



Sexual Assault
Nurse Examiner Program
Peer Chart Review Committee
Guidance Document

December 20, 2017

PEER CHART REVIEW COMMITTEE GUIDANCE

It is best practice for all sexual assault nurse examiner (SANE) programs to have a SANE peer chart review process (PCR) in place. SANE peer chart review is the review of the sexual assault written medical history/initial assessment and forensic examination report by peers in the field of medical forensic exams. This guidance document addresses PCRs, as part of a quality improvement process. With quality improvement, processes, not people, are the focus of improvement (Goldstone, 1998). "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 for Victims of Crimes) PCR 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. The goal of SANE medical forensic exam peer chart reviews is to improve the delivery of patient care, documentation of findings, evidence collection and patient outcomes. The benefits of PCRs are: increases the SANE's competency in court, increases credibility of the SANE program, identifies training needs of staff, decreases burnout, increases a SANE's knowledge, improves patient care and increases a more collegial, collaborative SANE team.

Establishing the Peer Chart Review Process

1. Define

- Define the purpose of the PCR process.

Example: The purpose of the SANE program's PCR process is to improve the SANE's delivery of patient care, documentation of findings, evidence collection and patient outcomes.

2. Outline

- Outline the PCR process by taking the following items into consideration:
 - ✓ Who is responsible for scheduling the PCR meetings?
 - ✓ Who is responsible for updating the PCR process, when needed?
 - ✓ Who will conduct the chart reviews?
 - ✓ How many charts should be reviewed per quarter or each meeting?
 - ✓ What PCR form will be used?
 - ✓ How often will the PCRs be done?
 - ✓ Will any information be redacted when doing the case review? For example:
 - the patient, advocate and examiner's name
 - patient's address
 - patient's date of birth
 - law enforcement names and badge numbers
 - suspect's name
 - ✓ Is a confidentiality statement signed by each reviewer necessary?
 - ✓ How are the, recommendations agreed upon going to be implemented?

3. Develop a peer chart review form (see Examples I – III)

4. Communicate
 - Ensure all staff understand the purpose, process and goal of the PCR process.
 - Ensure all staff understand their responsibilities regarding the PCR process.
5. Schedule
 - Set a schedule (i.e. quarterly) and communicate to all staff
 - Note: Be cautious about cancelling PCR meetings (too many cancellations negate the importance of the activity)
6. Conduct the PCR meeting
 - Set aside a minimum of one hour
 - Remind all attendees of the confidentiality component of the process
 - Identify areas of need, if any and communicate this to all pertinent staff

What are the PCR form components / questions to consider?

Documentation

1. Is there a signed consent for the exam by the patient or legal guardian?
2. Is all handwriting legible?
3. Is time of exam documented?
4. Is time of assault documented?
5. Is the chart properly signed?
6. Were all the forms completed in their entirety, including N/A where applicable and all boxes checked?
7. Was it documented that discharge instructions were given?
8. Was the Victim's Crime Compensation form completely filled out, signed and witnessed?
9. Were all the signature lines signed?
10. Was it documented who was in the room during the exam?
11. Was it documented if the patient was reporting or non-reporting?
12. If non-reporting, were the non-reporting protocols followed?

Medical and Assault History

1. Was the description of the sexual assault appropriately documented, i.e. enough detail to discern where evidence should be collected? OR too much extraneous information included?
2. Did the medical exam or sexual assault history include whether or not the victim provided consent?

Evidence Collection and Documentation

1. Based on the sexual assault history, does trace evidence collection correspond to history of the event (i.e. swabs of skin where oral contact is reported)?
2. Was a toxicology kit done, if indicated?
3. Was chain of custody completed?

Photo Review

1. Were photographs properly labeled?
2. Does the photograph show documented finding?
3. Does the photo log correspond to the photograph and the body diagram(s)?

Medications / Referral

1. Are medication allergies documented?
2. Were the appropriate medications given?
3. Is STI prophylaxis documented?
4. Is pregnancy prophylaxis documented?
5. Are appropriate referrals documented?

- Insert an additional comment section for the reviewer to make additional comments.

Confidentiality, Redacting Patient Identifiers and Discoverability

A primary aspect of being victim-centered is maintaining confidentiality thereby, protecting a victim's privacy (Iperen and Pittenger). It is important to redact patient identifiers from the medical and sexual assault history charts prior to peer chart reviews. However, if proper consent is obtained from the patient, sharing of information may occur (SANE Program Development and Operation Guide, 2016).

If PCRs are conducted for quality improvement and all those who participate are health care providers who have knowledge and experience with sexual assault patients the results of the reviews may be kept confidential and are exempt from being discoverable per Section 766.101, F.S. (Appendix I).

APPENDIX I

Title XLV

Chapter 766

View Entire Chapter

TORTS

MEDICAL MALPRACTICE AND RELATED MATTERS

766.101 Medical review committee, immunity from liability.—

(1) As used in this section:

(a) The term “medical review committee” or “committee” means:

- 1.a. A committee of a hospital or ambulatory surgical center licensed under chapter 395 or a health maintenance organization certificated under part I of chapter 641;
- b. A committee of a physician-hospital organization, a provider-sponsored organization, or an integrated delivery system;
- c. A committee of a state or local professional society of health care providers;
- d. A committee of a medical staff of a licensed hospital or nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the governing board of the hospital or nursing home;
- e. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or employees, agents, or consultants of either the department or the authority or both;
- f. A committee of a professional service corporation formed under chapter 621 or a corporation organized under part I of chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in s. 458.305(3), and which has at least 25 health care providers who routinely provide health care services directly to patients;
- g. A committee of the Department of Children and Families which includes employees, agents, or consultants to the department as deemed necessary to provide peer review, utilization review, and mortality review of treatment services provided pursuant to chapters 394, 397, and 916;
- h. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;
- i. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;
- j. A peer review or utilization review committee organized under chapter 440;
- k. A committee of the Department of Health, a county health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records; or
- l. A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465,

which committee is formed to evaluate and improve the quality of health care rendered by providers of health service, to determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care, or that the cost of health care rendered was considered reasonable by the providers of professional health services in the area; or

2. A committee of an insurer, self-insurer, or joint underwriting association of medical malpractice insurance, or other persons conducting review under s. 766.106.

(b) The term “health care providers” means physicians licensed under chapter 458, osteopathic physicians licensed under chapter 459, podiatric physicians licensed under chapter 461, optometrists licensed under chapter 463, dentists licensed under chapter 466, chiropractic

physicians licensed under chapter 460, pharmacists licensed under chapter 465, or hospitals or ambulatory surgical centers licensed under chapter 395.

(2) A medical review committee of a hospital or ambulatory surgical center or health maintenance organization shall screen, evaluate, and review the professional and medical competence of applicants to, and members of, medical staff. As a condition of licensure, each health care provider shall cooperate with a review of professional competence performed by a medical review committee.

(3)(a) There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any member of a duly appointed medical review committee, or any health care provider furnishing any information, including information concerning the prescribing of substances listed in s. 893.03(2), to such committee, or any person, including any person acting as a witness, incident reporter to, or investigator for, a medical review committee, for any act or proceeding undertaken or performed within the scope of the functions of any such committee if the committee member or health care provider acts without intentional fraud.

(b) The provisions of this section do not affect the official immunity of an officer or employee of a public corporation.

(4) Except as provided in subsection (3), this section shall not be construed to confer immunity from liability on any professional society or hospital or upon any health professional while performing services other than as a member of a medical review committee or upon any person, including any person acting as a witness, incident reporter to, or investigator for, a medical review committee, for any act or proceeding undertaken or performed outside the scope of the functions of such committee. In any case in which, but for the enactment of the preceding provisions of this section, a cause of action would arise against a hospital, professional society, or an individual health professional, such cause of action shall exist as if the preceding provisions had not been enacted.

(5) The investigations, proceedings, and records of a committee as described in the preceding subsections shall not be subject to discovery or introduction into evidence in any civil or administrative action against a provider of professional health services arising out of the matters which are the subject of evaluation and review by such committee, and no person who was in attendance at a meeting of such committee shall be permitted or required to testify in any such civil action as to any evidence or other matters produced or presented during the proceedings of such committee or as to any findings, recommendations, evaluations, opinions, or other actions of such committee or any members thereof. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil action merely because they were presented during proceedings of such committee, nor should any person who testifies before such committee or who is a member of such committee be prevented from testifying as to matters within his or her knowledge, but the said witness cannot be asked about his or her testimony before such a committee or opinions formed by him or her as a result of said committee hearings.

(6) In the event that the defendant prevails in an action brought by a health care provider against any person that initiated, participated in, was a witness in, or conducted any review as authorized by this section, the court shall award reasonable attorney's fees and costs to the defendant.

(7)(a) It is the intent of the Legislature to encourage medical review committees to contribute further to the quality of health care in this state by reviewing complaints against physicians in the manner described in this paragraph. Accordingly, the Department of Health may enter into a letter of agreement with a professional society of physicians licensed under chapter 458 or chapter 459, under which agreement the medical or peer review committees of the professional society will conduct a review of any complaint or case referred to the society by the department which

involves a question as to whether a physician's actions represented a breach of the prevailing professional standard of care. The prevailing professional standard of care is that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. The letter of agreement must specify that the professional society will submit an advisory report to the department within a reasonable time following the department's written and appropriately supported request to the professional society. The advisory report, which is not binding upon the department, constitutes the professional opinion of the medical review committee and must include:

1. A statement of relevant factual findings.
2. The judgment of the committee as to whether the physician's actions represented a breach of the prevailing professional standard of care.

(b) Cases involving possible criminal acts may not be referred to medical review committees, and emergency action by the department needed to protect the public against immediate and substantial threats must not be delayed by any referral of the case to a medical review committee. The department shall refer cases pursuant to this subsection prior to making determinations of probable cause.

(c) So as not to inhibit the willing and voluntary service of professional society members on medical review committees, the department shall use advisory reports from medical committees as background information only and shall prepare its own case using independently prepared evidence and supporting expert opinion for submission to the probable cause panel of a regulatory board formed under chapter 458 or chapter 459. Proceedings of medical review committees are exempt from the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution, and any advisory reports provided to the department by such committees are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, regardless of whether probable cause is found. The medical review committee advisory reports and any records created by the medical review committee are not subject to discovery or introduction into evidence in any disciplinary proceeding against a licensee. Further, no person who voluntarily serves on a medical review committee or who investigates a complaint for the committee may be permitted or required to testify in any such disciplinary proceeding as to any evidence or other matters produced or presented during the proceedings of such committee or as to any findings, recommendations, evaluations, opinions, or other actions of such committee or any members thereof. However, nothing in this section shall be construed to mean that information, documents, or records otherwise available and obtained from original sources are immune from discovery or use in any such disciplinary proceeding merely because they were presented during proceedings of a peer review organization or committee. Members of medical review committees shall assist the department in identifying such original sources when possible.

(d) Professional society representatives who participate in medical reviews and preparation of advisory reports pursuant to this subsection will be reimbursed for per diem and travel expenses consistent with the provisions of s. 112.061 and as provided in the written agreement described in paragraph (a).

(e) There shall be no monetary liability on the part of, and no cause of action shall arise against, any state or local professional society of physicians licensed under chapter 458 or chapter 459, or any member thereof, acting pursuant to the provisions of this subsection without intentional fraud or malice. Further, this subsection does not supersede the provisions of paragraph (3)(a) relating to immunity from liability for medical review committees.

(8) No cause of action of any nature by a person licensed pursuant to chapter 458, chapter 459, chapter 461, chapter 463, part I of chapter 464, chapter 465, or chapter 466 shall arise against another person licensed pursuant to chapter 458, chapter 459, chapter 461, chapter 463, part I of

chapter 464, chapter 465, or chapter 466 for furnishing information to a duly appointed medical review committee, to an internal risk management program established under s. 395.0197, to the Department of Health or the Agency for Health Care Administration, or to the appropriate regulatory board if the information furnished concerns patient care at a facility licensed pursuant to part I of chapter 395 where both persons provide health care services, if the information is not intentionally fraudulent, and if the information is within the scope of the functions of the committee, department, or board. However, if such information is otherwise available from original sources, it is not immune from discovery or use in a civil action merely because it was presented during a proceeding of the committee, department, or board.

History.—ss. 1, 2, ch. 72-62; s. 1, ch. 73-50; s. 1, ch. 77-461; s. 285, ch. 79-400; s. 3, ch. 80-353; s. 8, ch. 85-175; s. 1, ch. 87-342; s. 47, ch. 88-277; s. 34, ch. 88-392; s. 25, ch. 88-398; s. 4, ch. 89-281; s. 35, ch. 89-289; s. 16, ch. 89-374; s. 9, ch. 90-341; s. 92, ch. 92-289; s. 37, ch. 93-39; s. 1, ch. 93-155; s. 1, ch. 93-158; s. 1, ch. 94-73; s. 244, ch. 94-218; s. 6, ch. 95-140; s. 422, ch. 96-406; s. 1798, ch. 97-102; s. 80, ch. 97-237; s. 61, ch. 97-264; s. 31, ch. 98-89; ss. 228, 295, ch. 98-166; s. 23, ch. 98-191; s. 6, ch. 99-186; s. 143, ch. 2000-318; s. 86, ch. 2001-277; s. 50, ch. 2009-132; s. 294, ch. 2014-19; s. 73, ch. 2014-209.

Note.—Former s. 768.131; s. 768.40.

EXAMPLE I

SAFEta

**Sexual Assault 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: _____
Signature

Date: _____

EXAMPLE II

Chart 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)

EXAMINER: Note any concerns by number/	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 _____

REVIEWER: Note any concerns by number and/or photo number	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 nd 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 _____

Alaska Confidentiality Statute: [AS 18.23.020, AS 18.23.070\(6\)](#).

Concerns/issues to address

Examiner Response

Examiner signature _____ Date _____

EXAMPLE III

SAVE Team
Quality Assurance / Improvement
Summary and Status report for internal review
DO NOT PHOTOCOPY

CASE # _____ DOS: _____ Location of the exam: _____

Client Name: _____

Examiner Name: _____

- Was a Victim Advocate present for the exam? Yes No

Victim Advocate Name: _____

1. Is the exam record legible and complete? Yes No
2. Is there a documented, sequential, detailed and concise description of the events? Yes No
3. Were the appropriate swabs taken according to practice standards? Yes No
4. Were all swabs taken appropriately documented? Yes No
5. Are the interpretations / conclusions consistent with the information in the evaluation document? Yes No
6. Were all sections fully and completely filled out? Yes No
7. Was the exam record signed and dated correctly? Yes No
8. Were the appropriate medications given? Yes No
9. Do you think this case should be discussed in a case review? Yes No
10. Additional Comments:

Signature of reviewer

Date of review

REFERENCES

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[IAFN SAFE-TA Webinar: SANE Peer Review](#)

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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](#)

[Florida Statutes](#)

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