

**UPMC PINNACLE
POLICY AND PROCEDURE MANUAL**

INDEX: System/Administrative

SUBJECT: Patient Abuse Allegations

DATE: July 1, 2020

I. POLICY

This policy outlines the **responsibilities of healthcare providers** in recognizing, treating and reporting suspected cases of abuse and neglect of minors, persons with disabilities and the elderly. UPMC patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation. This policy provides clinical guidance regarding the assessment of and appropriate interventions indicated in cases of abuse or suspected abuse.

II. PURPOSE

The purpose of this policy is to assure that patients shall be treated with consideration, respect and with full recognition of their dignity and individuality. Any suspected occurrence of abuse or neglect will be investigated promptly and, where appropriate, remedial action will be promptly taken. UPMC Pinnacle shall take reasonable measures to ensure that patients are not subject to abuse.

III. SCOPE

This policy applies to the following UPMC Pinnacle hospital facilities:

[Check all that apply]

- UPMC Pinnacle Hospitals (UPMC Pinnacle Harrisburg, UPMC Pinnacle Community Osteopathic, and UPMC Pinnacle West Shore)
- UPMC Carlisle
- UPMC Memorial
- UPMC Lititz
- UPMC Hanover
- UPMC Pinnacle owned or controlled entities

IV. DEFINITIONS

A. **Abuse** is the infliction of injury, unreasonable confinement, harassment, intimidation or punishment with resulting physical harm or pain, mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of patients, even those in a coma, cause physical harm or pain, or mental anguish.

B. Types of Abuse

1. **Verbal abuse** – Any use of oral, written or gestured language that willfully includes

- disparaging and derogatory terms to patients or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include, but are not limited to, threats of harm, comments intending to frighten a patient and derogatory comments relating to the patient's age, race, color, creed, national origin, gender, sexual orientation, or disability.
2. **Sexual abuse** – Sexual harassment, sexual coercion, or sexual assault as defined in 23 Pa §. Chapter 61 (relating to Protection from Abuse Act).
 3. **Physical abuse** – Hitting, slapping, pinching, kicking, pushing, or pulling.
 4. **Neglect** – The purposeful withholding of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
 5. **Financial**- The illegal or unauthorized use of a person's property, money, pension or other valuables.
 6. **Exploitation**- The misappropriation of the older person's financial resources or personal belongings.

V. PROCEDURE

A. Investigating Complaints of Abuse

1. All Management and staff, including employees, contracted staff, volunteers and students, are responsible to ensure that any complaint, **allegation or suspicion of abuse, or witnessed patient abuse is reported immediately to a department supervisor.** The term "department supervisor" includes a clinical manager, charge nurse, immediate supervisor, administrator, nurse manager, and director of a clinical area or the vice president of the department.
2. Special Considerations prior to starting the investigation
 - a. When the complainant has demonstrated violent/aggressive behavior and is not responsive to de-escalation techniques and the staff's use of appropriate actions to respond to this behavior is required to protect the patient, other patients, visitors, and staff, the legal department will be consulted by the director of regulatory prior to beginning an investigation of abuse.
 - b. If the alleged abuse involves individuals who are not employed by UPMC Pinnacle or who are not members of the Medical Staff or Allied Health Staff, the legal department will be consulted by the director of regulatory prior to beginning an investigation of abuse.
 - c. In the event the patient alleges sexual abuse, the legal department will be consulted by the director of regulatory prior to beginning an investigation of abuse.
 - d. In the event the patient alleges abuse by a Member of the Medical Staff, the Chief Medical Officer or Designee will be notified.
 - e. If at any time the patient notifies the Police and the Police become involved with the investigation, the legal department will be consulted by the director of regulatory prior to beginning an investigation of abuse.
 - (i) It is still recommended that an internal investigation occur even in situations when Police are involved.

3. Initial steps taken when alleged abuse is reported.
 - a. The department supervisor who is made aware of the report of alleged abuse is responsible for:
 - (i) Ensuring the patient is safe and communicating with the patient the steps that will be taken to investigate the concerns.
 - (ii) The alleged event is entered timely into the incident reporting system.
 - (iii) The alleged employee is notified of the reported abuse and is suspended until the investigation is completed.
 - (a) If the patient is unable to clearly identify the employee, the investigation will continue without suspension of the employee.
 - (b) Any questions about the suspension of the employee should be discussed with the local Human Resource contact.
4. Coordination of investigative process
 - a. Each hospital's director of regulatory will coordinate the investigative process.
 - (i) Ensure that all required regulatory bodies have been notified.
 - (a) Including but not limited to: Area of aging, Adult Protective Services
 - (ii) Ensure that the incident is entered into the reporting system and reported through PASRS.
 - (iii) Notify the Patient Representative of the alleged abuse allegation.
 - (iv) Promptly notify individuals from the following areas of the event and the next steps of the investigation:
 - (a) Legal
 - (b) Human Resources
 - (c) Hospital President
 - (d) Leader of the Department the alleged incident occurred
 - (e) Patient Safety Officer
 - (f) Assigned Investigators
 - (g) Any others requiring notification
 - (v) Assign individuals to perform interviews with the complainant, the alleged employee, and any witnesses.
5. The investigation shall include, but not be limited to, the following:
 - a. Interview the patient.
 - b. Interview the alleged employee (if identified)
 - c. Interview witnesses.
 - d. Collection of evidence.
 - (i) In collecting physical evidence, such as photographs of the patient, care must be maintained to ensure that the patient consents to the collection of evidence from them and that the same is collected while maintaining the patient's dignity.
 - (ii) When photographs are required, the Security Office will be notified. The designated Security Agent will arrive to the department the patient is located and will be responsible for reviewing the request for photographs with the patient. The agent will clearly ask the patient for permission to photograph and this agreement will be documented in the Security Report.
 1. The report will also include the date and time the photographs were taken,

2. the areas of the body photographed, and
 3. witnesses present during the photographing.
- (iii) Security Camera footage may be requested as part of the investigative process.
- (iv) Other electronic media may be requested as part of the investigative process.
- e. If a patient alleges abuse but immediate evidence does not support the allegation, the investigation will be ended. This would include situations in which a patient's account of the incident cannot be validated (no date, time, or other concrete information to substantiate the initiation of an investigation).

B. Investigation Findings

1. At the conclusion of the investigation, the regulatory director will summarize the findings of fact from the investigation process. The Director of Regulatory reserves the right to convene with experts within the organization to discuss investigative findings prior to issuing the final report. It is highly recommended that the Just Culture Algorithm be utilized as a tool during the investigation. Director of Regulatory will maintain all files pertaining to alleged abuse investigations for seven (7) years.
 - a. If the regulatory director determines that, based upon the finding of fact, abuse or neglect has occurred and one or more employees are responsible the following will occur:
 - (i) Senior Director of Human Resources or designee will advise the supervisor on the appropriate disciplinary action to be considered and procedures for administering discipline.
 - (ii) The departmental supervisor is responsible for administering any disciplinary action taken and ensuring proper procedures are followed. This will be done in consultation with the Senior Director of Human Resources.
2. If there is sufficient evidence to credit an allegation of abuse by a person or persons who are not employed by UPMC Pinnacle or who are not members of the Medical Staff or Allied Health Staff, the director of regulatory shall forward the results of the investigation to Legal Services for a determination of such further action to be taken.
3. If there is sufficient evidence to credit an allegation of abuse committed by a member of the Medical Staff or the Allied Health Staff, the director of regulatory shall forward the results of the investigation to the Chief Medical Officer/VPMA or designee at each hospital who shall take action in accordance with the Medical Staff Bylaws.
4. If the outcome of the investigation finds that abuse or neglect did not occur but there is evidence to indicate that the employee's performance did not comply with UPMC Pinnacle's Standards of Behaviors and Core Values, the Senior Director of Human Resources or designee will work with the respective department supervisor to determine the appropriate follow up in accordance with Human Resources Policies and Procedures. Patient Experience can be consulted to provide coaching for effective communication.
5. The director of regulatory shall work collaboratively with the Patient Representative to ensure that appropriate follow-up information regarding the investigation is shared

with the patient or the patient's legal representative. This is to ensure that the patient is aware that UPMC Pinnacle is required to report any allegation of patient abuse to the Pennsylvania Department of Health, has investigated the complaint of abuse and, where appropriate, has taken remedial action. The specific nature of the remedial action will not be shared with the patient.

6. The Compliance and Privacy Officer and Legal Services shall at all times be available to assist the above stated individuals and the investigators in carrying out their responsibilities.

C. Special Considerations

1. If at any step of the investigation, it appears that the alleged abuse or neglect might constitute a criminal offense (felony or misdemeanor); prior to reporting the incident to a local or state law enforcement agency the director of regulatory will inform the Senior Director of Human Resources, Legal Services, and System Director of Regulatory. The investigation may continue simultaneously and collaboratively with a criminal investigation if one occurs.
2. An extension to any time limit identified in this policy may be granted by the Director of Regulatory in consultation with Legal Services when circumstances of the investigation so warrant. Such extensions will be documented.
3. Any employee who has been suspended or terminated has the right to appeal through established grievance procedures.

D. Proactive Approach by UPMC Pinnacle

1. UPMC Pinnacle shall make a reasonable effort to maintain a proactive approach to identify events and occurrences that may constitute or contribute to abuse. These efforts shall include, but are not limited to, the following:
 - a. An active quality assurance and performance improvement program.
 - b. Solicitation and follow-up of customer and visitor comments.
 - c. Patient satisfaction surveys.
 - d. Encouraging the reporting of patient concerns by patients, physicians, visitors and staff.
 - e. An active program of patient care area rounds by Management.
 - f. Review of incident reports, concerns and complaints to identify trends within UPMC Pinnacle or with individual caregivers.
 - g. Orientation of new employees regarding abuse identification, reporting and investigation.

E. Employee Responsibility to Cooperate with Investigations

1. All Management and Staff are obligated to ensure that any complaint, allegation or suspicion of abuse, or witnessed patient abuse is reported immediately to a department supervisor.
2. Any intentional act or omission that impedes the enforcement of this policy is subject to administrative review and disciplinary action up to and including

dismissal. Examples include, but are not limited to, the following:

- a. Failure to report abuse where an employee sees or hears patient abuse or is told of the existence of patient abuse and fails to report the matter to a department supervisor.
 - b. Failure to cooperate with an abuse investigation. This includes the refusal by an employee to answer questions truthfully or to answer questions during the course of an investigation.
 - c. Interference with a patient abuse investigation. This includes any threat of harm or offer of reward through which an employee attempts to persuade a witness in a patient abuse case not to cooperate with an investigation, or to lie or refuse to testify in any related legal proceeding.
3. Discipline shall be imposed in accordance with the Policies and Procedures of the Human Resources Department.

VI. DOCUMENTATION

- A. A file with a summary of the investigation and other significant reports and documents will be maintained by the Director of Regulatory. These files will contain evidence of the complaint, the investigation, the outcome of the investigation, follow-up communications with the patient or the patient's legal representative and, where required, notification of the appropriate licensing or accreditation agencies.

SIGNED: Phil Guarneschelli, President Pinnacle Region

ORIGINAL: September 1, 2018

APPROVALS: Corporate Policy and Procedure Committee of UPMC Pinnacle: July 2020

REVIEWED BY:

PRECEDE:

- UPMC Pinnacle Hospitals-Administrative Policy #3
- UPMC Pinnacle Carlisle, Lancaster, Lititz-PC-91
- UPMC Pinnacle Hanover- Suspected or Alleged Abuse of Patient between the ages of 18-59

SPONSOR: System Director Regulatory