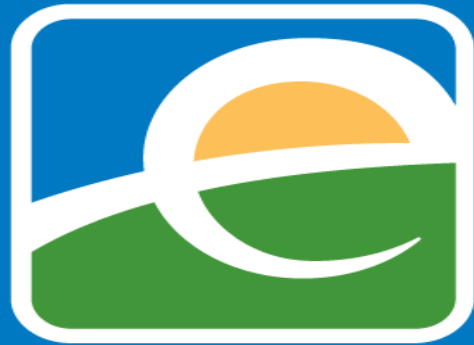




St. Elizabeth
HEALTHCARE

Training & Education Center



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Identifying and Reporting Abuse Providing a Safe Environment

Content Expert: Amy Thompson

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Objectives

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

- 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.

Kentucky Law

Under Kentucky law every hospital associate is required to report any instance where he/she believes, or someone has alleged that abuse has occurred.

During a State inspection a surveyor may ask you about abuse and what you would do when it is suspected or witnessed. This module is designed to provide you with that information.

Administrative Policies and Procedures

Patients have the right to an environment free of abuse.

In this organization no patient will be subjected to abuse by anyone, including but not limited to staff, agency staff, physicians, volunteers, visitor, family members or responsible parties and other patients.

Administrative Policies and Procedures

Requirements to recognize and prevent abuse include the following:

- Screen 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
- Train all associates 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

Administrative Policies and Procedures

- Prevent abuse by:
 - Providing patient/residents, families and staff with information on how, when and to whom abuse allegations are reported
 - Maintaining a safe physical environment by limiting access to secluded areas where abuse is more likely to occur
 - Scheduling sufficient staff to meet the needs of the patients/residents
 - Assessing, care planning and monitoring patients/residents with aggressive or potentially aggressive behaviors
- Identify suspicious/unexplained injuries or unusual patterns or trends and to direct the investigation when abuse is suspected.
- Protect patient/resident during an abuse investigation.

Administrative Policies and Procedures

Security Reference Check

Recruiting, Hiring and Assignment of Personnel Policy (No.: 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 600.02.

Administrative Policies and Procedures

Safety & Health

Fitness for Duty

We can and will initiate a fitness for duty evaluation if there is a question or concern regarding your ability to safely and effectively perform your job functions. 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 16265.

Abuse

Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, punishment resulting in physical harm, mental anguish or denial of necessary good or services.

Forms of abuse include:

- ❖ Verbal
- ❖ Sexual
- ❖ Misappropriation
- ❖ Physical
- ❖ Mental
- ❖ Neglect and Self Neglect
- ❖ Involuntary Seclusion
- ❖ Mistreatment

CMS Definition Changes

Abuse for Skilled Nursing Facility (SNF) Patients

As of November 28th, 2016, CMS defines Abuse as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes 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 physician condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Forms of Abuse

- **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 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.

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
- **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.
- **Self-Neglect** – an individual fails to provide for own health & safety

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. 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. They will need your first hand description of the incident in your words to assist you in filing the report.

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

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

Managing Difficult Behaviors

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

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

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 2222 and ask for assistance.
12. Discuss the situation with team members and formulate an action plan.

Safe Environment

We are committed to providing a Safe Environment for our patients and associates.

If you have any concerns or questions, please call (859) 301-2150.

Please proceed to the test to complete the module.

Reference

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services: Reform of Requirements for Long Term Care Facilities

42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489; FR Doc. 2016-23503 Filed: 9/28/2016 5:10 pm; Publication Date: 10/4/2016