

# Increasing access to forensic nurse examiner training



Pursuant to Chapter 269, Laws of 2021 (SSSB 5183)

**COMMUNITY SERVICES AND  
HOUSING DIVISION**

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Report to the Legislature

**Director Lisa Brown**

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# Executive summary

## Overview

Survivors, forensic nurse examiners and victim advocates have long identified the need for more forensically trained nurses in Washington. A forensic nurse examiner (FNE) is a Registered or Advanced Practice Nurse with specialty training to provide specialized care to survivors of sexual assault, domestic violence and/or nonfatal strangulation. Forensic nurse examiners provide necessary patient care, gather evidence, and provide testimony about their exam findings for criminal and civil proceedings. The trauma-informed treatment they provide, the evidence they gather, and the expert testimony they deliver in the courtroom are crucial to victims and their legal proceedings.

The Legislature's 2021 bill to support victims of nonfatal strangulation ([Chapter 269, Laws of 2021 \(SSB 5183\)](#), Section 3 (3)) directs the Department of Commerce's Office of Crime Victims Advocacy (OCVA) to "develop best practices that local communities may use on a voluntary basis to create more access to forensic nurse examiners [FNEs] in cases of nonfatal strangulation assault," which were to be completed and [published online by Jan. 1, 2022](#). In addition, the bill directed OCVA to "develop strategies to make [FNE] training available to nurses in all regions of the state without requiring the nurses to travel unreasonable distances and without requiring medical facilities or the nurses to incur unreasonable expenses." Commerce developed the strategies in this report in response to the second directive in the bill.

## Key findings

To understand the most common barriers preventing nurses from attending FNE training and develop strategies to address these barriers, Commerce held three stakeholder meetings and distributed a survey to subject matter experts across the state. During meetings and in response to the survey, stakeholders and subject matter experts identified the following as the most significant barriers preventing Washington nurses from accessing FNE training:

- Having to use vacation time to attend trainings
- Health care facilities' costs to excuse nurses for training
- Total out-of-pocket cost (including program fees, travel, lodging, child care and lost wages)
- Insufficient opportunities for mentorship, which are particularly impactful for nurses at smaller or rural health care facilities
- Incompatible times/locations for currently available trainings

## Summary of recommended strategies

After consulting stakeholders and subject matter experts, stakeholders recommend the following strategies to make FNE training accessible to nurses in all regions in the state without requiring unreasonable travel or expenses:

- Establish a comprehensive and sustainable FNE training fund
- Form a one-year forensic nursing workgroup to create recommendations for statewide FNE curriculum requirements, statewide protocols and procedures for forensic nurse examiners, and health care facilities' minimum standards of care for emergency assault services
- Require state health care facilities to adopt minimum standards of care for forensic medical exams

# Introduction

At the Legislature's request, Commerce's OCVA researched the health care response for people who need medical and forensic services due to sexual assault or nonfatal strangulation. Strangulation involves external compression of the victim's airway and blood vessels, causing reduced air and blood flow to the brain. Unconsciousness may occur within seconds and death within minutes.

Nonfatal strangulation rose to legislative importance because it has come to be recognized as one of the most lethal forms of domestic violence and sexual assault, and one of the best predictors for the subsequent homicide of victims of domestic violence. However, because victims may show no or minimal external signs of injury, they might leave a simple physical exam with unidentified, life-threatening internal injuries, including traumatic brain injury. Forensic nurse examiners (FNEs) must receive specialty training in nonfatal strangulation to better address serious internal injuries and reduce post-incident impacts.

## Legislative mandate

The nonfatal strangulation victims bill, [Chapter 269, Laws of 2021 \(SSB 5183\)](#), Section 3 (3), directs the Department of Commerce's (Commerce) Office of Crime Victims Advocacy (OCVA) to develop strategies to increase FNE training:

(2) The office of crime victims advocacy shall develop strategies to make forensic nurse examiner training available to nurses in all regions of the state without requiring the nurses to travel unreasonable distances and without requiring medical facilities or the nurses to incur unreasonable expenses. Among other important factors deemed relevant and appropriate by the office of crime victims advocacy, the strategies should take into account the unique challenges faced by medical facilities and nurses operating in rural areas.

(a) When developing the strategies, the office of crime victims advocacy shall consult with:

- (i) The Harborview abuse and trauma center;
- (ii) The department of health;
- (iii) The nursing care quality assurance commission;
- (iv) The Washington state nurses association;
- (v) The Washington state hospital association;
- (vi) The schools of nursing at Washington State University and the University of Washington;
- (vii) Forensic nurse practitioners; and
- (viii) Other organizations deemed appropriate by the office of crime victims advocacy.

(b) The office of crime victims advocacy shall report the strategies to the governor and the appropriate committees of the legislature no later than October 1, 2022.

Chapter 269, Laws of 2021, also added forensic medical examinations for victims of nonfatal strangulation to the services for which hospitals and emergency medical facilities can be reimbursed by the state's Crime Victim Compensation Program. The exam must be performed for the purpose of gathering evidence for possible prosecution to be eligible for reimbursement. Reimbursements by the Crime Victim Compensation Program for these exams will expire on June 30, 2023.

## Subject matter experts

OCVA consulted with representatives from the organizations identified in statute and additional organizations deemed appropriate.

**Table 1: Subject matter experts consulted**

Name	Title
Katherine Espy	Sexual Assault Nurse Examiner/Clinic Nurse
Jordan Ferguson	Domestic Violence Unit: Spokane Police Department
Katie Rose Fischer-Price	Jefferson County Public Health
Shana Johnny	Nursing Care Quality Assurance Commission
Jamie Kautz	MultiCare
Leslie Kees	Confluence Health
Megan Kilpatrick	Washington State Nurses Association
Kyra Laughlin	Common Spirit
Heather McCleod	Providence Sexual Assault Clinic and Child Maltreatment Center
Kelsey McKay	McKay Training and Consulting
Melissa Mertz	Providence Intervention Center for Assault and Abuse
Paula Newman-Skomski	Advanced Registered Nurse Practitioner: Providence
Paula Reed	Children's Advocacy Centers of Washington
Juliane Rohr	Community Sexual Assault Nurse Examiner
Victoria Sattler	Professional Development and Global Programs Lead Faculty: WSU
Jody Shively	Astria Health
Zosia Stanley	Washington State Hospitals Association
Terri Stewart	SANE Program/Medical Training Program: HATC
Chelene Whiteaker	Washington State Hospitals Association

## Background

Starting in 2016, the Legislature tasked Commerce's OCVA with several projects concerning the health care response to people who need both medical and forensic services due to sexual assault or nonfatal strangulation assault.

- [Chapter 50, Laws of 2016 \(SHB 2711\)](#) directed OCVA to study the availability of sexual assault nurse examiners (SANEs) in Washington, including an analysis of which areas of the state have an adequate number of SANEs and which do not and to recommend strategies for increasing access to SANEs in underserved areas.
- Responding to [Chapter 88, Laws of 2018 \(SHB 2101\)](#), OCVA provided a set of recommended best practices for providing sexual assault examinations and expanding access to SANE services and developed strategies to expand access to SANE training.
- [Chapter 269, Laws of 2021 \(2SSB 5183\)](#) directed OCVA to develop best practices to increase access to forensic nurse examiners in cases of nonfatal strangulation and develop strategies to make forensic nurse examiner training available to nurses in all regions of the state. OCVA published its recommended best practices to increase access to forensic nurse examiners in cases of nonfatal strangulation in late 2021. This report describes OCVA's recommended strategies to make forensic nurse examiner training available to nurses in all regions of the state.

To develop the recommended strategies, Commerce convened three stakeholder group meetings. Commerce also distributed a survey on barriers to training and changes that could address them to subject matter experts following the first stakeholder meeting and researched relevant programs in other jurisdictions. See [Appendix A](#) for a detailed discussion of the stakeholder meetings and survey.

## Co-occurring issues for health care facilities and nurses

Both health care facilities and nurses face several challenges outside the scope of this report, and stakeholders stressed that these challenges undoubtedly affect nurses' access to forensic nurse examiner training.

Stakeholders identified burnout, secondary trauma, compassion fatigue and staffing shortages as pressing challenges affecting nurses' ability to do their jobs and maintain sustainable careers. Managing these challenges can also prevent nurses from seeking and receiving additional training, like that required to perform forensic medical examinations.

Secondary traumatic stress and compassion fatigue result from repeated exposure to the trauma and suffering of others and can lead to depression, anxiety, diminished job performance and a reduced ability to empathize with patients.<sup>1</sup> Burnout describes a state of extreme fatigue and disillusionment because of excessive job stress and is prevalent among nurses and other health care workers.<sup>2</sup> A 2021 survey of over 1,100 health care workers in Washington found that 84% of respondents reported feeling very or somewhat burned out by their jobs, and 49% of respondents reported that they are likely to leave their jobs in the next few years.<sup>3</sup>

These challenging working conditions make it difficult for health care facilities to retain nurses, contributing to staffing shortages that only put greater demands on remaining nurses. Staffing shortages also make it difficult for health care facilities to backfill shifts so nurses can attend forensic nursing training. The COVID-19 pandemic put enormous added strain on health care systems, inflaming the already significant problems of burnout, secondary trauma and staffing shortages for nurses.

Stakeholders also reported that some facilities lack the competency evaluation policies necessary for trained nurses to provide forensic exams with adequate protection from legal liability.

The recommendations in this report will not directly address these broader challenges since they fall outside the direct scope of increasing access to FNE training, but stakeholders stressed that these challenges will continue to hamper access to training for nurses and timely FNE services for survivors.

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1 Frontiers in Psychology, "Secondary Traumatic Stress, Mental State, and Work Ability in Nurses—Results of a Psychological Risk Assessment at a University Hospital," (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7197484/>

2 Cureus, "Burnout in United States Healthcare Professionals: A Narrative Review," (2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/>

3 GBAO, "Healthcare Workers: Poll Analysis," (2021), <https://static1.squarespace.com/static/619c009fb3e63b1bb3d3684f/t/61b781ef3825d3535437a6e5/1639416303381/Health+care+Workers+Memo+121321.pdf>

# Findings

## Barriers to accessing training

Both stakeholders and survey respondents identified common barriers to accessing FNE training for nurses who want to provide those services. The most commonly reported barriers were:

- Having to use vacation time to attend trainings
- Health care facilities' costs to excuse nurses for training
- Total out-of-pocket cost (including program fees, travel, lodging, child care and lost wages)
- Insufficient opportunities for mentorship, which are particularly impactful for nurses in smaller or rural health care facilities
- Incompatible times/locations for currently available trainings

## Having to use vacation time to attend trainings

FNE trainings require varying amounts of time depending on their content, but core SANE training, one of the most common FNE trainings offered in Washington, requires a minimum of 40 course hours. For example, the Harborview Abuse and Trauma Center's core SANE training occurs over five days. This means that nurses must be able to leave their jobs for at least five days to attend, not including the potential required travel time. In addition, stakeholders reported that nurses have had to use vacation days to attend forensic nursing training because they are not typically paid to attend this training. This is not the case for required trainings.

When a nurse is assigned to a unit, that unit has required trainings. For the unit's required trainings, health care facilities pay the registration fees, all associated attendance costs, and nurses' training time. However, stakeholders reported most forensic nursing practitioners are not assigned to a forensic nursing unit because of the irregular and unpredictable need for forensic medical exams. Instead, most nurses are assigned to a different unit and must step away from their regular duties in their assigned unit to perform a forensic medical exam on an ad-hoc basis. Because nurses are assigned to units other than forensic nursing units, hospitals do not pay for forensic nursing training, even though that training is required to perform the forensic medical exam.

## Health care facilities' costs to excuse nurses for training

Health care facilities incur added staffing costs to excuse nurses from their regular duties to attend FNE training. These costs include expenses like paying for overtime hours to cover shifts.

Stakeholders reported that health care facilities ensure that nurses are excused from clinical work to attend trainings required for their assigned unit but that not all facilities make the same accommodations for nurses to attend FNE training. Nurses face another barrier when health care facilities do not excuse nurses from their regularly assigned duties. This forces them to use vacation time to attend FNE training.

## Total out-of-pocket cost

In addition to time away from work, other costs are associated with FNE training. These include program fees, potential lodging and travel costs, and child care costs for nurses who need that service.

Stakeholders reported that since FNE training is not required for most nurses to work in their assigned units, nurses attending these trainings often pay these costs out of pocket, which is a significant barrier to access. The Harborview Abuse and Trauma Center has observed that interest in attendance is stronger when it has



offered its core SANE training course for free. While this observation is anecdotal, it still illustrates that there are Washington nurses who would like to get FNE training but choose not to because of the cost.

## Insufficient opportunities for mentorship

While training courses provide nurses the knowledge and skills they need to perform a forensic medical examination, stakeholders reported that opportunities to observe and learn from more experienced forensic nursing practitioners are important to build confidence and keep those skills current.

Stakeholders reported that nurses might feel less confident conducting these exams because they have less hands-on experience or lack the support of an experienced colleague, even if they have undergone FNE training. This is especially true in smaller and more rural facilities that may see fewer patients requiring forensic medical services. The need for more mentorship or continuing education opportunities for forensic nursing practitioners was echoed by survey respondents, who listed a lack of mentorship opportunities as one of the top training barriers.

## Incompatible times or locations for currently available training

A final common barrier was that currently available forensic nursing trainings are offered at times and locations incompatible with enough nurses' schedules and geographic locations.

Traveling to another part of the state to attend training can add to the cost barrier discussed above. One stakeholder reported that they traveled to Colorado to receive their SANE training. The Harborview Abuse and Trauma Center has tried to eliminate the travel cost barrier by offering a regional core SANE training that can be delivered in a community where nurses request it, but for many nurses in Washington, there are still not enough locally available training courses.

Stakeholders also reported that having more trainings available during different times of the week would make it easier for more nurses to attend FNE training because there would be overlap with more nurses' days off. Missing fewer days of regularly assigned duties would reduce staffing costs for health care facilities and costs like lost wages or vacation time for nurses. Currently, stakeholders said there is not sufficient variety in the times when FNE training is available in Washington. While the barriers above were the most commonly reported, the list below reflects all stakeholder-identified barriers to accessing FNE training:

**Table 2: All barriers to accessing FNE training identified by stakeholders**

Nurses' barriers	Health care facility barriers	Legislative barriers	Program barriers
<ul style="list-style-type: none"> <li>○ Limited clinical training times and opportunities</li> <li>○ Limited mentorship opportunities</li> <li>○ Limited continuing education opportunities</li> <li>○ Training schedules and work schedules</li> <li>○ Training fees</li> <li>○ Lost wages</li> <li>○ Travel costs</li> <li>○ Hotel and food expenses</li> </ul>	<ul style="list-style-type: none"> <li>○ Staffing shortage</li> <li>○ Lack of hospital standards of care for FNE services</li> <li>○ Cost to backfill staffing</li> <li>○ Cost to adopt standards of care</li> <li>○ Cost to provide FNE services</li> </ul>	<p>No state-level standards of care for:</p> <ul style="list-style-type: none"> <li>○ Health care facilities</li> <li>○ Forensic nurse examinations</li> <li>○ FNE training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>○ Costly development of FNE training</li> <li>○ Costly clinical provision expenses</li> <li>○ Costly travel expenses</li> </ul>

# Washington's need for forensically trained nurses

Nurses, victim advocates and survivors have long identified the need for more forensically trained nurses in Washington.

The 2019 report that OCVA prepared in response to the requirements of Substitute House Bill 2101 (2018) highlighted the fact that, in nine Washington counties, there are no hospitals that provide SANE services.<sup>4</sup> SANE services are a subset of the larger category of forensic medical services, but stakeholders reported that hospitals in these counties rarely provide other kinds of forensic medical services, such as in cases of nonfatal strangulation assault, domestic violence or child abuse.

Survivors must seek care elsewhere if the first health care facility they visit does not provide forensic medical services. This can take several hours, a delay that victim advocates report may dissuade survivors from seeking care at a second location for various reasons. When they cannot access appropriate forensic medical care, survivors may suffer serious health consequences and can have difficulty pursuing legal action against their abuser if they so choose.

A survivor must be told within two hours of arrival at an emergency room if the ER does not offer SANE exams or does not have the appropriate staff available to offer the exam. Typically, survivors wait two to four hours to be seen, and there is no maximum amount of time a survivor may wait for a SANE exam. This exam is extremely time sensitive, as physical and biological evidence is only available for up to 72 hours, and earlier is better. Washington state guidelines encourage hospitals to see survivors sooner, but no laws currently require a timeframe.

Timely access to forensic medical care is a crucial part of the response to interpersonal violence, but in stakeholder meetings, victim advocates stressed that the medical response to these crimes is just one link in a chain of care, and all those links need to be coordinated to ensure survivor care is truly trauma-informed and victim-centered. While it is outside the scope of this report, Commerce strongly endorses the continued pursuit of a statewide, coordinated system of care for survivors of interpersonal violence that includes victim advocates, law enforcement and other first responders, medical personnel, and members of the criminal justice system including attorneys and judicial officers, among others.

According to Commerce's 2019 SANE report, we do not have an accurate count of SANE nurses because of the high turnover rates and nomadic nature of SANEs.

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<sup>4</sup> Washington State Department of Commerce, "Sexual Assault Response," (2019), <https://www.commerce.wa.gov/wp-content/uploads/2019/12/Report-SANE-Final.pdf>

## Recommended strategies

Training costs, quality and accessibility must be addressed to make FNE training available for nurses in all regions of the state. This section offers recommendations in three parts. Part one outlines Commerce's recommendations for long-term, sustainable funding to make training available statewide. Part two outlines Commerce's recommendations for a one-year workgroup and its recommended responsibilities. Part three outlines Commerce's recommendations for statewide standards for forensic medical services that could increase training accessibility and ensure training quality.

### Part 1: Establish a comprehensive FNE training fund

To make FNE training uniformly available across the state, stakeholders recommend establishing a long-term, sustainable funding program for comprehensive FNE training. The program would fund:

- Nurses' costs to attend state-approved FNE trainings
- Backfilling costs to cover staffing needs while nurses attend FNE training
- Training programs' costs to develop and facilitate expanded statewide FNE trainings
- Costs to establish a telenursing center for ongoing training and mentorship
- A new program at a state agency to implement this report's recommendations

It is important to note that in conversations about SANE training (one kind of FNE training), the term "certification" is often used. While there is a significant difference between a core-trained and an IAFN-certified SANE-A or SANE-P, there is no shared definition of what "certification" means in Washington. The core SANE training certificate requires the standard 40-hour SANE training plus a clinical component. Becoming a certified SANE requires the standard 40-hour SANE training, 300 practice hours after training, and a passing score on an industry-wide exam.

Stakeholders emphasized that fulfilling the requirement for 300 practice hours is unrealistic for many nurses, especially rural nurses. In addition, several stakeholders reported that most nurses who deliver SANE exams have completed a core training but are not certified because of the high threshold for practice certification requires. Therefore, stakeholders recommend that any future legislation dealing specifically with funding SANE training not require obtaining certification as a condition for reimbursement.

Robust, reliable state-level training funding will amplify training quality, quantity and accessibility. Stakeholders recommend that this funding pay for the following:

#### Cover nurses' training costs

More than 80% of subject matter experts who completed the FNE training survey identified covering all of the financial costs for nurses to attend FNE training as the most helpful change to make FNE training available statewide. Accordingly, stakeholders recommend the state pay for all of nurses' FNE training costs, including but not limited to initial, ongoing and continuing education costs, travel, and registration fees.

Stakeholders agree nurses should be paid their regular wage to attend FNE training. However, continued work is needed to determine whether health care facilities or the state government should be responsible for paying nurses while attending FNE training.

Funding FNE training expenses would increase accessibility by ensuring nurses from all regions of the state and all economic backgrounds could take time off work, travel to and participate in FNE training without paying out of pocket. This is especially true for rural nurses, who incur greater travel expenses and may need extra

days off from work because they must travel farther to a training location. According to stakeholders, covering training costs would increase equitable access to FNE training statewide and help recruit nurses from across the nation to relocate permanently to Washington to take advantage of the state's supportive FNE training program. This is particularly important given the ongoing challenges mentioned across the nursing profession.

## Reimburse health care facilities' costs to excuse nurses for training

More than 92% of nurses with forensic training reported in the FNE training survey that the number one barrier to attaining FNE training is that health care facilities will not give nurses time off work to attend the training. When a nurse requests time off to attend FNE training, health care facilities may not have staff available to provide coverage while the nurse is absent or may be unable to afford to pay overtime for nurses that provide coverage.

Stakeholders recommend state funding for health care facilities' back-staffing costs. This recommendation will not address all financial barriers health care facilities face when offering FNE programs or address staffing shortages, but it would mitigate their costs to excuse nurses for FNE trainings, a key financial aspect of health care facilities' staffing barriers.

## Develop and provide statewide FNE training

FNE training programs that participated in stakeholder meetings identified cost as the main barrier that prevents them from offering more mobile and onsite FNE training. These programs need additional funding to develop innovative training opportunities and cover the travel costs of training programs so FNE trainings can be offered statewide.

Rural nurses are disproportionately affected by fewer training opportunities because of their distance from existing training sites and lack of local access to the required clinical component of FNE training. Although Harborview Abuse and Trauma Center and the International Association of Forensic Nurses began offering virtual trainings over the past several years, they do not provide the hands-on practice nurses need to perform a forensic nurse examination competently.

Recognizing these challenges, Harborview Medical Center, Washington's predominant SANE training program, received federal grants to expand its training offerings to include travel across the state to provide in-person trainings. These grants were not a long-term, sustainable solution and did not provide enough funding to meet demand. Washington State University was authorized to provide FNE trainings in 2021, but the university reported that its budget will not allow for delivering mobile training or developing online training opportunities.

To make access to FNE training more equitable across the state, stakeholders recommend long-term, sustainable state funding for developing and providing mobile, onsite FNE training opportunities.

Long-term, sustainable funding for training development could also expand the variety of trainings offered. For example, programs could offer opportunities like hybrid training, mobile simulation labs, mobile live-model labs, and one- and two-day clinical trainings. The state's long-term investment in FNE training programs will ensure various, frequent and geographically diverse trainings are offered statewide.

## Fund a telenursing program for forensic nurse exam mentorship

After initial FNE training, one of the most pressing needs stakeholders reported was ongoing mentorship and continuing education. Once again, rural nurses experience an even greater lack of access to mentorship due to their remote locations, infrequent practice opportunities, and reduced likelihood of having an experienced FNE

on staff from whom to receive mentorship. Stakeholders reported that too often, this lack of support and feeling of isolation results in early burnout or leaves nurses with forensic training apprehensive about conducting exams, which reduces survivors' access to this critical service.

To address the lack of ongoing mentorship and continuing education opportunities, stakeholders recommend the state fund a new forensic medical center that would include a forensic medical telenursing program. The telenursing program would be based on the workgroup's recommendations in part two of the recommended strategies in this report.

The telenursing program would provide ongoing training, consultation services, guidance, technical assistance, continuing education and mentorship to FNEs across the state via video conferencing. The program would need to be available 24 hours per day, seven days per week, so that any FNE from any part of the state could access mentorship at any time. By connecting with the telenursing program, nurses in rural and urban communities could equitably access ongoing mentorship opportunities.

## Establish a forensic nursing coordination center

Stakeholders recommend establishing a new administrative center at a state agency to implement the recommendations of this report, including overseeing and managing funding distributions to health care facilities, training programs, and the forensic medical telenursing program.

The center could be responsible for the implementation, administration and management of:

- Annual health care facility plans for providing FNE services
- FNE curriculum requirements
- FNE training program approvals
- Posting relevant information online, including a list of health care facilities with FNE services and FNE training offerings
- Application and distribution of applicable federal, state and private grants

The forensic nursing coordination center would provide the foundation that ensures survivors requesting forensic medical exams receive care that meets a uniform state standard from health care facilities and nurses. The health care facility and nursing protocols and procedures could eventually expand to other arenas affecting survivors of domestic violence and sexual assault. Eventually, the center could also manage multi-disciplinary protocols and procedures for all first responders interacting with survivors, including emergency dispatchers, law enforcement officers, emergency medical personnel and victim advocates. These expanded protocols could ensure the availability of comprehensive, victim-centered and trauma-informed care to sexual assault, intimate partner violence and nonfatal strangulation survivors across the state.

## Part 2: Form a forensic nursing workgroup

Establishing statewide FNE curriculum requirements, FNE protocols and determining the standards of care for forensic medical exams in Washington is a complex but necessary process requiring the knowledge of many different subject matter experts. For that reason, stakeholders recommend the Legislature direct and fund the Office of Crime Victims Advocacy to create and manage a one-year workgroup, costing approximately \$50,000.

## Workgroup composition

Stakeholders recommend the organizations invited to participate in the workgroup include but not be limited to:

- University of Washington's Harborview Abuse and Trauma Center
- Washington State University
- A tribal representative
- A law enforcement representative
- Crime Victims Compensation Program
- SAFE Best Practices Advisory Group
- The Children's Advocacy Centers of Washington
- The Washington State Hospital Association
- The Washington State Nurses Association
- Victim advocates

## Workgroup responsibilities

### Make recommendations to the Legislature

#### Make recommendations about where to house the forensic nursing coordination center

The Legislature should direct the workgroup to recommend where the forensic nursing coordination center would be housed and provide an estimate of the cost of establishing the center.

#### Make recommendations on state standards of care

Make recommendations on state health care facilities' minimum standards of care for emergency assault services, including the content, implementation and requirements. Stakeholders recommend:

- The workgroup make recommendations to the Legislature on defining emergency assault services' minimum care requirements for all health care facilities. Facilities' required minimum care for survivors of sexual assault, nonfatal strangulation, intimate partner violence and child abuse should include access or transportation to a forensic medical exam performed by a registered nurse or doctor who has completed the appropriate state-approved forensic nurse examiner training course or equivalent.
- The workgroup's minimum care recommendations include requiring all health care facilities to create and submit a plan to provide access or transportation to emergency assault services.
- The workgroup make recommendations on the content, implementation and requirements for state health care facilities' plans to provide emergency assault services. The facilities' plans to provide emergency assault services must:
  - Be approved and documented annually by Washington's forensic nursing coordination center
  - Include protocols and procedures for providing transportation to an FNE provider if an FNE is unavailable onsite
  - Include protocols and procedures for contacting local victim advocates, if available

#### Make recommendations on standardizing forensic nurse examiners' procedures:

- Standardize statewide FNE protocols, forms and evidence collection procedures, including training on contacting local victim advocates
- Create free, brief virtual trainings for currently practicing FNEs or FNEs trained out of state on the protocols, procedures and required forms

#### Make recommendations on standardizing state FNE training curriculum requirements:

- Establishing state FNE course curriculum requirements informed by but not limited to the new statewide protocols and procedures for health care facilities and FNEs
- Using curriculum requirements to approve future FNE training programs to assure consistent training quality across the state

### **Make recommendations for a statewide telenursing program for forensic medical exams**

The program shall provide mentorship, continuing education, ongoing training, consultation services, guidance and technical assistance for forensic medical exams across the state via video conferencing.

### **Make recommendations on access to timely forensic medical exams**

Consider and make recommendations on ensuring access to timely forensic medical exams, especially for smaller and rural health care facilities.

### **Collaborate on training**

The workgroup would collaborate with statewide training programs to establish educational opportunities and prepare additional trainers.

- Collaborate to coordinate innovative training schedules based on nurses' schedules with clinical/preceptorship training opportunities, including mobile clinical/preceptorship trainings in rural areas
- Ensure clinical/preceptorship trainings are offered multiple times throughout the year in all regions of the state
- Create a website with all state-approved FNE training offerings

## **Part 3: Require state standards**

Some health care facilities report hesitancy to grant nurses time off to attend FNE training because they do not have the requisite standards of care to allow nurses to provide FNE services. Helping health care facilities adopt standards of care could lead to more facilities offering FNE services and granting nurses time off to attend FNE training. Stakeholders recommend the Legislature require minimum standards of care for health care facilities that provide emergency assault services on site and standards of care for health care facilities that do not offer emergency assault services. The workgroup recommended above could make recommendations on the content and requirements for these standards and approved plans.

Establishing state standards of care could yield additional benefits, including laying the foundation from which all other standards would be derived. Once statewide health care facility standards of care are created, statewide FNE protocols, procedures and standardized forms could be established. Once FNE protocols, procedures and forms are standardized, training curriculum requirements could be developed to ensure nurses in all regions receive consistent, quality training that prepares them to meet Washington's standards of care.

## **State health care facilities' minimum standards of care for providing emergency assault services**

Health care facilities do not offer forensic medical services for multiple reasons, including that they report few patients seeking forensic medical exams. Health care facilities are less likely to offer this service with infrequent demand. This is particularly true of rural health care facilities, as evidenced by a 2019 study on SANE access that surveyed all hospitals in Washington. Nine counties in Washington do not offer SANE services to survivors;<sup>5</sup> all nine of those counties are rural, as identified by the Washington State Department of Health.<sup>6</sup>

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5 Washington State Department of Commerce, "Sexual Assault Response," (2019), <https://www.commerce.wa.gov/wp-content/uploads/2019/12/Report-SANE-Final.pdf>

6 Washington State Department of Health, "Rural and Urban Counties," (2017), <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//609003.pdf>

Health care facilities that do not provide FNE services are far less likely to have policies that define standards of care for emergency assault services or enable health care facilities to assess the competency of trained nurses to deliver forensic exams. Without the appropriate health care facility policies, FNEs cannot provide forensic nurse exams even if they have the training. As a result, these facilities have no reason to approve a nurse's time off to attend FNE training, making it especially hard for nurses in rural areas to access training.

Stakeholders also report that adopting health care facility standards of care is typically an arduous and expensive process. To address these challenges facing nurses and health care facilities, particularly in rural areas, stakeholders recommend the Legislature require minimum standards of care for emergency assault services at all Washington health care facilities.

The two types of recommended minimum standards of care for emergency assault services in this report are discussed below.

## **1. State standards for health care facilities providing 24/7 emergency assault services onsite**

The first type of state standard would be for health care facilities willing to offer 24/7 forensic medical exams on site. Stakeholders recommend that the Legislature adopt the work group's recommendations for minimum standards of care for emergency assault services. The standards of care would require forensic medical exams to be performed by a registered nurse or doctor who has completed an appropriate Washington state-approved FNE training course or equivalent. Standards would further address protocols and procedures for contacting local victim advocates. Only health care facilities that choose to offer emergency assault services on site would be required to adopt the appropriate standards of care to allow them to provide forensic medical services, including forensic nurse exams.

The existence of state minimum standards of care for emergency assault services would make it simple for health care facilities to incorporate these standards into their policies. As a result, more health care facilities may adopt the standards, especially in rural areas, and thus would have the policies needed to offer FNE services. These policies would incentivize health care facilities to grant nurses time off to attend FNE training. Establishing state standards of care would also provide a foundation to develop more specific protocols and procedures.

## **2. State standards for health care facilities not providing 24/7 onsite emergency assault services**

Commerce recognizes that not all health care facilities can provide 24/7 on-site FNE services for financial, practical or other reasons. For these facilities, stakeholders recommend the Legislature require separate standards of care based on the workgroup's recommendations. Health care facilities that do not offer forensic medical exams on site, or do not provide them 24/7, could be required to develop a plan to provide access to emergency assault services. Health care facilities could plan to partner with a nonprofit FNE provider, if available in the region. If a nonprofit FNE provider is not available, the facility could be required to establish a plan to transport the survivor to a facility offering services. The Legislature could require health care facilities to submit their plans annually to the appropriate agency. Several states, including Illinois, have similar legislation.

Health care facilities with a nonprofit FNE provider in their region could be required to coordinate partnerships with the local provider to establish a per-patient billing program. This would allow health care facilities to pay for FNE services on an ad-hoc basis rather than incurring the annual expense of staffing FNEs around the



clock. The opportunity to participate in a per-patient billing program could significantly increase the number of health care facilities that can afford to offer forensic medical examinations, which could increase the number of facilities willing to adopt emergency assault services standards of care. This could increase survivors' access to forensic medical services, and it could increase the number of nurses granted time off work to attend training – rural nurses especially – because the relevant health care facility standards of care would be in place.

Any health care facility without a nonprofit FNE provider in its region could be required to transport the survivor to a facility that provides FNE services, a requirement that would build on the precedent established by current legislative requirements. [RCW 70.41.367](#) requires hospitals that do not perform sexual assault evidence kit collection or do not have appropriate providers to notify individuals who present in an emergency department and request a sexual assault evidence kit collection of this fact. Such hospitals are further required to "coordinate care with the local community sexual assault agency and assist the patient in finding a facility with an appropriate provider available."

Washington could enact legislation similar to Illinois' Sexual Assault Survivors Emergency Treatment Act to ensure survivors receive services if they are transferred to another health care facility. Through this act, Illinois requires regional coordination amongst health care facilities. Hospitals that do not provide forensic medical services must establish a relationship with a local provider of forensic medical exams. Then the hospital must establish a plan for transferring survivors to the facility providing forensic medical services. The transferring hospital must also get consent from the treatment facility before transferring a survivor to ensure services will be available when the survivor arrives.

Washington health care facilities' plans would need to include protocols and procedures for contacting FNE providers and victim advocates, if locally available, as well as protocols and procedures for transporting the survivor. This would not directly increase FNE training, but it would recognize and accommodate the unique challenges some health care facilities in rural areas experience without requiring them to incur unreasonable expenses. It could also increase access to FNE services for survivors.

## Establish statewide FNE protocols and training requirements based on Washington state standards of care

Stakeholders emphasized the need to assess and ensure the quality of FNE trainings and services. While the number of statewide trainings could be increased by offering virtual FNE trainings, entirely virtual options would not provide the requisite clinical learning opportunities that FNEs need to provide proper forensic medical examinations. If the state pays for nurses' FNE training, then the state would want to ensure those trainings meet a standard of quality that will prepare nurses to provide the highest standards of care.

Washington would need state standards of care to measure a training's quality from which statewide FNE protocols, procedures and standardized forms could be developed. Once statewide FNE protocols, procedures and forms are standardized, FNE training curriculum requirements could be derived based on the statewide FNE protocols, evidence collection procedures and standardized forms.

**Table 3: Findings, recommendations and anticipated outcomes**

Findings	Recommendations	Anticipated outcomes
<p>Stakeholders identified the most helpful action to increase statewide FNE training is to pay for FNE training costs</p>	<p>State to provide long-term, sustainable funding for:</p> <ul style="list-style-type: none"> <li>○ Initial, ongoing and continuing education fees</li> <li>○ Travel expenses</li> <li>○ Compensation for lost wages</li> </ul>	<p>Establishing long-term, sustainable funding for nurses' FNE training expenses will:</p> <ul style="list-style-type: none"> <li>○ Increase statewide, equitable training access for: <ul style="list-style-type: none"> <li>● Nurses in all regions, including rural areas</li> <li>● Nurses from all economic backgrounds</li> <li>● Increase the total number of FNE-trained nurses.</li> </ul> </li> <li>○ Potentially incentivize out-of-state nurses to relocate to Washington for this supportive training program, according to stakeholders</li> </ul>
<p>Stakeholders identified the greatest barrier to accessing statewide FNE training is not getting time off work to attend training</p>	<p>State to provide long-term, sustainable funding for:</p> <ul style="list-style-type: none"> <li>○ Hospitals' costs to backstaff while nurses are absent for FNE training</li> </ul>	<p>Providing health care facilities the financial support they need to backstaff will:</p> <ul style="list-style-type: none"> <li>○ Address the financial barriers health care facilities face that prevent them from granting nurses time off to attend training</li> <li>○ Increase the number of health care facilities that grant nurses time off to attend FNE training</li> <li>○ Increase the statewide number of nurses granted time off to attend FNE training</li> </ul>
<p>FNE training programs identified a lack of long-term, sustainable funding as the main barrier that prevents them from offering more mobile and onsite FNE training</p>	<p>State to provide long-term, sustainable funding to:</p> <ul style="list-style-type: none"> <li>○ Develop diverse and innovative FNE trainings</li> <li>○ Provide additional statewide mobile and onsite FNE training opportunities</li> </ul>	<p>Establishing training programs' long-term, sustainable funding to develop and provide statewide FNE trainings will:</p> <ul style="list-style-type: none"> <li>○ Increase the number of mobile FNE trainings offered statewide</li> <li>○ Increase the number of clinical trainings offered statewide</li> <li>○ Increase the variety, frequency and geographic diversity of FNE training offerings</li> </ul>
<p>No state standards of care for emergency assault survivors</p>	<p>State to adopt emergency assault service standards of care for:</p> <ul style="list-style-type: none"> <li>○ Facilities that provide forensic medical exams</li> <li>○ Facilities that do not provide forensic medical exams</li> <li>○ Forensic nurse examiners (protocols, procedures and forms)</li> </ul>	<p>Enacting state standards of care will:</p> <ul style="list-style-type: none"> <li>○ Establish the foundation for all other FNE standards</li> <li>○ Increase health care facility adoption of FNE standards</li> <li>○ Increase the number of health care facilities providing FNE services</li> <li>○ Increase the number of health care facilities granting nurses time off to attend FNE training</li> <li>○ Support statewide quality and consistency of FNE services</li> </ul>
<p>No state standards for FNE training requirements</p>	<p>State to use FNE standards of care to:</p> <ul style="list-style-type: none"> <li>○ Establish state FNE training program requirements</li> <li>○ Create a process to become a state-approved FNE training program</li> <li>○ Determine which FNE training programs the state will fund (only approved programs)</li> </ul>	<p>Establishing state standards for FNE training curriculum will:</p> <ul style="list-style-type: none"> <li>○ Ensure consistent FNE training quality statewide</li> <li>○ Provide a discretionary tool to determine which FNE trainings the state will fund</li> <li>○ Increase opportunities for more training programs to be state-approved while ensuring training quality standards are met</li> <li>○ Potentially increase the number of FNE trainings offered</li> </ul>
<p>Stakeholders identify limited access to mentorship and continuing education opportunities</p>	<p>Establish a statewide forensic medical exam telenursing program to provide:</p> <ul style="list-style-type: none"> <li>○ Mentorship via video conferencing</li> <li>○ Technical assistance via video conferencing</li> <li>○ Access to ongoing education</li> </ul>	<p>Establishing a statewide FNE telenursing center will:</p> <ul style="list-style-type: none"> <li>○ Increase statewide, equitable access 24/7 to: <ul style="list-style-type: none"> <li>● Mentorship and ongoing education</li> <li>● Technical assistance</li> <li>● Professional FNE support to reduce FNE burnout and turnover</li> </ul> </li> <li>○ Potentially increase the number of nurses continuing to offer FNE services</li> </ul>

## Recommended strategies out of scope

Throughout this work, stakeholders made recommendations that fell outside the scope defined in the enabling legislation but remain worthwhile, as they would increase survivors' access to victim-centered, trauma-informed care. These recommendations are categorized by subject below.

### Address the nursing staff shortage

- Stakeholders recommend **long-term, sustainable funding to increase pay or create bonuses for nurses performing forensic nurse examinations to incentivize nurses to become forensic nurse examiners.** Such bonuses may also attract nurses from other states, which could help with staffing shortages by increasing the number of FNEs in Washington.
- **Establish satellite or mobile FNE teams to deliver forensic nurse services to underserved areas.** Mobile FNE teams could provide services to multiple health care facilities in a region, rather than each facility staffing FNEs around the clock. A team of mobile FNEs would ultimately result in fewer FNEs needed to serve a broader area.

### Identify health care facility barriers

- **Audit health care facilities to identify where FNE services are available and where they are needed.** This would establish which health care facilities most need FNE support.

### Support multi-disciplinary coordination and consistency

- **Standardize protocols, procedures and forms** for sexual assault, intimate partner violence, nonfatal strangulation and child abuse for all people who may interact with a survivor, including emergency dispatchers, police officers, emergency medical personnel, and administrative staff in emergency departments. Statewide, multi-disciplinary coordination and consistency would ensure that survivors are treated with the highest standards of care in all regions of the state and at every stage following interpersonal trauma.

# Appendix A: Stakeholder meetings and training survey

Consultation with subject matter experts and key stakeholders named in statute was critical to understanding the major barriers preventing nurses from getting forensic nursing training in Washington and creating recommendations to address those barriers.

At the core of this process was a series of three stakeholder meetings, held in April, May and July 2022. The required stakeholders by Chapter 269, Laws of 2021 (SSB 5183):

- Harborview Abuse and Trauma Center
- Department of Health
- Nursing Care Quality Assurance Commission
- Washington State Nurses Association
- Washington State Hospital Association
- Schools of nursing at Washington State University and the University of Washington
- Forensic nurse practitioners
- Other organizations deemed appropriate by the Office of Crime Victims Advocacy

Among stakeholder meeting participants not specifically named in statute was a representative from Lutheran Community Services Northwest, who brought a survivor-centric lens to the issue of access to forensic nursing training. See Table 1 for a full list of participating stakeholders.

After the first stakeholder meeting, Commerce prepared a survey to collect more perspectives on barriers to accessing forensic nursing training, strategies that could address those barriers, and what the state's most significant forensic nursing training needs are. Stakeholders assisted by distributing this survey through their networks. Commerce received 40 responses, the majority from people who identified themselves as nurses with forensic training.

At the second stakeholder meeting, Commerce presented the survey results and preliminary recommended strategies for increasing access to forensic nursing training, soliciting feedback from stakeholders. Commerce used that feedback to continue shaping its recommendations, presenting its final strategies at the third stakeholder meeting and gathering a final round of stakeholder feedback.

## First meeting purpose and discussion

The main objective of the first stakeholder meeting was to gather information from stakeholders on the barriers that prevent nurses from getting forensic nursing training and what changes to the status quo could help overcome those barriers.

This meeting began with a summary of the authorizing statute and Commerce's scope of work. Following that introduction, the bulk of the meeting was a guided discussion of four questions Commerce prepared:

1. Ignoring financing and time, what training would the "best" forensic nurse have?
2. What do "reasonable travel" and "reasonable expense" mean?
3. What challenges are folks currently encountering with attending training?
4. What is one thing that would make attending forensic nurse examiner training easier for you or other staff?

Commerce received valuable insights from the discussion of these questions. These included challenges with taking time away from work to attend training, sometimes forcing nurses to use vacation time and creating backfilling challenges for health care facilities. One piece of feedback echoed by many stakeholders at the first

meeting was that, in an ideal world, nurses should not have to pay for any costs related to attending forensic nursing training.

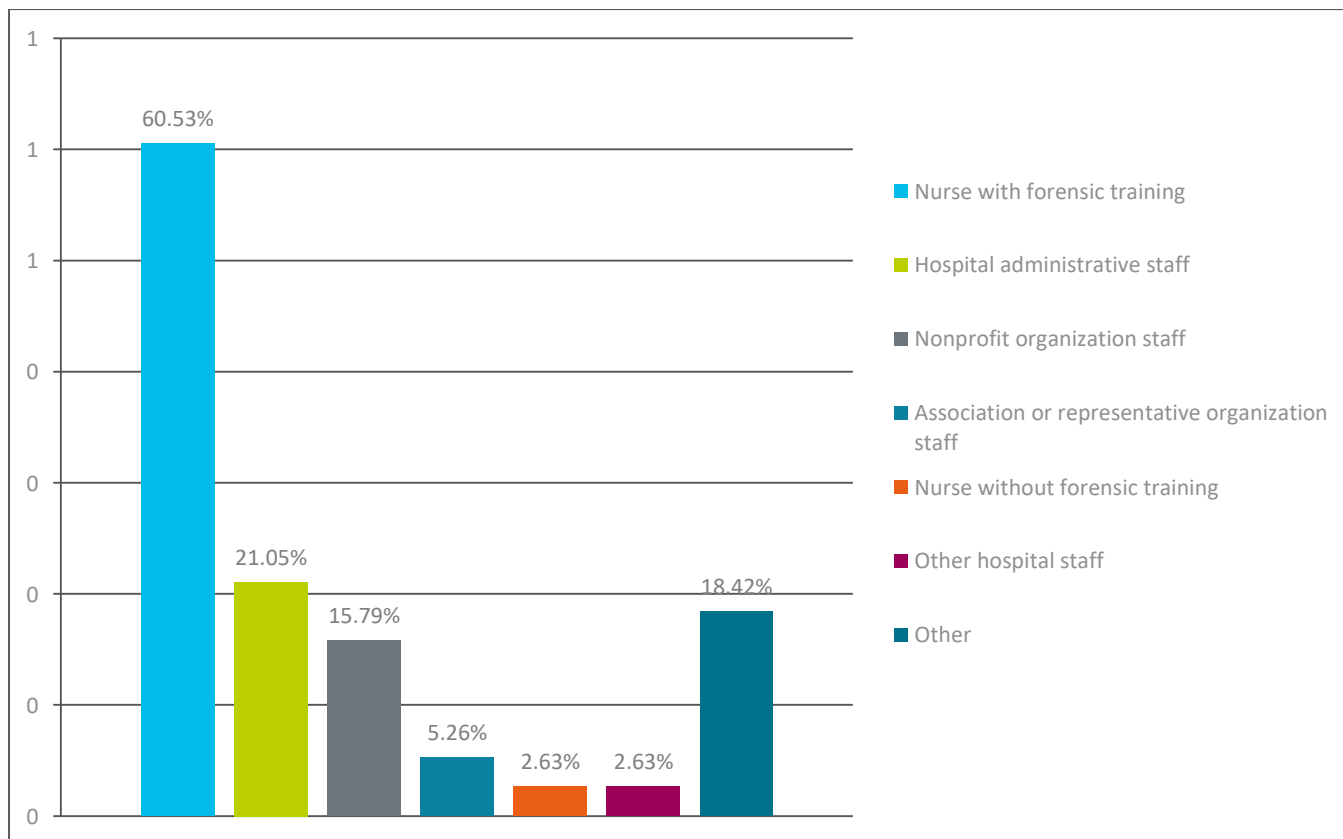
During the discussion, a stakeholder also suggested surveying additional forensic nurse practitioners not present at the meeting to gather more perspectives on the barriers preventing nurses from attending trainings and strategies that could address these barriers. Commerce committed to conducting this survey before the next meeting.

Following the first stakeholder meeting, Commerce used the comments from the guided discussion to inform its preliminary list of recommended strategies to improve access to forensic nursing training and the questions it included in its supplementary survey. Upon receiving the survey results, Commerce analyzed the responses and prepared a short presentation about them to deliver to stakeholders at the second meeting.

## Training survey and summary of results

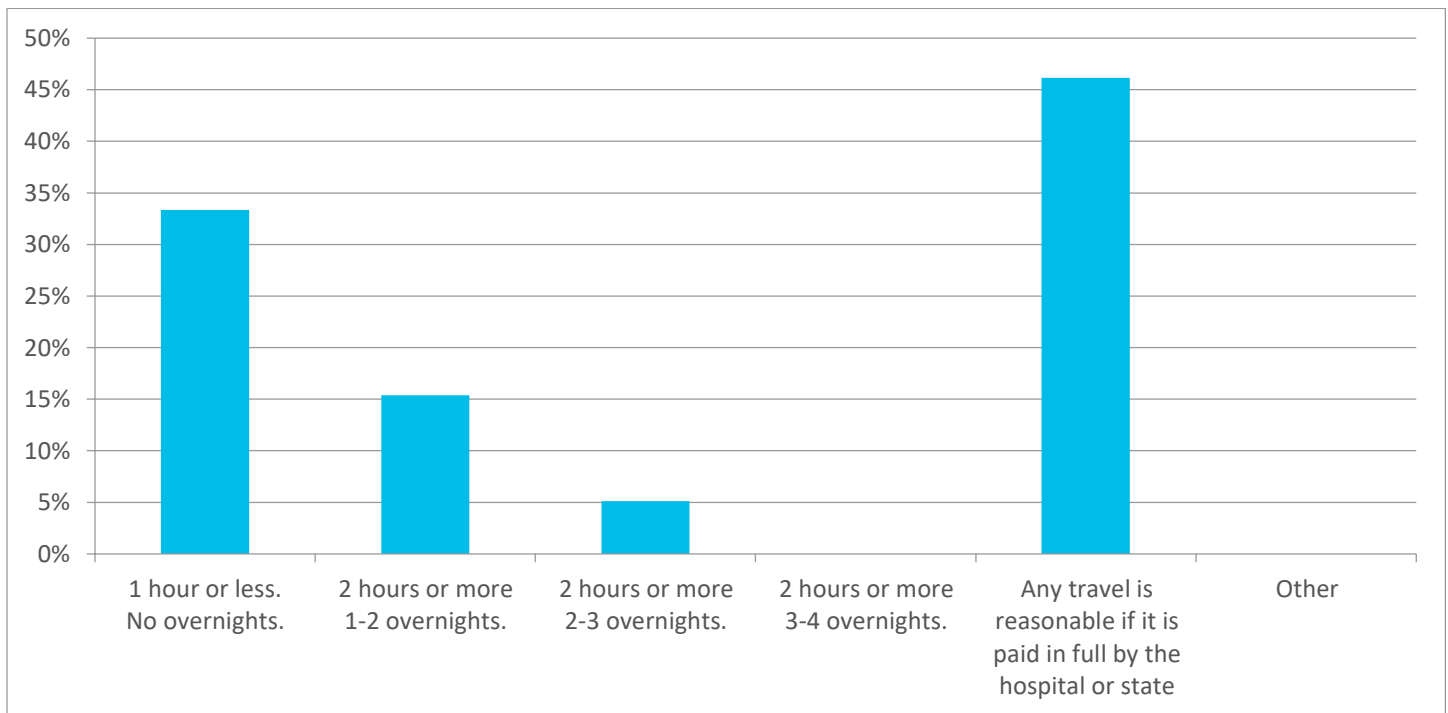
The survey that Commerce distributed after the first stakeholder meeting contained 10 questions concerning appropriate definitions of reasonable expense and travel, the challenges preventing nurses from accessing forensic nursing training, and changes that could help overcome those challenges. Of 40 survey respondents, 23 identified themselves as nurses with forensic training and eight as hospital administrative staff, reflecting a range of relevant perspectives.

**Figure 1: Profession of respondents**

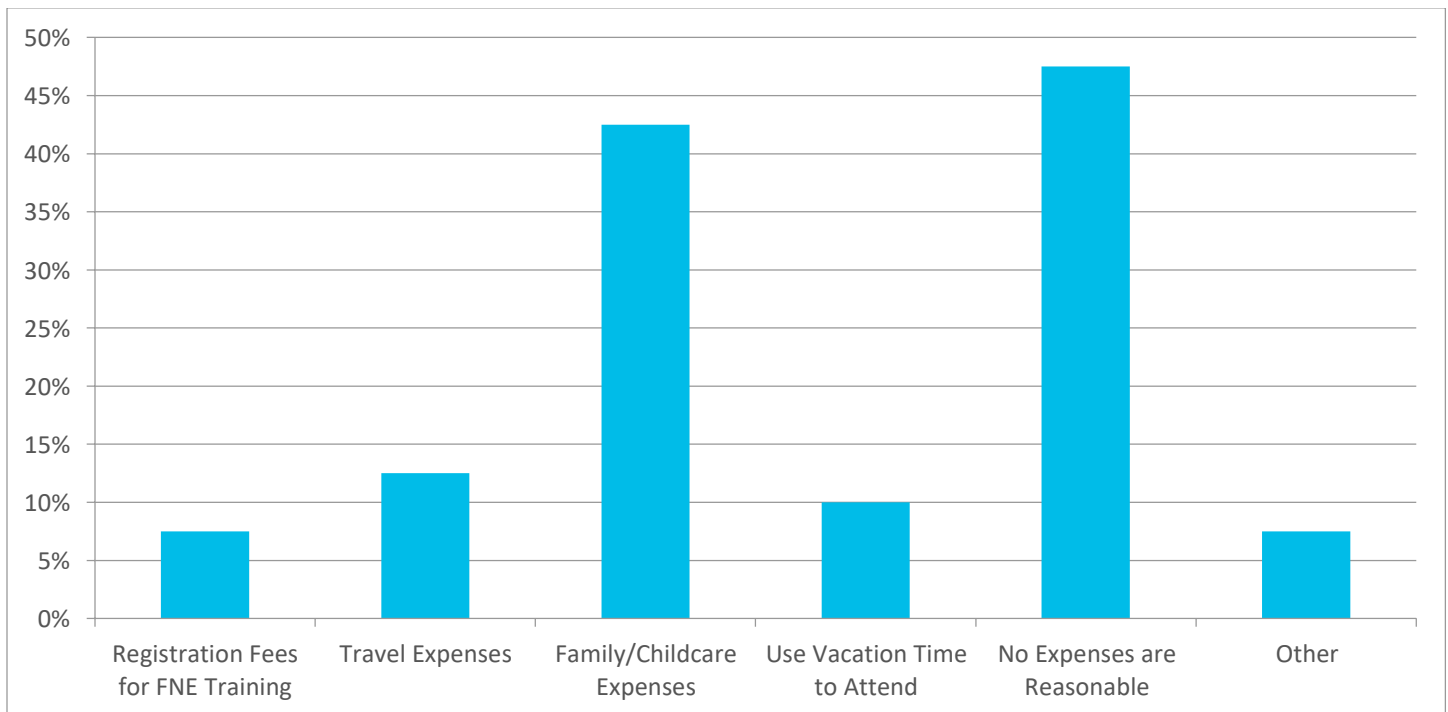


Questions two and three of the survey asked respondents about their definitions of reasonable travel and expenses. For both questions, a plurality of respondents indicated that nurses should not have to pay out of pocket for training-related expenses or travel.

**Figure 2: What does 'reasonable travel' look like to you?**

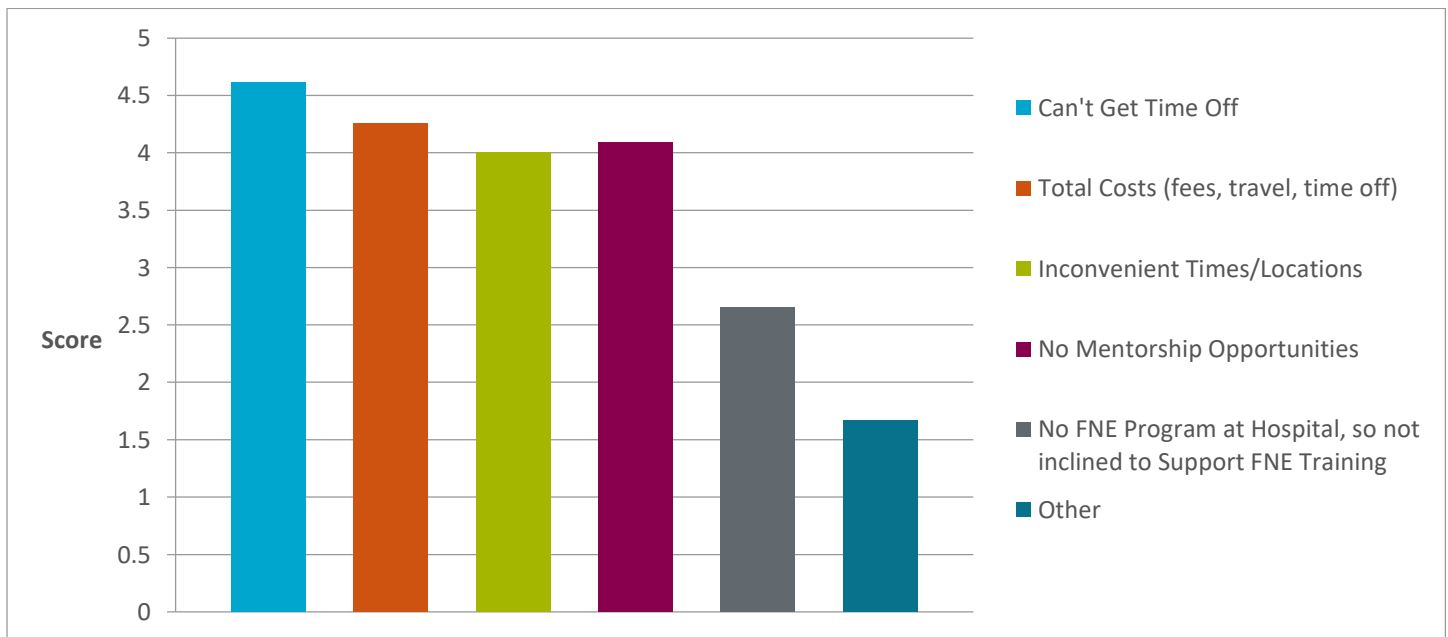


**Figure 3: What FNE expenses do you think are reasonable for a nurse to pay for?**



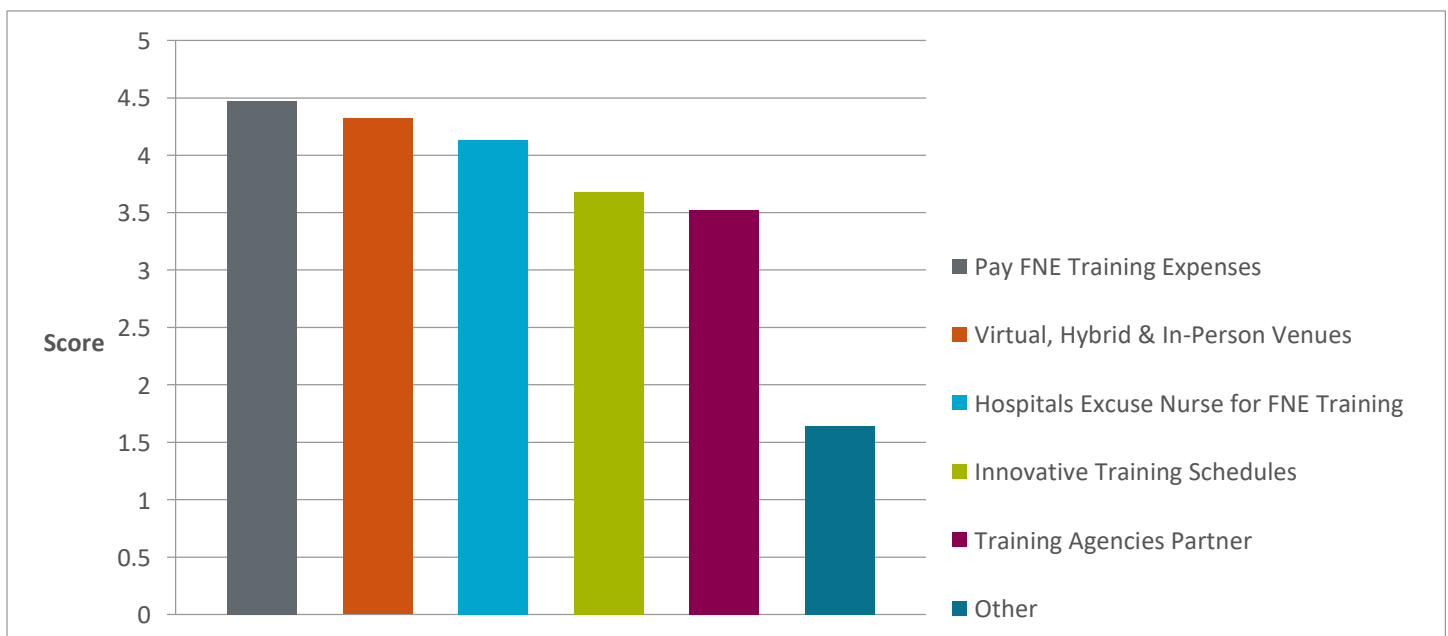
Question four asked respondents what challenges they observe people encountering when seeking forensic nursing training. The most common response was an inability to get time off, followed closely by total costs, a lack of mentorship opportunities and inconvenient training times or locations.

**Figure 4: What challenges are folks currently encountering with attending trainings?**



Question five asked respondents about a change that would make it easier to attend forensic nursing training. The most common response was paying for all training-related expenses so that nurses did not have to, followed by offering training at in-person, virtual and hybrid venues and health care facilities and excusing staff who want to attend forensic nursing training.

**Figure 5: What is one change that would make attending forensic nurse examiner training easier for you or other staff?**



## Second meeting purpose and discussion

At the second stakeholder meeting, Commerce presented the survey results and sought feedback on preliminary recommended strategies for increasing access to forensic nursing training.

Based on the information gathered from the first meeting and its survey, Commerce observed that the most common ask of the state government was to provide long-term, sustainable funding for all costs associated with attending forensic nursing training. Participants at the second stakeholder meeting responded positively to this strategy, endorsing it as one of the most important recommendations Commerce could make.

Another topic of discussion at this meeting was how to address the issue of inadequate mentorship opportunities for nurses who have received forensic training. While the conversation on this point initially focused on the feasibility of having forensic nurse practitioners in every health care facility in the state or having a mobile team that could provide regional coverage for facilities without a forensic nurse practitioner, it eventually landed on a virtual program as a promising option.

The Harborview Abuse and Trauma Center pointed out that having a forensic nurse practitioner in every health care facility might not be practical, and the availability of mobile teams would not reduce wait times for patients in cases where providers needed to travel an extended distance. Stakeholders agreed that a program where experienced forensic nurse practitioners could virtually assist less experienced nurse practitioners could be a valuable means of increasing access to mentorship and empowering trained nurses who may not see many patients requiring forensic services. Harborview reported that it is already exploring this kind of program.

Participants' final major topic at the second stakeholder meeting was standards of training and care for forensic nursing. While standards of practice fall outside the scope of this report, stakeholders supported statewide training standards, which could give the state government criteria to assess which forensic nursing training programs a future funding program might fund. Both care and training standards could also mitigate the liability concerns that one stakeholder reported prevented her from being allowed to perform forensic exams at the facility where she works, despite having completed a forensic nursing training program.

Following the second meeting, Commerce prepared the final recommended strategies to share with stakeholders for feedback and approval at the third meeting.

## Third meeting purpose and discussion

Commerce's goal for the third stakeholder meeting was to present its final recommended strategies for increasing access to FNE training to stakeholders for feedback. In addition, Commerce discussed the \$680,000 allocation in the 2022 Washington state supplemental operating budget for the Department of Health to create a stipend program for nurses seeking SANE training and sought input from stakeholders on which eligible expenses that program should reimburse.

Several stakeholders expressed concern over the language in the budget proviso specifying that reimbursements will "cover eligible expenses incurred to complete the training necessary to become a certified sexual assault nurse examiner." These stakeholders pointed out that full certification per International Association of Forensic Nursing standards requires 300 hours of clinical practice after receiving training, which makes becoming a certified Sexual Assault Nurse Examiner (SANE) nearly impossible in practice for nurses in rural areas. As a result, a stipend program that required nurses to become certified SANEs would likely have limited and inequitable utility.



In addition, stakeholders expressed concern over the fact that one of the nearest training programs for nurses in southwest Washington that offers a pathway to SANE certification per International Association of Forensic Nursing standards is in Oregon, so requiring that reimbursable training culminates in certification might result in state dollars leaving Washington. Stakeholders agreed that it is important for state resources to support training programs in Washington.

The Department of Health communicated that it would convene a stakeholder group to consult on the implementation of this stipend program in July or August 2022, and it was looking forward to gathering more input from subject matter experts.

Stakeholders provided several suggestions for changes to the recommended strategies that Commerce presented. The first of these suggestions was to change the language concerning covering the costs of lost wages for nurses attending FNE training to reflect stakeholders' position that health care facilities should pay for some of these costs, not just the state government.

The second suggestion was to use the term "training program" as opposed to "trainer" or "training provider" to emphasize the fact that a high quality, supportive training program incurs more costs than just the direct costs of delivering a 40-hour core training. The Harborview Abuse and Trauma Center said it gives nurses who complete its core SANE training a phone number they can call if they need guidance while delivering an exam, which demonstrates that training should not be considered a one-off experience and encompasses more than just classroom time.

The third suggestion stakeholders provided was to stipulate that health care facilities planning to provide access to FNE services must be required to have FNE services available 24/7. When discussing the possibility of requiring health care facilities that do not provide FNE services to contract with nearby facilities that do provide those services, stakeholders pointed out that some facilities that do provide FNE services cannot provide them around the clock. In cases like this, a facility may need to enter into agreements with multiple other facilities to transfer patients seeking FNE services to a provider 24/7.

The fourth recommendation stakeholders made was emphasizing the need for any future state standards of training or care to require nurses who received forensic nursing training outside of Washington to receive supplementary education on procedures unique to our state, like appropriate evidence collection. Stakeholders said that the quality of patient care would suffer without this requirement.

Finally, stakeholders recommended including a tribal representative and representatives from other organizations that provide FNE services to the list of recommended members of the workgroup Commerce is proposing.