

NUMBER: K-027
EFFECTIVE: April 16, 2015
REVISED: March 17, 2015
REVIEWED:

HOSPITAL POLICIES AND PROCEDURES MANUAL

APPROVED BY: Patient Safety and Risk Management Committee
Directors Committee
Administrative Committee

KEEPING PATIENTS SAFE FROM ABUSE

INTENT

The purpose of this policy is to provide Queensway Carleton Hospital (QCH) staff with guidelines which foster an environment where patients are free of abuse by other patients or staff and to provide a process to address reports of potential or actual abuse.

POLICY

The Queensway Carleton Hospital is committed to the provision of safe quality care, services, and treatment that upholds the right of any patient to be treated with dignity and respect and to be free from abuse by QCH staff or other patients.

All health care providers governed by a college are required to meet the specific standards/guidelines of their respective college with regards to preventing client abuse.

Health care providers are specifically prohibited from developing non-therapeutic relationships with at risk/vulnerable patients and patients in their care.

QCH does not tolerate or condone any actions or behaviours by staff or other patients that fall within the definition of abuse.

Any staff member who mistreats a patient will be subject to appropriate disciplinary action.

Any staff member who witnesses any abuse or mistreatment by other patients or staff and fails to promptly report this to his/her immediate supervisor will be subject to appropriate disciplinary action.

For the purposes of this policy 'staff' includes all employees, physicians, dentists, midwives, students, and volunteers.

DEFINITIONS

Abuse - all unreasonable or improper use or treatment, by word or act, of a patient or client and includes but is not limited to:

Physical abuse - pushing, shoving, shaking, slapping, hitting or other aggressive physical force

Verbal Abuse - derogatory or demeaning comments, cultural slurs, use of profane language, insults

Emotional abuse - threats, intimidation, insults, humiliation, harassment

Financial abuse/exploitation - theft, forging a person's signature, influencing a patient to change his or her will, accepting money or significant gifts from a patient (e.g. more than a box of chocolates or small bouquet of flowers and typically not appropriate at all when the patient is still in the hospital's care), borrowing money

Sexual abuse - any consensual or non-consensual sexual intercourse or other forms of physical sexual relations with a patient, touching of a sexual nature, behaviour or remarks of a sexual nature

Neglect - intentional (active) or unintentional (passive) withholding of basic necessities (food, water, hygiene, social stimulation, denying visits from family/friends) or care (access to physician, requests for assistance, etc.) by designated caregiver.

PROCEDURE:

1. Each QCH staff member must comply with the requirements for the provision of security checks as set out in Corporate Policy E-100 Background/Information Verification and Criminal Records Check or condition of medical staff appointment or applicable contract.
2. In addition to the definitions above all staff must be aware of boundary issues and potential signs of an abusive situation including: spending extra time with one patient beyond his/her therapeutic needs with little documentation of interactions, changing patient assignments to provide preferential care to one patient (when not related to patient care needs), kissing/hugging patients, expressions of romantic interest in a patient, accepting gifts from patients (in particular while patient is still in the hospital's care), a patient showing/expressing discomfort with a particular staff member or another patient.
3. An individual who observes, or reasonably believes that patient abuse has taken place, or is taking place must immediately ensure the patient's safety and report the incident as soon as possible to his/her Manager or delegate. The Manager is required as soon as possible to report the incident to his/her Director who shall report to the Director of Risk Management and the applicable Vice President.
4. If the allegation is regarding a staff member, Human Resources will be contacted immediately to assist and advise during the investigation.
5. Anyone making a report of patient abuse or providing information in good faith will not be penalized for doing so.
6. All reported allegations of patient abuse must be reviewed and, where appropriate, investigated in a timely and objective manner that:

- Adheres to the principles of just culture, due diligence, and procedural fairness
 - Supports QCH's values of accountability and respect
 - Complies with any legal, legislative, professional regulatory body/association, policy (e.g. Disclosure, Code of Conduct) and/or collective agreement requirements
7. The Manager will notify the staff member or patient and/or Substitute Decision maker (SDM) alleged to have participated in the abuse that an investigation will be undertaken. The manager will notify a unionized staff member of their right to have a union representative present.
 8. The Manager will ensure that further contact between the parties involved does not take place by taking appropriate measures (separate patients, reassign duties, suspend with pay pending investigation, etc.).
 9. The Manager or Most Responsible Physician will notify the patient or Substitute Decision Maker of the alleged/suspected/witnessed abuse and the actions being undertaken.
 10. Support will be made available to patients and/or immediate family members (Social Work or Chaplain) and to any QCH staff (Employee and Family Assistance Program) who are affected by allegations of patient abuse.
 11. The Manager will interview the patient and/or Substitute Decision Maker and any witnesses. The Manager must document all investigation interviews and obtain statements in writing whenever possible.
 12. In the case of suspected physical abuse, the Manager will request a full medical examination of the patient, a medical report, and photographs when deemed necessary (with patient/SDM consent).
 13. If the results of the investigation result in a finding that abuse did occur, an incident report must be completed in RIMS (electronic patient incident reporting system).
 14. If disciplinary action is warranted, documentation must be placed in the staff member's human resources file.
 15. If it is determined that a patient has been subjected to abuse by a staff member, this information must be reported to the relevant professional college or association as appropriate by the appropriate Vice-President.
 16. The Manager will inform the patient/SDM of the result of the investigation.

REFERENCES

Elder Abuse #10080, Hotel Dieu Hospital, Kingston, June 1, 2011

Human Rights - Abuse of Patients by Staff HR-0041, Sunnybrook Health Sciences Centre,

September 1, 1997

Keeping Patients Safe from Abuse #1153, Alberta Health Services, July 10, 2013

Practice Standard: Therapeutic Nurse-Client Relationship, College of Nurses of Ontario, 2006
(updated June 2009)

Preventing Client Abuse Fact Sheet, College of Nurses of Ontario, February 2011

Prevention of Abuse of Patients/Clients, Professional Practice Guideline, College of Respiratory Therapists of Ontario, February 2006