

Identifying and Reporting Abuse and Neglect Providing a Safe Environment

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Course Information

- **Target Audience:** SEH Volunteers.
- This CBL includes **28** content slides.
- You *must* review each slide for completion credit.
- This module includes **1** assessment.
- Final assessment requires **passing score of 90%**. You have **unlimited** attempts.
- **Technical issues?** Contact the helpdesk (859) 301-2541 or sdexpress.helpdesk@stelizabeth.com.
- **Content questions?** Contact Amy.Thompson@stelizabeth.com.
- **Shared computer?** Clear history and cookies (via browser settings). *Not doing so could impact CBL completion on transcript.*

Objectives

At the completion of this learning module, Learner will be able to:

- Define abuse and the different types.
- Recognize signs of abuse.
- Describe the process for reporting abuse.
- Identify signs of burnout.
- Describe strategies to avoid burnout.
- Discuss strategies for managing difficult patient/family behaviors.
- List policies and procedures that promote a safe environment for patients and associates.



What is Abuse?

Abuse is defined as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.”

Forms of abuse include:

- Physical
- Deprivation of property or goods
- Mental Abuse
- Neglect and Self Neglect
- Verbal Abuse
- Sexual Abuse
- Involuntary Seclusion
- Mistreatment

Additional Definitions

Neglect is defined as “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”

- An act or omission that places a patient/resident in a situation that may endanger their life or health.
- Abandoning or cruelly confining the patient/resident.
- Depriving the patient/resident of necessary support, including food, clothing, shelter or medical care.
- Depriving the patient/resident of education as required by statute.

• **Willful** is defined as “the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”



CMS Federal Regulations

483.12 Freedom from abuse, neglect, and exploitation.

- The patient/resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.
 - (a) The facility must—
 - (1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;
 - (2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.

CMS Federal Regulations

(a) The facility must (continued) –

(3) Not employ or otherwise engage individuals who –

- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;
- (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or
- (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.

(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.

Forms of Abuse

- **Physical Abuse** – physical force resulting in injury, impairment or pain or the threat of such force. i.e. hitting, slapping, pushing, shoving, shaking or force feeding.
- **Deprivation of Goods and Services** – staff have the knowledge and ability to provide care and services, but choose not to, or acknowledge the request for assistance which results in care deficits to patient/resident.
- **Mental Abuse** – the use of behaviors intended to humiliate, harass, punish or deprive the patient/resident and produce fear.
- **Neglect** – physical, pain, mental anguish or emotional denial of essential services by a caregiver.

Forms of Abuse

- **Self-Neglect** – an individual fails to provide for own health & safety.
- **Verbal Abuse** – the use of oral, written or gestured language that willfully includes disparaging or derogatory terms to or about the patient/resident or family that are made within hearing distance of the resident. I.e. threats of harm or threats intended to frighten.
- **Sexual Abuse** – sexual contact without consent. I.e. fondling or touching.
- **Misappropriation of Property** – the deliberate misplacement, exploitation or wrongful use of a patient's/resident's property without consent.

System Specific Policies



Investigating Claims of Abuse/Neglect/Exploitation Occurring to Patients While in the Hospital (ACORP-1-04)

- St. Elizabeth patients have the right to be free from abuse, neglect, and exploitation.
- It is St. Elizabeth's policy to investigate all alleged violations involving Abuse, Neglect, or Exploitation of patients while in the hospital, in accordance with this policy, and to take appropriate steps to protect patients from abuse while those investigations occur.
- Facility staff should immediately report all such allegations to Administration and Risk Management. In addition, allegations should be reported to the appropriate state agency pursuant to Administrative Clinical policy ACLIN-A-01. In cases where a crime is suspected, staff should also report the same to local law enforcement in accordance with St. Elizabeth's crime reporting policy.
- Patients, interested family members, or other persons may contact any member of the administration or the facility's nursing staff at any time with concerns relating to the Abuse, Neglect, Exploitation of a patient.

Recruiting, Hiring and Assignment of Personnel Policy (HR-E-07)

We select the most qualified applicants based upon job requirements without regard to race, gender, ethnicity, religion, national origin, age or disability and in accordance with all regulations governing employment practices. Employment is contingent upon successful completion of a job-related examination, drug screening, security reference check (including Search America and verification of eligibility to participate in federal healthcare programs, verification of eligibility to work in the USA, KY Nurse Aide Abuse Registry check, etc.). All new associates and rehired associates will serve a period of adjustment. For more information, refer to policy HR-E-07.



Administrative Policies and Procedures Cont.

- St Elizabeth screens all potential associates prior to hiring for any history of abuse or neglect of patients/residents including:
 - Verification through the Nurse Aide Registry
 - Verification of licensure or certification
 - Verification of work history and drug screening
- The system commits to training through orientation and annual mandatory education related to abuse prohibition, including:
 - Interventions to deal with aggressive patient/resident
 - What constitutes abuse and how to report it
 - How to recognize the signs of burnout and what to do about it

Recognizing and Reporting of Abuse Allegations



Recognizing the Signs of Abuse

- Argument or tension between caregiver and patient
- Sudden changes in personality or behavior
- Agitation, apathy, withdrawal
- Rocking motions
- Inadequate/improper clothing
- Untreated medical conditions
- Dehydration/malnutrition
- Use of chemical restraints
- Symmetric injuries on both sides of the body
- Bite marks
- Restraint marks
- Bed sores
- Dirty, unbathed, poor oral hygiene, foul odors
- Bruising around genitalia, vaginal or anal bleeding
- Contractures

Reporting Abuse

- Suspected or alleged abuse must be reported to the Cabinet for Health and Family Services (KY) or the Indiana Department of Health (IN). Reporting of such instances is done by Social Services, or, when the Skilled Nursing Facility is involved, the Administrator for the Skilled Nursing Facility.
- If you suspect, witness, or someone reports to you that he/she was abused you must notify your supervisor **immediately**. *If the Skilled Nursing Facility is involved (resident, family, or staff member) you should also report suspected abuse immediately to the Administrator of the Skilled Nursing Facility who will notify the Office of Inspector General.
- You may be asked to provide a firsthand description of the incident in your words to assist in filing the report.

Reporting Abuse



Reporting Abuse

Appendix I: Federal Requirements Related to Abuse and Neglect Allegations in Hospitals, Nursing Homes, and Hospices

Table 1: Summary of CMS Requirements for Initial Reporting and Verification of, and Response to, Allegations of Abuse or Neglect in Medicare- or Medicaid-Certified Hospitals, Nursing Homes, and Hospices

	Hospitals	Nursing homes ^a	Hospices
Initial reporting	<p>Patient grievances must be reported to the hospital's governing body, or grievance committee, if delegated.^b Grievances about situations that endanger the patient, such as neglect and abuse, must be reviewed immediately.</p> <p>Swing beds: Allegations must be reported immediately (not later than 2 hours after the allegation) if the events involve abuse or results in serious bodily injury; if not, within 24 hours, to the hospital administrator and to other officials, including the state survey agency, in accordance with state law.^c</p>	<p>Allegations must be reported immediately (not later than 2 hours after the allegation) if the events involve serious bodily injury; if not, within 24 hours, to the nursing home administrator and to other officials, including the state survey agency, in accordance with state law.</p>	<p>Allegations involving anyone furnishing services on behalf of the hospice must be reported immediately to the hospice administrator (as soon as possible, up to 24 hours after the allegation in absence of shorter state requirement)</p>
Verification and response	<p>All allegations of abuse and neglect must be investigated in a timely and thorough manner. Incidents of abuse or neglect must be reported and appropriate corrective, remedial, or disciplinary action occurs, in accordance with local, state or federal law.</p> <p>Swing beds: All allegations must be thoroughly investigated. Results of all investigations must be reported to the administrator or representative, and to other officials, in accordance with state law, including the state survey agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	<p>All allegations must be thoroughly investigated. Results of all investigations must be reported to the administrator or representative, and to other officials, in accordance with state law, including the state survey agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action taken.</p>	<p>Allegations involving anyone furnishing services on behalf of the hospice must be investigated immediately in accordance with established procedures. Verified allegations must be reported to state and local officials having jurisdiction, including the state survey agency, within 5 working days of the hospice administrator becoming aware of the violation.</p>

Source: GAO analysis of federal regulations and Centers for Medicare & Medicaid Services' (CMS) State Operations Manual. | GAO-23-105463

Notes: Medicare- and Medicaid-certified hospital, nursing home, and hospice providers must also be in compliance with other applicable federal, state, and local laws related to the health and safety of patients, which are not shown in the table. CMS enters into agreements with state survey agencies—agencies in each state government—and oversees their work to monitor providers' compliance with Medicare and Medicaid requirements.

^aFor the purposes of this report, we use "nursing homes" to refer to both "skilled nursing facilities" (the term used by Medicare) and "nursing facilities" (the term used by Medicaid.)

State Specific Reporting

Indiana

**Indiana Department of Health
Consumer Services & Health
Care Regulation
2 N. Meridian St., 4B
Indianapolis, IN 46204**

**Director, Complaint and
Incident Reporting
Program
David Burgess
complaints@health.in.gov**

**Long Term Care Receptionist:
317-233-7442
IDOH Main Switchboard:
317-233-1325**

**Phone:
1-800-246-8909
Fax:
317-233-7494**

Kentucky

**Eastern Enforcement Branch
Will Hendrickson, Branch Manager
455 Park Place, Suite 120A
Lexington, KY 40511
Phone: 859-246-2301
Fax: 859-246-2307**

***The important thing to remember is that
you must report any suspected,
witnessed or allegation of abuse
IMMEDIATELY.***



Burnout and Behaviors



What is burnout?

- Burnout can be a causative factor in abuse.
- When a caregiver, paid caregiver or family member, experiences burnout there is little ability to cope with the stress of caregiving.

Signs of Burnout:

- ✓ Apathy, laziness, lack of caring
- ✓ Chronic feelings of being sick or fatigued
- ✓ Feelings of guilt or helplessness
- ✓ Frustrations with job or co-workers
- ✓ Blaming others for mistakes, defensiveness, judgmental
- ✓ Withdrawal, unapproachable
- ✓ Working harder but with fewer successes



Avoiding Burnout

- When you recognize these behaviors in yourself or in a co-worker it is time to ask for help from a co-worker, supervisor, or Employee Assistance [301-2570].
- Know your limits and work within those limits.
- Feel comfortable with yourself.
- Take time each day for you.
- Change the things you can and accommodate to those you can't.
- Organize and prioritize.
- Develop an active outside life; build a support system.
- Personalize your work environment.
- Maintain good communication with co-workers.



Fitness for Duty (Policy: Fitness for Duty, HR-HS-08)

- When it is believed that an associate's ability to safely and effectively perform the essential functions of his/her job is in question whether the Leader personally observed the behavior or it was reported by other associates, medical staff, patients or family members, the Leader should initiate the fitness for duty process.
- Fitness for Duty evaluations may include, but is not limited to, medical exam, drug testing, and/or Employee Assistance evaluation.
- If you have questions or concerns about your own fitness for duty, please call Employee Health at 1-6265.

Managing Difficult Behaviors

Dealing with difficult patients or behaviors can contribute to abuse. Here are some simple, but NOT EASY, tips for managing difficult behaviors in patients/families, or coworkers:

1. Avoidance is damaging – just confront the conflict.
2. Move to a private venue – acknowledge your willingness to talk but not in public.
3. Don't react – take time to think and remain focused on identifying the patient's needs.
4. Don't take it personally.
5. Permit expression of negative feelings to reduce intensity.



Managing Difficult Behaviors (Continued)

6. Attack the problem, not the person; detach feelings you have about the person presenting the problem.
7. Don't make assumptions – clarify and paraphrase what you hear.
8. Communicate directly and use I statements (not 'you').
9. Try to identify the person's needs and look for a common interest.
10. Don't hold on to resentment.
11. When necessary, with violent or aggressive individuals DIAL 2-2222 and ask for assistance.
12. Discuss the situation with team members and formulate an action plan.

Behavioral Assistance Response Team

- The Behavioral Assistance Response Team (BART) was developed to assist and support all associates in de-escalating and providing stabilization in situations involving patients or visitors, experiencing disruptive emotional, verbal, nonverbal or physical behaviors.
- It provides education and communication training throughout the organization to assist them in handling patients and visitors who are experiencing these types of behaviors toward themselves or others, and which may interfere with the ability to provide quality care.

Safe Environment

St. Elizabeth is committed to providing a safe environment for our patients, associates, and volunteers.

If you have any concerns or questions, please call 2-2222 for assistance.



References

[Health: Long Term Care/Nursing Homes: Facility Reported Incidents](#)

[Long-Term Care Facilities - Cabinet for Health and Family Services \(ky.gov\)](#)

[SOM - Appendix PP \(cms.gov\)](#)

Review

1. You are required by law to report witnessed, suspected or alleged abuse.
 - A. True
 - B. False
2. The hospital must immediately file a report with which of the following outside agencies.
 - A. Senior Services of Northern Kentucky
 - B. Northern Kentucky Area Development District
 - C. Cabinet for Health and Family Services/Office of Inspector General
 - D. Elder Maltreatment Alliance
3. Improper use of physical or chemical restraints, rough handling during caregiving, force-feeding and shaking are all examples for what type of abuse:
 - A. Self neglect
 - B. Financial abuse
 - C. Emotional abuse
 - D. Physical abuse

Review

4. A verbal or nonverbal act that inflicts pain, anguish or distress is what type of abuse:
 - A. Neglect
 - B. Physical abuse
 - C. Emotional abuse
 - D. Sexual abuse
5. You are caring for a confused older adult. You find a ten-dollar bill in her bedside table. Because of her confusion, you know she won't miss it and you take it. This is an example of what type of abuse.
 - A. Emotional abuse
 - B. Misappropriation of property
 - C. Physical abuse
 - D. Neglect

Review

6. An older adult is admitted to your unit from the ED. He is dirty and appears malnourished. It is cold out but he has on summer clothing and his clothing is badly stained with urine and feces. He is weak. You know from his history that he lives alone and appears not to have any relatives that are involved in his care. You might suspect that he is the victim of which type of abuse:
- A. Neglect
 - B. Physical abuse
 - C. Self-Neglect
 - D. Sexual abuse
7. Burnout may be a causative factor in abuse. Which of the following are signs of burnout?
- A. Apathy, laziness and lack of caring
 - B. Frustration with the job and co-workers
 - C. Blaming others for your mistakes
 - D. Working harder but succeeding less
 - E. All of the above

Review

8. Dealing with difficult behavior can also contribute to abuse. When dealing with a difficult behavior it is best to:
 - A. Not react but give yourself time to think and focus
 - B. Move to a public place
 - C. Avoid the emotions of the issue
 - D. Make it personal
9. When you recognize signs of burnout in yourself or co-workers it is time to ask for assistance from your supervisor or the:
 - A. Compensation and benefit department
 - B. Security
 - C. Emergency Department
 - D. Employee Assistance Program

Review

10. Tips for handling burnout include:

- A. Organize and prioritize time and tasks
- B. Seek personal and professional growth
- C. Maintain good communication with co-workers
- D. Develop outside activities and focus on the more satisfying aspects of life
- E. All of the above