

Continuity of Care after Sexual Assault: A Follow-up Protocol

Authors: Mayra Espinosa, DNP, APRN, FNP-BC & Andrea Efre, DNP, APRN, ANP, FNP-C

PROBLEM STATEMENT

- In 2020 in the United States, 2.6 million Americans were sexually assaulted (Morgan & Thompson, 2022).
- Limited follow-up care delays recovery and decreases overall health and well-being of victims of assault (Short et al., 2020).
- Nationally, compliance with medical follow-up visits is poor (Centers for Disease Control [CDC], 2021). State grants and donor funding limits medical care being provided by rape centers.
- Exposure to sexually transmitted diseases [STDs] and human immunodeficiency virus [HIV] is a concern after sexual assault. Prophylactic treatments are offered for STDs, and Non-occupational Post Exposure Prophylaxis [nPEP] to prevent HIV. Patients may encounter barriers to complete this regimen, so center advocates call to confirm medication adherence, but needs assessment found only 26% of patients received a follow-up call.
- Victims of assault have a potential to develop post-traumatic stress disorder [PTSD], which is not routinely evaluated.
- A barrier to follow up and re-evaluation may result from losing contact with patients (CDC, 2021).

PROJECT PURPOSE

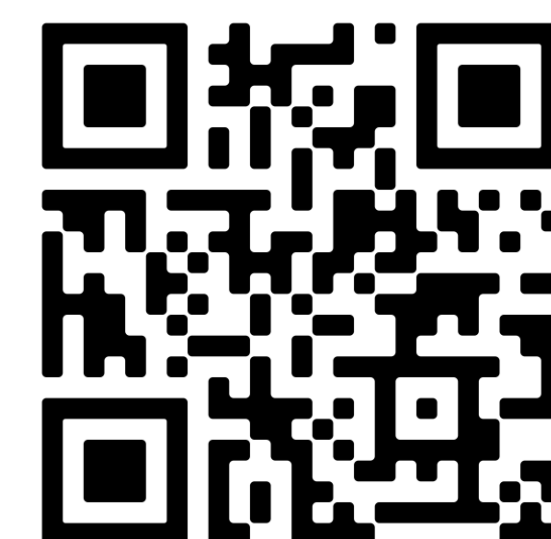
- PICOT:** In sexually assaulted individuals over age 13, will a structured follow-up protocol, compared to current practice, improve nPEP follow-up rates and identification of patients at high risk of PTSD within 90 days of implementation?

MODEL/NURSING THEORY

- Institute for Healthcare Improvement [IHI] Model for Improvement and the Plan-Do-Study-Act [PDSA] cycle guided the project and the Barker's Tidal Model of Mental Health Recovery provided the theoretical framework.

METHODS

- Population:** Patients aged 13 and older; all genders, who received a medical forensic exam and consent for follow-up.
- Setting:** Local rape crisis center in a large county in Florida.
- Instruments/Tools:** A structured Follow-up Protocol was developed to provide a framework for patient discharge planning, and a detailed checklist ensured thorough documentation.
- Trauma Screening Questionnaire [TSQ] - a PTSD assessment consisting of 10 post-trauma related questions (Brewin et al., 2002).



Scan QR Code for Follow-up Protocol and Tools

RESULTS

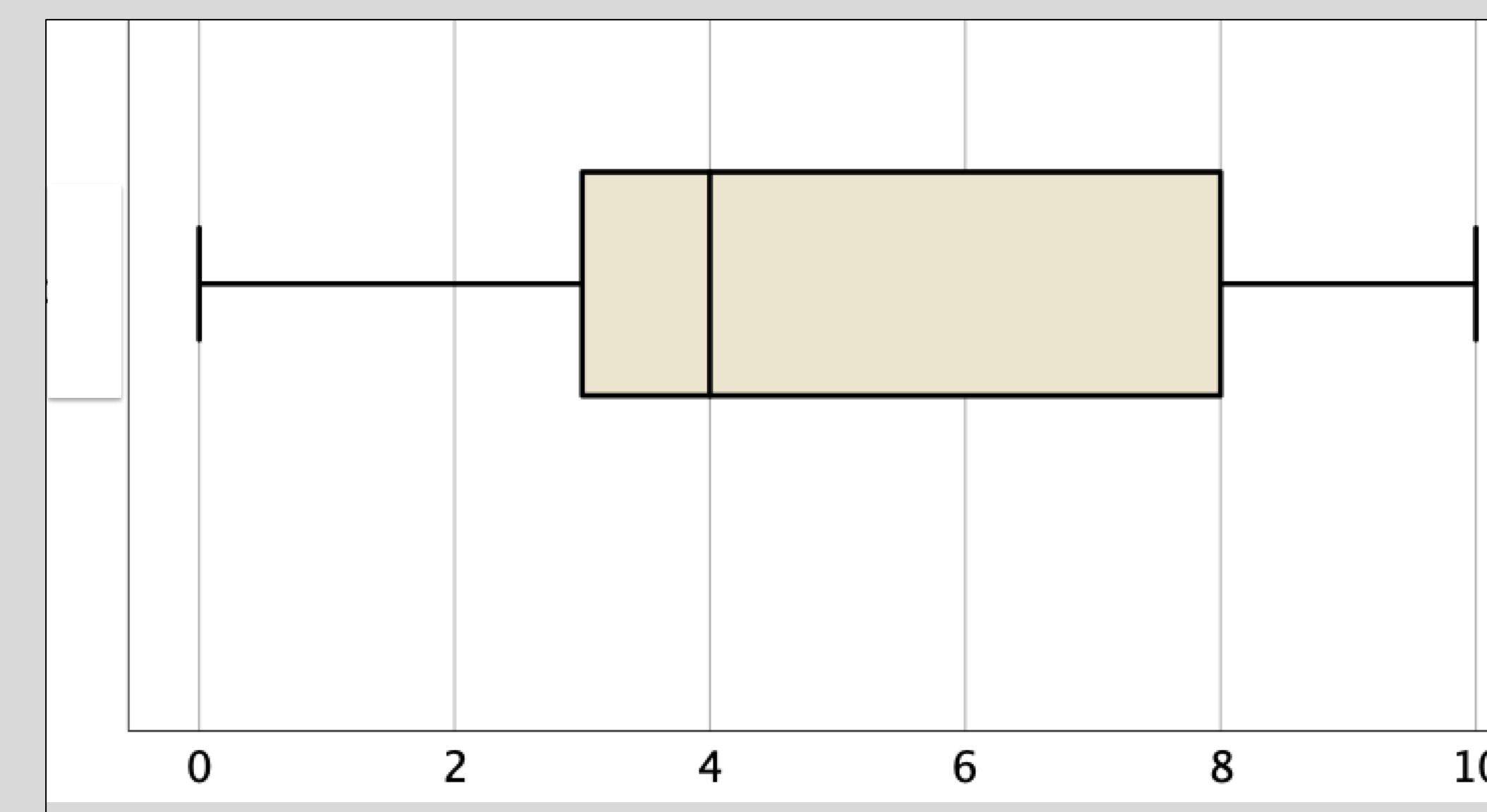
- During a 90-day implementation period between June 1 and August 30, 2023, 67 sexual assault patients were examined.
 - 91% were female (n 61), 9% were male (n 6)
 - Of the 67 patients, 59 consented to follow-up
 - 45% (n 30) received nPEP prescription

Demographic Characteristics Table

Sociodemographic data of participants	Pre-intervention		Post-intervention	
	n	%	n	%
Gender				
Female	78	100	61	91
Male	0	0	6	9
Age				
13-17 years	16	20.5	7	10.4
18-29 years	45	57.7	37	55.3
30-55 years	17	21.8	23	34.3
55+ years	0	0	0	0
Race				
White	31	39.7	31	46.2
Black	21	27	20	29.9
Hispanic	23	29.5	13	19.4
Mixed/Other	3	3.8	3	4.5

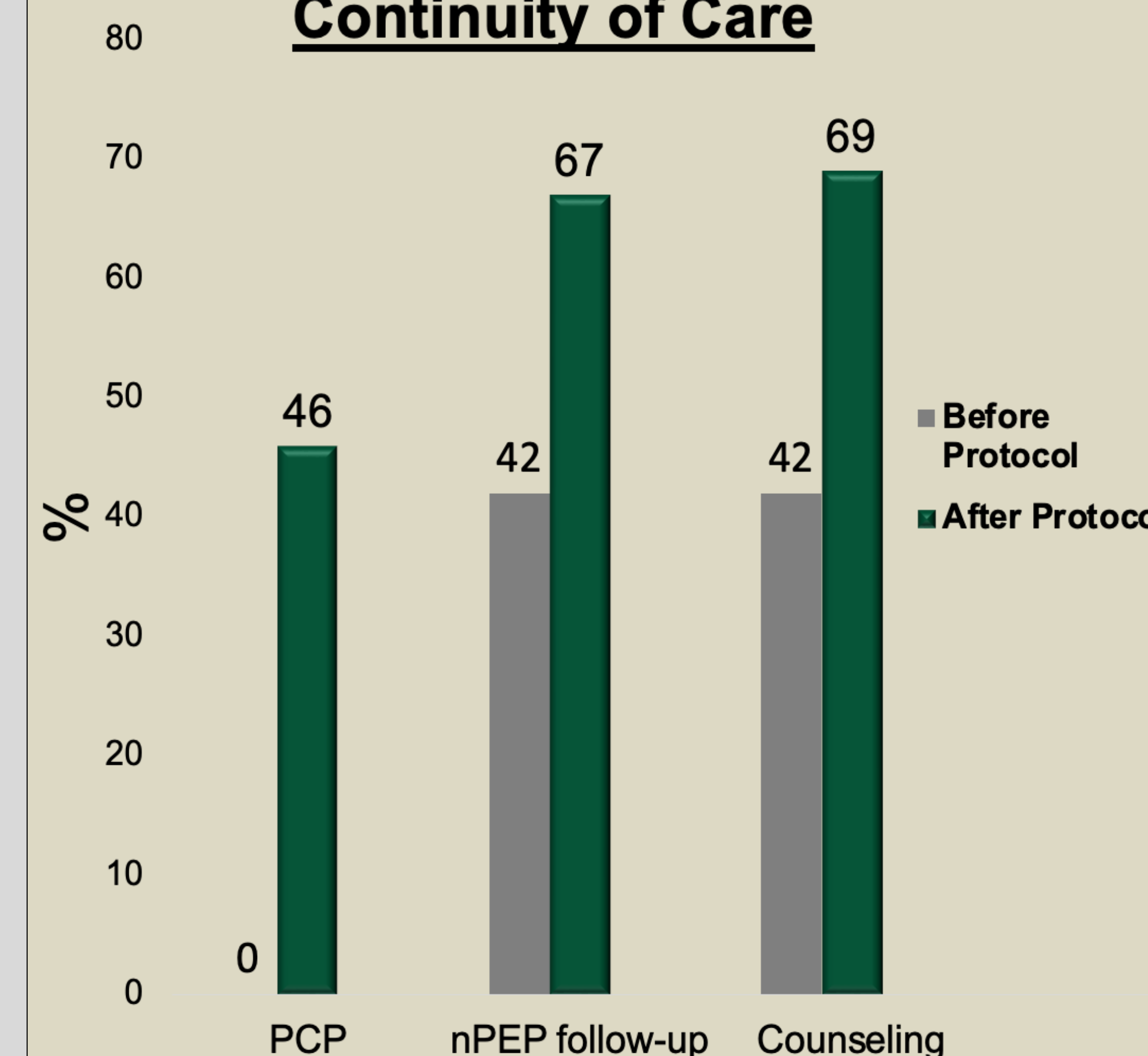
- Following implementation of the follow up protocol:
 - nPEP follow-up documentation increased by 25%, from 42% to 67% (p<0.037)
 - Medical follow-up care with a primary care provider [PCP] improved from 0% to 46% (p<0.001)
 - Counseling referrals: improved by 26% from 42% to 69% (p<0.001)
- Follow-up Checklist documented by advocates, Advanced Practice Registered Nurses [APRNs] and Registered Nurses [RNs]: 100% (p<0.001)

TSQ Results



- Screening for risk of PTSD was scored at the one-month phone call using the TSQ.
 - 49% (n 29) responded to the TSQ (p<0.001)
 - 15% (n 9) refused to answer the questionnaire, and 36% (n 21) were lost to contact [out of 59]
 - Median of 4 (IQR 3-8)
 - 41% (n 12) scored 6-10, high risk of PTSD

Continuity of Care



KEY FINDINGS

- nPEP follow-up documentation increased by 25%.
- Counseling referrals improved by 26% and medical follow-up care with a primary care provider by 46%.
- Risk of PTSD was identified as high risk in 41% of patients.

DISCUSSION

- Implementation of a structured protocol provided a guide and prioritized continuity of care. The checklist monitored follow-up and documentation by APRNs, RNs, and advocates.
- Medical follow-up to identify subsequent STDs, HIV, and other health complications after assault is needed to improve outcomes (CDC, 2021). Following exposure to HIV, follow-up monitoring is necessary due to risk of seroconversion (Dominguez et al., 2016). This protocol improved medical follow-up by 46%, and increased follow-up of nPEP by 25%
- Patients without follow-up are at greater risk of untreated PTSD, depression, and other medical complications (Bowen et al., 2019). 41% of patients were identified as high risk of PTSD that were previously unidentified. As a result of PTSD risk, counselling referrals were increased by 26%.
- Using a checklist to document follow-up identified barriers impacting continuity of care. 36% (n 21) patients were lost to contact. Circumstances that contributed included: incarceration, homelessness, and undiagnosed health or mental health complications. These patients require more support prior to discharge.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Direct and unfragmented medical care should be offered by rape centers to improve continuity of care, prevent delays in treatment, and enhance patient recovery.
- APRNs are equipped to provide sexual assault forensic exams and the subsequent medical follow-up, improving overall outcomes and continuity of care.
- Similar quality improvement projects could improve outcomes with minimal cost in rape centers across the nation.

REFERENCES

Scan QR Code for Reference List



A structured protocol improved nPEP follow-up, counselling referrals, medical follow-up, and identified risk of PTSD