

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

June 22, 2016

MEDICAL CENTER POLICY 11-122-003

ADULT PROTECTIVE SERVICES/ADULT ABUSE

1. PURPOSE: To establish policy, responsibility and procedure for reporting incidents of adult abuse, neglect and exploitation in the States of Missouri and Kansas.
2. POLICY: Professional staff shall report all cases of suspected abuse/neglect presenting the likelihood of serious physical harm to an eligible adult in accordance with Missouri and Kansas laws on Adult Protective Services.
3. DEFINITIONS:
 - a. Eligible Adult (Missouri): A person (60) years of age or older, or a disabled person between the ages of 18 and 59, who is unable to protect their own interests or adequately perform or obtain services which are necessary to meet essential human needs.
 - b. Eligible Adult (Kansas): Adults age 18 and older who are unable to protect themselves. This includes individuals who have physical, emotional or mental impairments. These impairments may limited their ability to manage their homes or their personal or financial affairs.
 - c. Likelihood Of Serious Physical Harm (Missouri): One or more of the following:
 - 1) A substantial risk that physical harm to an eligible adult will occur because of failure or inability to provide for essential human needs as evidenced by acts or behavior which have caused such harm or which give another person probable cause to believe that the eligible adult will sustain such harm;
 - 2) A substantial risk that physical harm will be self-inflicted, as evidenced by recent credible threats, acts or behavior which have caused such harm, or which place another person in reasonable fear that the eligible adult will sustain such harm;
 - 3) A substantial risk that physical harm will be inflicted by an eligible adult upon another as evidenced by recent acts or behavior which have caused such harm, or which give another person probable cause to believe that the eligible adult will sustain such harm;

- 4) A substantial risk that further physical harm will occur to an eligible adult who has suffered physical injury, neglect, sexual or emotional abuse, other maltreatment, or wasting of financial resources by another person.
- d. Abuse (Missouri): The infliction of physical, sexual or emotional injury or harm including financial exploitation by any person, firm or corporation.
- e. Abuse (Kansas): The infliction of physical or mental injury, or deprivation by a caretaker of services that are necessary to maintain physical and mental health.
- f. Neglect (Missouri): The failure to provide services by in-home service employees or in-home service provider agencies under contract with the Department of Social Services for the care of a client, when such failure presents either an imminent danger to the health, safety or welfare of the client, or a substantial probability that death or serious physical harm could result.
- g. Neglect (Kansas): The failure of a caretaker to maintain reasonable care and treatment to such an extent that the resident's health or emotional well-being is injured.
- h. Caretaker (Kansas): A person or institution who has assumed the responsibility for the care of the resident voluntarily, by contract, or by order of a court of competent jurisdiction.
- i. Exploitation (Kansas): Intentionally taking unfair advantage of an adult's physical or financial resources by use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or other person.
- j. Responsible staff: Any physician, dentist, optometrist, podiatrist, resident, intern, nurse, health practitioner, hospital and clinic personnel engaged in the examination, care or treatment of persons, psychologist, mental health professional, social worker, chaplain, peace officer or law enforcement official.

4. RESPONSIBILITIES:

- a. The social worker assigned to each patient care treatment team will coordinate with staff in the implementation of this policy.
- b. Clinical Service Chiefs will assist their staff in the implementation of this policy.
- c. The Chief of Business Operations will ensure that the KCVa Privacy Officer and Medical Records staff manage disclosures of protected health information to protective services agencies in accordance with this policy and all applicable laws, and track all disclosures in accordance with healthcare accreditation standards.

5. PROCEDURES:

- a. **Any staff** who suspects that an eligible adult who resides in Missouri presents the likelihood of suffering serious physical harm should verbally report the concern to the **Elder Abuse and Neglect Hotline** (See Attachments A and B for legal definitions pertaining to adult abuse in Missouri and Kansas and contact numbers). **Professional staff** who suspect that a Kansas resident is being or has been abused, neglected or exploited, or is in a condition which is the result of abuse, or is in need of protective services, should verbally report the concern to the **Kansas Protection Report Center**. (See Attachments A and B for legal definitions pertaining to adult abuse in Missouri and Kansas and contact numbers). Attempts should be made to obtain the Veteran's written permission to release such a report, if circumstances permit.
- b. Identifying signs of adult abuse and neglect. In assessing for the abuse of an eligible adult, be alert to conflicting or changing histories, including questionable explanations and protective behavior toward caretakers and/or self.
 - 1) Physical abuse. Signs may include bruises, burns, bites, alopecia, fractured/broken bones, injuries at various stages of healing, and trauma to the penile, vaginal and/or anal areas.
 - 2) Physical neglect. Signs may include wasting, weight loss, bites, alopecia, fractured/broken bones, dehydration, malnutrition, poor hygiene and improper care.
 - 3) Psychological/emotional abuse/neglect. This is often the most difficult type of abuse to identify. Possible signs may include aggressive interactions with caretakers, anger, withdrawal, infantile behavior, depression, shame and guilt.
 - 4) Behavioral indicators for abuse and neglect. For persons who have previously or are currently experiencing abuse and/or neglect, indicators may include paranoia, withdrawal, anger, infantile behavior and behavioral changes.

In summary, the above signs are possible indicators, and each individual will present with a different configuration of signs. Be alert and aware of the presence of all physical, mental, psychological and social signs that appear unusual and/or suspicious.

- c. Abuse/neglect reports will be made to the following agencies:

- 1) Missouri Residents: **Elder Abuse and Neglect Hotline**, 1-800-392-0210

- 2) Kansas Residents: **Kansas Protection Report Center**, 1-800-922-5330 (for individuals residing in the community) or 1-800-842-0078 (for individuals residing in institutional settings)
- d. The following information will be provided in the report to the agency:
- 1) The name of the person making the report.
 - 2) The name, age and address of the eligible adult.
 - 3) The name and address of any person responsible for the eligible adult's care.
 - 4) The nature and extent of the eligible adult's condition.
 - 5) Information regarding the nature and extent of the abuse, neglect or exploitation, and name of the eligible adult's next-of-kin.
 - 6) Under no circumstances shall information pertaining to treatment for drug and/or alcohol abuse, sickle cell anemia, or testing for infection with the Human Immunodeficiency Virus (HIV) be disclosed unless the Veteran signs a prior written special consent or there is a valid court order. (38 U.S.C. 7332)
 - 7) Any other relevant information.
- e. Reports will be made by the suspecting professional staff person regardless of whether or not other family members are aware of the suspected abuse. The clinician who determines that a report should be made shall document the suspected abuse in a CPRS administrative note, utilizing the template contained within note title ABUSE/NEGLECT CONTACT KC. Social workers should notify their direct supervisors regarding abuse/neglect reports via co-signature. Documentation shall include: (1) details of the alleged abuse/neglect, (2) the examination or treatment offered and/or provided, and (3) whether any specific evidence has been retained, such as specimens taken by medical personnel or photographs taken by the KCVA Police, outside law enforcement agencies or adult protective services staff.
- f. An encrypted e-mail indicating which state agency was contacted will be sent to the KCVA Privacy Officer and Release of Information via e-mail group VHAKAN KC-ROI. The e-mail will indicate the date of the abuse/neglect progress note that was entered into CPRS under note title ABUSE/NEGLECT CONTACT KC. If the state agency requests a written report, agency personnel will be advised to contact Release of Information for written information to be released under the appropriate provisions of the Privacy Act. Under no circumstances shall information pertaining to the treatment of drug and alcohol abuse, sickle cell anemia, or testing for the Human Immunodeficiency Virus(HIV) be disclosed

unless the Veteran signs a prior special written consent or there is a valid court order.

- g. A plan for staff education will be provided to include identification and treatment of abuse, institutional, local, state and federal reporting mandates, and proper reporting and documentation of abuse. Social work staff will receive instruction regarding maintaining and safeguarding evidence of alleged abuse.
- h. When abuse is suspected or identified by a primary care physician, a referral is made to the Transition Team to assist in the assessment, treatment, referral, reporting and documentation of abuse. A list is maintained on the KCVA Social Work SharePoint regarding public and private community agencies that provide or arrange for evaluation and care of victims of abuse. Referrals to community resources will be made as appropriate.
- i. Release of Information will track disclosures related to abuse/neglect reporting.
- j. All outside requests for Veterans' medical records will be referred to Release of Information.

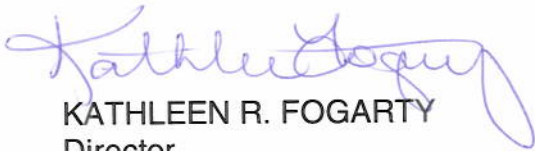
6. REFERENCES:

- a. 2015 Missouri Statute, Chapter 565, Section 565.184.1, Offenses Against the Person
 - b. 2014 Kansas Statute, Chapter 39, Article 14, Section 30, Abuse, Neglect or Exploitation of Certain Adults
 - c. 5 U.S.C.552a (b) (The Privacy Act); 38 U.S.C. 7332
 - d. VHA Directive 2012-022, Reporting Cases of Abuse and Neglect
7. RESCISSION: Policy Memorandum 122-03, Adult Protective Services/Adult Abuse, dated January 28, 2013
8. RESPONSIBLE SERVICE LINE/COMMITTEE: Social Work Executive/Transition Team Supervisor (Geriatrics & Extended Care)
9. CONCURRENCES: Chief, Business Operations

10. REVISION DATE: June 22, 2019

A handwritten signature in black ink, appearing to read 'Ahmad Batrash'.

AHMAD BATRASH, MD, FACP
Chief of Staff

A handwritten signature in purple ink, appearing to read 'Kathleen Fogarty'.

KATHLEEN R. FOGARTY
Director

Attachments: A - Criteria for Identifying Adult Abuse
B - Adult Abuse Hotline Numbers

ATTACHMENT A

CRITERIA FOR IDENTIFYING ADULT ABUSE

The following descriptions are not proof of abuse but possible clues. They should be considered in the context of the client's overall situation.

Physical Indicators:

Injuries which regularly appear after weekends, vacations, holidays

Injuries which are incompatible with history

Multiple injuries

Weight loss, malnutrition, or dehydration without illness-related causes

Repeated hospital admissions

Frequent use of the Emergency Department or "health-care shopping" among different facilities

Habitual use of restraints, i.e., excessive use of sedatives or physical restraints to compensate for inadequate staff (more likely in an institutional setting)

Confinement - locked in a room or tied to furniture

Bruises or welts in different stages of healing at the same time

Bruises in a pattern shaped like an object (four fingers, belt buckle, etc.)

Bruises in clusters on the torso, upper arms, buttocks, or thigh

Circular burns which might indicate cigarette burns

Cigarette burns, especially on soles of feet, palms, or places where a cigarette is unlikely to fall

Immersion burns (sock/glove-like or doughnut-shaped on buttocks)

Financial Indicators:

Discrepancy between the elder's resources and his/her conditions of housing, level of personal care, nutrition, clothes, transportation

Frequent, large gifts from the elder to a caretaker

ATTACHMENT A

CRITERIA FOR IDENTIFYING ADULT ABUSE, continued

Frequent checks written to "cash" by a person having a fiduciary responsibility

Unusual activity in a bank account such as large withdrawals or money suddenly "missing"

Personal belongings (especially jewelry) or household items missing

Numerous unpaid bills despite a formal (conservator, guardian, representative) or informal person responsible for payment of bills

A recent will when the elder appears incapable of making a will

Activity in a bank account which is inappropriate for the particular older person, such as use of an automatic teller machine when the person is unable to get to the bank, or use of a bank other than the one the person routinely uses

Irregularities in tax returns such as financial institutions reporting interest on unaccounted-for assets

Puts someone on a saving or checking account

Signs as surety on a loan

Elder unaware of monthly income

Elder signs checks filled out by someone else

Elder unaware of reason for appointment with banker or attorney

Makes withdrawals from an account which hasn't been used in years

Someone lives with elder and refuses to leave

Psychological Indicators:

Statements about caretaker which indicate fear or resignation

Threats or insults by caretaker

Older person not given opportunity to meet or speak with others alone

Averts gaze from others

ATTACHMENT A

CRITERIA FOR IDENTIFYING ADULT ABUSE, continued

Gives short "yes" or "no" answers to questions

Caretaker interrupts elder while talking

Caretaker speaks of elder as a burden

Family member or friend has elder's mail sent to their home

Radiological Indicators:

Subperiosteal hematomas

Epiphyseal separations

Metaphyseal fragmentation

Previously healed periosteal reactions

Squaring of the metaphysis

From History and Interviews:

Voices conflicting explanations about the circumstances surrounding the adult's injuries

Relates a story that is at variance with clinical findings

Shows unusual nervousness about the adult's injuries

Seems to show a lack of concern for the adult

Reveals evidence of family discord or financial distress

Reveals a history of multiple visits to various hospitals and/or physicians

ATTACHMENT B

ADULT ABUSE HOTLINE NUMBERS

Missouri:

To aid in identifying elderly persons who are being neglected, abused or exploited, the Missouri Department of Health and Senior Services maintains an **Elder Abuse and Neglect Hotline**. The hotline operates 365 days per year from 7 a.m. to midnight. The toll-free telephone number is **1-800-392-0210**. The hotline quickens the pace of the investigation and assists all adults whether they live at home or in a nursing home. If you know someone who needs services immediately, call this number. Care and counseling, or appropriate action, to assist the mistreated adult can then be arranged. In the event of an emergency, contact your local law enforcement agency or call 911. Between midnight and 7 a.m., contact on-call KCVA social work (Pager 816-234-0574) to request consultation or next-day follow-up.

Kansas:

To report suspected abuse, neglect or exploitation of an adult in the community, telephone the **Kansas Protection Report Center** at **1-800-922-5330**. NOTE: Callers from outside the state of Kansas need to use the number 1-785-296-0044.

If elder abuse, neglect or exploitation occurred in a Nursing Home, Hospital, or by a Home Health Agency, etc., please telephone the elder abuse hotline at **1-800-842-0078**.

In the event of an emergency contact your local law enforcement or call 911.