

TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GA5RH37459)

MONTHLY REPORT: MARCH, 2021

QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MCD.ORG)

NETRC PROVIDES TELEMEDICINE EXPERTISE IN VIRTUAL EXPANSION OF UNIVERSITY OF NEW ENGLAND:
SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM

The University of New England (UNE) School of Nursing and Population Health partnered with the Northeast Telehealth Resource Center (NETRC) to expand their Sexual Assault Nurse Examiner (SANE) Program, to include a virtual consultative application, called TeleSANE. The NETRC team also provided technical assistance to the Massachusetts Department of Health on their initial TeleSANE program efforts, and the MA DPH team has since replicated their TeleSANE program in six pilot sites across the U.S., under their [National TeleNursing Center](#).

In 2018 the UNE School of Nursing was awarded a \$1.5 million dollar HRSA work force development grant to expand recruitment and retention of credentialed SANE's across Maine. The UNE SANE Program is a collaborative effort with the State of Maine's Sexual Assault Forensic Examiner Program. Together staff created a hybrid, virtual course to better meet the education and training needs of rural nurses. The didactic course covers care and treatment of the patient, chain of custody, forensic photography, evidence collection, among many topics. Following the 40-hour course, the SANE-in-Training is then required to conduct two precepted (monitored by a credentialed SANE) patient encounters within one year of completing the didactic component. While live simulation exam training opportunities are available, many nurses are not able to complete this particular credentialing requirement, often due to the lack of time or availability of a SANE to precept the exam, and these issues were significantly exacerbated during COVID-19. To help address this challenge, UNE program leaders reached out to NETRC for assistance. The NETRC team conducted a needs assessment and committed one of its Implementation Strategists to help bring TeleSANE to the UNE/State program.

The NETRC Strategist met with the UNE School of Nursing Director, SANE Program Clinical Director, and other SANE project team members to get TeleSANE ready to launch. The group confirmed budget, equipment needs at the pilot TeleSANE hospital - [Northern Light Eastern Maine Medical Center](#) (NL EMMC), technical needs for preceptors to participate in the virtual consult at home, and a timeline to go live. NETRC and UNE Project Leads worked closely to procure equipment in cooperation with the pilot site IT Team, while UNE and NL EMMC Administration executed the Memorandum of Understanding (MOU) defining the scope of work and expectations for partners. The equipment was delivered, set up, and connected to the network, and training for the preceptors and SANE-in-Training was conducted in early January, with a February "go live" date.

The training for the SANE Consultants (preceptors) was conducted virtually since that is how the preceptorship will occur. The training consisted of the TeleSANE policy overview, workflow, how the consultant/preceptor receives the consult request, and pointers for videoconferencing with the HIPAA secure videoconferencing platform. Training for the SANEs-in-Training was conducted by NETRC in-person at the NL EMMC Emergency Department with UNE Program Leadership and the Regional SANE Coordinator, who is housed at NL EMMC. The in-person training covered the workflow (consent, HIPAA, security) for requesting a precepted TeleSANE medical forensic examination, equipment utilization for connecting a call, changing cameras during the call, and some trouble-shooting tips. The first consult was successfully conducted in early February, which was the first TeleSANE consult in the state of Maine.

The goal of the UNE SANE project is to eventually offer 24/7 coverage in every emergency department across the state. All of the materials developed for this initial project were created with replication in mind, so they may be integrated into each individual hospital when the time is right.

This resource was made possible by grant number GA5RH37459 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.