

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
4801 E. Linwood Boulevard
Kansas City, Missouri 64128

March 25, 2016

MEDICAL CENTER POLICY 00-11Q-023

ABUSE OF PATIENTS

1. PURPOSE: To inform employees about the Kansas City VA Medical Center (KCVA) policy in cases of suspected abuse of patients by employees.
2. POLICY:
 - a. Every patient receiving treatment at a KCVA facility will receive quality care in an environment that respects each patient's rights as an individual, including the rights to privacy, respect, and freedom from harm, exploitation or abuse. Under no circumstances will employee mistreatment or abuse of a patient be tolerated.
 - b. Each employee of the KCVA, irrespective of the nature of his or her position, or condition of his or her appointment, is expected to treat patients with proper respect. All employees will be cognizant of evidence of patient abuse, and will immediately report any such incidence of abuse that is witnessed, unwitnessed or suspected.
 - c. Suspected unwitnessed patient abuse will be reported in the same manner as an incident of patient abuse that involves witnesses. The reports will be fully investigated.
 - d. Written complaints received from outside agencies or personal letters that contain allegations of patient abuse by KCVA staff will undergo the same process as any internally reported case, and will be fully investigated.
3. DEFINITIONS:
 - a. Patient abuse is any act against a patient which involves physical, psychological, social or verbal abuse, including, but not limited to:
 - 1) Mental, physical, sexual, or verbal abuse of a patient (examples of patient abuse include intentional omission of care, willful violation of a patient's privacy, willful physical injury, intimidation, harassment, or ridicule). The examples listed are not all-inclusive examples of patient abuse.
 - 2) Knowing and willful omission of care.
 - 3) Willful violations of a patient's privacy.
 - 4) Willful physical injury to a patient.

- 5) Physical striking of a patient.
 - 6) Sexual assault of a patient.
 - 7) Inappropriate or insulting behavior or remarks towards, or about, a patient.
 - 8) Abandonment of a patient.
 - 9) Neglect of a patient.
 - 10) Threatening a patient.
 - 11) Exploitation of a patient.
 - 12) Stealing from or taking advantage of a patient with respect to financial gain or other personal matters.
- b. The patient's perception of how he or she was treated will be one of the considerations of the determination as to whether a patient has been abused. A patient with low or no cognitive ability must be considered in a validity of a claim of abuse. A full investigation will be the determining factor in any abuse complaint.
 - c. Disciplinary action: The KCVA maintains ZERO tolerance for patient abuse. The VA administrative penalty for any substantiated case of patient abuse may subject the employee to discipline up to and including removal.

4. RESPONSIBILITIES:

- a. Director: Ensures that all suspected cases of patient abuse are investigated; reviews all comments regarding the incident; and ensures that appropriate actions are taken in cases of substantiated abuse. When indicated, the Director will appoint an AIB with appropriate representation to fully review and report findings, and ensure that all confirmed cases of abuse are reported to the Veterans Integrated Service Network (VISN 15) Director and Headquarters as directed.
- b. Service Chiefs are responsible for:
 - 1) Ensuring that all employees within their service are fully aware of the definition of patient abuse, the consequences of patient abuse, and the reporting requirements when abuse or mistreatment of a patient is witnessed, unwitnessed, or suspected.
 - 2) Providing assistance in reviews / investigations of incidents of alleged abuse when so assigned.
 - 3) Completing follow-up actions as approved by Director
- c. Performance and Patient Care Improvement (PPCI) Chief is responsible for:

- 1) Reviewing of the electronic Patient Event Report (ePER) and applying a Safety Assessment Code (SAC) to each report.
 - 2) Referring any internal report or external document concerning alleged patient abuse to the attention of the Director.
 - 3) Ensuring that a complete review of each allegation of abuse is conducted and a timely report of findings is submitted; acting as consult to Service Chiefs.
 - 4) Informing the Director of submitted findings and recommendations for further action as warranted.
 - 5) Conferring with the Director the need for further investigation and reporting requirements as defined in current VA Directives and regulations. This information will be communicated to the appropriate Service Chief.
 - 6) Ensuring that all formally appointed Administrative Investigation Boards (AIBs) are coordinated and maintained, that all Board members receive the training required to fulfill the responsibility assigned to them, and that all substantiated cases of abuse are reported to appropriate officials within the time frame specified.
 - 7) Retaining all records (other than documents that are required to be filed within an employee's Human Resources file) related to the allegation of abuse case including but not limited to the initial report, work product, outside notification, summary of investigation, recommendations, actions taken and the final sign off by the Director for verification of case closure.
- d. KCVA Police Department: Reports and investigates the incident and reduces the investigation to a summary written report immediately following the incident. Police reports, in a criminal case context, will not be released while under investigation. They may be released only to the Court or other Law Enforcement Agencies as they are considered documentary evidence. Once a case has been closed and adjudicated, the police report may be released through written request by the VAMC Privacy Officer/ROI after it has been redacted.
- e. Human Resources: Advises the Service Chief and Director regarding disciplinary action to be taken in cases where patient abuse is substantiated.
- f. Employees:
- 1) Regardless of the nature of his or her position, or condition of his or her appointment, shall protect patients' rights as individuals, including the rights to privacy, respect and freedom from physical harm or abuse.

- 2) Have the obligation to be alert for any evidence of abuse, and shall maintain a vigilant attitude toward the prevention and early detection of conditions which are conducive to patient abuse.
- 3) Must immediately report any incident or suspicion of abuse that is unwitnessed, reported to them, or witnessed by them. An employee who, upon investigation, is found to have knowledge of acts of abuse, and who failed to immediately notify his/her supervisor of an act of patient abuse, shall be subject to disciplinary action.
- 4) If physically assaulted by a patient, has the right to protect him/herself and/or break free of the attacker. Any physical contact by the employee resulting from such a situation will not be viewed as abuse to the patient. Employees coming to the assistance of other employees should make every attempt to make the situation safe including dialing 54444 to activate a CODE ORANGE or obtain the assistance of the KCVa Police.

5. PROCEDURES:

- a. Every report of patient abuse, either witnessed or unwitnessed, will be subject to an in-depth fact-finding process. This may or may not result in an Administrative Board of Investigation being convened at the Director's discretion.
- b. Every witnessed and unwitnessed allegation of patient abuse will be immediately (at the time the incident is known) acted upon by the party who witnessed, or has knowledge of, the allegation. The individual will:
 - 1) Immediately notify their supervisor.
 - 2) Complete and submit an electronic Patient Event Report (ePER). Complete a Report of Contact (VA Form 119), and deliver promptly to their first-line supervisor, who will communicate directly with the respective Service Chief and then to PPCI.
- c. Allegations of patient abuse will be reported through the chain of command to the Director.
- d. Any employee identified in an allegation of physical abuse will be immediately reassigned to a non-direct patient care work area until due process has been fulfilled, if so indicated by the preliminary inquiry conducted by the first-line supervisor and/or affected Service Chief based on Reports of Contact and other interviews as necessary. This inquiry must be completed before the involved employee's next tour-of-duty or work shift.
- e. Any employee identified in an allegation of verbal abuse will have their work assignment changed if indicated by the preliminary inquiry conducted by the first-line supervisor and/or affected Service Chief, so as to ensure that the employee is

not providing direct care to the patient. This inquiry must be completed before the involved employee's next tour-of-duty or work shift.

- f. Line authority notification will commence and follow through to the Service Chief of the offending party immediately.
- g. All persons witnessing the alleged patient abuse, involved at the scene, or having knowledge of the allegation will complete a Report of Contact prior to leaving their duty station on the same day of the incident, or the day that the incident became known. The Report of Contact(s) will include a brief description of the incident, where it occurred, and other pertinent factors, such as the patient diagnosis and mental status. All completed Reports of Contact will be given to the first-line supervisor/respective Service Chief and forwarded to PPCI for retention in the case file.
- h. Upon notification of the alleged abuse event, the supervisor is responsible for ensuring that the patient receives prompt medical, surgical or psychiatric intervention, as indicated. At a minimum, the supervisor will request that the physician responsible for the patient's care assess the patient and document in the medical record.
- i. The physician responsible for the patient's care at that time, or the practitioner who examines the patient following notification of the incident, will document findings in the electronic medical record (CPRS), including the level of severity of any injury and plan of treatment/care specific to the injury or event. Levels of severity include:
 - 1) No injury or disability
 - 2) Minor: Injuries are minor in nature if they do not require medical intervention and do not extend the patient's hospital stay except for observation or to obtain laboratory and/or radiology results.
 - 3) Major: Injuries that require medical or surgical intervention, increased hospital stay, or are disabling and/or disfiguring to a degree that the patient will have any degree of permanently lessened function or require surgical repair.
 - 4) Death
- j. The appropriate Service Chief will notify their immediate supervisor and PPCI.
- k. Any incident or allegation of a criminal nature will also be reported to the KCVA Police.
- l. The completed investigation summary needs to include findings, a conclusion which contains a statement indicating if the allegation of the abuse was substantiated or unsubstantiated, and actions taken.

- m. All documents (other than those required to be retained by Human Resources) will be filed and retained within PPCI.

6. REFERENCES:


- a. Master Agreement between the Department of Veteran Affairs and the American Federation of Government Employees, Article 14, March, 2011.
- b. VA Handbook 5201/14 Part I, Chapter 2, May 13, 2013.
- c. VHA National Patient Safety Improvement Handbook 1050.01, March 4, 2011
- d. VA Regulations Codified Federal Register, Title 38 CFR 47.2
- e. The Joint Commission, Patient Safety Systems, CAMH, July, 2015.
- f. VA Directive 0700 Administrative Investigations. March 25, 2002.
- g. Policy Memorandum 00-17, Patient Safety Program and Event Reporting, dated September 16, 2014

7. RESCISSION: Medical Center Policy 00-11Q-023, Abuse of Patients, dated January 23, 2013.

8. RESPONSIBLE SERVICE LINE/COMMITTEE: Chief, Performance and Patient Care Improvement

9. CONCURRENCE: VA Police, Human Resources, DAB

10. REVISION DATE: March 25, 2019



KATHLEEN R. FOGARTY
Director