2022 ASEU
Section 4 - Risk Management

Learning Objectives:

After reading this section the learner will be able to:

1. Explain the purpose of a Safety Event Report.
2. List the guidelines to use when completing a Safety Event Report.
3. Verbalize the legal obligation healthcare workers have to report any suspected or actual child abuse or neglect, domestic abuse, or elder/dependent adult abuse or neglect.
4. Identify potential or actual signs or symptoms of abuse.
5. State the procedure to report suspicions to appropriate agency.

A. Safety Event Reporting

The delivery of healthcare is an increasingly complex and sophisticated environment. However, the basic tenant of "first do no harm" remains as relevant today as it did during the times of Hippocrates.

To ensure our environment is safe and reliable, it is essential to identify and understand where our systems and processes do not work as intended. It is vital that we learn from what did not work perfectly or just did not work well. The mechanism to identify those variances in our delivery and/or unanticipated outcomes is our Safety Event Reports.

Safety event reports may involve patients, visitors, or circumstances that can cause harm. Reporting allows further investigation and review to be conducted. It provides us the opportunity to trend and identify where processes need to be changed and where resources need to be extended. In short, it is our notification system for continuously improving our care with the goal of making it safer and reliable every time. Reporting is encouraged and we adhere to a non-punitive culture that focuses on safety and not blame. Reporting is not limited to errors. It includes any potential hazard that can harm a patient or visitor.

All safety events should be reported as soon as possible. There is no specific time frame as to when you should report. However, we strongly encourage reporting be done in a timely manner. Events resulting in serious patient harm should be reported immediately to the Risk Management Department by paging (909) 604-2117.

To submit a safety event, access Quantros/RLDatix from the Emanate Health Intranet site.

Key points to remember when completing a Safety Event Report:
Any employee having first-hand knowledge of an event is responsible for completing a Safety Event Report. (More than one person can report the event; for example, a nurse and a respiratory care provider can report an event involving a ventilator malfunction.)

Event reports are internal and confidential documents for the hospital's use only. If the safety event involves a patient, the event must also be documented in the patient's medical record.

B. Abuse & Neglect Reporting
Abuse & Exploitation Reporting
Certain types of incidents involving suspected abuse or neglect require mandatory reporting to Law Enforcement and/or an Adult or Child Protective Agency. The reporting requirements apply to all hospital staff and members of the medical staff. Hospital staff will not incur any civil or criminal liability as a result of making a report required or authorized by law.

Elder/Dependent Abuse Definition:
Situations involving Seniors (age 65 and older), and Dependent Adults (ages 18-64 and physically or mentally impaired) who are reported to be endangered by physical, sexual, psychological/emotional or financial abuse, isolation, abandonment, neglect, or self-neglect. Hospital in-patients are also defined as Dependent Adults.

Indicators of Abuse and Other Reportable Issues:

- Physical: lacerations, bruising, welts, dehydration/malnourishment, poor hygiene, or injury inconsistent with history
- Emotional/Psychological: fear, withdrawal, anxiety, depression, confusion, denial, anger, agitation, implausible stories, hesitation to talk openly
- Financial: unusual concern by caregiver that an excessive amount of money is being extended on care of older person
  Financial abuse: taking, hiding, or using the property of an elder/dependent adult wrongfully or with intent to defraud or both; assist in the taking, hiding, or using the property of an elder/dependent adult wrongfully or with intent to defraud or

both; taking, hiding, or using the property of an elder/dependent adult by undue influence. (WIC 15610.30[a]).
Undue influence is excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity (WIC 15610.70[a]).

- Other: history of missed medical appointments, caregiver/family "blames" the patient for incontinence, not taking medication, etc., caregiver/family with history of unemployment, substance abuse or mental disorder, caregiver/family is uncooperative with care plans, caregiver/family interferes with private exams or assessments, and caregiver/family isolates or restricts the patient's activities.
- Abandonment: the desertion or willful forsaking of an elder/dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody (WIC 15610.05)**.**
  Signs and symptoms include, but are not limited to:
    - The desertion of an elder/dependent adult at a hospital, nursing facility, or other similar institution
    - The desertion of an elder/dependent adult at a shopping center or other public location
    - An elder's/dependent adult's own report of being abandoned
- Neglect: the negligent failure of any person having the care or custody of an elder/dependent adult to exercise the degree of care that a reasonable person in a similar position would provide.
  Note: The definition of 'neglect' also includes self-neglect, which is the negligent failure of an elder/dependent adult to exercise the degree of self-care that a reasonable person in a like position would exercise (WIC 15610.57[a])
- Isolation: deliberately preventing an elder/dependent adult from receiving his/her mail or phone calls; falsely telling a caller or visitor that an elder/dependent adult is not present or does not want to talk to him/her for the purpose of preventing the elder/dependent adult from having contact with family members, friends, or other concerned individuals; false imprisonment of the elder/dependent adult; and physical restraint of an elder/dependent adult for the purpose of preventing him/her from meeting with visitors.
  Note: These acts may not constitute isolation if they are performed in accord with the instructions of a licensed physician or in response to a threat of danger to a person's physical safety or property (WIC 15610.43).

- **Sexual Abuse:**
    - Bruises around the breasts or genital area
    - Unexplained venereal disease or genital infections
    - Unexplained vaginal or anal bleeding
    - Torn, stained, or blooding underclothing
    - An elder's/dependent adult's report of being sexually assaulted or raped

- Isolation: deliberately preventing an elder/dependent adult from receiving his/her mail or phone calls; falsely telling a caller or visitor that an elder/dependent adult is not present or does not want to talk to him/her for the purpose of preventing the elder/dependent adult from having contact with family members, friends, or other concerned individuals; false imprisonment of the elder/dependent adult; and physical restraint of an elder/dependent adult for the purpose of preventing him/her from meeting with visitors.

Reporting Elder/Dependent Abuse
Telephone Report:
Reports of suspected or known abuse are to be made immediately or as soon as possible by calling Adult Protective Services.
Contact the Elder Abuse Hotline (877) 4-R-SENIORS (877-477-3646)

Written Report:
A written report must be accompanied by a telephone report and sent within two (2) working days. Complete form SOC 341 "Report of Suspected Dependent Adult/Elder Abuse" (may be found online - https://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC341.pdf).

Mail to:
APS Attention to Aging and Adult Services Call Center
3333 Wilshire Blvd., Suite 400
Los Angeles, CA 90010

Report should include:
- Name and age of elder/dependent adult
- Name and facility of person making report
- Present location of elder or dependent adult
- Number and address of family members or any other person responsible for elder's or dependent adult's care
- Nature and extent of elder's or dependent adult's condition; and, the date of the incident, if known.

In all cases when an employee knows or reasonably suspects that a patient is being or has been abused or neglected, a report should be made as soon as possible.

Domestic Abuse Definition
Domestic Abuse is the use of force to control and maintain power over another person. Force can be physical, verbal, psychological and/or sexual.

Abuse Indicators
SB90 requires all patients 14 years or older to be asked the following questions when entering a medical facility:
- Within the past year, has your partner ever kicked, hit, slapped, punched, pushed, or shoved you?

- Within the past year, have you ever been forced or pressured to have sex when you did not want to?
- Do you ever feel afraid of your partner?

If the patient answers 'yes' to the screening questions and is seeking medical treatment for injuries that are known or suspected to be related to domestic violence, a police report must be filed.

Reporting

- Telephone Report: A telephonic report is made to the police department that covers the area where the attack took place (which may not be where the victim lives).
- Written Report: This report is completed by the health practitioner. The original is mailed to the police department that received the telephonic report, and a copy of the report is placed in the patient's chart.

The Reporting Form must include:

- The patient's full name
- The patient's address and telephone number
- A description of the injuries that the patient received treatment for
- The date of injury
- The location where the incident occurred
- The relationship of suspect to patient
- Whether patient is willing to be contacted by law enforcement
- Names and ages of minor children living in the home
- Whether patient was referred to support services
- Any other comments (such as primary language, if not English, or existence of disability).

Child Abuse Definition

Harm to a child (person under 18 years of age) by another person, or neglect of a child by another person who is responsible for the child's health and welfare. The harm can be physical, emotional, verbal, sexual or through neglect.

Abuse Indicators

Indicators can include:

- Physical injury that is not an accident
- Sexual molestation
- Cruelty and unjustifiable punishment, including emotional punishment
- Excessive corporal punishment or injury
- Neglect in providing adequate food, clothing, medical care, shelter or food
- Positive toxicology screen in infant
- Whiplash (Shaken Infant Syndrome)
- Burns

Reporting Child Abuse

- Telephone Report: Contact the Child Abuse Hotline: (800) 540-4000
- Written Report: A written report must be completed within 36 hours and accompanied by a telephone report.
    - Complete the DOJ form SS8572 "Suspected Child Abuse Report" (may be found on-line at https://ag.gov/childabuse/forms.php).
    - This written report may instead be completed and submitted electronically at: https://mandreptla.org. Be sure to choose the option to save as a PDF at the end, so you can print a clean copy for the patient's medical record.
    - Mail written report to:
      Department of Children and Family Services
      1933 S. Broadway
      5th Floor
      Los Angeles, CA 90007
    - A copy is placed in the patient's medical record.

Employees may refer to Hospital Policy "Reporting of Abuse and Assault of Patients, Employees, Visitors and Medical Staff" (PC - 10), and may contact the Social Services Department, for further details and guidance.

C. Ethical Issues

Complex moral, social, and economic factors in health care, force upon the healthcare provider, a host of ethical issues and potential dilemmas.

The way we, as individuals, see ourselves is determined by our beliefs and principles. These principles guide our choices about how we relate to each other individually, as a community, and spiritually.

Sometimes these principles conflict with each other. Ethical concerns in medical care arise from differing goals, beliefs, values and perspectives.

The Ethics Committee is available to assist and advise the patient, the patient's family or significant others and the healthcare team when patient care situations present complex medical/ethical issues that warrant further discussion and/or clarification.

The patient, family member, hospital staff or anyone who has an ethical concern can request an Ethics Committee meeting. Requests for a meeting of the Ethics Committee can be made twenty-four (24) hours per day. During regular working hours, requests can be made through the Medical Staff Office. During off-hours and weekends, requests can be made by contacting the Administrative Nursing Supervisor.

The Ethics Committee is comprised of a multi-disciplinary team including, but not limited to the following individuals:

- Physicians
- Nurses
- Social Workers
- Chaplains
- Risk Managers
- Community Members

All patient information that is shared in an Ethics Committee meeting is kept completely confidential.