

1 **Policy:** **Management of Suspected Abuse/Neglect Cases**

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3 **Date of Implementation:** **December 11, 2003**

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5 **Contact:** **Clinical Care Management**
6 **Clinical Quality Management**
7 **Regulatory Compliance**
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10 The definition of abuse or neglect is any act or failure to act resulting in actual or
11 imminent risk of serious physical or emotional harm, death, sexual abuse, or exploitation.
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13 Suspected abuse/neglect cases are investigated, documented, and reported as a health and
14 safety issue to the Vice President, Clinical Services by the Health and Safety
15 Investigation Team (HSIT). When abuse by a practitioner is identified or suspected, a
16 Clinical Performance Alert is generated and managed through established processes
17 defined in ASHA policy Clinical Services Alerts, Clinical Performance Alerts, and
18 Corrective Action Plans (Practitioner/Provider Clinical Issues) - QM 2.
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20 When a clinical services manager identifies a suspected abuse/neglect case not
21 implicating the practitioner, the following process is followed:

- 22 • The clinical services manager makes at least two (2) attempts to contact the
23 practitioner to discuss the suspected abuse/neglect case and determine if a report
24 has been filed with the appropriate state agency. These attempts and any
25 communication with the practitioner are documented in the communication log
26 and forwarded to HSIT.
 - 27 ○ If the practitioner indicates that a report has already been filed or the clinical
28 services manager is unable to contact the practitioner, the clinical services
29 manager informs the Vice President of Clinical Services and contacts the
30 applicable state agency to verify whether or not a report has been filed by the
31 practitioner.
 - 32 ○ If the practitioner or state agency indicates a report has not been filed the Vice
33 President of Clinical Services and Privacy Officer report the issue to the
34 appropriate state agency.
- 35
36 • Copies of the Clinical Treatment Form (CTF), the communication logs, and any
37 other pertinent documentation are forwarded to the HSIT and Clinical Services
38 Investigation Team (CSIT). HSIT maintains a database for tracking and trending
39 incidents of abuse/neglect and reports aggregate information to the clinical quality
40 committees quarterly. CSIT maintains a database in order to track and trend
41 practitioner compliance as well as monitor clinical services management and
42 clinical performance activities.

- 1 • HSIT forwards a memo to the Privacy Officer with a description of any specific
- 2 privacy information released to the authorities.