

ABUSE OF PATIENTS

1. PURPOSE: To reissue policy on abuse, neglect, exploitation or mistreatment of patients, and the procedures to be followed when such behavior is suspected or substantiated.

2. POLICY:

a. This medical center will not tolerate patient mistreatment or abuse in any way, physically, sexually, financially, emotionally or verbally, by any employee. Suspected, reported abuse or mistreatment of a patient will be investigated to determine the facts. If abuse is substantiated, appropriate disciplinary or adverse action will be taken immediately.

b. To take disciplinary or adverse action, it is not necessary that abuse or mistreatment be proved beyond a reasonable doubt, as is the case in a court of law. The medical center is trusted with the full care of patients, charges of abuse or mistreatment will be sustained if they are supported by the preponderance of evidence. Preponderance of evidence is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. Employees investigating the facts will use sound judgment and discretion in determining evidence of abuse or mistreatment. The case will be referred to the Department of Justice when necessary.

c. In cases where alleged patient abuse is confirmed, the Medical Center Director, Chief of Staff, Service Chief, and Chief, Human Resources Management Service, will determine what administrative action should be taken. The administrative penalty for confirmed patient abuse may include dismissal. In all cases where a licensed employee is dismissed due to confirmed patient abuse, the appropriate state licensing board will be notified in accordance with VA policy.

d. An employee who witnesses any unkindness, rudeness or violence toward a patient is required to report such actions to their supervisor. Failure to report will subject that employee to administrative actions.

e. It is the responsibility of each employee to become familiar with the contents of this memorandum. Each employee must avoid any act which could possibly be considered abuse, exploitation or mistreatment of patients.

3. DEFINITIONS:

a. Abuse: an actual act that involves physical, psychological, sexual and/or verbal abuse. Patient abuse may include but is not limited to the following:

(1) Intimidation, harassment or ridicule such as teasing or speaking harshly, rudely, irritably or profanely.

(2) Unnecessarily or willfully violating a patient's privacy.

(3) Intentional omission of care, such as indifference.

(4) Willful physical harm, such as striking a patient or intentional rough handling.

(5) Violations of any "patient rights," expressed or implied.

b. Essential components for the determination of abuse include, but are not limited to, the following:

(1) The patient's and/or family's perception of how the patient was treated, even if the patient has limited or no cognitive ability.

(2) Any direct observation of the interaction in question or physical evidence of injury.

(3) The context in which the employee's actions or inactions took place.

4. RESPONSIBILITIES:

a. The Medical Center Director or designee has the responsibility to ensure that appropriate officials are kept fully informed of this policy so that all possible measures can be taken to preclude abuse and mistreatment of patients and to ensure that administrative action is taken toward staff responsible for substantiated patient abuse in accordance with VA policy.

b. Service chiefs have the responsibility to ensure all employees are aware of VHA, VISN 9, and medical center policy regarding patient abuse. The appropriate service chief will conduct a preliminary investigation of the allegations and report the facts and circumstances immediately to the Medical Center Director.

c. All medical center employees are responsible for the contents of this policy and to avoid any act that could possibly be interpreted as abuse or mistreatment of patients.

5. PROCEDURES:

a. Any complaint or evidence that a patient has been mistreated or abused by an employee will be reported immediately to the supervisor or service chief.

b. Alleged incidents of patient abuse will be reported using "A Report of Special Incident Involving a Beneficiary" (VA Form 10-2633) which is to be completed on all cases of alleged patient abuse including inpatients and outpatients. The report will include a description of the event, its location and any pertinent physical factors such as diagnosis, age and mental status. The patient should be interviewed whenever possible.

c. When alleged incidents of patient abuse and/or mistreatment of a patient is suspected/reported, an investigation will be conducted in accordance with the most current edition of the Administrative Investigation Handbook. Incidents where employee(s) admit to abusing patient(s) may not require an administration board of investigation (ABOI). The Medical Center Director or designee will determine when an ABOI will be convened.

d. When there has been an allegation of patient abuse against an employee, that employee may be temporarily reassigned to another department at the discretion of the respective Executive Leadership team and in conjunction with the employee's service chief during the investigation or review. This may include being reassigned from a direct patient care area to a non-patient care area, and to the extent possible, these assignments will be accomplished within the affected service.

e. Human Resources will coordinate reassignment actions from a direct patient care area to a non-patient care area the discretion of the Chief of Staff, the AMCD/Patient Care Services or the Associate Director (as appropriate) and in conjunction with the employee's service chief. To the extent possible, these assignments will be accomplished within the affected service.

f. An employee who is affected by the procedure outlined in paragraph 4.d. will be informed by the appropriate authority of the change in his or her duties and the reason for the change. Appropriate authority is at least the employee's immediate supervisor. Co-workers or tour supervisors (e.g., charge nurses, lead technicians) may NOT perform this function.

g. This notification will include informing the employee that he or she is not to discuss the case with other employees or patients and particularly not with the patient making the allegation. The employee should be further informed that failure to follow these instructions may result in disciplinary action.

6. REFERENCES: MP-5, DM&S Supplement, Part 1, Chapter 752; VHA Handbook 1050.01, National Patient Safety Improvement Handbook.

7. FOLLOW-UP RESPONSIBILITY: Human Resources Management Service.

8. RECERTIFICATION: This medical center memorandum is due for review on or before May 27, 2011.

FOR THE DIRECTOR:

/s/

Donna K. Jacobs
Associate Director

ATTACHMENT A
VA MEDICAL CENTER
LEXINGTON, KY 40502-2236

MEMORANDUM NO. 05-30
MAY 27, 2008

ACKNOWLEDGEMENT OF ABUSE OF PATIENTS POLICY

This is to certify that I have read medical center memorandum 05-30, "Abuse of Patients," and understand that I am responsible for adhering to the contents of this policy and avoiding any act that could possibly be interpreted as abuse or mistreatment of patients.

Employee's Signature

Date

Do NOT remove from Official Personnel Folder (OPF) as long as employed by the VA Medical Center, Lexington, Kentucky.