Children's Hospital and Health System
Administrative Policy and Procedure

This policy applies to the following entity(s):
☒ Children's Hospital and Health System

SUBJECT: Caregiver Misconduct

POLICY

Children's Hospital and Health System, Inc. ("Children's") will investigate allegations of patient abuse, neglect or misappropriation of patient property by any employee, independent contractor, medical staff member, volunteer or student. If the allegation is substantiated, Risk Management will report the allegation to Wisconsin's Division of Quality Assurance ("DQA").

DEFINITIONS
Caregiver means an employee, independent contractor, medical staff member, volunteer or student.
Misconduct means an allegation of abuse or neglect of a patient or misappropriation of the patient's property.

PROCEDURE

I. Any staff member shall:
   A. report an allegation of misconduct to their leader, which may include the charge nurse, supervisor, manager, patient care director on call; and
   B. enter a safety event report into Children's safety event reporting system.

II. The leader shall:
   A. ensure that the patient is protected from subsequent episodes of misconduct while a determination on the matter is pending;
   B. notify the provider (if not already aware) of the allegation;
   C. for allegations involving a hospital patient, notify the patient care director on call (if not already aware); and
   D. notify the administrator on call ("AOC").

III. The provider shall:
   A. arrange for a physical evaluation of the patient and determine if follow-up care is needed;
   B. determine if a consult with Child Advocacy is needed;
   C. serve as the Children's contact with the family;
   D. determine whether additional staff should be present for the conversation with the patient's family; and

communicate next steps to the family.

IV. Any healthcare provider can report the allegation to the county child protective services agency and/or law enforcement agency, consistent with the Child Abuse and Neglect-Identification and Reporting Policy and Procedure.

V. The AOC shall:
   A. consult with the caregiver's leader to determine if the caregiver should be relieved from patient care duties while a determination on the matter is pending. For caregivers who are Children's employees, independent contractors, volunteers or students, the Children's human resources department should be involved in this determination;
   B. consider recommending the employee assistance program ("EAP") or other support to the involved caregiver during the investigation;
   C. consult with Risk Management;
   D. notify the President of the Medical Staff or the Chief Medical Officer (if allegation involves a medical staff member); Chief Nursing Officer (if allegation involves a nurse; and Human Resources (if allegation involves an employee or contractor).
   E. determine if a meeting with supporting departments would be beneficial, see Addendum A;
   F. determine if the following leaders and/or departments need to be notified:
      i. public safety (if law enforcement may be involved and/or there is a behavioral issue); and/or
      ii. social work.
   G. review medical record documentation regarding allegation.

VI. Risk Management shall:
   A. Coordinate the investigation with those involved to obtain interviews and/or statements from staff involved; and
   B. determine if a report is required to DQA within 7 days from the date Children's knew or should have known about the alleged misconduct.

VII. Concluding the investigation:
   A. the provider will follow up with the family, if necessary;
   B. the AOC will assure there is follow-up with the caregiver(s) involved; and
   C. Risk Management will complete the DQA reporting requirements, if necessary.

References:

AOC Caregiver Misconduct Meeting Checklist (Addendum A)
Optional Task Checklist (Addendum B)
Wis. Stat. §146.40 (4g) & (4r)
Wis. Admin. Code, DHS 13
Patient Care Policy and Procedure: Child Abuse and Neglect- Identification and Reporting.
Human Resources Policy and Procedure: Corrective Action and Performance Improvement Plans.

Approved by the SVP & Chief Legal Officer July 15, 20205

Addendum A

Administrator on Call ("AOC") Caregiver Misconduct Checklist

Determine whether a meeting is needed. If a meeting will be held, consider including the following:

- Risk Management
- Patient care director on call
- Provider
- Medical Officer of the Day or Chief Medical Officer
- Child Advocacy Provider and/or Child Advocacy Social Worker
- Unit/department leader
- Public Safety (if law enforcement may be involved and/or there is a behavioral issue)
- Social Work (if needed)
- Patient Relations (if they are already involved with the family)
- Marketing/Communications (if potential media exposure)

Considerations During the Meeting

1. AOC (or assigned designee) provides a summary of the facts, including:
    - What are the allegations?
    - Who received the allegations?
    - Who do the allegations involve?
    - When and where did this occur?
    - Actions taken so far?
2. Consider whether the patient and others involved are safe.
3. Notify provider (if not already aware) and verify whether or not the provider has spoken with the family.
    - Is an assessment of the patient completed?
        - If patient assessment has not already been completed, determine who will complete the patient assessment (attending provider, Child Advocacy, external evaluation).
4. Verify whether the accused caregiver needs to be relieved of their duties pending further investigation.
    - If so, who will follow up with the caregiver and be their point person of contact throughout the investigation?
    - Where is the caregiver currently (i.e. are they working and where)?
    - What is the caregiver's work schedule?
    - What information is shared with the caregiver?
5. Establish which resources may be offered to the caregiver pending the investigation (e.g. EAP).
6. Confirm whether a law enforcement ("LE") and/or Child Protective Services ("CPS") report has been submitted/needs to be submitted.

7. Determine if any other department/leader needs to be made aware of the allegations.
    - If so, determine who will follow up with additional department(s)/leader(s).
    - AOC will be responsible for communication with the appropriate executive leader.
8. Confirm that the allegations have been documented appropriately.
    - Submit a safety event report (unless already submitted).
    - Risk Management can provide guidance on Epic documentation.
9. Schedule a follow up meeting, if needed.
10. Closure of Investigation
    - Risk Management will continue to follow investigation until the investigation is closed.
    - If the accused employee was relieved of their duties pending the investigation, the employee may not return to work until approved by HR.

Addendum B

Task Checklist

Task to be Completed	Responsible Person	Date/Time Completed	Notes
1. Report allegation to leader.	Staff member		
2. Enter a safety event report.	Staff member		
3. Ensure patient is protected.	Leader		
4. Notify provider of allegation.	Leader		
5. If a hospital patient, notify patient care director.	Leader		
6. Notify Administrator on Call (AOC).	Leader		
7. Arrange physical evaluation of patient and follow-up care.	Provider		
8. Consult Child Advocacy if needed.	Provider		
9. Serve as contact for family and communicate next steps.	Provider		
10. Arrange for any additional staff needed to communicate with family (i.e. Social Work, Patient Relations).	Provider		
11. Notify: • Risk Management • Medical Staff President or Chief Medical Officer • Chief Nursing Officer • Human Resources	AOC		
12. Determine if caregiver should be relieved of duties during investigation.	AOC & Human Resources		
13. Determine and conduct meeting with supporting departments if needed.	AOC		
14. Coordinate investigation with those involved with allegation.	Risk Management		
15. Report if required to DQA **(within 7 days from date of alleged misconduct)**.	Risk Management		
16. Follow-up with family after investigation is completed.	Provider		
17. Follow-up with involved caregiver(s).	AOC & Leader		