



RECOGNIZING AND REPORTING POTENTIAL ABUSE AND NEGLECT

VOLUNTEERS – Please review this training module, complete the post-test you received during your Volunteer Services interview, and bring the completed test to your scheduled New Volunteer Orientation

Thank You!

After completing this module, you will be able to:

- Recognize signs and symptoms of abuse and neglect
- Identify the steps to be taken if you suspect a patient is abused or neglected
- Define the conditions that need to be met to be determined an 'injury of unknown source'
- Identify your role in recognizing, responding to, and reporting injuries that are suspicious and cannot be explained
- Locate policies to access information on the appropriate steps to take and who to contact if you suspect a patient is abused or neglected
- Understand the differences between recognizing and reporting child abuse, domestic abuse and elder abuse

As a UnityPoint Health – Meriter Volunteer, Please Remember....

Being part of Meriter’s team means you have a duty to provide for the safety of our patients.

This course is intended to give you basic information for recognizing possible abuse and neglect across multiple patient populations, and what your role is in responding to it.

More detailed information can be found in policies available on [MyMeriter](#) or in the Volunteer Services Office. Additional education may be provided in your specific area based on your unit’s specialty.

Abuse and Neglect Definitions -

Abuse:

- An intentional act that causes or creates risk for harm or mistreatment of a patient or disregards a patient's rights
- Abuse may include physical, emotional/psychological, financial, or sexual harm

Neglect:

- Intentional and substantial carelessness or negligence contrary to Meriter's policies and procedures that could or does cause harm to a patient. Mere negligence is not neglect.

Self-Neglect:

- A significant danger to the physical or mental health of an Adult-at-Risk or Elder Adult-at-Risk because he or she fails to obtain adequate food, clothing, shelter, medical or dental care

Physical Abuse – Examples of Signs and Symptoms:

- Unexplained injuries include but are not limited to:
 - Bruises, pressure marks
 - Bite marks
 - Abrasions
 - Lacerations
 - Burns
 - Fractures, broken bones
- Injuries that do not match the patient's/family's given explanation
- Trouble walking or sitting
- Pregnancy or a sexually transmitted infection in children
- Other indicators as noted in applicable policies

Emotional/Psychological Abuse – Examples of Signs and Symptoms:

- Loss of self-confidence or self-esteem
 - Unexplained withdrawal from normal activities
 - Social withdrawal
 - Sudden change in alertness or unusual depression
 - Headaches or stomach-aches with no medical cause
 - Desperately seeking affection
- For a Child:
- Avoidance of certain situations, such as refusing to go to school or reluctance to go home
 - Delayed or inappropriate emotional development
- For an Elder Adult-at-Risk or Adult-at-Risk:
- Strained or tense relationships, frequent arguments between elder and caregiver
 - Belittling, threats, and other uses of power and control by spouses or caregivers

Financial Abuse – Examples of Signs and Symptoms:

- Sudden unexplained changes in financial situation
- Financial exploitation may include:
 - Obtaining money against the owner's will or without informed consent
 - Unlawful use of a cardholder's debit or credit card
 - Illegally misusing an elder's money, property, or assets
 - Theft and identity theft
 - Forgery

Sexual Abuse – Examples of Signs and Symptoms:

- Statements that he or she was sexually abused
- Trouble walking or sitting
- Bruises around the breasts or genital area
- For a Child:
 - Sexual behavior or knowledge that is inappropriate for the child's age
 - Pregnancy or a sexually transmitted infection
 - Acting out sexually with other children
- Elder Adult-at-Risk or Adult-at-Risk:
 - Forcing an elder to take part in a sexual act when the elder does not or cannot consent

Neglect – Examples of Signs and Symptoms:

- Poor hygiene
 - Lack of clothing or supplies to meet physical needs
 - Eating a lot in one sitting or hiding food for later
 - Lack of appropriate attention for medical, dental, or psychological problems
 - Emotional swings that are inappropriate or out of context to the situation
 - Indifference
- For a Child:
- Poor growth or weight gain
 - Taking food or money without permission
- For Elder Adult-at-Risk or Adult-at-Risk:
- Bed sores, unattended medical needs, poor hygiene, and unusual weight loss
- There may be other indicators as noted in applicable policies

Recognizing and Responding to Abuse or Neglect -

- **IMPORTANT: No matter your role, if you see, hear, or suspect something isn't quite right, tell someone like your Manager, Supervisor, or Nursing Administrative Coordinator (NAC)**
- You may become aware of abuse or neglect through the following sources of information:
 - Verbal or written assertions from a patient or family member
 - Observing an incident or injury of unknown source
 - Hearing of an incident from others
- Recognition of the signs and symptoms of abuse and neglect is critical to protecting patients from harm!

What's My Immediate Response?

- Notify one or more of your Key Resource Personnel of the incident:
 - Your Manager or Supervisor
 - Manager where the patient is located
 - Attending Physician
 - Social Work Services
 - Nursing Administrative Coordinator (NAC)
- If you are in the NICU, notify ALL of the following personnel: Nurse Manager, Attending Physician, and the unit or hospital Social Worker
- All incidents must be investigated once reported

Mandated Reporters – Child-At-Risk:

- Administrators
- Advanced Practice Providers
 - Physician Assistants
 - Nurse Practitioners
- Audiologists
- Clinical staff
 - Nursing Assistants
 - Medical Assistants
 - Patient Care Technicians
 - Physical Therapist Assistants
- Dentists
- Emergency Medical Technicians
- Marriage and Family Therapists
- Nurses
- Therapists
 - Physical
 - Occupational
 - Speech
- Physicians
- Professional Counselors
- Social Workers

and any other medical or mental health professional not otherwise specified above

Mandated Reporter – Elder and Adults-at-Risk:

Any UnityPoint Health - Meriter employee who is licensed, certified, or approved by or registered with the Department of Health Services; also any medical or mental health care professional including, but not limited to a:

- Chiropractor
- Dentist
- Marriage and Family Therapist
- Nurse
- Occupational Therapist
- Occupational Therapists Assistant
- Optometrist
- Perfusionist
- Physician
- Physician Assistant
- Physical Therapist
- Physical Therapists Assistant
- Podiatrist
- Professional Counselor
- Psychologist
- Social Worker

Imminent Danger -

Regardless of any other reporting obligation:

- Where a patient is determined to be in imminent danger of harm, or in imminent danger of causing harm to others, Meriter has a duty to warn by contacting law enforcement
- The Protected Health Information (PHI) disclosed to law enforcement in the event of imminent harm should be limited to the minimum amount necessary

Next Steps -

The Mandated Reporter, along with other Key Resource Personnel, will:

- Take immediate measures to keep the affected patient and other patients safe
- Continue to provide care to the patient while collecting any related information
- Report to law enforcement and/or state authorities (e.g., Child Protective Services, Adult Protective Services) in accordance with applicable law

➤ **Submit an incident report:**

The incident report should be completed by or with input from the person who initially reported OR discovered OR recognized the incident

Child At Risk Abuse and Neglect Policy Highlights - (Patient Care Policy #57)

- All "Incidents" must be immediately reported internally and externally
- "Incidents" include unexplained suspicious injuries *OR* suspicion that a caregiver may have abused or neglected a patient
- Internal reporting (Key Personnel or Social Worker, along with the incident reporting system) is immediately required
- Immediate reporting to law enforcement is required for reasonable suspicion of child abuse and neglect
- Reporting of suspicious injuries or caregiver misconduct is required within 7 calendar days per policy

Elder/Adults-At-Risk for Abuse and Neglect Policy Highlights - (Patient Care Policy #58)

- Legally Mandated Reporting is Required When:
 - The patient has requested staff make the report **or**
 - There is reasonable cause to believe that the patient is at imminent risk of serious bodily harm, death, sexual abuse, or significant property loss and is unable to make an informed judgement about whether to report the risk; **or**
 - Another Elder Adult-at-Risk or Adult-at-Risk is at risk of serious bodily harm, death, sexual abuse, or significant property loss inflicted by the suspected perpetrator
- Reporters should consult or notify Key Resource Personnel

Reporting and Investigating Caregiver Misconduct Policy Highlights - (Corporate Policy A-3)

- In this policy, 'caregiver' refers to a Meriter team member who has direct patient contact
- Caregiver misconduct includes physical abuse, sexual abuse, verbal abuse, mental abuse, misappropriation of property (i.e., theft, false representation, misuse of property), and neglect
- 'Injuries of unknown source' must also be reported. (Refer to the next slide for the definition)
- Team members are responsible for immediately reporting concerns regarding caregiver misconduct or suspicious injuries of unknown source to their Supervisor, Manager, Department Head or Human Resources Department. After normal business hours, on weekends, or holidays you would notify the Nursing Administrative Coordinator (NAC)
- Incidents must be submitted through the [MyMeriter](#) intranet incident reporting system and may also be reported through UnityPoint Health – Meriter's Alert Line at 800-387-3069

Injury of Unknown Source Definition:

An injury where both of the following conditions are met:

- a. The source of the injury was not observed by any person or the source of the injury cannot be explained by the patient and/or legal guardian,
and
- b. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma), or the number of injuries observed at one particular point in time, or the incidence of injuries over time

Determining Whether to Report to a Governing Regulatory Body -

- All entities regulated by WI Department of Health Services Division of Quality Assurance (DQA) must conduct a thorough internal investigation and document the findings for all allegations or incidents at the entity
- Team members can find more information via the Flowchart of Entity Investigation and Reporting Requirements posted throughout the hospital and clinics

Incident or Accident Reporting System Policy Highlights - (Hospital Administration Policy #31)

- Report safety events that result in actual or potential patient harm including:
 - Suspicious injuries of unknown source
 - Suspected or observed abuse, neglect or misappropriation of property
- Meriter's incident reporting system, which is called RL Solutions, is used to report safety concerns. This is found on Meriter's intranet, also known as, *MyMeriter**

**Please Note: Not all volunteers have access to Meriter's intranet*

Domestic Abuse – Adults

Definition:

(Patient Care Policy #56)

Any of the following engaged in by an adult against his or her spouse or former spouse, against an adult with whom the person resides or formerly resided, or against an adult with whom the person has a child in common:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Financial abuse

Domestic Abuse – Examples of Signs and Symptoms:

Signs and symptoms of domestic abuse include:

- Constant state of fear, terror, trauma
- Physical injuries
- Mood/eating disorders
- Self-blame for abuse
- Poor health, poor hygiene, obesity
- Depression, anxiety
- Loss of self-esteem
- Poverty, poor housing, credit, or work history

Victims of domestic abuse can be any age (teen to the elderly), any race, any gender, any economic background, any education level, any occupation, or any religious affiliation and include those in lesbian, gay, bisexual, transgender, or queer (LGBTQ) relationships

Domestic Abuse – Adults

Policy Highlights:

(Patient Care Policy #56)

- When experienced by adults, the police should never be called without the victim's consent, unless the situation requires mandated reporting
- Mandated Reporting of domestic abuse includes:
 - gunshot wounds
 - burns resulting from a crime
 - wounds resulting from a crime
 - imminent danger of the victim being harmed or harming others
- With victim consent, you may refer the victim to Domestic Abuse Intervention Services (DAIS)

Mandated Reporter - Domestic Abuse

(Wounds and Burns Only):

- Anesthesiologist Assistant
- Athletic Trainer
- Advanced Practice Nurse Prescriber (APNP)
- Dietician
- Nurse
- Nurse Midwives
- Nurse Practitioner
- Occupational Therapist
- Occupational Therapist Assistant
- Perfusionist
- Physician
- Physician Assistant
- Physical Therapist
- Physical Therapist Assistant
- Podiatrist
- Psychologist
- Respiratory Care Practitioner

Accessing Current Policies at Meriter -

- All policies are available on Meriter's intranet (called *MyMeriter*) under the Policies and Procedures link. Click on the Abuse and Neglect References tab and choose the specific policy you need



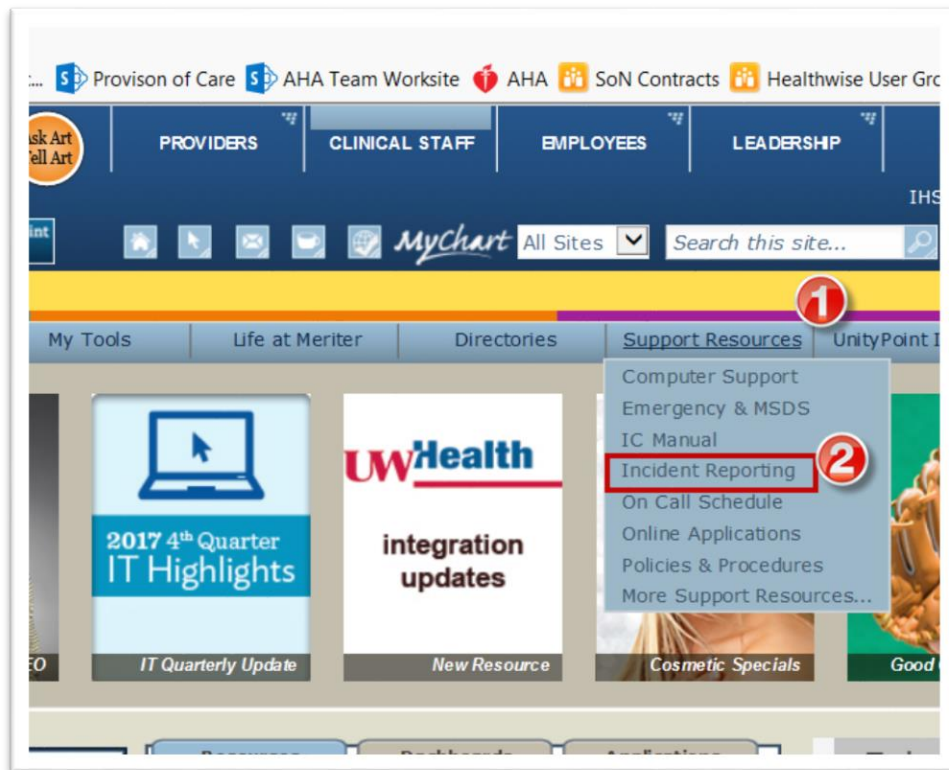
- Meriter policies are also available in the Volunteer Services Office

Accessing the Incident or Accident Reporting System on *MyMeriter* -

For Volunteers who have intranet access at Meriter, safety events that result in actual or potential patient or visitor harm are entered into the incident reporting system (RL Solutions) through *MyMeriter*.

Once you are on *MyMeriter* :

1. Click on the Support Resources tab,
2. Click on Incident Reporting,
3. Log into RL Solutions using your Username and Password



Meriter's Patient Safety Hotline (608) 417-SAFE [7233] may also be used to report safety concerns

Resources -

- Board on Aging and Long-term Care (800) 815-0015
- Dane County Child Protective Services (608) 261-KIDS [5437]
- Dane County Department of Human Services – Adult Protective Services Help Line (608) 261-9933
- Domestic Abuse Intervention Services (DAIS) (608) 251-4445
- Patient Safety Hotline (608) 417-SAFE [7233]
- UnityPoint Health - Meriter's Alert Line at (800) 387-3069
- UnityPoint Health - Meriter's Patient Safety Officer:
 Sara Zerbel (608) 417-6031
- Patient Bill of Rights Policy
- Flowchart of Entity Investigation and Reporting Requirements

Summary -

- **As a Meriter team member, you have the responsibility, regardless of position, to be aware of and report possible signs of abuse and neglect.**
- **No matter your role, if you see, hear, or suspect something isn't quite right – tell someone.**
- **All incidents reported will be followed-up on; it is never wrong to ask for help.**
- **If you do not know the answer, seek out correct information through the policies available on *MyMeriter* or by asking personnel in the Volunteer Services Office for a copy.**
- **You are part of a team and have resources available to you at all times.**



UnityPoint Health
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So, now you are ready to complete the Recognizing and Reporting Potential Abuse and Neglect post-test that you received during your interview. Bring the completed test to your scheduled New Volunteer Orientation. Thank You!

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