INTRODUCTION

The Children’s Hospital of Philadelphia (CHOP) launched a pediatric focused Sexual Assault Response Team (SART) in 2009 to care for highly unique needs of children who are victims of acute sexual assault. These patients require in depth assessments, evaluation, and management to meet their acute, critical, chronic, and ongoing needs. Through case reviews during monthly quality improvement (QI) meetings and simulations, it became evident that there were fragmented provision of services and significant delays in care.

OBJECTIVE

A SMS messaging system was put in place to expedite notification to the multidisciplinary SART team, to standardize SART team member response time with a goal of 10 minutes, and to optimize clinical care while minimizing future trauma to pediatric victims of sexual assault.

DETAILS OF INNOVATION

SMS messaging system alerts the multidisciplinary team of Emergency Department (ED) arrival of a sexual assault patient

Steps of Process

1. Multidisciplinary team was created including hospital stakeholders from the ED, Child Abuse team and Infections Disease team specializing in HIV infected youth
2. Developed alert - Sexual Assault activation Notification Alerting team members that a SART HUDDLE is to occur in 10 minutes. The message includes patient medical record number, room number, and cell back number
3. Acute Pediatric Sexual Assault Pathway was updated to include the huddle process
4. Simulations were performed to assess the process and response time
5. Team education developed and disseminated via QI meetings, conferences, ongoing education and SART leadership meetings
6. Performed system updates to include new team members/specialists as warranted

RESULTS AND OUTCOMES

Since its inception, a decade ago, our SART has treated nearly 1,000 victims of acute sexual assault

SART Patients per Year

- Patient ages range from infancy to adolescence, with our youngest patient being just 1 month of age
- Gender disparity shows 83% are female and 17% are male
- Acute Pediatric Sexual Assault Pathway was updated to include the huddle process
- Simulations were performed to assess the process and response time
- Team education developed and disseminated via QI meetings, conferences, ongoing education and SART leadership meetings
- Performed system updates to include new team members/specialists as warranted

RESULTS AND OUTCOMES

54% of patients present to the Emergency Department within 24 hours of the incident

- In 2014, 48% of patients who presented to CHOP ED had Sexual Assault notification SMS alert sent at time of presentation
- In 2018, 98% of patients who presented to CHOP ED had Sexual Assault notification SMS alert sent at time of presentation

REFERENCE


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Initiation of Huddle to Expedite Care of Pediatric Sexual Assault Patients

Background:
In 2009, the Children's Hospital of Philadelphia created a program to care for the critical and highly unique needs of pediatric acute sexual assault victims. Prior to the initiation of this program, adolescent victims of sexual assault were transferred to neighboring adult emergency departments for their care. Through case reviews during monthly quality improvement meetings it became evident that fragmented provision of services as well as significant delays in access to care were widespread to the ultimate detriment of this vulnerable pediatric population.

Aim of Service and Change:
A multidisciplinary team of specially trained health care experts including emergency medicine physicians, child abuse experts, advanced practice providers, nurses, child life specialists, social workers, pharmacists, and special immunology clinicians was formed. The goal of the team, known as the Sexual Assault Response Team (SART), was to provide optimal clinical care while minimizing future trauma to pediatric victims of sexual assault. Despite ongoing trainings and simulations, it was evident that patients were receiving fragmented care when all team members provided input at various times during the ED visit rather than creating a single streamlined approach. To minimize this fragmentation, a SMS messaging system was put in place to expedite communication.

Details of Innovation:
In 2014, a SMS messaging system was instituted to alert the multidisciplinary team of the presentation of a sexual assault patient to the ED. It sends an alert to all team members instructing them that a HUDDLE would occur in 10 minutes. The Alert lists the patient medical record number, room number, and call back number. The Information Technology Team (IT) created SART - Sexual Assault activation Notification Page which is then sent to the multidisciplinary team members requesting a response to the ED Charge Nurse from each team member within 10 minutes.

Outcome:
In 2014, 48% of patients who presented to CHOP ED had a Sexual Assault Notification SMS page sent out at the time of presentation. During monthly SART leadership meetings, QI meetings, simulations, ongoing education, and yearly SART conferences the importance of a streamlined, consistent approach to the care of this patient population was emphasized. The system has been updated and expanded to include new team members and specialists as warranted. In 2018, 98% of the patients had the SART -Sexual Assault Notification SMS page sent out which has resulted in a more comprehensive approach to the care of each patient, as well as their follow up needs.

Discussion:
Victims of an acute sexual assault have complex health care needs. A clear and comprehensive approach is essential to pediatric sexual assault victim’s care. QI analysis shows that sexual assault notification SMS text alerts have resulted in a more expedited and comprehensive team approach to the care of each patient. Data reveals both seasoned and newly recruited team members have improved the overall patient outcome via educational efforts linked to QI monitoring, data analysis, expert review of guidelines, practices and individual care episodes. Areas we strive to increase optimization include a standardized notification system, systematic examination approach, multi-disciplinary care coordination, and a consistent forensic evidence collection processes.