

Name of Policy: <u>Adult-Elder Abuse, Neglect and Exploitation</u> Policy Number: 3364-100-45-16 Department: Hospital Administration Approving Officer: Chief Executive Officer Chief of Staff Responsible Agent: Chief Medical Officer Chief Nursing Officer Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 1/3/2024 Initial Effective Date: 2/12/1997
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

It is the policy of The University of Toledo Medical Center (“UTMC”) to report all instances of suspected abuse, neglect or exploitation to the appropriate authorities. Any physician, nurse, limited practitioner, or employee having reasonable cause to believe that an elder Adult (see definition) is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect or exploitation will immediately report this belief to the county authorities. Refer to the policy on Domestic Violence (#3364-100-45-21) for addressing abuse involving other adult individuals who do not meet the specific Adult definition of this policy.

(B) Purpose of Policy

The purpose of this policy is to establish guidelines for reporting, examination, interview and documentation of suspected abuse, neglect or exploitation of the Adult patient that are in accordance with Ohio Revised Code Section 5101.61.

(C) Procedure

(1) Reporting

(a) When and Where to Report:

- (i) When an Adult is brought to the Hospital, Emergency Department, or Ambulatory Services with a gunshot wound, stab wound, or other serious physical injury that the UTMC physician, limited practitioner, nurse or employee giving aid to the injured patient knows or has reasonable cause to believe resulted from an offense of violence (note: this reporting requirement is applicable to any patient presenting with such a condition).
 - a. If the patient presents with injuries described in (1)(a)(i) above, report to the respective law enforcement agency having jurisdiction over the area where the injury occurred.
- (ii) When an Adult is brought to the Hospital, Emergency Department, or Ambulatory Services and there is reasonable suspicion by the physician, nurse, limited practitioner or employee giving aid that this patient has neglected his/herself or has been abused, battered, neglected, or sexually or financially exploited.
 - a. If the patient is an Adult sixty years of age or older, handicapped and resides in an independent living arrangement, report to the County Department of Job and Family Services Adult Protective Services: 419-213-8663.
 - b. If the patient is an Adult who is mentally retarded and/or developmentally disabled, report to the Lucas County Board of Developmental Disabilities 419-381-5206 (after hours 419-380-5100) or Advocacy & Protective Services (800-282-9363).
 - c. If the Adult resides in a nursing home, report to the Regional Long Term Care Ombudsman’s Office: 419-259-2891.
 - d. For residencies other than Lucas County, contact the appropriate adult protective services agency in the county in which the Adult patient resides.
 - e. To obtain contact information for other county adult protective service agencies, contact the Ohio Department of Job and Family Services General Information Customer Service at 877-852-0010 go to “<http://jfs.ohio.gov/County/cntydir.stm>” for county information.

(c) Contents of the Report:

(i) The oral report shall contain the following information:

- a. The name, address, and approximate age of the adult who is the subject of the report;
- b. The name and address of the individual responsible for the adult's care, if any individual is, and if the individual is known;
- c. The nature and extent of the alleged abuse, neglect, or exploitation of the adult;
- d. The basis of the reporter's belief that the adult has been abused, neglected, or exploited.

(ii) The oral report will be followed up with a written report containing the information by the person who gave the oral report.

(iii) If the oral report was given to Adult Protective Services, it will be followed up by Adult Protective Services with a written acknowledgement of receipt of the oral report and a typed transcript of the oral report. The typed transcript is to be reviewed and any changes should be made. Once completed, the typed transcript of the oral report is to be signed, dated and immediately mailed back to Adult Protective Services.

(d) The information in any oral report must be documented in the patient's medical record. The name of the law enforcement agent or Adult Protective Services staff taking the oral report is to be included in the medical record documentation.

(2) Examination of Adult Patient

(a) By Resident or Attending Physician: Examination of the patient should be completed by a resident or attending physician while maintaining the patient's dignity, safety and treating the patient with respect at all times.

(b) Guidelines for Identification of Possible Reportable Causes:

- (i) History is incompatible with pattern and/or degree of injury;
- (ii) Explanation of how injury occurred is vague or patient is reluctant to give information;
- (iii) Patient is brought in with a minor complaint and significant trauma is found;
- (iv) Contradictory histories;
- (v) Patient's affect is inappropriate in relation to extent of injury;
- (vi) Caregiver's or companion's affect is inappropriate in relation to extent of injury;
- (vii) Unusual bruising patterns or suggestive of an instrument;
- (viii) Nonspecific complaints;
- (ix) Evidence of old injuries, bruises;
- (x) Conflicting stories between patient and individuals with the patient;
- (xi) Patient appears dressed up to cover injuries;
- (xii) Unusual injuries;
- (xiii) Multiple injuries in various stages of healing;
- (xiv) Individual accompanying patient seems overprotective;
- (xv) Unusual behavior on the part of the patient and/or companions;
- (xvi) Anal and/or genital trauma/bleeding;
- (xvii) Evidence of venereal disease.

(c) Risk Factors for Adult Abuse/Neglect/Exploitation/Self-Neglect:

- (i) Patient is chronically ill;
- (ii) Patient has disabilities, abnormalities, or is mentally impaired;
- (iii) Violence present in the home;
- (iv) Substance abuse;
- (v) Caretakers lack maturity, skills, or knowledge of how to care for elder;
- (vi) Caretaker is socially isolated;
- (vii) Family is experiencing high levels of stress, loss of job, death, divorce, or serious illness;
- (viii) Financial gain/benefit obtainable by caregiver.

(d) Examination/Testing:

Consideration in testing should be based on history and physical findings.

- (i) Trauma X-Rays - A trauma x-ray survey should be ordered on all patients suspected of physical abuse.
- (ii) Bleeding Disorder Screen - A bleeding disorder screen (PT, PTT, platelets) should be ordered in all cases of unexplained bruises or "easy" bruising.
- (iii) Policy for Sexual Assault - If the suspected sexual abuse has occurred within the past seventy two hours, the Emergency Department's Policy Number 5-23-04 must be followed.

(3) Conducting the Interview

- (a) Separate the patient from the person who brought the patient to the hospital, ambulatory clinic, etc.
- (b) Conduct interviews separately with the patient, the person who brought the patient to the hospital, and any other family members, caretakers, or people who have accompanied the patient.
- (c) Conduct the interview in an area that promotes privacy and minimizes interruptions.
- (d) During the interview remain cognizant of the interviewee's age, ability to speak, hear and understand.
- (e) Document the interview using the interviewee's own words in quotation marks, whenever possible.
- (f) At all times, treat the person with respect and maintain the person's dignity and safety.

(4) Creating Photographic Records of the Patient's Injuries

If bruising or other obvious or suspicious evidence of sexual or physical abuse exists, photographs should be taken. A notation must be made on the patient's medical record indicating photographs were taken.

- (a) Consent is not required.
- (b) Notations should be made concerning who took the photographs and how the photographs were handled to maintain chain of custody.
- (c) Label and include a photograph of the patient's face in at least one (1) exposure.
- (d) Photographs are to be maintained by the Health Information Management Department.

(5) Documentation

- (a) Documentation of suspected abuse/neglect/exploitation shall include observations of physical and mental status, physical injuries, clothing and interaction with family members or persons who brought the patient to UTMC or its clinics.
- (b) Documentation in the medical record shall include direct quotations, indicated in quotation marks, from the patient and others, observed behaviors, detailed description of injuries including size, type, number, degree of healing, and possible causes.
- (c) The historian of the information must be cited in all instances.

(6) Security

Appropriate precautions must be taken to protect the Adult who is suspected to be a victim of domestic violence. University Police will be contacted if a potential for harm to the patient is thought to exist.

(7) Release of Medical Records

In the event that a criminal investigation, action, or proceeding is commenced, UTMC and its clinics will supply copies of all pertinent records pursuant to the Release of Information policy number 3364-100-90-1. The Office of Legal Affairs – Health Science Campus may be consulted as needed.

(8) Staff Training

Inpatient and Ambulatory Nursing staff (RN, LPN, PCA, MA), Emergency Department staff, Care Coordinators, Hospital Social Workers and Pastoral Care Staff will receive training on recognizing and responding to suspected victims of abuse, exploitation or neglect upon orientation. Competency will be evaluated annually on the performance appraisal.

(9) Definitions (Ohio Revised Code Section 5101.60)

- (a) Abuse: means the infliction upon an Adult by self or others of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish.
- (b) Adult: means any person sixty years of age or older who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person’s own care or protection and who resides in an independent living arrangement.
- (c) Exploitation: means the unlawful or improper act of a caretaker using an Adult or an Adult’s resources for monetary or personal benefit, profit or gain.
- (d) Independent Living Arrangement: is a domicile of a person’s own choosing, including, but not limited to, a private home, apartment, trailer or rooming house. It includes an adult family home or adult group home.
- (e) Neglect: means the failure of an adult to provide for self the goods or services necessary to avoid physical harm, mental anguish or mental illness or the failure of a caretaker to provide such goods or services.

<p>Approved by:</p> <p>/s/ _____ Richard P. Swaine Chief Executive Officer - UTMC</p> <p style="text-align: right;">Date</p> <p>_____ Date Puneet Sindhwani, MD Chief of Staff</p> <p><i>Review/Revision Completed By:</i> HAS Legal Affairs - HSC Chief of Staff</p>	<p>Review/Revision Date:</p> <p>6/9/99 10/11/00 1/14/04 5/9/07 4/27/11 4/1/2014 7/1/2017 7/1/2020 1/30/2024</p> <hr/> <p>Next Review Date: 01/01/2027</p>
<p>Policies Superseded by This Policy: 7-45-16 - Elder Abuse, Neglect and Exploitation and 3364-100-45-15 Adult Abuse, Neglect and Exploitation</p>	