GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
PeterJohn D. Camacho, MPH Hospital Administrator/CEO	Administration Risk Management Social Services Nursing	June 6, 2016	A-RI800	1 of 12
TITLE: PATIENT/SNU RESIDENT ABUSE AND NEGLECT PREVENTION				
LAST REVIEWED/REVISED:				
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PURPOSE:

To protect the patients/ residents from all forms of abuse, neglect, mistreatment, misappropriated property, while in the care of the Guam Memorial Hospital Authority (GMHA) and the Skilled Nursing Unit (SNU).

To comply with applicable Guam Public Laws which mandate Adult Protective Services (APS) and Child Protective Services (CPS) and the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) requirements which includes seven areas of concerns as stated in the policy statement.

POLICY:

The patient/resident has the right to be free from verbal, sexual, physical, material, mental or corporal emotional punishment, involuntary seclusion and neglect. Patients/residents must not be subjected to abuse by anyone, including, but not limited to, hospital/facility staff, other patients/residents, consultants, volunteers, staff of other agencies serving the patient/resident, family member or legal guardian, friends or other individuals.

The Hospital staff shall see to it that the patient/resident's right are protected by complying with applicable local laws (10 GCA Health and Safety, Ch. 2, Article 10, § 2952 and P.L. 19-54:1) and requirements as specified by CMS and TJC including seven major areas of concern namely: Screening; Training; Prevention; Identification; Investigation; Protection and Reporting/Response.

This policy and procedure shall apply to all patients of the GMHA and residents of SNU.

DEFINITIONS:

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caregiver, of goods or services that are necessary to attain or maintain physical, mental, and psycho-social well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.

Verbal abuse refers to any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients/residents or their families, or within their hearing distances, regardless of their age, ability to comprehend, or disability. This includes but is not limited to: threats of harm, saying things to frighten a patient/resident, etc.

Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

Physical abuse includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

Misappropriation of Patient/Resident Property is defined as the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a patient/resident's belongings or money without the patient's/ resident's consent.

Financial or material abuse means illegal or improper use of the patient's money, property or other resources for monetary or personal benefit. It includes, but is not limited to theft, misappropriation, concealment, misuse or fraudulent deprivation of money or property belonging to the patient/resident

Mental or emotional abuse includes but is not limited to intimidation, humiliation, harassment, threats of punishment or deprivation.

Domestic or Spouse Abuse Domestic violence is actual physical or sexual abuse, as well as threats of imminent serious bodily injury, committed by one family member against another, The term "family" can include various intimate relationships such as legally married spouses, separated and divorced couples, unmarried couples, and same gender partners.

Involuntary seclusion means separation of a patient/resident from other patients/residents or from his or her room against the patient's/resident's will, or the will of the patient's/resident's legal representative, Emergency or short term monitored separation from other patients/residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the patient's/resident's needs.

Catastrophic reactions are extraordinary reactions of patients/residents to ordinary stimuli (events), such as the attempt to provide care, bathing, dressing, having to go to the bathroom, a question asked of the person. Extraordinary reactions can be characterized by weeping, blushing, anger, agitation, or stubbornness.

Neglect means the failure of a hospital staff to provide for the physical, mental or emotional health and well-being of the patient/resident and includes but is not limited to:

1. Failure to assist to provide personal hygiene.
2. Failure to provide adequate nutritious, palatable food or water.
3. Failure to protect the patient/resident from health and safety hazards.
4. Leaving the patient/resident to sit or lie in urine or feces.
5. Failure to answer call bells to provide needed assistance.
6. Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Disabled adult is any person over the age of eighteen (18) years who:

1. Has a physical or mental impairment which substantially limits one of more life activities; or
2. Has a history of or has been classified as having an impairment which substantially limits one or more major life activities.

Elderly adult refers to a person sixty (60) years of age or older.

"Injury(ies) of Known or Unknown Source" Injuries of unknown source: an injury of unknown source is classified as such when the following conditions are met: the source of the injury was not observed by any person or the source of injury could not be explained by the patient/resident; and 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 the particular point in time or the incidence of injury over time.

PROCEDURE:

The following procedures for screening, and training employees, protection of patients/residents and for the prevention, identification, investigation and reporting response of abuse neglect, mistreatment and misappropriation of property shall be in place.

I. SCREENING

Potential employees shall be screened for actual and/or potential abusive practices/tendencies.

A. Procedure on Screening

1. All announcements for job vacancies at GMHA/SNU shall require the submission of police and court clearances as a necessary requirement. Potential applicants at GMH/SNU complete the appropriate application form. Applicants shall provide names of previous and/or current employer's references for a more thorough background check. Additionally, GMHA/SNU shall also obtain information from appropriate licensing boards and registries, when applicable.

2. Applicants certified as eligible shall be screened for possible or potential abusive and neglect behaviors through the use of an interview questionnaire that will provide some clues of applicant's behavioral background. The Unit Supervisor will devise such questionnaire with the assistance of the Personnel Services Administrator and the EEO Officer.

B. The facility will not employ individuals who have been:

1. Found guilty of abusing, neglecting, or mistreating patients/residents by court of law; or
2. Have had a finding entered into the licensing board and registry concerning abuse, neglect, mistreatment of patient/resident or misappropriation of their property.

The intent is to assure that regardless of the source (staff, other patients/residents, visitors, etc.) mistreatment, neglect, and abuse of patients/residents and misappropriation of patients'/residents' property is prevented.

II. TRAINING

GMHA/SNU staff shall be educated regarding recognition of abuse, neglect, mistreatment and misappropriation of property, identification of victims of abuse, and mandatory reporting duties. Staff education will take place during employee orientation, as well as in unit-specific in-service training programs and other hospital-wide training sessions. These training sessions shall include information on the role of the GMHA/SNU staff in situations of abuse, criteria for identifying victims, statutory reporting requirements, and referrals for appropriate services.

Both the Education Department and appropriate staff shall provide the training of employees.

A. Procedure on Training

1. Hospital employees shall receive a brief patient/resident abuse and neglect prevention program during the new employees' General Orientation. The program will consist of a patient abuse video program, followed by a discussion allowing new employees to share their experiences on the topic.

2. Unit-specific training shall be conducted for the SNU staff to provide them with a more in-depth unit-specific level of knowledge (see curriculum maintained by the SNU Head Nurse for details). The SNU Head Nurse in cooperation with the Education Department shall be responsible for coordinating the program which will consist of the following topics:

   a. Appropriate interventions in dealing with aggressive and/or catastrophic reactions of patients/residents.
   b. How staff should report their knowledge related to allegations without fear of reprisal.
   c. Recognition of signs of burnout, frustration and stress that may lead to abuse.
   d. Identification of abuse, neglect and misappropriation of patient/resident property.

3. Patient/Resident abuse and neglect prevention training shall be incorporated into the Annual Patient Safety Fair.

4. To facilitate staff training, the following acronym shall be used:

SPOT

S: Stop the abuse
Recognition of abuse/neglect

P: Protect the patient/resident
Insure protection/safety of the alleged victim

O: Oust the offender
Immediate removal of the suspected abuser

T: Tell the supervisor
Notification of Charge Nurse/Supervisor
Proceed with the initial investigation

III. PREVENTION

The Nursing Supervisor, Charge Nurses, and the Interdisciplinary Team Members shall see to it

that close rapport is established with the patients/resident and the patients'/resident's families at the time of admission. Patients/Residents and families and staff shall be provided with information on how and to whom to report concerns, incidents and grievance without the fear of retribution. The patient's/resident's family shall be provided feedback regarding the concerns that have been expressed.

A. Procedure on Prevention

The following procedures on prevention of neglect/abuse shall be in effect, the implementation of which should be able to minimize, if not totally prevent neglect/abuse in the GMHA and SNU.

1. The assessment, care planning and monitoring of patients/residents shall include needs and behaviors which might lead to conflict or neglect. These include those:
   a. Patients/Residents with a history of aggressive behaviors or abuse renders them at risk for assaulting and abusing other patients/residents;
   b. Patients/Residents with behavior that is intrusive to others such as entering another patient's/resident's room;
   c. Patients/Residents with self-injurious behavior
   d. Patients/Residents with communication and comprehension disorders;
   e. Patients/Residents that require heavy nursing care and/or are totally dependent on staff.

2. The staff shall identify, and minimize situations in which abuse, neglect, and/or misappropriation of patient/resident property may occur. These include:

   a. Avoidance of isolated and secluded areas in the facility. Monitoring of the facility by security services should be available 24 hours a day;
   b. Adequate staff on each shift to meet the needs of all the patients/residents; and
   c. A system of reporting each patient/resident's status and current care needs to the incoming staff. A comprehensive report shall be provided at the beginning of each shift to the charge nurse.

3. Prompt recognition by the head nurse of inappropriate staff behavior such as the use of derogatory language, rough handling, ignoring residents while providing care, directing patients/residents who need toileting assistance to urinate or defecate in bed.

4. Intervention strategies shall be developed and implemented to prevent abuse and neglect occurrences, monitoring for changes likely to trigger abusive behavior and regular reassessment of these interventions.

IV. IDENTIFICATION

The process shall utilize indicators which identify potential and/or actual signs and symptoms of abuses on patients/residents and/or abusive acts by staff.

A. Procedures on Abuse and Neglect Identification

The SNU staff shall comply with strict instruction to those events of occurrences, patterns, and trends that may constitute abuse and/or neglect be reported as soon as

possible. The following are indicators that are helpful in identifying potential and actual signs of abuse and/or neglect:

1. Physical and Behavioral Indicators:

The following is a list of physical and behavioral indicators that may be helpful in assessing whether the patient/resident is a victim of actual and/or potential abuse.

a. Adult/Elder Abuse:
- Bruises, welts, lacerations;
- Fractures, burns, rope marks;
- Unexplained injuries;
- Injuries that seem inconsistent with description of how they occurred;
- Contradictory explanations are given by the patient and the care-giver;
- Bilateral injuries and injuries in various stages of healing;
- Laboratory findings indicating medication overdose or under-medication; and,
- Unexplained venereal disease or genital infections.

b. The following may indicate the adult/elder is a victim of physical neglect, psychological neglect, or psychological abuse:
- Dehydration malnutrition
- Decubitus ulcers, poor personal hygiene;
- Lack of compliance with medical regimens;
- The patient/resident seems extremely withdrawn, depressed, agitated or expresses ambivalent feelings toward caregivers or family members;
- The patient/resident shows signs of infantile behavior.

c. Misappropriation of resident property and/or financial or material abuse or neglect should be considered if the patient is:
- Suffering from substandard care in the home despite adequate financial resources;
- Confused about or unaware of his or her financial situation;
- Suddenly transfers assets to a family member.

2. Child Abuse:

The following list of physical and behavioral indicators may be helpful in assessing whether the child is a victim of abuse:

a. Injuries that seem incongruent with the description of how they got them;
b. Burns, especially matching burns on both ankles or hands, or burns in the shape of objects such as cigarettes or steam irons;

c. Bruises or welts, especially on both sides of the face or body, or patterned bruises suggesting an object such as a belt buckle, brush, or extension cord was used;
d. Bites, broken bones, head or eye injuries;
e. Dirty or inappropriate dress;
f. Listlessness, tiredness, cannot stay awake;
g. Behavioral symptoms such as the child is unusually passive or compliant, is fearful or guarded around parents, is fearful of going home, has repeated accidents, or engages in self-destructive behavior, or
h. The parent caregiver has unreasonable expectations of the child's capacities, uses inappropriate forms of discipline, is in crisis (over the loss of job, loved one, etc.), or is a substance abuser.

V. INVESTIGATION

Investigation is triggered by an allegation of patient/resident abuse or neglect by hospital staff, employee or medical staff member. The person who has knowledge of or has reasonable cause to believe that abuse or neglect has taken place, shall call his/her immediate supervisor and complete The Patient Safety form and give it to his/her supervisor in accordance with Administrative Policy 6180-6, Patient Safety Program.

The Patient Safety Event Form shall be given to the Risk Management Program Officer within twenty-four (24) hours while the supervisor investigates and reports the results of the investigation to the Assistant Administrator of Nursing Services immediately. In order to safeguard other patients/residents, the alleged abuser will be removed from GMHA/SNU during the investigation.

A. Investigation of Suspected Patient/Resident Abuse

The Risk Management Program Officer in collaboration with the Nursing Supervisor and/or Administrator of the Skilled Nursing Unit will investigate all incidents involving suspected patient abuse and ensure that a full and timely reporting is made to the appropriate hospital, state and federal authorities.

B. Procedures

1. Initiation of a suspected patient/resident abuse occurrence report
(Who may initiate a suspected patient/resident abuse occurrence report?)

a. Any GMHA employee who is involved in an occurrence, who discovers an occurrence, who witnesses an occurrence, or who is aware of an occurrence of suspected patient/resident abuses.
b. Any physician who is involved in an occurrence, who discovers an occurrence, who witnesses an occurrence, or who is aware of an occurrence of suspected patient/resident abuse.

2. Notification Process

a. Notification of Immediate Supervisor

- When an occurrence of possible patient/resident abuse has taken place, the involved individual will notify their immediate supervisor and provide accurate detailed information on the situation.
- Within twenty-four (24) hours, record on the Patient Safety Event Form (See attachment) all pertinent facts regarding the occurrence. Provide the notified supervisor with the report for completion.

b. Care of the patient/resident

- Notify the patient's/resident's attending physician in a timely manner.
- If the occurrence is a life-threatening situation, notify the doctor on duty in the Emergency Department immediately.
- The Supervisor on duty will undertake immediate measures to ensure the safety and protection of the patient (i.e., relocation of the patient/resident, removal of the employee, etc).

3. Investigation of the suspected patient/resident abuse occurrence will be a collaborative effort initiated and coordinated by the Risk Management Program Officer, and Associate Administrator of Clinical Services or designee.

VI. PROTECTION

A. All patients/residents will be protected from harm during the course of investigation.

B. The Hospital Administrator/CEO and hospital staff will ensure that all reasonable and prudent efforts are made to ensure the safety and protection of any patient/resident who is suspected to be a victim of abuse, neglect, mistreatment, and misappropriation of property.

C. The Nursing Supervisor on duty will undertake immediate measures to ensure the safety and protection of the patient/resident (the following list is indicative, but not limited to all types of protection that may be used).

1. Involvement of GPD, CPS, APS or other appropriate law enforcement agencies
2. Increased surveillance by GMHA/SNU Security personnel.
3. Closer proximity to Nurses Station
4. Court ordered legal measures and sanctions.
5. Removal of suspected perpetrator
6. Notification and involvement of immediate family member relocation of the patient/resident to a safe area.
7. Increased camera surveillance
8. All information will be kept confidential

VII. REPORTING/RESPONSE

Alleged abuse and neglect violations shall be immediately reported. The Compliance Office will report all alleged violations and all substantiated incidents to the State Agency. The Associate Administrator of Clinical Services will report all alleged violations and all substantiated incidents

to all other agencies (e.g., Guam Police Department, etc.) as required and take all necessary corrective actions depending on the result of the investigation.

The Associate Administrator of Clinical Services will report to the licensing board and registry authorities any knowledge he/she has of any actions by a court of law which would indicate an employee is unfit for service.

The Risk Management Program Officer in collaboration with the Associate Administrator of Clinical Services will ensure the completion of a comprehensive systematic analysis (e.g., root cause analysis) of occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.

A. Procedure on Reporting/Response

1. Alleged abuse and neglect violation shall be reported immediately to The Centers for Medicare and Medicaid Services (CMS) by Telephone: (415) 744-3692 or Fax: (415) 744-2692.

2. A written report of the investigative findings shall be forwarded, by the Assistant Administrator of Nursing Services, via the Risk Management Program Officer, to:

Centers for Medicare and Medicaid Services
NLTC Survey, Certification & Enforcement Branch
Division of Survey and Certification
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103

3. Alleged abuse or neglect involving:

   a. Children (ages newborn to 17 years) shall be reported immediately to Child Protective Services (CPS) in accordance with Administrative Policy 206-4, Referral to Child Protective Services.

   b. Adults (ages 18-59 years) shall be dealt with following procedures outlined in paragraph V 1,2, and3 above

   c. Elderly (ages 60 years and older) or disabled adult shall be reported immediately to the Adult Protective Services (APS) in accordance with Administrative Policy 206-5, Referral to Adult Protective Services.

4. If results of investigation prove that the alleged abuse or neglect did happen, corrective action will be taken in accordance with Human Resources Policy 8650-1.212 *Disciplinary Action* and a police report will be filed with GPD.

5. The Assistant Administrator of Nursing Services or his/her designee shall report efforts to ensure continued safety of the patient/resident to the protective services agency representative(s) while he/she is at the hospital or the Skilled Nursing Unit. If the alleged abuser is a family member, legal guardian, or friend of the patient/resident, APS/CPS shall be informed prior to patient's/resident's discharge so that protective services are assured in the community placement.

6. When a patient/resident alleges that valuables are missing/stolen, a Patient Safety Event form shall be written by the employee to whom the missing items were reported and submitted to the Risk Management Program Officer. The patient/resident or his/her legal representative will be afforded the opportunity to file a claim under the Government Claims Act to be considered for reimbursement.

7. Confidentiality of protective services (APS/CPS) reporting forms:

   a. The original copy will be forwarded to the appropriate protective services.
   b. Duplicate copies will be retained in the medical records and Social Services files.
   c. Unauthorized access to reporting form is strictly prohibited.

VIII. APPLICABLE GMHA ADMINISTRATIVE POLICIES

A. Any Guam Memorial Hospital Authority staff employee who allegedly abuses or neglects a patient/resident shall be immediately investigated and shall be subject to disciplinary action in accordance with Human Resources Policy No. 8650-1.212, *Disciplinary Action Policy and Procedure*, and Administrative Policy No. 6170-3, *Disruptive Practitioner.*

B. Patients' valuables shall be safeguarded in accordance with Administrative Policy 8560-21, *Patient Valuables.*

REFERENCES:

Public Law No. 19-54:1 and 10 Guam Code Annotated, Health and Safety, Ch. 2, Article 10, § 2952 mandates that "any person who, in the course of his/her employment, occupation or practice of his profession comes in contact with elderly or disabled adults, has knowledge or reasonable cause to believe that an elderly or disabled adult is suffering from or has died as a result of abuse, shall immediately make a verbal report of such information or cause a report to be made to the Adult Protective Services Unit and shall, within forty-eight (48) hours, make a written report to the Unit."

Public Law No, 20-209, Chapter 88201 mandates that "any person who, in the course of his employment, occupation or practice of his profession comes in contact with children, shall report when he has reason to suspect on the basis of medical, professional or other training and experience, that a child is an abused or neglected child."… and Chapter 88203 which states "reports of suspected child abuse or neglect from persons required to report under Chapter 88201 shall be made immediately by telephone and in writing within forty-eight (48) hours after the oral report. Oral reports shall be made to Child Protective Services or to the Guam Police Department."

Immunity from liability: The reporting laws provide that any person who in good faith making a report or testifies in any administrative or judicial proceeding related to the report is immune from civil or criminal liability for reporting or testifying. Conversely, failure to report shall be liable for a fine of not more than $500, except that for a second or subsequent offense, such person shall be guilty of a misdemeanor".(PL 19-54, Chap 2953).

RELATED POLICIES:

State Operations Manual-Long Term Care Facilities, Centers for Medicare and Medicaid Services

State Operations Manual, Centers for Medicare and Medicaid Services

Comprehensive Accreditation Manual for Hospitals, The Joint Commission

A-PS800, *Patient Safety Program* of the Administrative Manual

6431-10, *Referral to Adult Protective Services* of the Social Services Department Manual

6431-7, *Child Protective Services* of the Social Services Department Manual

6410-10, *Disciplinary Action Policy and Procedure* of the Administrative Manual

7010-II A-11, *Reporting of Alleged Abuse –Adult or Pediatric Patient* of the Emergency Department Manual

8560-21, *Proper Procedures in the Handling of Patient Valuables* of the Patient Registration Department Manual

RESCISSION(S):

6580-B16, *Patient/SNU Resident Abuse, Neglect and Injuries of Known or Unknown Source,* made effective August 1994.

6431-8, *Patient/SNU Resident Abuse and Neglect Prevention,* Administrative Manual made effective April 26, 2011.

A-RI800, *Patient/SNU Resident Abuse and Neglect Prevention*, Administrative Manual made effective May 16, 2014.

6180-2, *Occurrence Summary Reporting*, Administrative Manual made effective June 1989.

ATTACHMENT:

I. List of Community Agencies that provide help for abuse victims

Community Agencies that Provide Help for Abuse Victims:

NAME OF AGENCY	CONTACT NOS.	DESCRIPTION OF SERVICES
Adult Protective Services (APS)	(Hotline) 735-7415 (after 5pm) 632-8853	Provides adult protective services as mandated by Public Law 19-54
Alee Shelter	(Tel) 649-6729	Provides safety, support, shelter, and guidance for women and their children who need an escape from violence and/or neglect; they also provide emergency food and clothing.
Catholic Social Service Case Management	(Tel) 635-1421 635-1430	Dedicated to serving the poor, the elderly, and disadvantaged families and individuals; they provide various programs for the elderly, the homeless, the persons with disabilities, and the abused.
Child Protective Services	(Tel) 475-2672 475-2653 (On Call Crisis) 998-7264	Dedicated child protective services as mandated by Public Law 20-109
Guam Behavioral Health and Wellness Center	(Tel) 647-5455 647-5440	Provides inpatient and community based outpatient mental health, alcohol and drug programs, and other services to include counseling, prevention, and training.
Guam Legal Services	(Tel) 472-9811	Provides legal counsel to individuals who qualify for legal representation based on the agency's age and income guidelines.
Guam Police Department	(Tel) 472-8911	Provides police protection and safety for victims of abuse. Enforces public laws pertaining to abuse; investigates alleged abuse cases.
Healing Hearts Crisis Center	(Tel) 647-5351 647-8833	Provides safe and healing environment for rape and sexual assault victims. The center provides private interviewing and specialized examination of rape and sexual assault victims.
Public Defender	(Tel) 475-3100	Provides legal counsel or represents victims of abuse. Applicants must meet eligibility guidelines.
Crisis Hotline	(Tel) 647-8833	Provides 24-hour crisis referral services. Volunteer workers provide caring, listening ear over the telephone, provide emotional support, and refer to appropriate service agencies or professionals.
Victims of Abuse Reaching Out (VARO)	(Tel) 477-5552	Volunteer crisis intervention counselors provide emotional support, assistance, information, referrals and advocacy for victims of abuse. Assistance is short term and volunteers do not serve as long term therapists or professional counselors.
Office of Public Guardian (OPG)	(Tel) 475-3173	Assists individuals needing guardianship through the court system when individuals are no longer able to represent themselves.

REVIEW AND APPROVAL (CERTIFICATION)

The signatories on this document acknowledge that they have reviewed and approved the following:

☐ Bylaws
☐ Rules & Regulations
☒ Policies & Procedures

Submitted by: **Aurora F. Cabanero**
Department/Committee: **Hospital Risk Management Program Officer**
Title: **Patient/Resident Abuse and Neglect Prevention**
Policy Number (if applicable): **A-RI800**

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