Original Research

Evaluation of Documentation Practices of Sexual Assault Nurse Examiners

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INTRODUCTION

There is scant published data critically evaluating the quality of the medical record generated by Sexual Assault Nurse Examiners (SANEs) in the documentation of the evaluation and treatment survivors of sexual assault receive while in the Emergency Department. For all adult sexual assault survivors undergoing evidentiary examination, this State mandates a standard recording tool be used for medical-legal documentation, Office of Criminal Justice and Planning Form 923 (OCJP 923). This project was undertaken as part of continuing quality assurance measures by comparing medical record documentation practices of our Medical Center SANEs to the standards set forth in the medical literature. Internal reviews by other SANE or protocol-based programs have resulted in individual institutional protocol revisions and policy changes in an effort to continually improve the quality of care provided to survivors of sexual assault.[1] The 1995 ACEP policy statement provides that "as part of ongoing quality management activities, the hospital should establish patient care criteria for the management of the sexually assaulted patient and monitor staff performance. Emergency department staff should have ongoing training and education in the management of the sexually assaulted patient."[2] We question whether completion of a state mandated medical-legal recording tool by the SANE is sufficient to meet the medical needs of patients who present to the Emergency Department with the complaint of sexual assault.

METHODS

Study Design

By drawing from Obstetrics and Gynecology (OB/GYN), emergency medicine (EM), and other relevant literature,[3-17] items were identified as essential for comprehensive medical record documentation. These elements were selected due to their frequent citation among the sources. Following literature review, a data collection form was created listing these designated elements, selected as essential for comprehensive medical record documentation. Following Institutional Review Board approval, charts of survivors of sexual assault, who presented to the Medical Center between January 1996 and November 1998, were retrospectively reviewed. *Study Setting and Population:* The Medical Center is a 180 bed county teaching hospital with an Emergency Department annual volume of approximately 55,000 patients. There are approximately 200 sexual assault victims treated annually. *Study Protocol:* Inclusion criteria included survivor of recent sexual assault (presenting for evaluation with 72 hours of the assault), managed by a SANE, with an age of 16 years or greater. Additionally, chart availability and a completed OCJP 923 standard documentation form were required. Charts in which documents could not be located or that did not meet the above criteria were excluded. Audit of the medical record included not only review of the state mandated OCJP 923 form, but also all pertinent material related to that visit (face sheet, nursing notes, dictated summaries, laboratory slips, etc.). *Measurements:* The key elements are listed in Table #1 (Essential Elements for Comprehensive Medical Record Documentation). Some elements, identified as essential based upon the literature review, have no space for documentation on the OCJP 923 paperwork, and are identified by *Italics* in Table #1. These include historical elements (general medical history, medication allergies, and current medications), physical examination elements (examination of the oral cavity and bimanual examination), and laboratory and disposition elements (obtaining cultures and prophylactic treatment for sexually transmitted diseases, testing and prophylaxis for pregnancy, and referral for counseling or other social support measures). *Data Analysis:* Confidential data from the medical record were transferred onto the data collection form. Data were analyzed using frequencies and percentages. As there is no prior similar review to determine comparable reference values, and the items selected for audit were considered equally important, 100% compliance was established as the expected performance standard.

RESULTS

There were 162 cases of sexual assault over the 36-month review period. 127 (78%) charts were available for review, 79 (49%) of which met inclusion criteria. The most common reasons for exclusion were patient age less than 16 years or survivors were not managed by a SANE. Elements reviewed and their frequencies (and percentages) and 95% confidence intervals are listed in Table #2 (Frequency of Documentation of Essential Elements). Elements not found on the standardized documentation form (OCJP 923) are again depicted in *Italics*. All but one patient were female, only one male survivor met inclusion criteria. OB/GYN history and pregnancy testing statistics therefore utilize only 78 cases. In addition to the single male survivor, there was one female patient who reported only rectal penetration and subsequently refused examination of the vagina and cervix, as well as the bimanual examination. Therefore, these elements were analyzed for only 77 cases.

DISCUSSION

Sexual assault is one of the fastest growing violent crimes in the United States, however, it continues to be significantly under-reported. Therefore, data on incidence rates is circumspect at best.[16-18] Statistics from the United States Department of Justice estimate 683,000 sexual assaults annually.[19] Importantly, psychological and social support of the survivor, when initiated early, may ameliorate post rape trauma syndrome through referral and access to long-term care.[4]

Beginning in 1976, several individual programs were developed nationally utilizing specially trained nurses for the management of survivors of sexual assault. These nurses are known as Sexual Assault Nurse Examiners (SANEs) or Clinicians (SANCs). SANEs are specifically trained to perform evidentiary examinations, provide counseling on pregnancy and Sexually Transmitted Disease (STD) prophylaxis, act as liaison between the survivor and law enforcement, social service personnel, and psychological support systems, as well as provide testimony in a court

of law on their examinations. Since 1995, the Emergency Department at this Medical Center has utilized the Sexual Assault Nurse Examiner for evidentiary examinations of survivors of sexual assault. These nurses are a valuable resource to Emergency Department physicians and nurses, law enforcement, the county prosecutor's office, and most importantly to the survivor herself.[20] It has been asserted that the SANE has improved the quality of service that Emergency Departments are able to provide for survivors of sexual assault,[21] and that they are, in many cases, better expert witnesses than are physicians.[20]

Mandated Medical-Legal Form (OCJP 923)

The medical documentation of sexual assault survivors has historically emphasized evidentiary aspects of the examination in an effort to prepare for potential legal proceedings. In this state, SANE's training places significant emphasis on the completion of the mandated medical-legal form. In this study, SANEs demonstrated high compliance in the completion of this form; particularly those elements with check boxes and/or diagrams provided. Specifically, OB/GYN history, history of the assault, post assault actions, general physical condition, external genitalia examination, cervix/vagina examination, and examination of the anus/rectum had high compliance frequencies (range 91 to 100%). These high frequencies are likely the result of the emphasis of the SANEs training in completion of OCJP 923.

Several essential elements were poorly documented, despite OCJP 923 written instructions. In particular, section E7 of OCJP 923 states "Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma." However, here is no specific check box or diagram on which the examiner is to record results and documentation of an examination of the oral cavity was found in only 16.5% of cases. It is unclear whether this lack of documentation is a reflection of this element going unperformed or whether examinations were merely undocumented (perhaps those with no abnormal physical findings), as there is no specific area for documentation. Also, examinations may not have been performed in cases where the survivor did not report any assaultive actions involving the oral cavity.

Documentation of performance of the Wood's Lamp examination was lacking (35%) as well. Written instructions in OCJP 923 stipulate "Scan the entire body with a Wood's Lamp. Label Wood's Lamp findings "W.L."". Poor documentation may simply be due to not having a specific check box or diagram on which to document results (positive or negative), and it is likely that negative findings were not specifically charted.

Essential Elements Not Included on the Mandated Medical-Legal Form (OCJP 923)

Historical Elements

Documentation of the survivor's current medications was 31.6%. However, it may be viewed as controversial to categorize this element as "essential" for comprehensive medical documentation. When properly subpoenaed, data in the medical record may be admissible in a court of law. Certain medications (psychiatric medications, oral contraceptives, and medication for sexually transmitted diseases) may be distorted by defense attorneys and interpreted prejudicially by juries, further "victimizing" the survivor and endangering credibility. Although potentially controversial, documentation of current medications was intentionally included for review. The medical literature supports identifying patient's current medications as a component of comprehensive medical documentation, and this remains sound medical practice, as adverse drug interactions are not uncommon.

Physical Examination Elements

Of particular note is documentation of performance of the bimanual examination (13%). There is no specific instruction, check box, or diagram provided by OCJP 923 for this element. However, this element is repeatedly found throughout the medical literature as an essential element in the comprehensive examination of the sexual assault survivor. The medical literature supports the bimanual examination as an excellent opportunity to identify injuries which otherwise might have gone undetected, such as vaginal epithelium lacerations and broad ligament injuries. A bimanual examination was not part of the routine SANE protocol at our institution during the time of this study.

Laboratory and Disposition Elements

The literature supports several standard post-examination actions, however, the standard documentation form, OCJP 923, does not provide any instruction or recording area for this information. Audit of the medical record indicates that our Medical Center SANEs complete these actions with exceptional frequency. Specifically, cultures for sexually transmitted diseases, pregnancy testing, sexually transmitted disease prophylaxis, and follow-up and referral are documented in 98 to 100% of medical records. It has been well documented that early referral to support groups aids the survivor of sexual assault in her recovery.[4] Our protocol mandates that a social worker from the Alliance Against Family Violence be present to provide assistance and support to all survivors of sexual assault undergoing evidentiary examination. This is reflected in the perfect compliance of the follow-up/referral element.

Documentation of pregnancy prophylaxis was lacking (60%), and may be the result of several factors. Three patients were known to be pregnant at the time of the assault, and presumably pregnancy prophylaxis was not discussed for this reason. Two patients reported no vaginal penetration and one patient was status post hysterectomy. Therefore, they were likely considered at low risk for pregnancy.

Although developed with the assistance of physicians, OCJP 923 is primarily a legal tool and provides only minimal consideration for the medical needs of the survivor of sexual assault. Limited space (check boxes and diagrams) and the omission of medically prudent historical, physical examination, laboratory, and dispositional elements require that an additional recording tool be utilized for comprehensive medical documentation. Of paramount importance, documentation beyond OCJP 923 allows the examiner to provide greater detail of the events and circumstances of the assault and would allow the examiner to state direct quotes from the survivor without the constraints of space limited boxes. A record of pregnancy testing and prophylaxis, sexually transmitted disease testing and prophylaxis, as well as adjunctive elements (bimanual examination, laceration repair, X-ray interpretation, etc.) should also be routinely recorded. Comprehensive documentation serves not only the medical needs of the survivor but may also prompt the memory of the examiner at a later time. The medical record, including nurse's notes, rape counselor evaluation, and laboratory results, is more comprehensive than a rape protocol.

Limitations

The use of a state mandated medical-legal form was a limitation to this study. This state is unique in that it requires documentation to be completed on OCJP923. No other states utilize this form, therefore comparisons with other states may yield significantly different results.

An additional limitation may be that this study was conducted at a single institution. Variance in institutional protocols for documentation requirements by SANEs likely exists. This may result in either a reduction or an increase in documentation in any of the elements reviewed. Further, there are other local hospitals which have SANEs and perform examinations. As our institution is a County teaching hospital, there may be some patient selection bias either by law enforcement or by the survivor herself.

CONCLUSIONS

The violent crime of sexual assault continues to be a pervasive and harmful entity. The Emergency Department care of its survivors serves multiple purposes and Sexual Assault Nurse Examiners perform an invaluable service in patient management. The medical literature supports certain documentation standards that may not be equivalent to legal objectives. Medical-legal forms such as this state's OCJP 923 are convenient but inadequate for comprehensive medical documentation. Additional documentation is required and SANEs must be specifically trained to perform this.

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TABLE 1
Essential Elements for Comprehensive Medical Record Documentation

History

General Medical History
Allergies
Current Medications
OB/GYN History
History of Assault
Post Assault Actions

Physical Examination

General Physical Condition
Wood's Lamp Examination
Examination of Oral Cavity
Examination of External Genitalia
Examination of Cervix/Vagina
Bimanual Examination
Examination of Anus/Rectum

Laboratory and Disposition

Sexually Transmitted Disease Cultures
Pregnancy Testing
Pregnancy Prophylaxis
Sexually Transmitted Disease Prophylaxis

Follow-up/Referral to Counseling

TABLE 2
Frequency of Documentation of Essential Elements

Historical Elements	Number (%)	95% CI
General Medical History	34/79 (43.0)	31.9 – 54.6
Allergies	79/79 (100)	99.5 – 100.0
Current Medications	25/79 (31.6)	21.7 – 43.2
OB/GYN History	78/78 (100)	99.5 – 100.0
History of Assault	79/79 (100)	99.5 – 100.0
Post Assault Actions	79/79 (100)	99.5 – 100.0
Physical Examination Elements		
General Physical Condition	79/79 (100)	99.5 – 100.0
Wood's Lamp Examination	35/79 (44.3)	32.8 – 55.5
Examination of Oral Cavity	13/79 (16.5)	9.2 – 26.8
Examination of External Genitalia	78/79 (98.7)	93.1 – 100.0
Examination of Cervix/Vagina	70/77 (90.9)	81.9 – 96.2
Bimanual Examination	4/77 (5.2)	1.4 – 13.0
Examination of Anus/Rectum	75/79 (94.9)	87.3 – 98.6
Laboratory and Disposition Elements		
Sexually Transmitted Disease Cultures	73/79 (92.4)	84.0 – 97.1
Pregnancy Testing	68/78 (87.2)	77.2 – 93.5
Pregnancy Prophylaxis	46/77 (59.7)	49.7 – 71.9
Sexually Transmitted Disease Prophylaxis	75/79 (94.9)	87.3 – 98.6
Follow-up/Referral to Counseling	79/79 (100)	99.5 – 100.0