Request for Information 305918
National Sexual Assault TeleNursing Project

Background and Description

The Massachusetts Department of Public Health (MDPH) has been awarded funding by the National Institute of Justice (NIJ), Office for Victims of Crime (OVC). This award will fund the National Sexual Assault TeleNursing Project (NSATP) which will provide real time, audio and video 24/7 access to expert guidance and support by MA Sexual Assault Nurse Examiners (SANE) to clinicians caring for adolescent and adult sexual assault patients/survivors in four underserved pilot sites across the nation. The four sites will include: (1) a tribal community, (2) a corrections setting, (3) a rural community, and (4) a U.S Navy setting.

Purpose of RFI

The Massachusetts Department of Public Health (MDPH) is issuing this Request for Information (RFI) for stakeholder input and commentary regarding a future Contract Award Opportunity (CAO) to recruit service delivery sites that will partner with the National Sexual Assault TeleNursing Project. The Project strives to develop a National TeleNursing Center that will meet the unique needs of the four pilot populations (tribal, rural, corrections and Navy). The MDPH and Project Team are currently seeking information about the needs and resources of potential pilot sites, and ideas and opinions regarding site selection criteria that will inform that future CAO. It is anticipated that the CAO will be released in February on www.comm-pass.com and it is expected that contracts will be active in June 2013.

Instructions for Submission

The questions relating to this RFI can be found via the following link: https://www.surveymonkey.com/s/VTV79VC

Responses to questions should be submitted by **February 1, 2013** to be considered. However, it is not required to respond to the RFI as a condition of future candidacy and subsequent funding.

If you have any questions about any of the content of this RFI, please contact Joan Sham, Acting Director, MA SANE Program via email (joan.sham@state.ma.us) prior to **February 1, 2013**.

Sexual Assault and Access to Expert Sexual Assault Nurse Examiners (SANE)

Sexual assault (SA) patients/survivors have unique medical, emotional and forensic needs. These needs require a trauma-informed approach to care that assures victims’ needs will be met, and that they will be supported while making informed decisions regarding their post-assault medical care and involvement in the criminal justice system. Sexual Assault Nurse Examiner (SANE) Programs have been shown to improve the quality of health care for patients/survivors, increase the quality of forensic evidence collection, support police investigations, and increase the successful prosecution of such cases (Campbell et. al, 2011, Campbell, Patterson, & Bybee, 2009, Crandall & Helitzer, 2003; Campbell, Patterson, & Lichty, 2005). Unfortunately, access to SANE programs and other medical forensic expertise is not uniformly available across the country. Moreover, clinicians who have been trained to provide medical
forensic exams in the absence of SANE expertise, often do not see the volume of patients necessary to maintain proficiency in examination/evidence collection procedures, nor do they generally receive the ongoing support required to engage in this emotionally taxing trauma work. As a result, attrition rates and professional burnout are very high when clinicians or SANEs provide trauma care without adequate supports (Townsend & Campbell, 2009). Indian Health Service (IHS) Officials report that most medical providers trained to provide medical forensic examinations generally leave after 2 years (GAO, 2011).

**Telemedicine as a Vehicle to SANE Expertise**

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Electronic communication can include voice (audio) and face to face (video) communication using a computer. Telemedicine has great potential to expand SA patients’/survivors’ access to SANE consultation services. In addition, it has the potential to create a community of support for clinicians, while simultaneously increasing their confidence, role satisfaction and retention. All of which lead to improved quality of care for SA patients/survivors. Telemedicine has also proven useful with specific patient populations. For example, the use of telemedicine in recent years has changed the delivery of post assault forensic medical and psychological care provided to children. Likewise, the use of such technology has gained acceptance in criminal justice and correctional settings as a method of increasing access to psychiatric evaluations (McLeod et al. 2009, Foster & Whitmore 2005, Pammer et al, 2001, Miller, et al., 2005 and Lexcen et al., 2006).

While it follows logically that such technology would be beneficial to the care of adult and adolescent SA patients/survivors, unique challenges related to privacy and confidentiality must be considered when developing a telemedicine system for this population. The reactions of SA patients/survivors vary greatly, often including feelings of shame, humiliation, self-blame; fear for their safety; and concern for their privacy. The implementation of a telemedicine system requires sensitivity and vigilance to create systems that ensure informed consent, patient confidentiality and privacy, thus meeting Health Insurance Portability and Accountability Act (HIPAA) requirements.

**Scope of Project**

This project will establish a National Sexual Assault TeleNursing Center in a facility owned by Newton Wellesley Hospital in Newton, Massachusetts. Newton Wellesley Hospital is an affiliate of Partners Healthcare System, which also includes Massachusetts General and Brigham and Women’s Hospitals. Expert Sexual Assault Nurse Examiners (SANE) from the MA Department of Public Health’s SANE Program will staff the Center on a 24/7, 365 day basis. Using Telemedicine equipment provided by project partner, American Doctors Online/PhoneDOCTORx (ADOL/PDR), MA SANEs will provide voice and face to face guidance and support to clinicians providing direct medical care and forensic evidence collection as part of post-sexual assault medical care. Project activities also include the assessment of rape crisis resources available in the pilot sites, as well as the potential for applying telemedicine as a vehicle for rape crisis advocacy.

**Consideration for Telemedicine Contract Award Opportunity:**

The project seeks to identify four pilot sites that (1) currently have *limited or no access* to clinicians proficient in caring for adult and adolescent sexual assault victims, and that (2) would benefit from
services provided by the Sexual Assault TeleNursing Center in Massachusetts. The project will offer TeleNursing guidance and support for adult/adolescent sexual assault forensic medical examinations conducted by pilot site-based clinicians in late 2013, 2014 and 2015. Consultations will offer guidance and assistance related to the medical and forensic needs of sexual assault patients, including: (1) provisions for emergency contraception, (2) sexually transmitted infection and HIV prophylaxis, (3) physical examination to identify and document injury, (4) complete forensic evidence collection in compliance with the policies and procedures of each identified population, including adherence to chain of custody for evidence, (5) compliance with local mandated reporting practices and procedures, and (6) assistance for referral with rape crisis resources. Additionally, MA SANEs will guide pilot site clinicians through the exam to reduce clinician anxiety, and increase proficiency and confidence, as well as ongoing education, support and debriefing opportunities. To further promote ongoing education, a web-based Learning Portal will be developed.

The Sexual Assault TeleNursing Project Management Team anticipates that each pilot site will serve approximately 75 to 100 sexual assault patients per year. However, in the event that patient volume is low, consideration may be given to a pilot site network of medical facilities within a 50 mile radius. Potential pilot sites will build upon existing collaborations and encourage new or expanded collaborations with local law enforcement, prosecutors, crime lab personnel and victim advocates. Sites will also be expected to participate in a program evaluation of the project conducted by a team of researchers led by Dr. Ted Cross of the University of Illinois. The goal of the evaluation is to determine the efficacy of telemedicine in providing quality consultation to clinicians caring for sexual assault patients.

The project will provide telemmedicine equipment for the sites. In addition, funding will be provided to hire two additional personnel, a part time Pilot Site Liaison and a part time Information Technology (IT) Consultant. The Pilot Site Liaison will be a person well-familiar with the operations at the medical facility conducting sexual assault forensic examinations and be knowledgeable about the facility’s current policies and procedures related to the care of SA patients. Such care includes: forensic evidence collection, chain of custody, local law enforcement, and mandated reporting requirements. The Information Technology (IT) Consultant will educate pilot site clinicians regarding the telemedicine equipment and provide troubleshooting assistance if needed.

References


United States Government Accountability Office. Indian Health Service Continued Efforts Needed to Help Strengthen Response to Sexual Assault and Domestic Violence, October 2011