

OPERATING POLICY & PROCEDURE

TITLE: Identification/Reporting Suspected Abuse/Neglect

NUMBER: 01-02-21

POLICY

All suspected abuse/neglect cases will be reported to the proper Law Enforcement/Nebraska Department of Health and Human Services agencies.

PURPOSE

To provide a standard of care that is consistently applied within hospital to patients and families in cases of suspected abuse or neglect. To define the written and oral procedures to be followed when a physician or health care provider suspects abuse/neglect of others.

DEFINITIONS

Nebraska Statutes: define Child Abuse and Neglect as knowingly, intentionally, or negligently causing or permitting a minor child or incompetent or disabled person to be:

1. placed in a situation that endangers his/her life, physical or mental health.
2. cruelly confined or cruelly punished
3. deprived of necessary food, clothing, shelter or care
4. left unattended in a motor vehicle, if such minor child is six years of age or younger
5. sexually abused
6. sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography films or depictions.

Additionally, in the context of an adult, abuse is defined as any knowing, intentional or negligent act or omission on the part of a caregiver, a vulnerable adult or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, exploitation, or denial of essential services to vulnerable adult. Denial of essential services means that essential services are denied or neglected to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death. A vulnerable adult means any person 18 years or older who has a substantial mental or functional impairment or for whom a guardian has been appointed.

\* See the attached addendum - "The Warning Signs of Abuse or Neglect" (not to be considered an all inclusive list).

PROCEDURE

1. The admission assessment will be completed and documented per Admission Data Base. The proper agency will be notified when there is reasonable cause to believe that a child or incompetent adult has been subjected to abuse or neglect or that the child or incompetent adult has been subjected to

EFFECTIVE DATE: 9/91

NEXT REVIEW DATE: 06/05 Ey. 2 yr.

AUTHORIZED BY:

REVIEWED BY: Dir./Care Management

SOURCE:

DATE REVIEWED:

NO. & DATE REVISED:

conditions or circumstances which reasonably would result in abuse or neglect including, but not limited to:

- 1) suspicious physical findings;
- 2) inappropriate family interactions; or
- 3) incongruent history/physical findings

- A. If there is reasonable cause as stated above, a report will be available to the appropriate hospital's employee as applicable.
- B. Using the Abuse Reporting process flow chart as a guideline, a Risk Evaluation Worksheet will be completed at the time of identification. The Primary Care Nurse will assist the appropriate hospital representative as applicable, to complete the worksheet.
- C. Pursuant to the requests of local law enforcement agencies and the County Health and Human Services Department, if the concern is of an immediate/safety issue the hospital representative, as appropriate, will notify the appropriate Law Enforcement agency.
- D. Pursuant to the requests of local law enforcement agencies and the County Health and Human Services Department, if the concern is not of an immediate/safety issue the Risk Evaluation Worksheet will be completed and the offices of the County Health and Human Services Department will be notified by the Care Management Department at hospital and/or the Primary Treatment Coordinator at mental health facility during regular business hours. The Rural Health Clinic Staff will complete the Risk Evaluation Worksheet and contact hospital Care Management Department

for

assistance in reporting to the local county Department of Health and Human Services Department.

- E. A report from the Risk Evaluation Worksheet will be given to the appropriate Law Enforcement/Health and Human Services Department.
- F. Completed Risk Evaluation Worksheets from hospital will be forwarded and maintained in the Care Management Department.
- G. If during a hospital stay there is an allegation of abuse, neglect, or mistreatment by any member of the health care team an internal investigation will be done in a timely and thorough manner. The incident/allegation will determine the immediate action of the staff. If there is a safety issue or immediate jeopardy of individuals making the report, security will be notified and appropriate action will be undertaken to protect the individual(s). Contact the Director of Risk Management (or designee) as soon as possible so that the investigation process can begin immediately. The Director of Risk Management will determine who will investigate the allegation. The investigation may be made by the Department Director, Risk Manager, Social Services or other individual as deemed appropriate by the Director of Risk Management. Confidentiality will be maintained as to the extent possible to conduct a complete investigation. Reports will be made to Administration, Department of Health and Human Services, and to the appropriate Law Enforcement Agency.

NOTE: If after the admission process has been completed, and during hospitalization continuing assessments show suspected abuse/neglect the assessment must be documented and the hospital representative, as applicable, must be notified. The previous procedure, B through E will be utilized to notify the appropriate Law Enforcement/Health and Human Services Departments.

2. A collaborative discharge plan will be formulated following the report by the

- Hospital/Clinics and Law Enforcement/Health and Human Services agencies.
3. At the completion of the Law Enforcement/Nebraska Department of Health and Human Services investigation, the Hospital's Care Management Department/Office Personnel will request a written report from the Department of Health and Human Services. This report will be shared with appropriate staff.
  4. See attached Abuse Reporting Process flow chart and Risk Evaluation Worksheet, Abuse/Neglect.
  5. Document in the Medical Record all facts leading to the report being made to Law Enforcement/Department of Health and Human Services, including who the report was given to. Do not chart that an Risk Evaluation Worksheet was completed. The Risk Evaluation worksheet is not a legal part of the chart.
  6. An "RE" and the date the Risk Evaluation was given to the appropriate Law Enforcement/Health and Human Services Department will appear on the Patient's Face Sheet. The "RE" will be located in the lower left hand section under Insurance. The date will be replaced with the date of the most recent Risk Evaluation made, if subsequent evaluations are made.
- \* Appropriate hospital representative - Physician/  
Administrative Associate/Care Management Staff/Primary Treatment  
Coordinator/Clinic Staff.

\* ADDENDUM

THE WARNING SIGNS OF ABUSE OR NEGLECT

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PHYSICAL ABUSE - VICTIM'S PHYSICAL SIGNS

Abrasions	Direct Beatings	Oversedation
Asphyxiation	Dislocations	Poisoning
Bed Sores	Dismemberment	Punctures
Bone Fractures	Drowning	Sexual Molestation
Bruises	Forced into a Nursing Home	Scalding/Burns
Burns	Hypothermia	Skull Fractures
Confinement Against Will	Internal Injuries	Sprains
Cuts	Lacerations	Welts
Dehydration	Malnutrition	Wounds

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PSYCHOLOGICAL ABUSE

Humiliation  
Intimidation  
Isolation  
Threats  
Verbal Assault

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MATERIAL ABUSE

Misuse of Money or Property  
Taking Possession of Money or  
Property

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VICTIM'S BEHAVIORAL SIGNS

Confusion  
Depression  
Fear

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NEGLECT

Abandoned  
Failure to Purchase Prescribed  
Medicines

Inability to reach Food, Water,  
Sanitary Facilities

Failure to Provide Other  
Prescribed Medical Svcs.  
Failure to fulfill Caretaking  
Obligations

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NEGLECT - VICTIM'S SIGNS

Deprived of Clothing  
Deprived of Shelter  
Hazardous Health Conditions  
Lack of Help Housecleaning  
Lack of Heat  
Lack of Food

Lack of Personnel Care  
Lack of False Teeth When Needed  
Lack of Hearing Aid When Needed  
Lack of Glasses When Needed  
Lack of Supervision  
Lack of Support/Companionship