

2004-2005 GRAND JURY REPORT

Riverside County Regional Medical Center

Sexual Assault Service

Children and Adult Programs

Background

Riverside County Regional Medical Center (RCRMC) is a 369-bed medical facility, located in the City of Moreno Valley to serve the residents of Riverside County. RCRMC provides emergency services, urgent care and primary care, and is a safety-net hospital that serves as a medical provider of last resort for the uninsured poor and disadvantaged.

RCRMC is the only public hospital in Riverside County. Its basic mission is, "...to provide the best quality of health care to all patients, regardless of race, physical ability, gender, religion, or ability to pay."

In 1989, the Child Abuse Neglect/Riverside Child Assessment Team (CAN/RCAT) Program was formed in response to the need for children ages thirteen (13) and under to be medically evaluated for alleged child abuse including physical and sexual abuse. In 1999, RCRMC formed a Sexual Assault Response Team (SART) Program for adults and adolescents ages fourteen (14) and over in response to a 1998-99 Grand Jury Investigation. When sexual assaults occurred and child and adult victims were brought to RCRMC for medical treatment, these programs brought together medical staff, rape crisis advocates, and law enforcement officials to collect forensic evidence quickly in an effort to minimize victims' stress.

HISTORY OF CAN/RCAT PROGRAM

The following features describe the delivery of service developed in 1989 for the CAN/RCAT Program:

- Children ages thirteen (13) and under were medically evaluated by a forensic pediatrician for alleged child abuse, inclusive of physical and sexual abuse, neglect, and drug endangered children removed from homes used as methamphetamine laboratories.

- CAN/RCAT partnered with agencies to support prosecutorial (criminal) and child dependency (civil) follow-up.
- In January 2003 following the resignation of the CAN/RCAT physician, RCRMC was unable to meet the needs of the community in the provision of critical medical forensic services for child abuse victims. This resulted in some children not receiving timely medical care and others being transported to San Diego County for examinations.

HISTORY OF RCRMC'S SART PROGRAM

The following features describe the delivery of service developed in 1999 for RCRMC's SART Program:

- Forensic examinations continued to be provided by a contract agency (prior to 1999, sexual assault service for Riverside County residents was provided by Law Enforcement Medical Services, a contract agency).
- Services were centralized in the Emergency Department.
- Emergency Department Nurses, who had received training for sexual assault victims fourteen (14) and older, conducted sexual assault examinations while on their regularly scheduled shifts and on an on-call basis thereafter.
- The SART Program did not have a separate operating budget and was supported through the Emergency Department's budget.
- The program did not include a medical director or a peer review process.
- In 2003, the SART Program lost credibility when the Riverside County District Attorney's Office (RCDAO) and the State of California Forensic Laboratory observed that in a number of cases SART Nurses' conclusions did not agree with photos and documentations.
- The RCRMC SART Program closed in December 2003.

Riverside County is mandated per California Penal Code Section 13823.9(b) to either provide emergency medical services to victims of sexual assault at its county hospital (RCRMC) or contract with another general acute care hospital.

The following California SART Statute and medical policy identify the responsible agency and provide guidelines for conducting the examinations:

- California Penal Code Section 13823.9 (enacted in 1985) states:
“(a) Every public or private general acute care hospital that examines a victim of sexual assault or attempted sexual assault, including child molestation, shall comply with the standards specified in Section 13823.11 and the protocol and guidelines adopted pursuant to Section 13823.5.”

*“(b) Each county with a population of more than 100,000 shall arrange that professional personnel trained in the examination of victims of sexual assault, including child molestation, shall be present or on call either in the county hospital which provides emergency medical services or in any general acute care hospital which has contracted with the county to provide emergency medical services. In counties with a population of 1,000,000 or more, the presence of these professional personnel shall be arranged in at least one general acute care hospital for each 1,000,000 persons in the county.” **As of July 1, 2004 the population of Riverside County was 1,846,095.***

“(c) Each county shall designate at least one general acute care hospital to perform examinations on victims of sexual assault, including child molestation.”
- The American College of Emergency Physicians (ACEP) Board of Directors approved a policy statement in 1992 and reaffirmed in 1999 that, *“The sexually assaulted patient, who may be an adult or child of either sex, presents special medical, psychological, and legal needs.”* Moreover, ACEP believes that all patients who report a sexual assault are entitled to prompt access to emergency medical care and competent collection of evidence that will assist in the investigation and prosecution of the incident.

Findings

1. In the 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.
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			

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

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."*
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.
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."*
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.
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.

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"*.
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.

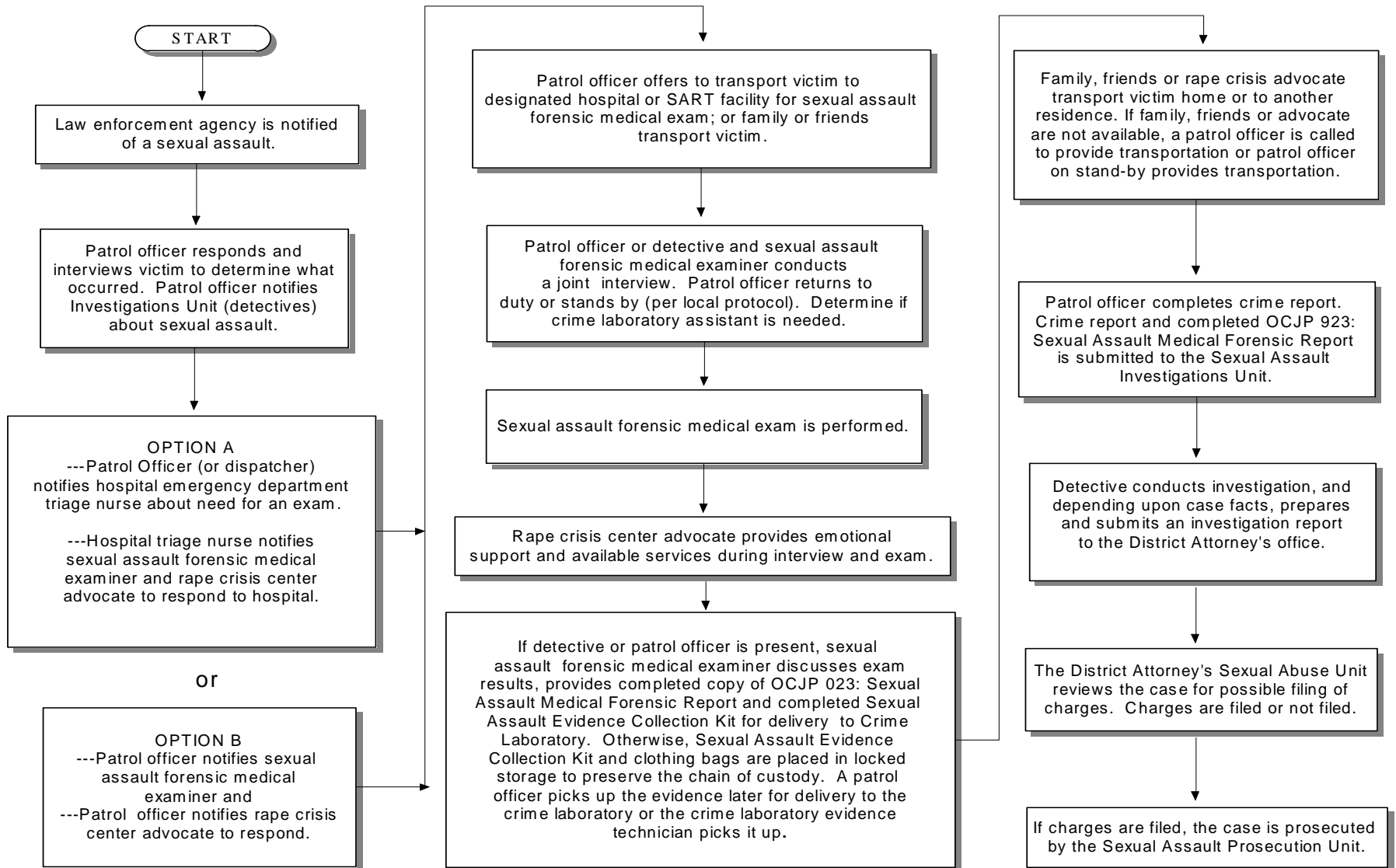
Recommendations

Riverside County Board of Supervisors Riverside County Regional Medical Center CEO

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

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

SEXUAL ASSAULT RESPONSE TEAM ACTIVATION or CALL-OUT PROCESS



ATTACHMENT #1

Report Delivered: 06/01/05
Report Public: 06/03/05
Report Response Due: 08/31/05