



## Numbered Memorandum

00-4  
October 17, 2012

### PROTECTION OF PATIENTS FROM ABUSE

1. **PURPOSE:** The purpose of this Numbered Memorandum (NM) is to describe policy and procedures for the protection of patients from real or perceived abuse, neglect, or exploitation by employees, students, volunteers, other patients, visitors or family members. The policy contained in this Numbered Memorandum applies to any patient in any capacity of Southeast Louisiana Veterans Health Care System (SLVHCS).

2. **POLICY:**

a. Patient abuse, whether physical, verbal, or psychological, is unacceptable. Employees will treat all patients with kindness and respect.

b. Penalty: If patient abuse is proven, the administrative action is usually removal; however, progressive disciplinary action will be considered based on the circumstances of the incident, severity of the incident, and the employee's record.

c. Disciplinary Action: Disciplinary action will also be taken in accordance with appropriate regulations if:

(1) an employee fails to report patient abuse to the proper authorities;

(2) a management official fails to immediately conduct a thorough investigation into any reported patient abuse; or

(3) an employee intentionally makes false or unfounded charges of patient abuse against another employee.

d. Definitions: Patient abuse, whether or not provoked, is defined as acts against patients which involve:

(1) Physical/Sexual Abuse (some examples include, but are not limited to): Striking/attacking; sexual assault/harassment/coercion; unreasonable physical constraint; deprivation of food, medication, or water; inappropriate use of physical or chemical restraint; neglect; failure to assist with personal hygiene; failure to protect from health and safety hazards; and intentional omission of care.

(2) Psychological/Mental Abuse (some examples include, but are not limited to): Subjecting a person to fear, isolation or emotional distress; withholding emotional support; willful violation of a patient’s privacy, harassment, ridicule and intimidation (such as following an individual or getting too close to their physical being – violating an acceptable space zone) to bring about a certain effect.

(3) Verbal Abuse is cursing; yelling; expressing indifference; ridiculing; or threatening a patient. Some examples include but are not limited to:

<b>EXAMPLES OF PATIENT ABUSE</b>	<b>EXAMPLES OF INAPPROPRIATE CONDUCT</b>
Profanity directed at the patient.	Profanity not directed at the patient.
Yelling—Hostile with emotional component; e.g., “Shut up and Sit Down!”	Loud interaction—but with instructional intent (lacks emotional component).
Indifference-Overt statement; e.g., “I don’t care what happens to you.”	Apathetic (flat, uncaring) affect.
Ridicule-Words or actions that make fun of a patient.	Inappropriate joking, which offends a patient, but, is not focused at a patient.
Implied or Overt threat to a patient.	Failure to attempt to defuse or de-escalate a patient’s aggressive behavior toward staff.

Inappropriate employee conduct will be referred to the appropriate supervisor for administrative action.

(4) Exploitation: Taking unjust advantage of another for one’s own advantage or benefit. Examples may include but are not limited to:

<b>EXAMPLES OF EXPLOITATION</b>
Direct or indirect request for money for performing basic services (i.e., “The patient across the hall gave me \$10 when I bathed him.”).
Using patient’s credit card for personal use(i.e., telling patient child needs clothes, school books, etc. that you can't afford)
Borrowing money
Photographing patient without his/her consent, then using photographs for reasons not related to his/her VA medical care.

3. **RESPONSIBILITIES:**

a. Assistant Director:

(1) During New Employee Orientation, Workforce Development Services will:

(a) provide every new employee with a copy of this Numbered Memorandum;

(b) discuss “Protection of Patients From Abuse”;

(c) obtain the employee’s signature on Attachment A to this Numbered Memorandum certifying his/her receipt, understanding, and agreement to comply with this policy; and

(d) forward signed receipts to the employee’s immediate supervisor for filing in the employee’s Official Personnel Folder.

(2) The Chief of Workforce Development Services or designee will provide annual mandatory training for all employees regarding the content of this policy via the Talent Management System (TMS).

b. Service Chiefs will notify the Director within 24 hours of an alleged report of patient abuse. As appropriate, the Associate Director, Chief of Staff, Associate Director, Patient/Nursing Services, and/or Assistant Director will also be contacted.

c. Mid-level Managers/Supervisors will assure the timely examination of any potential physical injury to the patient and the submission of VA Form 10-2633 found at <http://vaww4.va.gov/vaforms/medical/pdf/vha-10-2633-fill.pdf> in compliance with Numbered Memorandum, Patient Safety Improvement Program.

d. Employees will:

(1) complete Part 1 of VA Form 10-2633, Report of Special Incident Involving a Beneficiary, when they are advised of, perceive, or witness any abuse of a patient within 24 hours; and

(2) Immediately give VA Form 10-2633 to their immediate supervisor who will report to the appropriate Service Chief and the Patient Safety Manager.

4. **PROCEDURES:** The Director/designee will determine if an incident meets the definition of patient abuse.

a. When allegations of patient abuse are raised, the Director/designee may order a preliminary investigation (Fact Finding Investigation) to determine if an Administrative Investigation Board (AIB) is necessary.

b.

c. If definition of patient abuse is met, the AIB will recommend that “appropriate administrative action” be taken against the employee(s). The Director will be the final approving official of all recommendations.

d. If the definition of patient abuse is not met, the matter will be closed or referred to the appropriate Service Chief for appropriate action, if there has been a finding of inappropriate employee conduct.

e. Occasionally, a patient may use allegations of patient abuse or threaten such allegations to manipulate staff. In some instances, a patient may not be oriented to reality. These situations require a VA Form 10-2633 and an initial review, but are exceptions to the requirement for an AIB. The reasons for not initiating an AIB must be clearly documented and approved by the Director. This information will be maintained by the Risk Manager.

5. **RESCISSION**: Numbered Memorandum, Protection of Patients From Abuse, dated December 29, 2009.

6. **REFERENCES**: VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, March 4, 2011; VA Handbook 5021, Part 1, Appendix A, “for Title 5 & hybrid – Table of Examples of Offenses and Penalties”; The Joint Commission Comprehensive Accreditation Manual for Ambulatory Service, Comprehensive Accreditation Manual for Home Care, and Comprehensive Accreditation Manual for Behavioral Health Care, current edition, located on the Intranet; and Numbered Memorandum, Patient Safety Improvement Program, dated July 6, 2012, located on the intranet-; Numbered Memorandum, Code of Conduct dated September 21, 2009.

7. **FOLLOW-UP RESPONSIBILITY**: Patient Care Coordinator (00E2).

8. **EXPIRATION DATE**: October 31, 2015.

(signed)  
Jimmy A. Murphy  
Director

See Attachment:

**SUMMATION OF POLICY & PROCEDURE CHANGES:**

This policy has been updated to reflect ( 1) a change in responsibilities, to the Assistant Director and Workforce Development Services in lieu of the Associate Director, Patient/Nursing Services specific to Section 3.a, 3.a.1, and 3.a.(2); (2) a change in responsibility to forward the employee’s signed receipt to the employee’s immediate supervisor in lieu of Human Resources Management, Section 3.a.(1).(d); (3) replacing My Peak with Talent Management System (TMS) as the current learning management system, Section 3.a.(2); (4) adding the Assistant Director to Section 3.b.; (5) the current VHA Handbook dated March 4, 2011, the Joint Commission Comprehensive Accreditation Manual for Home Care and Behavioral Health Care, and current NM, Patient Safety Improvement Program dated July 6, 2012; and (6) the addition of Numbered Memorandum, Code of Conduct dated September 21, 2009.

From: Assigned SLVHCS Health Professions Trainee

To: Southeast Louisiana Veterans Health Care System Director (00)

Subj: Patient Abuse or Mistreatment

1. I have received, understand, and will abide by the provisions of Numbered Memorandum 00-4, "Protection of Patients from Abuse". I will not abuse any patient and will not tolerate it happening in my presence.
2. If patient abuse is witnessed, perceived, or suspected, I will immediately report it to my supervisor and/or appropriate management official (i.e. Charge Nurse, Clinic Managers, Service Chiefs, etc.).
3. I will immediately complete Part I of VA Form 10-2633, Report of Special Incident Involving a Beneficiary, giving a detailed account of the circumstances.
4. I will cooperate fully with any investigation into patient abuse.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

