

Learning Outcome

Eighty percent (80%) of participants will report improved understanding of how to utilize RNs in the CAC setting.

Poll Question

Is there a Child Advocacy Center in your community that has RNs conducting medical exams?

Critical Components

- Scope & Standards of Practice
- Nurse Practice Act in your locale
- National Children's Alliance (NCA) Accreditation Standards
- Policy and Procedure



NCA Accreditation Standards

- Medical evaluations are conducted by health care providers with specific training in child sexual abuse that meets at least ONE of the following:
 - Child Abuse Pediatrics Sub-board eligibility or certification
 - Physicians without board certification or board eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, and Physician Assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse
 - SANEs without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency based clinical preceptorship



NCA Standards

- Licensed and in good standing
- Practice within the scope
- A medical director (physician or advanced practice nurse) is needed for non-advanced practice nurses
- Continuous quality improvement (CQI)
- Continuing education in the field of child abuse
- A minimum of 8 contact hours every 2 years.
- Demonstrate that 50% of all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an "advanced medical consultant."

NCA Standards-Advanced Medical Consultants

- Child abuse pediatrician (preferred)
- Physician or advanced practice nurse with the following qualifications:
 - Meets the minimum training standards outlined for a CAC medical provider
 - Performed at least 100 child sexual abuse examinations
 - Is current in CQI requirements.



Through Foundational Documents

Build policy and procedure	Direction for things outside scope	Maintenance of record privacy
Quality assurance/improvement	Ongoing education	Patient safety

Poll Question

For those CACs that have RNs, what kind of sexual abuse medical exams are being conducted?

- a) Acute Only
- b) Non-acute only
- c) Acute & Non-acute
- d) Unsure



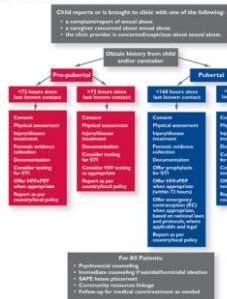
Considerations

Planning



- Who will be seen and when?
- Acute?
- Non-acute?
- How will acuity be determined?
- If only non-acute, what will happen when a non-acute case unexpectedly becomes acute?
- Are their services somewhere else?
- Is there access to a Medical Director (advanced practice provider)?
- Will nurses or other providers requiring training?
- Is there a mechanism for immediate second opinion when needed?
- Is there a mechanism for QA?

Figure 2. Care Algorithm



One Approach



- Small NH community in the lakes region
- Had a CAC without medical exam capability
 - MDT
 - Forensic interviewing
- Acquired space
- Built the capacity

One Approach



- One day per week staffing with certified pediatric SANEs
- Child abuse pediatrician is the Medical Director (not on-site)
- Standing order set

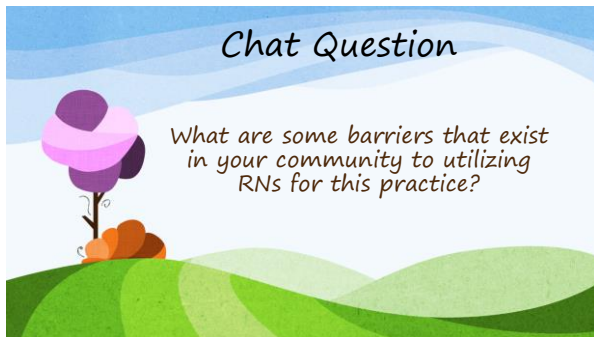
One Approach

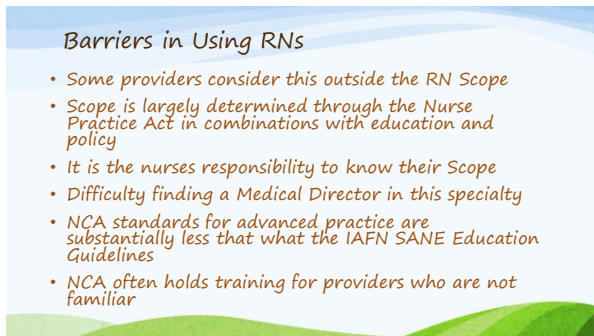


- Electronic record
- Built in QA review, sent to Medical Director on completion
- QA with the Medical Director and SANEs each quarter
- Used as a preceptor site for new didactically trained pediatric SANEs

Poll Question

Is your community declining to use RNs in the CAC to respond to child sexual abuse?





Successful Implementation

- Requires comprehensive care at the RN level
- Community and MDT buy-in
- A Medical Director
- Appropriate policy & procedure
- QA
- Not practicing in a vacuum (access to expertise)

Standards of Practice

Standard 1. Assessment
The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.

Standard 2. Diagnosis
The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcomes Identification
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation
The registered nurse implements the identified plan.

Standard 5A. Coordination of Care
The registered nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion
The registered nurse employs strategies to promote health and a safe practice environment.

Standard 5C. Consultation
The graduate-level prepared specialty nurse or advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

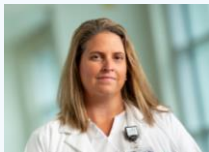
Standard 5D. Prescriptive Authority and Treatment
The advanced practice registered nurse uses prescriptive authority, procedures, protocols, contracts, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation
The registered nurse analyzes progress toward attainment of outcomes.

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References

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2. National Children's Alliance. (2017). Standards for accredited members. <https://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf>
3. US. Department of Justice, Office on Violence Against Women. (2016). A national protocol for sexual abuse medical forensic exams: Pediatric. https://cdm.yimg.com/www.safeta.org/resource/resmgr/protocol_documents/national_pediatric_protocol.pdf

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