

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

481



FROM: Executive Office

SUBMITTAL DATE:
August 9, 2005

SUBJECT: Response to the Grand Jury Report: Riverside County Regional Medical Center Sexual Assault Service Children and Adult Programs

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve with or without modifications, the attached response to the Grand Jury's recommendations regarding the Riverside County Regional Medical Center Sexual Assault Service Center and Adult Programs.
- 2) Direct the Clerk of the Board to immediately forward the Board's finalized response to the Grand Jury, to the Presiding Judge, and the County Clerk-Recorder (for mandatory filing with the State).

BACKGROUND: On June 14, 2005, the Board directed staff to prepare a draft of the Board's response to the Grand Jury's report regarding the Riverside County Regional Medical Center Sexual Assault Service Children and Adult Programs.

Section 933 (c) of the Penal Code requires that the Board of Supervisors comment on the Grand Jury's recommendations pertaining to the matters under the control of the Board, and that a response be provided to the Presiding Judge of the Superior Court within 90 days.

Departmental Concurrence


WILLIAM G. LUNA
County Finance Director

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FINANCIAL DATA	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:
	Current F.Y. Net County Cost:	\$	Budget Adjustment:
	Annual Net County Cost:	\$	For Fiscal Year:

SOURCE OF FUNDS:	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE.

County Executive Office Signature 

- Dept't Recomm.: Consent Policy
- Per Exec. Ofc.: Consent Policy

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
RESPONSE TO FINDINGS and RECOMMENDATIONS**

FINDINGS:

Number 1:

In the late spring of 2003, the RCDAO and California State Forensic Laboratory observed discrepancies by the RCRMC SART Nurses in the physical examinations and collection of evidence in abuse cases. As a result, a RCDAO official stated, "Two (2) cases were dismissed and many more have been affected." Subsequently, RCDAO requested that two (2) child abuse physicians review previous cases. These physicians reported that in some cases, "There were things that were being called findings that were not findings, that could be normal." It was also reported, "Things had been missed," during the examinations. The RCDAO felt that these inaccuracies were due to the following:

- a. Children thirteen (13) and under who were in need of specialized examinations by a qualified physician, were being examined by RCRMC SART Nurses, who were only trained to examine victims ages fourteen (14) and above.
- b. Utilization of specialized equipment was defective and, in some cases, produced "no photographs."
- c. The physical examination findings were unreliable and, in some cases, essential information was not recorded.

Response:

Respondent agrees partially with the finding.

The Riverside County District Attorney's office and the State Forensic Laboratory found discrepancies in two cases. RCRMC arranged for outside, independent physician experts to conduct a review of SART cases. It was determined that SART forensic examinations and documentation had become unreliable, and for this reason the program was suspended. However, the SART nurses participating in pediatric forensic examinations had gone through the California Medical Training Center (CMTc) 40-hour training, the best-practice training standard in the State. There was concern with precepting and outcome monitoring, or quality assurance, following the training. This issue was addressed during the reconstruction of the SART unit. Monthly multidisciplinary meetings and weekly reviews of every examination were instituted, to ensure the quality and accuracy of each examination and its findings. Additionally,

while pediatric forensic examinations are a specialty that requires special training and peer review, a physician's participation is not necessarily required. A trained, advance practitioner is also considered an authority and capable of performing these examinations. RCRMC has committed to utilize only appropriately trained and qualified practitioners for forensic examinations.

The outdated photography equipment was replaced in September 2004, with state-of-the-art digital recording stations, which are utilized to capture both video and still images during forensic examinations. The photos produced have been viewed by SART and RCAT multidisciplinary team members, including the RCDAO and the State Crime Laboratory, with good response to the quality of the images.

Number 2:

Subsequently, RCRMC requested that Dr. Marilyn Kaufhold (the Child Sexual Abuse Domain Chief from the Chadwick Center for Children and Families located in San Diego, California), review previous child and adult sexual abuse cases to identify any problem areas within the examination component of Riverside County's Sexual Assault Response System. Thirty-seven (37) child/adolescent and twenty-seven (27) adult charts from March and April 2003 were randomly selected and reviewed. Dr. Kaufhold reported her findings to RCRMC and RCDAO representatives. These findings are summarized in Tables "A" and "B." The significant irregularities shown in these tables confirmed the discrepancies in the physical examinations and collection of evidence initially observed by the State of California Forensic Laboratory and RCDAO.

TABLE "A"
CHILD/ADOLESCENT SEXUAL ASSAULT/SEXUAL ABUSE CASES

CHART REVIEW FINDINGS		# OF CASES	PERCENT
1	UNCLEAR MEDICAL CHARTS	9	24%
2	MISSING MEDICAL HISTORY	16	43%
3	POOR QUALITY PHOTOGRAPHS	13	35%
4	DISAGREEMENT BETWEEN EXAMINER'S CONCLUSIONS WITH THE PHOTOS AND LITERATURE	17	46%
Total Charts Reviewed = 37			

TABLE "B"
ADULT SEXUAL ASSAULT CASES

CHART REVIEW FINDINGS		# OF CASES	PERCENT
1	STD/OTHER MEDICAL WORKUP	18	67%
2	INCORRECT ID PHOTOGRAPHS	21	78%
3	UNCLEAR HISTORY OF ABUSE	11	41%
4	INCOMPLETE FORENSIC COLLECTION	16	59%
5	DISAGREEMENT BETWEEN EXAMINER'S CONCLUSIONS WITH THE PHOTOS AND LITERATURE	17	63%
Total Charts Reviewed = 27			

Response:

Respondent agrees with the finding.

Dr. Marilyn Kaufhold and Dr. Bill Green responded to RCRMC's request to complete an audit of the SART forensic examinations. Both physicians are experts in their field and have been instrumental to the State of California in developing best-practice standards in the State and training examiners for the CMTC. They have been instrumental to RCRMC efforts to rebuild the SART program, by providing guidance and direction. Their experience in reviewing RCRMC SART findings has encouraged CMTC to review its own training model, particularly for outcome or follow-up data. They validate and recognize a widely held view that variance in training and quality assurance for sexual assault forensic examinations is a concern across the State and country. They support RCRMC efforts to build a solid program with well-trained staff, along with open and clear peer review and quality assurance and their support and involvement is invaluable and RCRMC SART will continue to seek their input.

Number 3:

Upon closure of the RCRMC SART Program in December 2003, a RCRMC Administrator stated, "The halt in examinations is temporary," but eighteen (18) months later, the program has not been fully restored. Furthermore, this Administrator stated, "We aren't looking at it as a critical thing because we aren't the only hospital doing this in the county."

Response:

Respondent disagrees with the finding.

The statements quoted are taken out of context and misrepresented. RCRMC administration is aware that rebuilding SART is a high priority to Riverside County and has made it a high priority for RCRMC from the outset. Because quality was the issue at the onset, quality became the controlling objective, rather than speed, since some other hospital service alternatives did exist in Riverside County. At the time of the disruption, it was believed that some of the existing team would be able to continue and the closure would be a temporary condition, which would have required only a brief backup from the two other SART programs providing adult forensic examinations in Western Riverside County. In order to achieve the highest quality standards, RCRMC was forced to completely rebuild the program from the ground up, and identify, recruit and train an entire new team. The process that has taken place since December 2003 has been completely open to the scrutiny of multiple agency stakeholders, including the District Attorney's office, the State Crime Laboratory, Law Enforcement and Advocate agencies. Each stakeholder knows RCRMC's commitment to properly training each new hire, including required proctoring after the completion of training by the CMTC, and each agency has expressed support for the plan and effort.

Number 4:

RCRMC requested that Rancho Springs Medical Center in Murietta, California, accept sexual assault victims from the Riverside area, but did not secure a written contract.

Response:

Respondent partially agrees with the finding.

RCRMC provides the forensic examinations for victims, but at the request and with the permission of Law Enforcement and/or the District Attorney's office. RCRMC could not enter into a contract with Rancho Springs Medical Center on behalf of these agencies. Such a contract or agreement must be and is between the respective Law Enforcement agencies that require a forensic examination for a victim and Rancho Springs.

On July 26, 2005 (agenda item 3.5) the County Board of Supervisors approved a written agreement with Rancho Springs Medical Center (RSMC) to provide sexual assault examinations for the Sheriff's department.

Number 5:

In 2001, according to the Chief Executive Officer at Rancho Springs Medical Center, a sexual assault program subsidized by private donations was created, "... so that residents of Southwest Riverside County would not have to be taken to RCRMC at such a traumatic point in their lives."

Response:

Respondent is not able to comment on a finding pertaining to Rancho Springs Medical Center, other than to say RCRMC supports Rancho Springs Medical Center's (RSMC's) intent and shares their commitment.

Number 6:

In the first three (3) months of 2004, Rancho Springs Medical Center billed Riverside County \$280 per examination and increased its fee to \$330 per examination for the remainder of the year. Due to a financial shortfall as a result of the loss of private donations, Rancho Springs Medical Center has requested additional reimbursement from the County of Riverside.

Response:

Respondent agrees with the finding.

The County Executive Office evaluated RSMC's request for additional reimbursement and recommended a one-time payment of \$112,697 to RSMC for un-reimbursed sexual assault examination costs for Calendar year 2004 and a new rate of \$900 per examination beginning on January 1, 2005. The one-time payment and the new rate were approved by the Board of Supervisors on July 26, 2005 (agenda item 3.5).

Number 7:

During the 2004 calendar year, RCRMC did not have a SART Program; therefore, no sexual assault examinations were performed. Limited examinations were available three (3) days a week for children through the CAN/RCAT Program. On January 18, 2005, RCRMC resumed limited weekday SART examinations Monday through Friday from 9:00 a.m. to 5:00 p.m., but has neglected to provide 24-hour, 7-day services for children and adult sexual assault victims in Riverside County. According to a Riverside County Rape Crisis Advocate Official, "Access to 24-hour service is imperative because ...the majority of rapes do not occur during business hours."

Response:

Respondent partially agrees with the finding.

RCRMC has rebuilt and reestablished SART and CAN/RCAT examiner coverage for certain hours. The amount of coverage is determined by the ability to recruit in the marketplace for scarce resources, and train staff to the skill and proficiency level required. The effort to identify, recruit and train examiners has certainly not been neglectful but rather quite the contrary: careful, thoughtful and thorough. Additionally, where RCRMC has not been prepared to meet a request for a forensic examination, RCRMC staff and physicians have consulted and participated, as a multi-agency team, in decision-making regarding the urgency and acute vs. non-acute needs, including after hours. RCRMC and Riverside County will develop a 24/7 Forensic Children's Service with assistance from Chadwick Center, whose expertise and excellent reputation in this field will help attract potential candidates from across the country. The SART expansion has proceeded as quickly as possible, given the difficulties of recruitment, and training needs of Sexual Assault Nurse Examiners (SANE's). RCRMC has successfully recruited a number of SANE's. The current schedule for examinations is five days per week, from 7:00 a.m. until midnight. As SANE's meet training and proctoring requirements, they will be assessed by the SANE coordinator and Medical Director and will be ready to practice independently. As this develops, the hours will be expanded to seven days per week until midnight and then to 24/7. RCRMC will expand SART hours only as SANE nurses are competent to practice independently, thereby avoiding the findings and documentation errors found at the end of 2003.

Number 8:

At the direction of the CEO of RCRMC, a Social Service Department Manager developed a proposal that was submitted to the RCRMC Executive Team on March 15, 2004, for the development of a "Child/Adult Abuse Assessment and Forensic Examination Center and Child Injury Prevention Center." The projected net annual cost for this integrated concept, which includes funding for the SART and CAN/RCAT Programs, was approximately \$1.7 million. The Grand Jury has found no evidence that this proposal was ever presented to the Riverside County Board of Supervisors for approval and/or funding.

Response:

Respondent partially agrees with the finding.

The initial proposal was first submitted for review on the date given, and many revisions followed. An ongoing and active dialogue among various stakeholders and knowledgeable resources influenced subsequent revisions. It is important to note that any proposal, from conceptual idea to maturation, will require time and study by all involved. An initial proposal does not necessarily mean it will be the final product. The final proposal was included in the hospital's budget request to the Board for 2005-06. The result was the endorsement of a budget request in the amount of \$1.7 million, by the Board of Supervisors, to fund the RCRMC Center of Excellence for Abuse Related Services. This was included in the Final Budget for 2005-06, adopted by the Board.

Number 9:

On December 17, 2004, the Riverside County District Attorney, Riverside County Sheriff-Coroner-Public Administrator, Interim Director of the Department of Public Social Services (DPSS), and CEO of RCRMC submitted a proposal to the Riverside County Board of Supervisors for the "Approval in Concept of a Comprehensive Child Abuse Medical Program," which does not include adults. The Riverside County Board of Supervisors at its January 25, 2005, meeting approved the reestablishment of the CAN/RCAT Program. The projected annual cost for this program, including training, equipment and staff, is approximately \$500,000 with funding provided through the County General Fund and DPSS.

Response:

Respondent partially agrees with the finding.

This coordinated request was essential to, but also separate and parallel in process to the information provided in response to Finding Number 8, and deals specifically with a contract currently in draft between RCRMC and the Chadwick Center in San Diego. The parties involved have all worked very diligently to broker this contract and will work together on related and joint Memorandums of Understanding once it is completed. The primary goal of this relationship with the Chadwick Center is to expand the forensic services provided to children in Riverside County. However, RCRMC services to adult sexual assault victims will benefit from the relationship as well. It is important to note that the Board did not adopt a budget adjustment at the December 17, 2004, meeting.

Number 10:

RCRMC has failed to bill law enforcement agencies for the cost of sexual assault examinations even though California Penal Code Section 13823.95 states, "Bills for these costs shall be submitted to the law enforcement agency in the jurisdiction in which the alleged offense was committed which requests the examination."

Response:

Respondent partially agrees with the finding.

As a matter of County policy, RCRMC does not bill law enforcement agencies for sexual assault forensic examinations. This is not a failing; it was a conscious policy decision. The Board recently reviewed the policy on this issue and has authorized RCRMC to recoup the cost of providing this service by establishing a new rate of \$900 per examination. The new rate was approved by the Board on July 26, 2005 (agenda item 3.53).

Number 11:

While some steps have been taken to restore 24-hour/7-day SART and CAN/RCAT Programs for children and adults at RCRMC, the following actions have not been completed:

- a. Written protocols to advise law enforcement agencies of the availability of limited SART and CAN/RCAT Services at RCRMC have not been developed.
- b. The proctoring (supervised training) process for Nurse Practitioners to become fully certified to provide SART Services at RCRMC has not been completed.
- c. RCRMC, after eighteen (18) months, has not established a firm target date for restoring 24-hour/7-day SART and CAN/RCAT Services.

Response:

Respondent partially agrees with the finding.

RCRMC has taken significant steps to restore the SART program to its full capabilities. Additionally, RCRMC is working on a contract with the Chadwick Center in San Diego in order to establish a 24/7 schedule for CAN/RCAT.

- a. *Regarding written protocols for Law Enforcement as to SART availability, the hours and the person to call were communicated to Law Enforcement immediately following RCRMC's expansion to weekday hours. An amended description was also sent to Law Enforcement and copied to the District Attorney when the hours were expanded to midnight on weekdays. The District Attorney's office and the CAN/RCAT multi-disciplinary meeting were also notified when CAN/RCAT physician hours increased to include five day per week coverage.*

- b. *In regards to proctoring, RCRMC believes the SART training is proceeding as expected. SANE nurses are being identified, interviewed, hired and trained, including a weeklong training course, and proctored by experienced SANEs. They also receive peer and physician review of the examinations they observe and complete during training. The proctoring will be complete when the SART Medical Director, SART Coordinator and SANE nurse agree the practitioner is ready to practice independently.*

- c. *With respect to the firm target date, it is RCRMC's position that it is not possible or prudent to select a firm timeframe for restoring a 24/7 schedule, as it is dependent upon victim presentation. The RCRMC Executive Administration and SART program staff and providers are eager for the service to be provided 24/7 and it will be when new hire staff have been trained to the satisfaction of the medical leadership of the program. RCRMC administration and program management is committed to providing victims and partner agencies with reliable forensic results from the sexual assault examinations completed at RCRMC, as a primary objective.*

RECOMMENDATIONS:

Number 1:

RCRMC Chief Executive Officer (CEO) hire qualified physicians and Certified Nurse Practitioners who have been credentialed by the medical staff to serve as SART and CAN/RCAT providers, to be available and/or on-call 24-hours/7-days.

Response:

The recommendation is being implemented in part.

Hiring of examiners has been ongoing as candidates are identified, interviewed and selected. Physicians and Nurse Practitioners are on staff working with children and adult abuse and sexual assault victims. These providers are and will be credentialed with RCRMC Medical Staff Office. RCRMC will also continue to utilize Registered Nurses as Sexual Assault Nurse Examiners. The hours for SART and CAN/RCAT will expand as examiners are added to the team and trained to the satisfaction of the SART and CAN/RCAT medical directors.

Number 2:

The SART Program Coordinator arrange scheduled maintenance on specialized SART equipment on a continuing basis to ensure proper operation.

Response:

The recommendation has been implemented.

The old photo equipment was replaced in September 2004. New digital recording computer equipment has been purchased for both SART and CAN/RCAT. The digital recording stations come with ongoing technical support provided by the company.

Number 3:

RCRMC CEO establish physician oversight and peer review process to maintain quality and eliminate inaccuracies in examinations and reports.

Response:

The recommendation has been partially implemented.

In December of 2003, the CEO directed the rebuilding and expansion of SART and CAN/RCAT, together with developing a new Dependent Adult and Elder Abuse unit, into one Abuse Center. During this rebuilding and expansion effort, a primary goal has been to establish and maintain sound and best practice physician oversight and peer review. This has been accomplished with SART and has been provided to CAN/RCAT through an ongoing relationship with the Chadwick Center. The CAN/RCAT physicians have their findings and records reviewed by Chadwick Center experts. RCRMC expects to expand upon this relationship as the anticipated contract with Chadwick Center brings Chadwick providers to RCRMC to help develop the CAN/RCAT program, including recruitment of providers and review and development of protocols.

Number 4:

RCRMC CEO ensure that the 2005-06 Fiscal Year Budget submitted to the Riverside County Board of Supervisors include \$1.7 million for ongoing funding to fully restore both the SART and CAN/RCAT Programs at RCRMC. This includes the \$500,000 approved by the Board of Supervisors on January 25, 2005 for the CAN/RCAT Program.

Response:

The recommendation has been implemented.

The budget request from RCRMC did include the \$1.7 million funding request.

Number 5:

RCRMC by July 1, 2005, restore fully accredited SART and CAN/RCAT Programs that meet the guidelines depicted in the SART Activation Flow Chart (Attachment 1).

Response:

The recommendation will not be implemented by the date given.

Please see Finding number 11, c.

The SART hours of operation have been expanded in a step-wise manner, consistent with standards and protocols and required training/proctoring. CAN/RCAT hours of operation have also been expanded and will be

further expanded to include 24/7 on-call availability when the Chadwick Center contract is finalized. The activation flow chart is consistent with what occurs, except that RCRMC also provides for a social work consultation with all abuse and sexual assault victims to assess for safety of the victim. RCRMC is committed to a multi-disciplinary team process that will review practice with each partner agency to ensure the SART activation and intervention are well coordinated for the victim and each respective agency's needs.

Number 6:

RCRMC CEO appoint the Chief Nursing Officer to oversee the restoration of the SART and CAN/RCAT Programs; resolve service issues; update protocols as needed; and apprise law enforcement agencies of the availability of SART and CAN/RCAT Services.

Response:

The recommendation will not be implemented.

The CEO will direct the Hospital Medical Director to oversee the Center of Excellence for Abuse Related Services programs. The Medical Director will ensure medical examiners and program directors and managers are successfully addressing service issues, updating protocols and collaborating with law enforcement and other stakeholders regarding the availability of SART and CAN/RCAT services.

Number 7:

RCRMC begin to bill law enforcement agencies for the cost of sexual assault examinations as authorized by California Penal Code Section 13823.95 effective immediately.

Response:

The recommendation has been implemented

The Board approved the rate of \$900 per examination on July 26, 2005 (agenda item 3.53).

Number 8:

By July 1, 2005, RCRMC complete the SART proctoring process for Nurse Practitioners by:

- **Establishing on-call pay through classification as a per diem.**

- ***Expediting required supervised training at RCRMC and through affiliation with Rancho Springs Medical Center***

Response:

The recommendation has been partially implemented.

In May of 2005, the CEO and the County Executive Office approved reclassifying the Sexual Assault Nurse Examiners from temporary employees to per diem employees, allowing for on-call pay. Upon this change, RCRMC immediately expanded the SART hours to the current coverage of 7:30 a.m.-12:00 midnight, Monday through Friday. As Nurse Examiners complete proctoring and are cleared for independent practice, the call pay will allow for hours to be extended to weekend and nights in a step-wise manner.

The affiliation with Rancho Springs has not been implemented and is on hold pending further dialogue with the District Attorney's office and review of RSMC findings. RCRMC SART SANE's are receiving supervised training by two expert SANE nurses at RCRMC at this time. They are also receiving onsite peer review, as well as physician review.

Number 9:

The Riverside County Board of Supervisors approve funding in the amount of \$1.7 million, if not yet included in RCRMC's 2005/2006 fiscal budget request, to restore by July 1, 2005, fully accredited SART and CAN/RCAT Programs, which must include physician oversight and peer review for victims in Riverside County.

Response:

The recommendation has been implemented.