

## Policy: Response to Allegation of Abuse or Neglect on Hospital Premises

ORGANIZATIONAL: Effects two or more departments.							
Folder	Organizational Choices: Patient Safety and Performance Imp			Sub-Folder (If Applicable)	n/a		
Original Effective Date	9/15/2016	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. All				
Approved (Approver/Date)	Patient Safety Committee 1/30/2019 MDRC: 1/30/2019; Board 1/31/2019						
Last Reviewed/ Revised Date	1/29/2019	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	482.13(c)2, 482.13(c)(3) 488.301 CSR 30-20.084	Number of pages	8

### PURPOSE:

To define the process for the response to allegations of abuse or neglect on hospital premises.

**SKILL LEVEL:** All Southeast Hospital staff

### DEFINITIONS:

- **Abuse:** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- **Neglect:** Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

### GUIDELINES:

All patients have a right to be free from all forms of abuse or neglect, and protected if abuse or neglect is alleged or suspected to have occurred on hospital premises.

There are seven components included as part of the policy. The seven components include: screening, training, prevention, identification, reporting, investigation, and protection.

1. **Screening:** All employees and members of the medical staff are screened prior to hire with appropriate background checks and primary source verification of licensure, based on regulatory requirements, Human Resources policy and Medical Staff Guidelines.
2. **Training:** All employees will participate in mandatory training related to abuse and neglect at the time of orientation and annually, including:
  - a) What constitutes abuse and neglect
  - b) Staff behaviors that may lead to abuse and neglect
  - c) Prevention, identification, and intervention techniques
  - d) Patient rights
  - e) Procedure of reporting suspected abuse and neglect that occurs on hospital premises
  - f) Abuse and neglect occurring after reporting suspected abuse or neglect
  - g) No fear of retaliation due to reporting
3. **Prevention:** All employees will receive training on the prevention of abuse and neglect. This education will include environmental conditions that may lead to abuse such as more secluded areas, social conditions such as inappropriate behavior that may cause a higher risk for abuse/neglect from staff and family members, such as:

- a) Derogatory language
  - b) Rough handling
  - c) Refusal to provide care
  - d) Ignoring the requests of patients
4. **Identification:** All employees will receive training on the indicators of abuse or neglect, including:
- a) Patients who report experiencing abuse, neglect, threats, or assault while receiving care.
  - b) Staff who witness threats, abusive or neglectful behavior, or violence toward the patient.
  - c) Assessing patients for signs and symptoms of abuse, neglect, and/or assault.
  - d) Documenting all physical findings, verbal reports, and actions that indicate signs of abuse or neglect on hospital premises.
5. **Reporting:** *There will be no retaliation or reprisal directed toward any staff, patient, family or visitor that reports suspected abuse or neglect.*
- a) All staff are required to report immediately any observed behavior that is suspected abuse or neglect or any received report of alleged abuse to their immediate supervisor. Notify House Supervisor after business hours.
  - b) If the alleged abuser is the immediate supervisor, call Quality Management (QM) or the director on-call.
  - c) Staff should complete a patient safety event report as soon as possible.
  - d) See Algorithm for notification process. Appendix A.
6. **Investigation:** After receiving an allegation of abuse or neglect occurring on hospital premises, an internal investigation is initiated by manager/director/house supervisor/Quality Management in collaboration with other departments as deemed necessary, and completed as quickly as possible.
- a) Staff witness interviews/statements shall be obtained using the *Safety Event Investigation – Statement* form (Appendix B) found on the hospital intranet Compass site under Quality Management link on the homepage → Quality and Patient Safety link → Forms and Templates folder. The staff member may select a support person to be present during the interview sessions.
  - b) Review patient’s medical record, history, and course of treatment.
  - c) Review alleged employee or medical staff member’s work record, background, behavior, and record of complaints, as appropriate.
  - d) Investigate all other possible sources of information relating to the incident and/or the persons involved, including interviews with other patients as appropriate and video surveillance as available. Patient interviews should include standard questions and are included as Appendix C. The form can be found on the hospital intranet Compass site under the Quality Management link on the homepage → Quality and Patient Safety link → Forms and Templates folder.
  - e) Maintain confidentiality to avoid embarrassment to the patients and employees involved.
  - f) Documentation of investigation shall be completed using the *Safety Event Investigation Follow-up* form (Appendix D) and forwarded to Quality Management. Form can be found on the hospital intranet Compass site under Quality Management link on the homepage → Quality and Patient Safety link → Forms and Templates folder.
  - g) After the initial investigation is complete, the allegation of abuse or neglect is reviewed by the Serious Event Review Team (SERT), to determine if allegation is substantiated and whether employee should be returned to patient care. Additionally, SERT will make a preliminary decision as to whether the allegation is reportable to DHSS or other regulatory bodies. The hospital shall comply with all mandated reporting obligations.

7. **Protection:** Any person alleged to have committed abuse or neglect will be removed from patient care until a preliminary investigation is completed. The organization shall provide appropriate medical attention based on assessment of patient.
  - a) Ensure the immediate care and protection of the patient, including notification of Security if necessary. It may be necessary to move the patient to another room or another unit to protect the patient from being subject to additional actions or abuse from the perpetrator, should they be someone other than a staff member.
  - b) If the case involves a sexual assault, contact Social Services.
8. **Final Disposition:**
  - a) Upon conclusion of the investigation, Administration will determine, in collaboration with other departments as appropriate, if reporting is required to outside entities or regulatory bodies.

**REFERENCES:**

Centers for Medicare and Medicaid Services Hospital Conditions of Participation 42 CFR Part 482.13(c)(2), Part 482.13(c)(3), and Part 488.301

Missouri Department of Health and Senior Services, Hospital Licensure regulations: 19CSR30-20.084 Patients' Rights in Hospitals

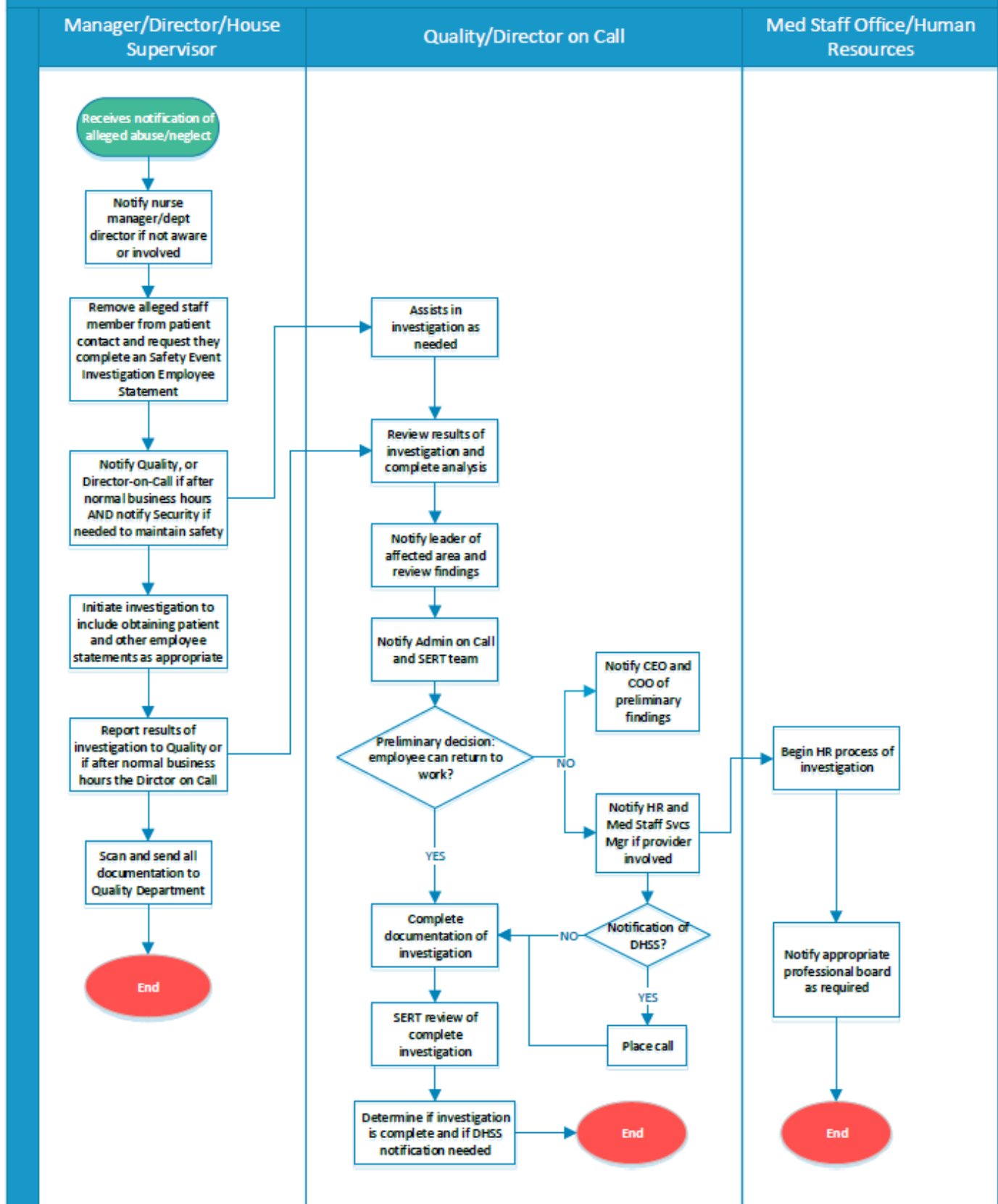
Missouri Hospital Association Survey Manual February 2016

Missouri Child Protection Reformation Statute RSMO 210.115

**Attachments:** Appendix A: Notification Process  
Appendix B: Safety Event Investigation – Employee Statement  
Appendix C: Patient Interview Questions  
Appendix D: Safety Event Investigation Follow-up

## APPENDIX A – Notification and Investigation Process

**EMPLOYEE:** A staff member's role is to report allegation to their immediate supervisor at the time of event or if they are the alleged abuser, the next level up.



**Quality Management or Director on Call will be the one to actually report a credible determination of abuse or neglect occurring on hospital premises to the Department of Health and Senior Services:**

**During normal business hours:** call the Department of Health and Senior Services (DHSS) phone number for Bureau of Hospital Standards: 573-751-6303

**After normal business hours:** call the Department of Social Services (DSS)

- For child abuse: 800-392-3738
- For elderly and adults with disabilities: 800-392-0210

**What to report when calling:**

- Name of subject of alleged abuse occurring on hospital premises.
  - The alleged abuse that occurred.
  - State – “We are in the process of beginning investigation of the allegation.”
- Any other information that may be requested by DHSS/DSS.

Safety Event Investigation – Statement

Name \_\_\_\_\_ Dept. \_\_\_\_\_ Location of Event \_\_\_\_\_

Phone # \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_

Other Witnesses to Incident 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Complete a **detailed** statement (print) using ink only, providing only facts pertinent to this event. Do not include any opinions or assumptions. Include specific information regarding; what happened, who was involved, what was said and when, listing the events in order.

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If additional space is needed, number pages

Signature \_\_\_\_\_ Date \_\_\_\_\_

I affirm that all the facts set forth in this statement are true, complete and correct to the best of my knowledge and belief. The facts that I have provide are mine and were provided without being influenced by any other party or person. I understand this statement will be used for patient safety investigation purposes, and the information shall be subject to verification.

\_\_\_\_\_  
Witness Signature Date

**Patient Interview: Follow-up Investigation**

Hi, my name is \_\_\_\_\_.

FOR INPATIENTS: I am just visiting with a few patients to see how your stay is going. Do you have time to answer a few questions? (4 questions)

FOR OUTPATIENTS/ER PATIENTS: I am conducting a few follow-up phone calls with patients who have recently visited our Emergency Department (insert your own department here). Do you have time to answer a few questions? (4 questions)

- 1) Overall, would you say your experience as a patient here was/has been a good or bad experience?
- 2) Did the treatment you received meet your expectations? If not, ask why?
- 3) Do you feel you were treated with respect by everyone involved in your care? If not, how do you feel you were not respected?
- 4) Do you have any suggestions for improvement?

## Appendix D

Patient Name:

DOB:

Acct #/MRN #:

Admit date:

### Safety Event Investigation Follow-Up

Reported by:

Title:

#### Patient History:

Admit MD :

Primary MD:

Attending MD:

Chief complaint:

**Timeline:** (Include all pertinent information leading up to the event, the event and post event as appropriate for complete review. Include the dates and times as appropriate.)

Date

Time

Event

**Planned staffing ratio/actual staffing:**

**Unit census at time of event:**

**Information from interviews with staff involved:** (include name of staff member, department/unit and date interviewed)

**Follow-up discussions with patient and/or family:** (include date/time and name of staff who followed up)

CONFIDENTIAL – PATIENT SAFETY INFORMATION

Southeast Hospital