

# Utilization of Sexual Assault Nurse Examiners (SANEs) Leads to Improved Uptake of Recommended Services for Sexual Assault Survivors in the Emergency Department

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## Problem

- More than 100,000 people seek care in the emergency department (ED) after sexual assault each year<sup>1</sup> in the United States.
- There are increasing regulatory requirements for hospitals to meet certain quality metrics for care of sexual assault survivors, including the Illinois Sexual Assault Survivors Emergency Treatment Act (SASETA) of 2019.
- The University of Chicago (UCM) adult ED cares for approximately 60-80 survivors of sexual assault each year.
- The standard care model includes a physician and registered nurse. In 1976, Sexual Assault Nurse Examiner (SANE) programs were introduced to improve the provision of comprehensive and compassionate care to survivors of sexual assault.
- To date, no published studies have examined outcomes of SANE care compared to the standard of care from a quality metric standpoint.

## Goal

- Compare quality metrics between ED encounters for sexual assault in which care was provided by a SANE versus standard of care from June 2019– June 2022.
- Examine differences in both services offered to patients and services accepted by patients between the two care models.

## Strategy

- Retrospective chart review from July 1, 2019, to June 30, 2022.
- Included all adult ED encounters in which a sexual assault was disclosed.
- Data about services offered and received (based on services recommended by the state of Illinois and UCM policy) were extracted from the electronic medical record.
- Encounters were categorized as SANE (care provided by SANE) or not SANE (standard care model of physician and registered nurse).
- Descriptive statistics and p-values comparing the two populations were calculated using R (version 4.2.1).

UNIVERSITY OF CHICAGO MEDICAL CENTER  
MITCHELL EMERGENCY DEPARTMENT  
POLICY AND PROCEDURE MANUAL  
POLICY NAME: SEXUAL ASSAULT SURVIVORS: "Code R"  
POLICY NUMBER: 15.14  
ISSUE DATE: AUGUST 2001  
REVISED DATE: 2/2003, 2/2004, 2/2008, 1/2013, 3/2016

**POLICY:**  
The patient who is a survivor of sexual assault presents special needs to the Emergency Department. It is the goal of the Adult Emergency Department (Mitchell Emergency Department) at the University of Chicago Medicine that physical, psychological, and legal needs be taken care of in the best manner possible, with the least amount of distress to the patient.

- All sexual assault cases will be referred to as "Code R" to provide for patient privacy.
- All "Code R" survivors will be screened by the charge nurse if arriving by ambulance or the triage nurse upon arrival and the Sexual Assault Survivor Advocate or Chaplain on call will be paged.
- The patient will be immediately placed in a private room in the ED.
- The Sexual Assault Advocate will remain with the "Code R" survivor at all times through discharge.
- The Medical Record shall not reflect any conclusions regarding whether a crime (criminal sexual assault, criminal sexual abuse) occurred. Merely record what the patient states, i.e. patient states "X, Y, Z."

## Results

- During the study period, there were 183 ED encounters for sexual assault.
  - 130 SANE encounters, 53 not SANE (standard of care).
- Demographics were similar between the two groups (Table 1).

	Total Population (n=183)		SANE (n=130)		NOT SANE (n=53)	
	n	%	n	%	n	%
Mean age (years)	30.28 +/-	13.11	30.16 +/-	13.50	30.57 +/-	12.25
Gender	Female	167 91%	120 92%	47 89%		
	Male	15 8%	9 7%	6 11%		
	Non-Binary	1 1%	1 1%	0 0%		
Race/Ethnicity	Black, Non-Hispanic	142 78%	103 79%	39 74%		
	White, Non-Hispanic	15 8%	11 8%	4 8%		
	White, Hispanic	1 8%	0 0%	1 2%		
	More Than One Race, Hispanic	10 5%	9 7%	1 2%		
	Asian	5 5%	4 3%	1 2%		
	Unknown	10 5%	3 2%	7 13%		

Table 1. Demographic data of the studied population (n=183).

- Patients in the SANE group were **more frequently offered**:
  - Advocate services (98% vs 91%, p<0.05);
  - Medical forensic examination kit (100% vs 94%, p<0.05);
  - Pregnancy testing (98% vs 89%, p<0.01);
  - Emergency contraception (97% vs 87%, p<0.05).
- Patients in the SANE group **more frequently accepted**:
  - Medical forensic examination kit (88% vs 68%, p<0.01);
  - Pregnancy testing (93% vs 83%, p = 0.05).

	SANE (N=130)		NOT SANE (N=53)		p-value
	N	%	N	%	
<b>Resource Utilization</b>					
Advocate Services	127	98%	48	91%	0.05*
Police	124	95%	49	92%	0.48
Safe disposition counseling	38	29%	17	32%	0.73
Social work consultation	44	34%	19	36%	0.86
<b>Medical Care Utilization</b>					
Medical Forensic Examination Kit	130	100%	50	94%	0.02*
HIV Prophylaxis	119	92%	48	91%	0.78
STI Prophylaxis	124	95%	48	91%	0.30
HIV Testing	124	95%	49	92%	0.48
STI Testing	125	96%	49	92%	0.29
Pregnancy Test	128	98%	47	89%	0.01*
Emergency Contraception	126	97%	46	87%	0.02*

Table 2. Resources and medical care offered to studied population (n=183).

	SANE (N=130)		NOT SANE (N=53)		p-value
	N	%	N	%	
<b>Resource Utilization</b>					
Advocate Services	84	65%	31	58%	0.50
Police	103	79%	36	68%	0.13
Safe disposition counseling	37	28%	16	30%	0.86
Social work consultation	44	34%	17	32%	0.86
<b>Medical Care Utilization</b>					
Medical Forensic Examination Kit	115	88%	36	68%	<0.01*
HIV Prophylaxis	90	69%	34	64%	0.60
STI Prophylaxis, all	73	56%	33	62%	0.51
STI Prophylaxis, at least some	104	80%	41	77%	0.69
HIV Testing	114	88%	43	81%	0.25
STI Testing, all	102	78%	40	75%	0.70
STI testing, at least some	115	88%	43	81%	0.24
Pregnancy Test	121	93%	44	83%	0.05*
Emergency Contraception	91	70%	34	64%	0.49

Table 3. Resources and medical care accepted by studied population (n=183).

## Conclusions

- This study found that **many services were both more likely to be offered and more likely to be accepted when offered by SANEs** compared to the traditional care team.
- SANE-led care may benefit patient outcomes and allow hospitals to meet quality metrics required for regulatory bodies and compensation.
- Legislative support for SANE coverage (such as SASETA) should be expanded nationally, along with increases in funding to help hospitals implement continuous SANE coverage.
- Future studies should explore *why* there are increased rates of service delivery for SANE patients via both qualitative interviews of ED staff and patient experience surveys.

## Next Steps

- Expand on chart data by collecting information on the patient experience directly from patients.
- Nurses will begin to distribute optional, anonymous patient surveys alongside discharge paperwork.



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