

# Peer Review Essentials: The Adult Sexual Assault Exam

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KELLY D. SMITH, DNP APRN PHCNS BC CNE

SEXUAL ASSAULT NURSE EXAMINER TRAINING PROGRAM COORDINATOR

# LEARNER OUTCOMES

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- Define and understand the significance of Peer Review
- Describe best practices to establish the SANE Peer Review Process
- Identify Forms and Components of the Adult Sexual Assault Exam utilized to perform Peer Case Reviews

# Peer Review



- ❑ A periodic review process conducted by a collaborative group of practicing SANEs/SAFEs which includes a review of medical record documentation, forms, reports, evidence collection techniques, and photographs in cases of alleged sexual assault.
- ❑ It provides clinicians the opportunity to share knowledge, provide feedback, and foster skill building in a safe learning environment.

# Why is it essential to clinical practice?

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## AMERICAN NURSES ASSOCIATION (1988)

According to the American Nurses Association, “peer review is the process by which professionals from common practice areas systematically assess, monitor, make judgments, and provide feedback to peers by comparing actual practice to established standards.”

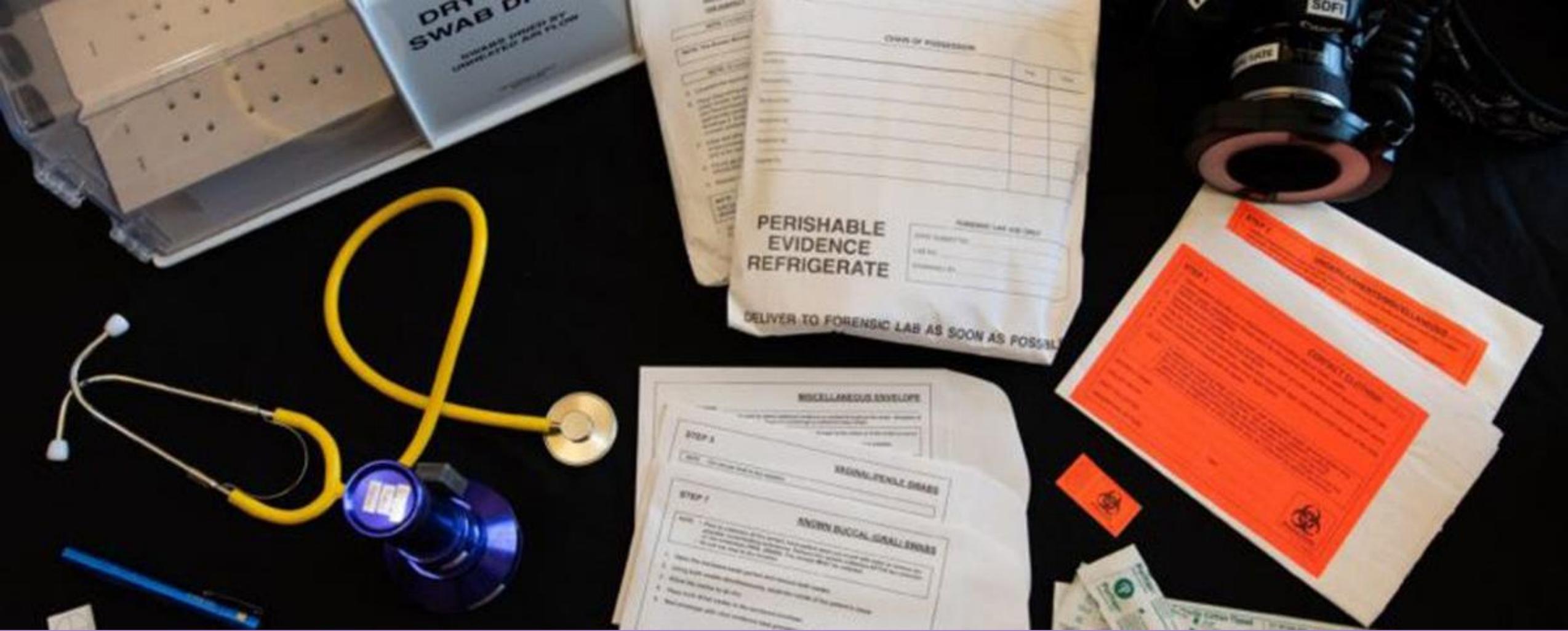
## OFFICE OF JUSTICE PROGRAMS

The Office for Crime Victims asserts that peer review is not intended to be a punitive activity but instead is a proactive and preventive quality improvement activity which focuses on improvement of patient care.

# Benefits of Peer Case Reviews (PCR)

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- ✓ Improves patient care
- ✓ Increases SANE's knowledge
- ✓ Identifies training needs of staff
- ✓ Increases a more collegial, collaborative SANE team
- ✓ Increases SANE's competency in court
- ✓ Increases SANE Program's credibility



SANEs need a well-defined, and consistent peer review process.

<https://cdn.ymaws.com/www.safeta.org/resource/resmgr/imported/SANE%20Peer%20Review.pdf>

# Best Practice Considerations

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- Define the purpose of PCR in your SANE Program.
- Write a procedure with guidelines establishing the PCR process.
- What is the schedule and how often PCR?
- Who can attend PCR?
- Will any information under review be redacted?
  - a. For example, patient, advocate, and examiner's name.
  - b. Other patient demographics
  - c. Law enforcement names and badge numbers
  - d. Suspect's name

# Best Practices Cont'd

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- Will a confidentiality statement be required for each reviewer?
- How are the practice recommendations agreed upon going to be implemented?
- How many cases can be reviewed in the time allotted?
- How much time will be allowed to review each case?
- How and where are PCR records maintained?
- Set aside a minimum of one hour.
- Remind all attendees of the confidentiality component of the process.
- Start with the positives.
- PCR is a safe learning environment.



# PCR Form Components

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## Documentation; Examples -

- a. Signed consent by patient or legal guardian
- b. All handwriting legible
- c. Chart properly signed
- d. Forms completed in its entirety, including N/A and all boxes checked where applicable
- e. Documented who was in the room during the exam
- f. Documented whether or not patient was reporting or non-reporting

# Form Components, Cont'd

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## MEDICAL AND ASSAULT HISTORY

1. How was the sexual assault documented?

Ex: Was there enough detail of the SA or not enough to determine where to collect evidence?

2. Was consent obtained for the exam?

3. Were labs ordered if indicated, such as, toxicology screen?

## EVIDENCE COLLECTION AND DOCUMENTATION

1. Is the chain of custody completed?

2. Does evidence collection correspond to the description of the sexual assault history?

3. Was evidence properly packaged and stored?

# Form Components, Cont'd

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## PHOTO REVIEWS

- Do the quality of the photographs depict the injury with the proper lighting?
- Are the photographs labeled in an orderly and proper manner?
- Do the photographs align with the body diagrams and photo log?

## MEDICATIONS AND REFERRALS

- Are medication allergies documented?
- Were the appropriate medications given?
- Were STI and/or pregnancy prophylaxis recommended and documented, if indicated?
- Are appropriate referrals and follow-up appointments documented?

# Form Components, Cont'd

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## ADDITIONAL NARRATIVE, COMMENTS, OR RECOMMENDATIONS SECTION

- BLANK FORM or
- COMMENTS SECTION

# Sample SANE PCR Forms

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**Photo/Peer Review**

NOTE: This photo and peer review is confidential and intended for use as a quality assurance tool in order to evaluate and improve the quality of care. All peer review activities are protected from discoverability, and defined in federal and state statutes (Health Care Quality Improvement act of 1986,

<b>EXAMINER: Note any concerns by number/</b>	Photo chain of custody complete	Yes	no	n/a	Rectal exam indicated	Yes	no	n/a
	ID photos completed	Yes	no	n/a	Rectal exam completed	Yes	no	n/a
	Non-genital photos indicated by history	Yes	no	n/a	Photos correlate w/documentation	Yes	no	n/a
	Orientation photos appropriate	Yes	no	n/a	Genital photos indicated	Yes	no	n/a
	Injuries photographed w/ scale	Yes	no	n/a	Orientation photos appropriate	Yes	no	n/a
	Non-injury findings noted/dated	Yes	no	n/a	Sequence appropriate	Yes	no	n/a
	Photos correlate w/documentation	Yes	no	n/a	Non-injury findings noted/dated	Yes	no	n/a
	Oral exam indicated	Yes	no	n/a	Photos correlate w/documentation	Yes	no	n/a
	Oral exam completed	Yes	no	n/a	All injuries identified	Yes	no	n/a
	Photos correlate w/documentation	Yes	no	n/a	All injuries described appropriately	Yes	no	n/a
	Eye exam indicated	Yes	no	n/a	Lighting appropriate	Yes	no	n/a
	Eye exam completed	Yes	no	n/a	Focus appropriate	Yes	no	n/a
Photos correlate w/documentation	Yes	no	n/a	Proper positioning techniques utilized	Yes	no	n/a	

Examiner Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>REVIEWER: Note any concerns by number and/or photo number</b>	Consent complete	Yes	no	n/a	Photos correlate with documentation	Yes	no	n/a
	Demographics complete	Yes	no	n/a	Micro/Lab documentation complete	Yes	no	n/a
	Progress notes	Yes	no	n/a	Micro photo quality	Yes	no	n/a
	Desc of Incident complete and clear	Yes	no	n/a	Lab tests completed	Yes	no	n/a
	Assailant information complete	Yes	no	n/a	DFSA labs sent, per history	Yes	no	n/a
	Patient medical history complete	Yes	no	n/a	Media card/2 <sup>nd</sup> tox noted to LE	Yes	no	n/a
	Assault history complete	Yes	no	n/a	Appropriate D/C instructions	Yes	no	n/a
	Appropriate physical assessment	Yes	no	n/a	Appropriate F/U interval	Yes	no	n/a
	Assessment documentation	Yes	no	n/a	Evidence collection –swabs per history	Yes	no	n/a
	Strangulation assess/document	Yes	no	n/a	Chain of custody complete	Yes	no	n/a
	ID photos completed	Yes	no	n/a	Times accurate & consistent	Yes	no	n/a
	Non-genital Traumagram complete	Yes	no	n/a	Signature/case # on all pages	Yes	no	n/a
	Orientation photos appropriate	Yes	no	n/a	Communication log completed	Yes	no	n/a
	Injuries photographed with scale	Yes	no	n/a	F/U assessment	Yes	no	n/a
	Non-genital photo quality	Yes	no	n/a	F/U documentation	Yes	no	n/a
	All injuries/identifying marks noted	Yes	no	n/a	Lab results available	Yes	no	n/a
	Genital exam documentation	Yes	no	n/a	Exam findings followed up	Yes	no	n/a
	Genital photo quality	Yes	no	n/a	Addendums completed as needed	Yes	no	n/a
	All injuries identified	Yes	no	n/a	Logs completed	Yes	no	n/a
	Sequencing appropriate	Yes	no	n/a	Photo review completed	Yes	no	n/a
Focus & Lighting appropriate	Yes	no	n/a	Agreement with RN findings	Yes	no	n/a	
Proper positioning techniques utilized	Yes	no	n/a	Second opinion required	Yes	no	n/a	
Foley catheter as indicated	Yes	no	/a	Feedback from crime lab?	Yes	no	n/a	
Use of anoscope/speculum appropriate	Yes	no	n/a	Final copies to law enforcement	Yes	no	n/a	

Reviewer signature \_\_\_\_\_ Date \_\_\_\_\_

**SART Center  
Sexual Assault Nurse Examiner**

**Peer Review**

**Date of Case:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_

**Nurse Examiner:** \_\_\_\_\_

**Review Conducted by:** \_\_\_\_\_

**Sexual Assault Form:**

**Complete:** yes no      **Signatures:** yes no

**Legible:** yes no      **Summary:** yes no

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photographs:**

**Body Photos:**

- **Quality:** \_\_\_\_\_
- **Lighting:** \_\_\_\_\_
- **Comments:** \_\_\_\_\_

**Colposcopy:**

- **Quality:** \_\_\_\_\_
- **Lighting:** \_\_\_\_\_
- **Comments:** \_\_\_\_\_

**Complexity of Case: Routine    Difficult    Special Needs    Complex    D.V.**

**Comments/Suggestions:**

\_\_\_\_\_

\_\_\_\_\_

**Forensic Nurse Examiner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature

## PART I

Age of patient \_\_\_\_\_

Examining SANE \_\_\_\_\_

Date of Exam \_\_\_\_\_

Reviewed by \_\_\_\_\_

Review Date \_\_\_\_\_

Write: Yes No Not Applicable

1. Is the exam start time written on medical record?
2. Are vital signs documented on medical record?
3. Is STD prophylaxis documented on SANE report?
4. Is STD prophylaxis documented on medical record? 12.
5. Is pregnancy prevention documented on SANE report?
6. Is pregnancy prevention documented on medical record?
7. Is there a signed consent for the exam from the patient or legal guardian?
8. Is the time of the assault documented on the SANE report?
9. Are appropriate medical referrals documented on aftercare instructions?
10. Is the PERK number written after the MR number on the SANE report?

PART II

Age of patient \_\_\_\_\_

Examining SANE \_\_\_\_\_ Date of Exam \_\_\_\_\_

Reviewed by \_\_\_\_\_ Review Date \_\_\_\_\_

Write: Yes No Not Applicable

11. If appropriate to the history, was the DFSA documented on the SANE report?

12. Is all handwriting legible?

13. Is the detective name/jurisdiction on demographic forms?

14. Was there a diagram completed of the genitalia?

15. Documentation: gross, TBD, Colposcope?

16. Are genital photos of good quality?

17. Did genital photos adequately show anatomy?

18. Did genital photos adequately show injury?

19. Did the genital photos show abnormal discharge?

### Part III

Age of patient \_\_\_\_\_

Examining SANE \_\_\_\_\_

Date of Exam \_\_\_\_\_

Reviewed by \_\_\_\_\_ Review Date \_\_\_\_\_

Write: Yes No Not Applicable

20. Were STD cultures done?

21. Pregnancy test before antibiotics and EOC?

22. Exam position documented?

23. Knee-chest examination for children if positive frog leg.

24. Was the last sexual activity clearly documented?

25. Did the genital injury documentation match the photos?

26. Were there diagram(s) completed of the body/mouth?

27. Were external body injuries photographed?

28. Were the external injuries photographed with and without the ABFO ruler?

29. If bruising or redness present for external injuries, was the color tool used in photographs?

Part IV

Age of patient \_\_\_\_\_

Examining SANE \_\_\_\_\_

Date of Exam \_\_\_\_\_

Reviewed by \_\_\_\_\_ Review Date \_\_\_\_\_

Write: Yes No Not Applicable

30. Did the external injury photos show a 3 step process photography of each injury (far, medium, close-up)?

31. Did the medical case review validate the SANE's findings?

32. I agree with the examining SANE's findings.

33. Was the report/paperwork completed immediately post exam?

Comments:

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# PUTTING IT ALTOGETHER

- Peer Case Review increases knowledge
- Every exam can be an opportunity for learning
- PCR increases autonomy in clinical practice
- PCR increases the quality of care
- Decreases burnout
- Increases credibility in court
- Increases a more open, collaborative team



# PCR'S GOAL: Quality Comprehensive Patient-Centered Care

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## Sample Case Scenario:

A 25 year-old woman arrives at the local hospital's emergency room at 2:00am reporting that she was sexually assaulted 7 hours ago outside her job in the parking lot. She worked overtime and was the only one left in the building when it was time for her to leave. As she approached her car, a man attacked her from behind and forced her into the car. She stated he committed oral and vaginal assault on her. She did not report it to the police, instead drove home alone, and telephoned a cousin who convinced her to go to the Emergency Department for treatment.

# PEER REVIEW RESOURCES

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<https://www.safeta.org/page/PeerReview1>

<https://www.mosaicgeorgia.org/pro-sane/>

<https://www.nsvrc.org/blogs/sane-program-peer-review>

<https://www.ovcttac.gov/saneguide/maintaining-a-quality-program/peer-review/>

# REFERENCES

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Greeson, Megan R.; Campbell, Rebecca and Kobes, Shannon K.E. A Step-by-Step Practitioner Toolkit for Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System, 2008.

<file:///S:/@%20SANE/ SANE%20Protocols/Reimbursement/Evaluating%20SANE%20programs%20.pdf>

<https://www.ovcttac.gov/saneguide/management-of-sane-programs/sexual-assault-nurse-examiners/>

<https://www.fcasv.org/sites/default/files/SANE%20Peer%20Review%20Guidance%20Document%20submitted%2012.18.17.docx.pdf>

IAFN SAFE-TA Webinar: SANE Peer Review Iperen, Jessica V. and Pittenger, J. What do Sexual Assault Cases Look Like in Our Community? A SART Coordinator's Guidebook for Case File Review, 2014.

Linden, J. 2011. Care of the Adult Patient after Sexual Assault. N Engl Med 365:9, p. 834-841.

Office for Victims of Crime, SANE Program Development and Operation Guide, 2016.

<HTTPS://WWW.OVCTTAC.GOV/SANEGUIDE/MAINTAINING-A-QUALITY-PROGRAM/PEER-REVIEW/> Sexual Assault Forensic Examination Technical Assistance, (SAFEta), PEER REVIEW FORMS