# A Survey of Illinois Hospitals to Examine the Potential Use of Tele-Health to Increase Sexual Assault Survivors’ Access to “Qualified Medical Providers,” as defined under Public Act 100-0775.

Contents

[A Survey of Illinois Hospitals to Examine the Potential Use of Tele-Health to Increase Sexual Assault Survivors’ Access to “Qualified Medical Providers,” as defined under Public Act 100-0775. 1](#_Toc1206643489)

[Phase I Questions: 1](#_Toc832721360)

[Questions of all Hospitals surveyed: 1](#_Toc946195411)

[Questions for Hospitals that Respond yes to Transfer Hospital 1](#_Toc599901253)

[Current Status questions 1](#_Toc1209600724)

[Telehealth Questions 4](#_Toc715903170)

[Questions for Treatment Hospital with Approved Pediatric Transfer: 5](#_Toc788912838)

[Current Status questions: 5](#_Toc1976683335)

[Telehealth Questions 8](#_Toc473580476)

[Telehealth Questions 8](#_Toc1010369152)

[Questions for Hospitals that Respond yes to Treatment Hospital 9](#_Toc811609633)

[Current Status 9](#_Toc1682317696)

[Telehealth Questions 11](#_Toc1053290769)

[Telehealth Questions 11](#_Toc318886712)

[Questions of all Hospitals surveyed: 13](#_Toc1912420431)

[Short Survey Questions 13](#_Toc249568951)

[Phase II In-Depth Questions: 14](#_Toc1528178527)

# Phase I Questions:

## Questions of all Hospitals surveyed:

* Hospital Name:
* Survey Respondent Title and Role at Hospital:
* Survey Respondent Contact Info:
* Under the new requirements under Public Act 100-0775, which expands the Sexual Assault Survivors Emergency Treatment Act, does your hospital have plan to be a:
	+ Treatment Hospital
	+ Treatment Hospital with Approved Pediatric Transfer
	+ Transfer Hospital

## Questions for Hospitals that Respond yes to Transfer Hospital

Current Status questions:

* Are you currently providing acute medical forensic services[[1]](#footnote-1) to pediatric patients (patients under the age of 13)?
	+ (If yes) When do you plan to stop providing acute medical forensic services to pediatric patients (under the age of 13)? (Answer with month/ year)
	+ (If no) Have you provided acute medical forensic services to pediatric patients (under the age of 13) in the past?
		- (If yes) When did your hospital discontinue these services? (Answer with month/year)
* Are you currently providing acute medical forensic services[[2]](#footnote-2) to adult patients?
	+ (If yes) When do you plan to stop providing acute medical forensic services to adult patients (those over the age of 13)? (Answer with month/ year)
	+ (If no) Have you provided acute medical forensic services to adult patients (over the age of 13) in the past?
		- (If yes) When did your hospital discontinue these services? (Answer with month/year)
* What are the barriers to offering and/or continuing to offer acute medical forensic services? (Check all that apply)
	+ Budget reasons
		- (If yes:) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this service
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Lack of staff with expertise to provide medical forensic services for adults (over the age of 13)
	+ Lack of staff with expertise to provide medical forensic services for pediatric patients (under 13)
	+ Not a priority for hospital administration
	+ Not enough volume of adult patients with require medical forensic services
	+ Not enough volume of pediatric patients who require medical forensic services
	+ Other:\_\_\_\_\_\_\_\_
* How many Child Abuse Pediatricians do you have on staff? Enter 0 if your hospital does not have any on staff. If you are not sure of the number, please enter NS.
	+ Of those how many are board-eligible child abuse pediatricians?
	+ Of those how many are board-certified child abuse pediatricians?
* How many adult and adolescent sexual assault nurse examiners do you have? Enter 0 if your hospital does not have any on staff. If you are not sure of the number, please enter NS.
	+ Of those how many are Illinois approved Adult and Adolescent SANEs?
	+ Of those how many are IAFN certified SANE-As?
	+ Of those how many are both Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
* How many pediatric sexual assault nurse examiners do you have? Enter 0 if your hospital does not have any on staff. If you are not sure of the number, please enter NS.
	+ Of those how many are Illinois approved Pediatric SANEs?
	+ Of those how many are IAFN certified SANE-Ps?
	+ Of those how many are both Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
* How many Illinois approved sexual assault forensic examiners (SAFE) do you have on staff? Enter 0 if your hospital does not have any on staff. If you are not sure of the number, please enter NS.
* What would be your ideal staffing of qualified medical providers that would allow for your hospital to care for sexual assault patients safely and consistently? [[3]](#footnote-3) Enter 0 if your hospital does not have any on staff. If you are not sure of the number, please enter NS.
	+ \_\_\_\_\_\_\_\_\_\_\_\_ (number)
		- What would be your ideal number of providers listed below that would allow your hospital to care for sexual assault patients safely and consistently of:
			* Board-certified or board-eligible child abuse pediatricians: \_\_\_\_\_\_\_\_
			* Adult and adolescent sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs?
				+ Of those how many would ideally be IAFN certified SANE-As?
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
			* Pediatric sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Pediatric SANEs?
				+ Of those how many would ideally be IAFN certified SANE-Ps?
				+ Of those how many would ideally be Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
	+ If you were unsure of the number of staff and their qualifications on any of the prior questions, can we follow-up to better understand your hospital's staffing structure?
		- Yes
		- No
		- I did not enter not sure or NS on any of the prior questions
	+ (If yes) Who should we reach out to?
		- You can reach out to me
		- You can reach out to another person (please specify below their name, title, and email address)
	+ I am unsure what my ideal staffing levels would be
		- I am unsure due to:
			* Uncertainty of volume
			* Budget issues
			* Not a staffing priority for hospital administration
			* Other: \_\_\_\_\_\_\_\_\_\_\_
* What are the barriers to achieving your ideal staffing levels of board-certified or board-eligible child abuse pediatricians, SANEs, and SAFEs on staff? (Check all that apply)
	+ No barriers
	+ Budget issues
		- (If yes:) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this issue
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Unable to find qualified applicants
	+ Unable to find staff interested in becoming a qualified medical provider
	+ Staff turn-over related to this role
		- (optional) Further explain why there have been issues of staff turn-over: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Not a priority for hospital administration
	+ Education Issues
		- (If yes): Please indicate if education issues are related to
			* Cost of training
			* Availability of training
			* Length of time to complete training
			* Other
	+ Not enough volume of patients who would benefit from services offered by these providers
	+ Other: \_\_\_\_\_\_\_\_\_\_\_
* Where do you plan to transfer your adult survivors of sexual assault?
* Where do you plan to transfer your pediatric survivors of sexual assault?
* How many sexual assault victims does your hospital project will need to be transferred to a Treatment hospital due to the new SASETA regulations?
* Do you anticipate any barriers to their transfer? If so, what barriers?

Burden to survivor:

(If yes:) Please indicate whether you anticipate that the burden on the survivor is related to

Distance

Increased stress and anxiety

Logistical difficulties of transfer

Unable to find facility to transfer to/no one in region has the resource

Poor outcomes

(If yes:) Please indicate whether you anticipate that the poor outcomes are related to:

Delay in evidence collection/loss of evidence

Poor outcome due to delay in time sensitive medical treatment (i.e. prophylaxis, treatment of medical issue)

### Telehealth Questions

* Does your hospital or ED currently provide telehealth for services other than sexual abuse/assault? (Yes/No)
	+ - (If yes, check all that apply)
			* Tele-stroke
			* Review of patient photos
			* Review of radiology images
			* Synchronous consultations (i.e. video conference with patient or consult service)
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- Do you have telehealth equipment in the ED?
			* (If yes),
				+ I-pads
				+ Telehealth Mobile Cart
				+ Video Conferencing Technology (technology that allows for live audio and visual connections)

(If yes) Does your video conferencing technology include: (check all that apply):

Monitor Display

Microphones

Cameras

Webcams

Speakers

Internet

Video Conferencing Software (i.e. Zoom, Skype, Facebook Live)

If yes, what type of software: \_\_\_\_\_\_\_\_\_\_ or unsure

* Would your hospital consider becoming a Treatment hospital, if you had access to telehealth consultation services with Qualified Medical Providers (as defined in Public Act 100-0775)?
	+ If yes, which of these modalities of telehealth services would best assist your hospital. (If select more than one, have the follow-up option to rank which modality would be most helpful).
		- *Asynchronous telehealth:* Delivery of health care data (such as patient information, description of bruise marks, forensic photography, documentation, and decision making or abuse findings) to a qualified medical provider for evaluation. Access to the provider would not be in real time.
		- *Synchronous or Live Video-Conferencing*: Access to a qualified medical provider in real time via video-conferencing. This provider can help evaluate the patient alongside your hospital’s health care providers.
	+ Explain how you could envision asynchronous or synchronous/ live video conference telehealth helping your hospital in the treatment of pediatric survivors of sexual assault. (Open ended- will be multiple questions if multiple modes of telehealth are selected)
	+ At what stage in the sexual assault evaluation would you envision needing to access telehealth services? (select all that apply)
		- During the initial intake (obtaining patient history)
		- During the physical examination
		- During the collection of evidence
		- Documentation of evidence
		- Follow-up care (such as STI evaluation/ referrals to resources/ reporting procedures)
		- Review of case, charting, and pictures after evaluation is complete
	+ Would your hospital be willing to pay a fee to support a telehealth program for survivors of sexual assault?
		- No
		- Yes (select all that apply)
			* Flat fee per case
			* Variable fee based on complexity of case/ time spent on consultation
			* Per hour (or another fixed unit of time)
			* Subscription-based (for example: 24/7 subscription or overnight subscription)
	+ What are the barriers to pursuing telehealth as an option?
		- Cost
		- Insufficient reimbursement
		- Legal liability
		- Security of Data
		- Equipment
		- Concern that telehealth may lead to interruption of workflow or interoperability issues.
		- Technically challenged staff
		- Organization resistance to change
		- Other:­\_\_\_\_\_\_\_\_\_\_\_\_
	+ For which population(s) do you envision using telehealth to allow your hospital to better provide consistent and quality care? (Check all that apply).
		- Pediatric survivors of sexual assault (under the age of 13)
		- Adolescents survivors of sexual assault (over 13-18)
		- Adult populations (18+)
	+ Does your hospital have social work support for psychosocial assessments and reporting?
		- (If yes) Would your hospital be interested in additional social work support via telehealth?
		- (If no) Would your hospital be interested in social work support via telehealth?

## Questions for Treatment Hospital with Approved Pediatric Transfer:

### Current Status questions:

* What factors were most instrumental in allowing you to treat adult patients? (rank most helpful to least helpful)
	+ Adequate resources/ no Budget issues
	+ Ability to recruit qualified applicants
	+ A priority for hospital administration
	+ Enough volume of patients who would benefit from services offered by these providers
	+ Other: \_\_\_\_\_\_\_\_\_\_\_
* Are you currently providing acute medical forensic services[[4]](#footnote-4) to pediatric patients (patients under the age of 13)?
	+ (If yes) When do you plan to stop providing acute medical forensic services to pediatric patients (under the age of 13)? (Answer with month/ year)
	+ (If no) Have you provided acute medical forensic services to pediatric patients (under the age of 13) in the past?
		- (If yes) When did your hospital discontinue these services? (Answer with month/year)
* What are the barriers to offering and/or continuing to offer acute medical forensic services to pediatric patients? (Chose all that apply)
	+ Budget issues
		- (If yes: ) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this issue
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Lack of staff with expertise on the issue
	+ Not a priority for hospital administration
	+ Not enough volume of patients with this concern
	+ Other:\_\_\_\_\_\_\_\_
* How many Child Abuse Pediatricians do you have on staff?
	+ Of those how many are board-eligible child abuse pediatricians?
	+ Of those how many are board-certified child abuse pediatricians?
* How many adult and adolescent sexual assault nurse examiners do you have?
	+ Of those how many are Illinois approved Adult and Adolescent SANEs?
	+ Of those how many are IAFN certified SANE-As?
	+ Of those how many are both Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
* How many pediatric sexual assault nurse examiners do you have?
	+ Of those how many are Illinois approved Pediatric SANEs?
	+ Of those how many are Illinois approved pediatric SANEs?
	+ Of those how many are IAFN certified SANE-Ps?
	+ Of those how many are both Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
* How many Illinois approved sexual assault forensic examiners do you have on staff?
* What would your ideal staffing of qualified medical providers:[[5]](#footnote-5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_ (number)
		- What would be your ideal staffing of:
			* Board-certified or board-eligible child abuse pediatricians: \_\_\_\_\_\_\_\_
			* Adult and adolescent sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs?
				+ Of those how many would ideally be IAFN certified SANE-As?
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
			* Pediatric sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Pediatric SANEs?
				+ Of those how many would ideally be Illinois approved pediatric SANEs?
				+ Of those how many would ideally be IAFN certified SANE-Ps?
				+ Of those how many would ideally be Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
	+ I am unsure what my ideal staffing levels would be
		- I am unsure due to:
			* Uncertainty of volume
			* Budget issues
			* Not a staffing priority for hospital administration
			* Other: \_\_\_\_\_\_\_\_\_\_\_
* What are the barriers to achieving your ideal staffing levels of board-certified or board-eligible child abuse pediatricians, SANEs, and SAFEs on staff? (Check all that apply)
	+ No barriers
	+ Budget issues
		- (If yes: ) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this issue
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Unable to find qualified applicants
	+ Unable to find staff interested in becoming a qualified medical provider
	+ Staff turn-over related to this role
		- (optional) Further explain why there have been issues of staff turnover:\_\_\_\_\_\_\_\_\_\_\_\_
	+ Not a priority for hospital administration
	+ Education Issues
		- (If yes): Please indicate if education issues are related to
			* Cost of training
			* Availability of training
			* Length of time to complete training
			* Other
	+ Not enough volume of patients who would benefit from services offered by these providers
	+ Other: \_\_\_\_\_\_\_\_\_\_\_
* Where do you plan to transfer your pediatric survivors of sexual assault?
* How many sexual assault victims does your hospital project will need to be transferred to a Treatment hospital due to the new SASETA regulations?
* Do you anticipate any barriers to their transfer? If so, what barriers?

Burden to survivor:

(If yes:) Please indicate whether you anticipate that the burden on the survivor is related to

Distance

Increased stress and anxiety

Logistical difficulties of transfer

Unable to find facility to transfer to/no one in region has the resource

Poor outcomes

(If yes:) Please indicate whether you anticipate that the poor outcomes is related to

Delay in evidence collection/loss of evidence

Poor outcome: delay in time sensitive medical treatment (i.e. prophylaxis, treatment of medical issue)

### Telehealth Questions

### Telehealth Questions

* Does your hospital or ED currently provide telehealth for services other than sexual abuse/assault? (Yes/No)
	+ - (If yes, check all that apply)
			* Tele-stroke
			* Review of patient photos
			* Review of radiology images
			* Synchronous consultations (i.e. video conference with patient or consult service)
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- Do you have telehealth equipment in the ED?
			* (If yes),
				+ I-pads
				+ Telehealth Mobile Cart
				+ Video Conferencing Technology (technology that allows for live audio and visual connections)

(If yes) Does your video conferencing technology include: (check all that apply):

Monitor Display

Microphones

Cameras

Webcams

Speakers

Internet

Video Conferencing Software (i.e. Zoom, Skype, Facebook Live)

If yes, what type of software: \_\_\_\_\_\_\_\_\_\_ or unsure

* Would your hospital consider becoming a Treatment hospital, if you had access to telehealth consultation services with Qualified Medical Providers (as defined in Public Act 100-0775)?
	+ If yes, which of these modalities of telehealth services would best assist your hospital. (If select more than one, have the follow-up option to rank which modality would be most helpful).
		- *Asynchronous telehealth:* Delivery of health care data (such as patient information, description of bruise marks, forensic photography, documentation, and decision making or abuse findings) to a qualified medical provider for evaluation. Access to the provider would not be in real time.
		- *Synchronous or Live Video-Conferencing*: Access to a qualified medical provider in real time via video-conferencing. This provider can help evaluate the patient alongside your hospital’s health care providers.
	+ Explain how you could envision asynchronous or synchronous/ live video conference telehealth helping your hospital in the treatment of pediatric survivors of sexual assault. (Open ended- will be multiple questions if multiple modes of telehealth are selected)
	+ At what stage in the sexual assault evaluation would you envision needing to access telehealth services? (select all that apply)
		- During the initial intake (obtaining patient history)
		- During the physical examination
		- During the collection of evidence
		- Documentation of evidence
		- Follow-up care (such as STI evaluation/ referrals to resources/ reporting procedures)
		- Review of case, charting, and pictures after evaluation is complete
	+ Would your hospital be willing to pay a fee to support a telehealth program for survivors of sexual assault?
		- No
		- Yes (select all that apply)
			* Flat fee per case
			* Variable fee based on complexity of case/ time spent on consultation
			* Per hour (or another fixed unit of time)
			* Subscription-based (for example: 24/7 subscription or overnight subscription)
	+ What are the barriers to pursuing telehealth as an option?
		- Cost
		- Insufficient reimbursement
		- Legal liability
		- Security of Data
		- Equipment
		- Concern that telehealth may lead to interruption of workflow or interoperability issues.
		- Technically challenged staff
		- Organization resistance to change
		- Other:­\_\_\_\_\_\_\_\_\_\_\_\_
	+ For which population(s) do you envision using telehealth to allow your hospital to better provide consistent and quality care? (Check all that apply).
		- Pediatric survivors of sexual assault (under the age of 13)
		- Adolescents survivors of sexual assault (over 13-18)
		- Adult populations (18+)
	+ Does your hospital have social work support for psychosocial assessments and reporting?
		- (If yes) Would your hospital be interested in additional social work support via telehealth?
		- (If no) Would your hospital be interested in social work support via telehealth?

## Questions for Hospitals that Respond yes to Treatment Hospital

### Current Status

* What factors were most instrumental in allowing you to become/ remain a Treatment hospital? (rank most helpful to least helpful)
	+ Adequate resources/ no Budget issues
	+ Ability to recruit qualified applicants
	+ A priority for hospital administration
	+ Enough volume of patients who would benefit from services offered by these providers
	+ Other: \_\_\_\_\_\_\_\_\_\_\_
* How many Child Abuse Pediatricians do you have on staff?
	+ Of those how many are board-eligible child abuse pediatricians?
	+ Of those how many are board-certified child abuse pediatricians?
* How many adult and adolescent sexual assault nurse examiners do you have?
	+ Of those how many are Illinois approved Adult and Adolescent SANEs?
	+ Of those how many are IAFN certified SANE-As?
	+ Of those how many are both Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
* How many pediatric sexual assault nurse examiners do you have?
	+ Of those how many are Illinois approved Pediatric SANEs?
	+ Of those how many are Illinois approved pediatric SANEs?
	+ Of those how many are IAFN certified SANE-Ps?
	+ Of those how many are both Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
* How many Illinois approved sexual assault forensic examiners do you have on staff?
* What would your ideal staffing of qualified medical providers:[[6]](#footnote-6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_ (number)
		- * Board-certified or board-eligible child abuse pediatricians: \_\_\_\_\_\_\_\_
			* Adult and adolescent sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs?
				+ Of those how many would ideally be IAFN certified SANE-As?
				+ Of those how many would ideally be Illinois approved Adult and Adolescent SANEs and IAFN certified SANE-As?
			* Pediatric sexual assault nurse examiners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
				+ Of those how many would ideally be Illinois approved Pediatric SANEs?
				+ Of those how many would ideally be Illinois approved pediatric SANEs?
				+ Of those how many would ideally be IAFN certified SANE-Ps?
				+ Of those how many would ideally be Illinois approved pediatric SANEs and IAFN certified SANE-Ps?
	+ I am unsure what my ideal staffing levels would be
		- I am unsure due to:
			* Uncertainty of volume
			* Budget issues
			* Not a staffing priority for hospital administration
			* Other: \_\_\_\_\_\_\_\_\_\_\_
* What are the barriers to achieving your ideal staffing levels of board-certified or board-eligible child abuse pediatricians, SANEs, and SAFEs on staff? (Check all that apply)
	+ No barriers
	+ Budget issues
		- (If yes:) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this issue
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Unable to find qualified applicants
	+ Unable to find staff interested in becoming a qualified medical provider
	+ Staff turn-over related to this role
		- (optional) Further explain why there have been issues of staff turn-over:\_\_\_\_\_\_\_\_\_\_\_\_
	+ Not a priority for hospital administration
	+ Education Issues
		- (If yes): Please indicate if education issues are related to
			* Cost of training
			* Availability of training
			* Length of time to complete training
			* Other
	+ Not enough volume of patients who would benefit from services offered by these providers
	+ Other: \_\_\_\_\_\_\_\_\_\_\_
* With which hospitals do you currently have or plan to have a written agreement to accept transfer of pediatric survivors of sexual assault?
* With which hospitals do you currently have or plan to have a written agreement to accept transfer of adult survivors of sexual assault?
* Do you anticipate any barriers to the transfer of survivors of sexual assault to your facility? (yes/no)
	+ (If yes) What are the barriers to the transfer of care?
		- Loss of follow-up during transfer process (explain)
		- Evidence collection issues (explain)
		- Inability to assist patients in the required timeframe (explain)
		- Staffing issues (explain)
		- Inadequate resources (explain)
		- Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (explain)
	+ If you have identified barriers, would telehealth help to alleviate any of these barriers (yes/no)
		- (If yes) Explain how telehealth could help address these barriers (open ended).

### Telehealth Questions

### Telehealth Questions

* Does your hospital or ED currently provide telehealth for services other than sexual abuse/assault? (Yes/No)
	+ - (If yes, check all that apply)
			* Tele-stroke
			* Review of patient photos
			* Review of radiology images
			* Synchronous consultations (i.e. video conference with patient or consult service)
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- Do you have telehealth equipment in the ED?
			* (If yes),
				+ I-pads
				+ Telehealth Mobile Cart
				+ Video Conferencing Technology (technology that allows for live audio and visual connections)

(If yes) Does your video conferencing technology include: (check all that apply):

Monitor Display

Microphones

Cameras

Webcams

Speakers

Internet

Video Conferencing Software (i.e. Zoom, Skype, Facebook Live)

If yes, what type of software: \_\_\_\_\_\_\_\_\_\_ or unsure

* Would your hospital consider becoming a Treatment hospital, if you had access to telehealth consultation services with Qualified Medical Providers (as defined in Public Act 100-0775)?
	+ If yes, which of these modalities of telehealth services would best assist your hospital. (If select more than one, have the follow-up option to rank which modality would be most helpful).
		- *Asynchronous telehealth:* Delivery of health care data (such as patient information, description of bruise marks, forensic photography, documentation, and decision making or abuse findings) to a qualified medical provider for evaluation. Access to the provider would not be in real time.
		- *Synchronous or Live Video-Conferencing*: Access to a qualified medical provider in real time via video-conferencing. This provider can help evaluate the patient alongside your hospital’s health care providers.
	+ Explain how you could envision asynchronous or synchronous/ live video conference telehealth helping your hospital in the treatment of pediatric survivors of sexual assault. (Open ended- will be multiple questions if multiple modes of telehealth are selected)
	+ At what stage in the sexual assault evaluation would you envision needing to access telehealth services? (select all that apply)
		- During the initial intake (obtaining patient history)
		- During the physical examination
		- During the collection of evidence
		- Documentation of evidence
		- Follow-up care (such as STI evaluation/ referrals to resources/ reporting procedures)
		- Review of case, charting, and pictures after evaluation is complete
	+ Would your hospital be willing to pay a fee to support a telehealth program for survivors of sexual assault?
		- No
		- Yes (select all that apply)
			* Flat fee per case
			* Variable fee based on complexity of case/ time spent on consultation
			* Per hour (or another fixed unit of time)
			* Subscription-based (for example: 24/7 subscription or overnight subscription)
	+ What are the barriers to pursuing telehealth as an option?
		- Cost
		- Insufficient reimbursement
		- Legal liability
		- Security of Data
		- Equipment
		- Concern that telehealth may lead to interruption of workflow or interoperability issues.
		- Technically challenged staff
		- Organization resistance to change
		- Other:­\_\_\_\_\_\_\_\_\_\_\_\_
	+ For which population(s) do you envision using telehealth to allow your hospital to better provide consistent and quality care? (Check all that apply).
		- Pediatric survivors of sexual assault (under the age of 13)
		- Adolescents survivors of sexual assault (over 13-18)
		- Adult populations (18+)
	+ Does your hospital have social work support for psychosocial assessments and reporting?
		- (If yes) Would your hospital be interested in additional social work support via telehealth?
		- (If no) Would your hospital be interested in social work support via telehealth?

## Questions of all Hospitals surveyed:

If you are unsure about where your hospital will transfer patients and/or accept transfer patients, is it due to: (select all that apply)

* Currently in process of negotiating an agreement
* Agreement with hospital (s) fell through
* Have not yet started the process of finding a hospital to transfer patients
* Hospitals have not yet reached out (if Treatment hospital)
* I \*am\* sure about where my hospital will transfer patients or accept transfer patients

Any other comments or questions?

# Short Survey Questions

* What are the barriers to offering and/or continuing to offer acute medical forensic services? (Check all that apply)
	+ Budget reasons
		- (If yes:) Please indicate whether the budget issues are related to:
			* Insufficient reimbursement for services
			* COVID-19 related budget issues
			* Lack of funding allocated to this service
			* Other: \_\_\_\_\_\_\_\_\_\_\_\_
	+ Lack of staff with expertise to provide medical forensic services for adults (over the age of 13)
	+ Lack of staff with expertise to provide medical forensic services for pediatric patients (under 13)
	+ Not a priority for hospital administration
	+ Not enough volume of adult patients with require medical forensic services
	+ Not enough volume of pediatric patients who require medical forensic services
	+ Other:\_\_\_\_\_\_\_\_
* Does your hospital or ED currently provide telehealth for services other than sexual abuse/assault? (Yes/No)
* Would these tele-health modalities help your hospital better serve sexual abuse/assault survivors
	+ *Asynchronous telehealth:* Delivery of health care data (such as patient information, description of bruise marks, forensic photography, documentation, and decision making or abuse findings) to a qualified medical provider for evaluation. Access to the provider would not be in real time.
		- No, not helpful
		- Somewhat helpful
		- Helpful
		- Very Helpful
	+ *Synchronous or Live Video-Conferencing*: Access to a qualified medical provider in real time via video-conferencing. This provider can help evaluate the patient alongside your hospital’s health care providers.
		- No, not helpful
		- Somewhat helpful
		- Helpful
		- Very Helpful
* Would your hospital be willing to pay a fee to support a telehealth program for survivors of sexual assault?
	+ - Yes
		- No
* What are the barriers to pursuing telehealth as an option?
	+ - Cost
		- Insufficient reimbursement
		- Legal liability
		- Security of Data
		- Equipment
		- Concern that telehealth may lead to interruption of workflow or interoperability issues.
		- Technically challenged staff
		- Organization resistance to change
		- Other:\_\_\_\_\_\_\_\_\_\_\_\_
* At what stage in the sexual assault evaluation would you envision needing to access telehealth services? (select all that apply)
	+ - During the initial intake (obtaining patient history)
		- During the physical examination
		- During the collection of evidence
		- Documentation of evidence
		- Follow-up care (such as STI evaluation/ referrals to resources/ reporting procedures)
		- Review of case, charting, and pictures after evaluation is complete

# Phase II In-Depth Questions:

Under the new requirements under Public Act 100-0775, which expands the Sexual Assault Survivors Emergency Treatment Act, does your hospital have plans to be a:

* Treatment Hospital
* Treatment Hospital with Approved Pediatric Transfer
* Transfer Hospital

Can you walk me through the process of how you take care of pediatric and/ or adult patients who require medical forensic services?

How does your hospital ensure the necessary staffing resources to provide adequate care for patients that require medical forensic services?

How are your sexual assault evaluations currently funded?

Do you feel that you are adequately compensated for sexual assault evaluations? If not, what would be a sufficient reimbursement level for these examinations?

Has your hospital invested in telehealth?

Does your hospital or ED currently provide telehealth for services other than sexual abuse/assault? If so, what kind of services?

What telehealth equipment does your Emergency Room currently use?

Explain any barriers to offering adult (over the age of 13) sexual assault services. Would telehealth allow for you to overcome any of these barriers? If so, explain.

Explain any barriers to offering pediatric sexual assault services. Would telehealth allow for you to overcome any of these barriers? If so, explain.

Do you envision telehealth supporting your Pediatric survivors of sexual assault (under the age of 13), Adolescents survivors of sexual assault (over 13-18) and/ or Adult populations (18+)? Which population would be a priority?

Would your hospital be interested in social work support via telehealth? If so, for what populations (pediatric or adults)?

Would your hospital be open to using *Asynchronous telemedicine?* If yes, explain how you envision this mode of telehealth being used.

Would your hospital be open to using *Live Video Conferencing*? If yes, explain how you envision this mode of telehealth being used.

Which mode of telehealth (asynchronous telemedicine or live video-conferencing) would be most useful? Least helpful?

At what stage(s) in the sexual assault evaluation would you envision needing to access telehealth services? Explain how you envision telehealth helping your staff at each stage you mentioned.

What barriers / challenges have you encountered?

Any additional questions or comments?

1. A complaint of sexual assault that occurred within the last 7 days or within the care of past sexual assault or abuse by a specific individual within the last 7 days [↑](#footnote-ref-1)
2. A complaint of sexual assault that occurred within the last 7 days or within the care of past sexual assault or abuse by a specific individual within the last 7 days [↑](#footnote-ref-2)
3. "Qualified medical provider" means a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, a sexual assault forensic examiner, or a sexual assault nurse examiner who has access to photo documentation tools, and who participates in peer review. [↑](#footnote-ref-3)
4. A complaint of sexual assault that occurred within the last 7 days or within the care of past sexual assault or abuse by a specific individual within the last 7 days [↑](#footnote-ref-4)
5. "Qualified medical provider" means a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, a sexual assault forensic examiner, or a sexual assault nurse examiner who has access to photo documentation tools, and who participates in peer review. [↑](#footnote-ref-5)
6. "Qualified medical provider" means a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, a sexual assault forensic examiner, or a sexual assault nurse examiner who has access to photo documentation tools, and who participates in peer review. [↑](#footnote-ref-6)