

COMMONSPIRIT HEALTH ADMINISTRATIVE POLICY

**SUBJECT: Abuse, Neglect, and Violence –
Patient Identification, Intervention,
and Mandated Reporting**

POLICY NUMBER: Clinical A-005

EFFECTIVE DATE: February 24, 2021

**ORIGINAL EFFECTIVE
DATE:** February 24, 2021

National/System Offices

Acute Care Facilities

Non-acute Care Facilities

PURPOSE

The purpose of this Policy is to establish expectations that each CommonSpirit Health facility will establish a procedure, or procedures, in accordance with applicable laws, regulations, and other CommonSpirit policies and procedures, to assist in the 1) identification of patients or families who may be impacted by abuse, neglect, or violence, including human trafficking and any other type of mistreatment identified by applicable laws and regulations, 2) provision of trauma-informed victim assistance to affected patients or families, including any specific assistance required by applicable laws and regulations, and 3) completion of requirements to report abuse, neglect, or violence (e.g., violent injuries) to internal and external authorities or agencies as defined and required, or otherwise permitted, by applicable laws and regulations.

POLICY

It is the policy of CommonSpirit to

1. Provide trauma-informed victim assistance, including any specific assistance required by applicable laws and regulations, to patients or families who may be impacted by abuse, neglect, or violence, including human trafficking and any other type of mistreatment identified by applicable laws and regulations.
2. Protect all persons who are on-site at a CommonSpirit facility, including vulnerable patients who may be impacted by such abuse, neglect, or violence. This includes conducting an objective investigation and analysis in a timely and thorough manner if such abuse, neglect, or violence is known, suspected, or alleged to have occurred on-site while the victim was a patient under the facility's care and service.
3. Complete facility requirements to report abuse, neglect, or violence (e.g., violent injuries), as defined and required, or otherwise permitted, by applicable laws and regulations, and assist physicians, staff, contract employees, and volunteers with individual requirements to report abuse, neglect, or violence (e.g., violent injuries), as defined and required, or otherwise permitted, by applicable laws and regulations.

As such, each acute and non-acute care facility will develop and adopt an appropriate Abuse, Neglect, and Violence procedure, or procedures, in accordance with applicable laws, regulations, and other CommonSpirit policies and procedures, to meet these policy expectations. Model procedures are provided.

AFFECTED AREAS OR DEPARTMENTS

This Policy applies to CommonSpirit and its Direct Affiliates¹ and Subsidiaries,² as well as any other related entity whose governing documents expressly require or provide for such entity(ies) to comply with CommonSpirit's policies and procedures (Conforming Entity).

ASSOCIATED PROCEDURE

- Model Procedure: Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting
- Model Procedure for Long-Term Care Facilities: Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting
- Facility specific Abuse, Neglect, and Violence procedure.

DEFINITIONS:

Trauma: The Substance Abuse and Mental Health Services Administration (SAMHSA) frames its concept for trauma around three *Es*: 1) an Event, 2) the Experience of that event, and 3) the Effect(s). Individual trauma results from an **event**, or series of events or set of circumstances, that is **experienced** by an individual as physically or emotionally harmful, life-threatening, or otherwise overwhelming, and has lasting adverse **effects** on the person's functioning and mental, physical, social, emotional, or spiritual well-being. The following examples of traumatic events can be experienced by a person of any age: Serious accident, illness, or medical procedure; racism and other forms of biases and discrimination; physical, sexual, emotional, or other forms of abuse or violence; and natural or manmade disasters.

Trauma-informed: A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients and the professionals attempting to assist them. The guiding principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

REFERENCES

Substance Abuse and Mental Health Services Administration, *Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

STATUTORY/REGULATORY AUTHORITIES

Centers for Medicare and Medicaid Services (CMS). State Operations Manual.

The Joint Commission 2021

¹ A Direct Affiliate is any corporation of which CommonSpirit Health is the sole corporate member or sole shareholder, as well as Dignity Community Care, a Colorado nonprofit corporation.

² A Subsidiary refers to *either* an organization, whether nonprofit or for-profit, in which a Direct Affiliate holds the power to appoint fifty percent (50%) or more of the voting members of the governing body of such organization or holds fifty percent (50%) or more of the voting rights in such organization (as evidenced by membership powers or securities conferring certain decision-making authority on the Direct Affiliate) or any organization in which a Subsidiary holds such power or voting rights.