

## IHA Webinar Q & A: New Requirements for Sexual Assault (SA) Treatment November 13, 2018

1. Will the Implementation Task Force draft an MOU for hospital to hospital transfers or just an MOU for rape crisis?

A: The Task Force is drafting a template for an MOU between a treatment hospital and a rape crisis center, refer to the area-wide template provider during the webinar. This is not specifically spelled out in the goals of the Task Force. However this can be something that the Task Force can look into working on during the next formation of subgroups.

2. What are the eight (8) hospitals that qualify as out of state hospitals and meet the criteria as a trauma center?

A: As of November 1, 2018, the following Out-of-State Hospitals have been designated as trauma centers by the Illinois Department of Public Health (IDPH):

- Mercy Medical Center, Dubuque, IA
- St. Louis University Hospital, St. Louis, MO
- Barnes-Jewish Hospital, St. Louis, MO
- SSM-Cardinal Glennon Children's Medical Center, St. Louis, MO
- St. Louis Children's Hospital, St. Louis, MO
- Deaconess Hospital, Evansville, IN
- St. Vincent Evansville, Evansville, IN
- Froedert South St. Catherine's Medical Center Pleasant, Prairie, WI

Transfers to out-of-state hospitals are not allowed on and after January 1, 2024.

3. Does the photo documentation requirement start on Jan 1, 2019 or July 1, 2019 (as the slide states)?

A: The photo documentation requirement begins on or before July 1, 2019.

4. When you say "notice to the provider" in regard to vouchers - are you referring to medical providers?

A: "Notice to provider" was inappropriate wording. There must be written notice to the sexual assault survivor as per [410 ILCS 70/1a and 5.5(a)]. Please see the example on the Illinois Health and Hospital Association website: [Sample Written Notice](#).

5. Is that 10-year retention period for evidence retroactive, or just moving forward?

A: The 10-year time frame for law enforcement to maintain evidence is effective starting January 1, 2019 and not retroactive. Also remember that 10 years is only for patients over the age of 18. For patients under the age of 18, the evidence must be held until at least the patient's 28th birthday, but nothing prohibits law enforcement from holding the evidence longer.

6. Is the new ISPECK kit you speak of newer than the recent new one?

A: There are some additional revisions coming out soon related to the changes within the CDC guidelines and the 10-year storage period. But otherwise, there are no major changes occurring to the evidence collection kit.

7. Will someone let us know when the new forms are in the kits? This was a nightmare the last time we had to supplement forms that weren't in triplicate.

A: Sirchie will begin distributing the kits with the updated paperwork before the end of the year, however the old forms can still be used. The clinician would just want to change the 5-year holding timeframe to 10 years if the patient was choosing to have their evidence held. This is a great reminder that every hospital should only be ordering the amount of kits that they would use within 2-3 months. Therefore, if you only see 12 sexual assaults a year, you should not have more than 3-4 kits in the hospital at any given time.

8. What are the specific requirements that would be considered for the "age appropriate or developmentally appropriate space"?

A: Be reasonable. Do not put a sexual assault patient next to a loud, aggressive patient. Provide a private room with at least three walls and preferably a door (instead of a curtain). Use soothing wall colors and decorations. Ensure that there is a television available to allow for distraction during the exam if the patient chooses. Remove excess medical equipment.

9. What would a reasonable radius pertaining to transfer hospitals be?

A: There is no radius requirement; the requirement for the 20-mile radius of a 4-year public university example would be the distance that could be utilized as a reference point. The law specifically states that the transfer should not burden the patient (survivor).

10. If we live in a city with a university, do we have to be a treatment facility for both adults and pediatrics or just adults?

A: A hospital located within 20 miles of a 4-year public college or university must be a full treatment hospital for all sexual assault patients (adults, adolescents and pediatrics). The only exception would be if there is another hospital within the same 20-mile radius. At least one of the facilities must be a full treatment hospital, but both are not required to be.

11. If they are transferring a patient, does the 90 minutes include the time it takes to get to the transfer facility? Or is that after they arrive?

A: The 90 minutes is related to the arrival at the treatment facility. A Qualified Medical Provider (QMP) must be able to initiate medical forensic services within 90 minutes of the survivor's arrival to the facility. There is no time frame to transfer a patient, though a prompt transfer is preferred.

12. What if the patient/parent refuses transfer anywhere?

A: The term for when a patient does not consent to transfer is that they “decline” transfer, not refuse as this is not a mandatory requirement. If the patient declines to be transferred, then they will need to understand the services that cannot be provided at the transfer facility (evidence collection kit, medical advocacy by a rape crisis advocate, etc.). It is the role of the transfer facility to explain the risks and benefits to the patient prior to any transfer.

13. Can you please clarify the statement on the pediatric patient receiving treatment when they have disclosed past assault by a specific individual and they have been in the care of that individual within the last seven (7) days? For example, if a patient discloses assault from two years ago, but was within that person's care within the last seven (7) days, then is it appropriate to offer exam and evidence collection?

A: Yes. Anytime a child has disclosed past sexual abuse by an individual and then is in the care of that individual, there is a concern for sexual abuse. Therefore, if they are in that individual's presence within the last seven (7) days and there is another concern for abuse, then the child should be offered a medical forensic examination including evidence collection.

14. Can a pediatric hospital qualify as an APHCF or are all APHCFs non-hospital facilities?

A: An Approved Pediatric Health Care Facility (APHCF) is a health care facility, other than a hospital, with a sexual assault treatment plan approved by the Illinois Department of Public Health (IDPH) to provide medical forensic services to pediatric sexual assault survivors who present with a complaint of sexual assault within a minimum of the last seven (7) days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last seven (7) days. Hospitals can be one of three options: Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer or Transfer Facility.

15. What about children with delayed disclosure presenting for care? Will they still be eligible for a voucher to cover testing, treatment, counseling services and follow up? How does this happen?

A: Many times children do not disclose sexual assault or abuse immediately after it has occurred. The Department of Healthcare and Family Services (HFS) states that a voucher should be issued anytime a patient first presents to an Emergency Room for services, even if it is a delayed disclosure. The hospital providing treatment is required to issue the patient a voucher whenever they are eligible to receive a voucher.

16. Can you clarify the difference between the Treatment Hospital and the APHCF? Wouldn't a transfer hospital automatically transfer to the hospital they have the transfer agreement with?

A: A Treatment hospital is a hospital that provides medical forensic services for patients of all ages. An APHCF is defined above and only provides services to pediatric patients. A Transfer Hospital must submit an Areawide Treatment Plan (ATP) that includes a written agreement with a Treatment Hospital. The written agreement must state that the Treatment Hospital will provide medical forensic services to all sexual assault survivors transferred from the Transfer Hospital. The ATP may also include an APHCF if there is an APHCF in the area.

17. Will the state provide a list of treatment facilities for the rural facilities to utilize for transfer?

A: The current classification of each hospital can be found on the IDPH website at <http://dph.illinois.gov/sites/default/files/publications/Sexual-Assault-Hospital-Web-Report-2017.pdf>. The Task Force will be working to help identify changes to hospital designations in the future.

18. How do we designate our request to be a transfer hospital?

A: Hospitals seeking to remain a Treatment Hospital or Transfer Hospital and demonstrate compliance with the new requirements, hospitals seeking to change their classification including becoming a Treatment Hospital with Approved Pediatric Transfer, or pediatric health care facilities seeking to provide medical forensic services under SASETA must submit an updated or new plan after January 2, 2019 to IDPH. The IDPH Plan Forms to be submitted with a hospital or pediatric facility's sexual assault plan will be available on the IDPH website under Forms & Publications - Hospitals after January 2, 2019 at <http://www.dph.illinois.gov/forms-publications>. When changing from a Treatment Hospital to a Transfer Hospital, you must ensure that the transfer would not unduly burden the sexual assault survivor in travel time and distance to receive medical forensic services.

19. Is there a timeline for the education to be completed for new employees?

A: Every clinician (attending physician, physician assistant, advanced practice registered nurse and registered professional nurses providing clinical services, but not QMPs) working in the Emergency Room must receive a minimum of two hours of continuing education on responding to sexual assault survivors by July 1, 2020 and every two years thereafter. Therefore, a new employee must receive sexual assault education within the first two years of their employment if they are hired after July 1, 2020.

20. Does the required training refer to staff of treatment hospitals only?

A: Yes the regulations mandate the two hours of training for all Treatment Hospitals and Treatment Hospitals with Approved Pediatric Transfer. It is recommended that Transfer Hospitals train their Emergency Room staff on the process of transferring a sexual assault patient, maintaining chain of custody for any evidence collected at the transfer facility including clothing and urine for drug facilitated sexual assault, and the risks and benefits for the patient being transferred.

21. Will you need gender, age, race, and/or other demographics? Or just kit offered and/or completed?

A: No. This additional information is not required for reporting purposes, but this is something that could be helpful to track in order to determine your staffing model and needs. Hospitals are required to report the following:

- The total number of patients who presented with a complaint of sexual assault
- The total number of Illinois Sexual Assault Evidence Collection Kits:
  - Offered to (i) all sexual assault survivors and (ii) pediatric sexual assault survivors
  - Completed for (i) all sexual assault survivors and (ii) pediatric sexual assault survivors
  - Declined by (i) all sexual assault survivors and (ii) pediatric sexual assault survivors

22. To clarify - we do not include in the "total number of patients who presented with a complaint of sexual assault" anyone who presents beyond the seven (7) day window with the complaint of SA?

A: Yes. There is no timeframe limiting the requirement to report the total number of patients who present with a complaint of sexual assault.

23. Do we report if an Illinois patient arrives to a Missouri hospital directly rather than as a transfer?

A: The Out-of-State hospital will report the same data as an Illinois Hospital (see above for reporting requirements).

24. What is the due date to submit new plans?

A: Hospitals seeking to remain a Treatment Hospital or Transfer Hospital and demonstrate compliance with the new requirements, hospitals seeking to change their classification, or pediatric health care facilities seeking to provide medical forensic services under SASETA must submit an updated or new plan after January 2, 2019 to IDPH. The IDPH Plan Forms to be submitted with a hospital or pediatric facility's sexual assault plan will be available on the IDPH website under Forms & Publications - Hospitals after January 2, 2019 at <http://www.dph.illinois.gov/forms-publications>. Plans shall be mailed to the Illinois Department of Public Health, Division of Healthcare Facilities and Programs, 4th floor Springfield, IL 62704 Attention Karen Senger.

25. Can you clarify the date we are required to have a SANE-P or a child abuse pediatrician?

A: Beginning no later than January 1, 2022, a QMP must provide the medical forensic services at Treatment Hospitals and Treatment Hospitals with Approved Pediatric Transfer (APT). [410 ILCS 70/5(a)]. A QMP is a board-certified or board-eligible child abuse pediatrician, sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), who has access to photo documentation tools and participates in peer review.

26. In regards to disclosure of SA, are we looking at legal definitions? Example: Parent walks in on a 10 year old kissing a 3 year old who is verbal and says "nothing" happened... They present to the ED. Full kit to be completed? Is this considered an SA by our definition?

A: The legal definition for sexual assault and sexual abuse can be located [here](#). It is important to remember that the healthcare professional's role is to offer a medical forensic examination for any patient that presents within seven (7) days of a sexual assault or abuse. It is not a healthcare professional's role to investigate. Therefore, a medical forensic examination should be offered to the patient in this situation and law enforcement should be notified by the hospital according to the mandatory reporting requirement ([20 ILCS 2630/3.2](#)).

27. Do we base the submission of our Treatment/Transfer plans based on the month our plans were submitted by in 2016? Or are they due January 1, 2019?

A: Hospitals seeking to remain a Treatment Hospital or Transfer Hospital and demonstrate compliance with the new requirements, hospitals seeking to change their classification, or pediatric health care facilities seeking to provide medical forensic services under SASETA must submit an updated or new plan after January 2, 2019 to IDPH. The IDPH Plan Forms to be submitted with a hospital or pediatric facility's sexual assault plan will be available on the IDPH website under Forms & Publications - Hospitals after January 2, 2019 at <http://www.dph.illinois.gov/forms-publications>.

28. Is there a checklist available for the plan that needs to be submitted to IDPH in January?

A: The IDPH Plan Forms to be submitted with a hospital or pediatric facility's sexual assault plan will be available on the IDPH website under Forms & Publications - Hospitals after January 2, 2019 at <http://www.dph.illinois.gov/forms-publications>.

29. Are there two separate plans? The regional plan and the hospital's individual plan? Also, will you send the usual paperwork that we have received in the past for the hospital's individual plan?

A: Each hospital is required to submit its individual plan. If a Treatment Hospital will be receiving patients from a Treatment Hospital with Approved Pediatric Transfer or a Transfer Hospital, or transferring pediatric patients to an Approved Pediatric Health Care Facility, then an area-wide treatment plan will also need to be submitted.

30. Is there a list of Task Force members?

A: Yes, see attached list.

31. Can hospitals use their own crisis teams for advocacy?

A: No. Hospitals are required to partner with a Rape Crisis Center where services are available.

32. Are the eight out-of-state facilities required to be a treatment center?

A: No. Out-of-state Hospitals wanting to treat Illinois sexual assault patients will need to participate in an area wide treatment plan and submit their own treatment plan to IDPH for approval.

33. Can a facility be a transfer accepting facility for adults and still be a transfer out facility for pediatrics?

A: Here are the three hospital designations:

- Treatment Hospital: Treats all sexual assault patients (adult, adolescent and pediatric)
- Treatment Hospital with Approved Pediatric Transfer: Treats all adult and adolescent sexual assault patients and transfers all pediatric patients
- Transfer Hospital: Transfers all sexual assault patients (adult, adolescent and pediatric)

So there is no designation where a hospital can receive adult or adolescent patients from another facility as a transfer, but then transfer out pediatric patients. That is not an available designation.

34. Can you clarify your statement that as of 2022 every facility has to have treatment available within 90 minutes? Does this include transfer hospitals?

A: By January 1, 2022 any facility treating sexual assault patients (Treatment Hospital, Treatment Hospital with Approved Pediatric Transfer, and Approved Pediatric Health Care Facility) must have a QMP on-site to provide a medical forensic examination within 90 minutes of the patient's arrival to the treatment facility. When transferring a pediatric patient to an APHCF, the Transfer Hospital can only transfer the patient if the APHCF can assure that the QMP can provide medical forensic services within 90 minutes of the patient's arrival at the APHCF.

35. It was brought to our attention that vouchers would be given and paid, how will this work for treatment facilities out of the state?

A: The Department of Healthcare and Family Services (HFS) will continue to manage the voucher program. For initial services provided at one of the eight out-of-state trauma facilities, initial services will be covered by the voucher if no other payment source is available. For other questions related to the voucher program, please contact HFS.

36. Are you going to provide more frequent or larger classes?

A: If you are asking about SANE didactic training, please contact the Illinois Attorney General's Office for more information about upcoming trainings: [SANE@atg.state.il.us](mailto:SANE@atg.state.il.us) .

37. Are there any concerns that evidence may be "lost" in transit between facilities? I have heard this from the local police department that they are concerned about "evidence/forensic patient" being moved from facility to facility.

A: There is always a possibility that evidence can be lost between facilities. The goal is to get the patient to a facility that will be providing services as soon as possible. This is one of the many reasons why hospitals will be encouraged to share a pool of SANEs so that patients do not have to be asked to go somewhere else to be offered a medical forensic exam, but rather a QMP can present where the patient is already located.

38. Shouldn't the discharging facility give out the voucher? It's for services after the initial hospital treatment.

A: The hospital that provides the medical forensic services provides the voucher to the patient. Transfer hospitals should not be issuing vouchers.

39. For coding, you can utilize "Encounter for sexual assault exam". This resolves the issue of saying a sexual assault did or did not occur. The word "alleged" should never be used in these cases.

A: Yes. There are a number of ICD 10 codes that can be used to document that the patient was seeking services related to a sexual assault without using the term alleged.

40. I am not sure I am clear on the deadline dates, we have until 2022 to get SANE/SAFE training but we are required to have our plans in place 2019?

A: Yes. Treatment plans are all required to be updated in 2019. Hospitals must be compliant with the new hospital requirements by January 1, 2019. However, the legislature realized that it would take time for hospitals to develop QMPs and that is why the QMP requirement does not become effective until January 1, 2022. There is nothing that prohibits a hospital from implementing QMP services prior to the January 1, 2022 deadline.

41. If we are a transfer facility do we go ahead and collect a urine sample if there is a suspected date rape drug type assault?

A: Yes. Transfer hospitals should offer evidence collection for drug facilitated sexual assault if the patient needs to urinate before transfer. The transfer hospital must then remain chain of custody as appropriate depending on how the patient will be transferred to the treatment facility. This may require the transfer hospital to obtain consent for the analysis of the urine and transfer the urine to law enforcement.

42. If a pediatric patient presents to the ED stating abdominal pain but 60 minutes into the treatment it is determined that the child is a victim of sexual assault. Does the 90 minute time clock for transfer start at disclosure time or presentation time?

A: Disclosure time

43. We had four RNs interested, one has been accepted and registered, two have not heard about confirmation and one has been put on hold since that person was not an ED RN. Are training courses going to be more readily accessible for SANE/SAFE?

A: For any questions related to the Illinois SANE Training Program, please contact the Illinois Attorney General's Office at: [SANE@atg.state.il.us](mailto:SANE@atg.state.il.us).

44. I did not receive the model plan with my slides and flowsheets. Is there a way to get that information resent?

A: It will be on the IHA website

45. If I want to be a treatment hospital for adults, but a transfer hospital for pediatric survivors, and there is a pediatric hospital nearby, can I transfer there? You stated APHCFs are all non-hospital entities.

A: In order to transfer to a pediatric hospital, you must submit an area wide treatment plan with the pediatric hospital along with your plan indicating that you want to be a Treatment Hospital with Approved Pediatric Transfer. Both plans must be approved by IDPH.

46. When is the final due date?

A: The IDPH Plan Forms to be submitted with a hospital or pediatric facility's sexual assault plan will be available on the IDPH website under Forms & Publications - Hospitals after January 2, 2019 at <http://www.dph.illinois.gov/forms-publications>. Educational information will be provided by the Implementation Task Force regarding the legislative changes.

47. I am still concerned about submitting a plan when we are not able to get the training done prior to that, what are the issues with this?

A: Your plan shall outline the training process that the hospital will be implementing to meet the training requirements.

48. Is it possible to have SANE/medical forensic classes available to the Midwest area? It seems like most of the classes are in the Chicago area and/or southern Illinois area.

A: Please contact the Illinois Attorney General's Office for any questions related to upcoming SANE Trainings at [SANE@atg.state.il.us](mailto:SANE@atg.state.il.us).

49. Can we receive direction regarding the chain of evidence regarding patient's being transferred to another facility?

A: If you are unfamiliar with how to document and maintain chain of custody, I recommend reaching out to your local law enforcement agency and your State's Attorney's Office as they can provide you with direction on what will be required in a criminal trial proceeding to ensure that chain of custody was maintained.

50. For a pediatric facility, can the qualified medical provider be a Pediatric board certified Emergency Medicine Physician or any Pediatrician?

A: A QMP is a board-certified or board-eligible child abuse pediatrician, sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), who has access to photo documentation tools and participates in peer review. A Pediatric board-certified Emergency Physician or any Pediatrician are not considered qualified medical providers.

51. Will it be acceptable to transfer adult survivors by private car to a treatment hospital?

A: Yes, if the patient is medically stable. This is not a change to the legislation as it has been appropriate to allow a patient to drive themselves to a Treatment Hospital in the past.

### **Sexual Assault Medical Forensic Services Implementation Task Force Membership**

**Ann Adlington, MS, BSN, RN, SANE-A, SANE-P**

Representing sexual assault nurse examiners

**Christy Alexander, BSN, RN, TNS, CPEN, SANE-A, SANE-P**

Representing sexual assault nurse examiners

**Brenda Beshears, PhD, RN**

President/CEO, Blessing-Rieman College of Nursing

Representing hospitals

**Nancee Brown**

Legal/Medical Advocacy Coordinator, Center for Prevention of Abuse

Representing sexual assault survivors and rural rape crisis centers

**Scott A. Cooper, M.D.**

Representing physicians

**Donna Cruz**

Assistant State's Attorney, Felony Division, Peoria County State's Attorney's Office

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**Representative Robyn Gabel**

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**Karen Senger, Task Force Co-Chair**

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Representing the Illinois Department of Public Health

**Representative Mike Unes**

Representing the Illinois House of Representatives

**To Be Determined**

- Representative of Illinois Department of Healthcare and Family Services