtained 6 out of 101 protocols so far and have found gaps.	Sample Law Enforcement Template	Casey Nogle Gail Reid	OPEN
	EMS administrators were asked for feedback on sexual assault cases, but no feedback has been provided to date. Some States (NJ, VA, WV, and OH) may have more informative protocols to help EMS providers deliver patients to the appropriate places. One of the recommendations for next year will be going to EMS continuing education events to provide information about the current situation in Maryland and the direction we are going. Diluting makes it harder for the police agencies (Arsenault). Quality of care may be watered down if there are SAFE programs in every hospital (Kraus). It is agreed that having a SAFE center in every hospital is not recommended based on what has been presented so far. Increased access can be achieved by having mobile SAFE centers or a good plan for	The sub-committee is working on template for law enforcement for those agencies that don't have a protocol. Regionalization is being considered.	Sub Committee Members	OPEN

	transporting victims to the appropriate place the first time. The volume would not support having one in every hospital. (Dantzler). Counties in the region (St. Mary's, Charles, and Calvert) are having trouble finding enough cases to fit credentialing requirements for FNE's. (Arsenault). Now that larger healthcare systems are "taking over" several hospitals, it may be easier to direct patients to one facility. It may be easier to support a system approach (Jackson). For this to happen, it's necessary to get big stakeholders to buy into the need for this (Kraus). Hospital reimbursement issues are still a concern. Community service for tax-exempt status is a benefit to the hospital doing pro bono work. Keeping it in one healthcare system versus a region may not necessarily be an advantage because it is difficult and not fair to the victim to transport (Cuccia). Another complication is the issue of going out of police jurisdictions (Arsenault). Regionalization like trauma centers may work and bypass the corporate entities (Arsenault). A lot of undocumented people are not covered by insurance, so hospitals will still be paying for that, although the State will reimburse for any exam done in the facility (Arsenault). State reimbursement to hospitals is minimal from the provider's prospective. Maryland's Sexual Assault Reimbursement Unit pays current HSCRC rates for everything else, although the physician piece is still outdated (Dantzler).			

	It comes down to having trained staff to be able to provide Sexual Assault examinations that can't be reimbursed. That's the big cost. You don't have SAFE nurses to support regional idea. There is a need to revisit the idea of mobile SAFE nurses (Kraus). The "traveling nurse" approach was suggested as a solution in the past. Concerns have kept this from being a permanent solution. The Victim Care sub-committee intends to propose this as one of the sub-committee recommendations (Dantzler). The complaint about no one trained in pediatrics should be added to hit an underserved population (Kraus). Other States have worked out the "traveling nurse" approach. For example, Mercy Medical Center in Baltimore is using MOUs with other hospitals to facilitate its traveling unit. From a liability standpoint, providers may sign on because they would not want to deal with the liability issues of doing the exams (Jackson). In general, it has been noted that due to the amount of training involved and the responsibility of having to go to court, providers in the Emergency Department would prefer not to do the examinations required for sexual assault cases. Having the patient travel may not be the optimal answer (Dantzler). Directing them to the appropriate place the first time is key (Mays).			

Reimbursement Sub-committee Work-plan Review	**Presented by Dantzler:** The sub-committee met this morning and is working on a report that addresses background information, who pays, what's going on in Maryland, and what's happening in other states. Sub-committee members provided recommendations for revising the sub-committee report, including reordering the information, focusing on what's going on in Maryland currently, and adding diagrams. Alternate funding sources for paying for SAFE exams were discussed, such as the potential to use Criminal Injury Compensation Board funding to pay certain expenses and whether or not the "block grant" funds set aside could be used for anything other than SAFE exams. The sub-committee is looking into who pays for transportation (2 types), clarifying what's covered and what's not covered. The plan is to send a report out to sub-committee by mid-May for further review.	Research whether Criminal Injury funding can be used to pay for SAFE exams. Research who pays for acute ambulance ride versus a commercial transfer to a rape center.	Kathleen O'Brien Joyce Dantzler Lisae Jordan Carole Mays	OPEN OPEN OPEN
Public Testimony Sub-committee Work-plan Review	**Presented by Kraus and Mays:** The next guest speaker, Pam Holzinger, from Frederick Memorial Hospital, is scheduled to come in June. Dr. Closson from University of Md. Children's Hospital was invited to attend the May meeting to address pediatric sexual assault examinations and requirements He will be able to review the protocols they have with MedStar Franklin Square Medical Center in Baltimore County. The sexual assault public testimony survey is available. It is on DHMH's website and went live on April 1, 2015. MCASA will be collecting public	Collect public testimony. Inform patients,	MCASA DHMH Membership	OPEN OPEN

	testimony simultaneously via their website survey. DHMH has set up an automated response for people who submit testimony via e-mail (guest, Chandar, invited to speak by Joyce). DHMH has not yet received any responses. MCASA does not have an update at this time. The request for public testimony is being announced. Kraus will post the information in her office and provide handouts to victims. MHA will send out something in the weekly update to hospitals. DHMH social media posts may drive some traffic to the website for response. SAFE nurses should be made aware of this to inform patients because some people may not have access to this information via social media (Kraus). Information should also be sent out to crisis counselors and social workers because patients may want to share prior and not necessarily current experiences (Cuccia).	providers, and the public etc. of the opportunity to submit public testimony.	MHA DHMH MCASA	
New Business Recap of Issues Identified for the Next Meetings	No other new business was presented. **Recap for next meeting:** Report outline was distributed. At the next meeting, sub-committee report drafts and updated work plans are due. The SAFE report is due in December. The report needs to be approved by	Review outline and provide feedback to Chairs. Submit a draft of sub-	Membership Sub-committee	OPEN OPEN

	the appropriate authorities at both agencies (DHMH and MIEMSS). This process should start in September. Any potential conflicts that the committee may have with what the agencies propose should be addressed (Jordan). The next meeting is scheduled for May 14, 2015.	committee reports and updated work plans by the next meeting in May.	Chairs	