

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 ("Misconduct") by any employee, independent contractor, medical staff member, volunteer or student ("Caregiver"). If the allegation is substantiated, risk management will report the allegation to Wisconsin's Division of Quality Assurance ("DQA").

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 manager ("PCM") or the PCM on call; and
 - B. enter a safety event report into Children's 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. ensure the attending physician is aware of the allegations; and
 - C. report the allegation to the PCM on call if not already notified, who will notify the administrator on call ("AOC").

- III. The attending physician shall:
 - A. arrange for a physical evaluation of the patient and determine if follow-up care is needed;
 - B. consult Child Advocacy provider if the allegation is one of abuse by a Caregiver.
 - i. Child Advocacy provider shall determine if Child Advocacy will assess the patient or if the plan should be discussed at the AOC meeting; and
 - C. Serve as the CHW contact with the family and meet with the family and a second person who should attend any and all conversations with the family and attending physician.

- IV. The attending physician, Child Advocacy provider and/or the social worker will determine if a referral will be made to the county child protective services agency or law enforcement agency.

- V. The AOC shall:

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Caregiver Misconduct / Process Owner: Risk Management

- 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. determine if employee assistance program ("EAP") or other support should be offered to the involved Caregiver during the investigation;
- C. notify risk management who will interview and/or obtain statements from staff involved and determine if a report is required to DQA within 7 days from the date Children's knew or should have known about the Misconduct;
- D. notify the medical staff office, as well as the President of the Medical Staff or Chief Medical Officer (but only if the allegations involve a medical staff member) . In such case, the President of the Medical Staff or Chief Medical Officer will initiate an investigation in cooperation with risk management if the Caregiver. The investigation and any corrective action will be undertaken in accordance with the medical staff bylaws and procedures;
- E. arrange an AOC meeting with supporting departments, as applicable. See Addendum A;
- F. assure there is a contact person assigned to speak with the family;
- G. determine if the following leaders and/or departments need to be notified:
 - i. security (if law enforcement may be involved and/or there is a behavioral issue); and/or
 - ii. social work;
- H. ensure any references to the allegation that are appropriate to include in the medical record are documented.

VI. Concluding the investigation:

- A. the attending physician 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 flowchart of entity investigation and reporting requirements, if necessary.

References:

AOC Caregiver Misconduct Meeting Checklist (Addendum A)

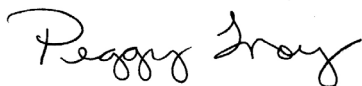
Wis. Stat. §146.40 (4g) & (4r)

Wis. Admin. Code, Chapter DHS 13

Patient Care Policy & Procedure "Child Abuse & Neglect: Evaluation of".

Human Resources Policies: "Corrective Action, Suspension, Discharge".

Approved by:



Peggy Troy, President & CEO
Children's Hospital and Health System
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Caregiver Misconduct / Process Owner: Risk Management

Administrator on Call (“AOC”) Caregiver Misconduct Meeting Checklist

Who should be invited to the meeting?

- Children’s Risk Management
- Patient Care Manager (“PCM”) on call (1st call, 2nd call)
- Patient’s Attending Provider
- Medical Officer of the Day or Chief Medical Officer
- Child Advocacy Provider and/or Child Advocacy Social Worker
- Unit/department leader
- Security (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)

If allegations involve:

- Medical staff member, notify President of the Medical Staff
- The Medical College of Wisconsin, Inc. (“MCW”) employee, notify MCW Risk Management
- Resident/Fellow, notify Medical College of Wisconsin Affiliated Hospitals Inc. Risk Management
- Children’s employee or contractor (i.e. traveler, agency staff, etc.), notify Human Resources (“HR”)
- Nurse, notify the Chief Nursing Officer

Considerations During the Meeting

1. AOC (or designee assigned by the AOC) provides brief 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. Ensure the attending provider is aware and verify whether or not the attending 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. Establish a main contact person(s) for the family while the investigation is pending.
 - Typically, this is the attending provider and the department/unit leader.
 - Generally, communication with the family should include two people from the group listed above.
5. 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?
6. Establish which resources may be offered to the caregiver pending the investigation (e.g. EAP).
7. Determine whether a law enforcement ("LE") and/or Child Protective Services ("CPS") report needs to be completed.
 - Generally, this decision is made by a medical provider, Child Advocacy, and/or social work.
8. 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.
 - Each department will be responsible for ensuring their leader/VP is notified of the allegations and outcome of meeting(s).
9. Confirm that the allegations have been documented appropriately.
 - Ensure that a MIDAS safety event report is/has been submitted. If it involves an employee, connect with HR or Risk Management to verify what details should be entered.
 - Risk Management can provide guidance on Epic documentation.
10. Determine what additional follow up is needed.
 - Is another meeting needed?
 - If so, AOC will schedule.
 - Risk Management will obtain statements from staff involved and/or connect with staff members accordingly. Unit/department leader will provide staff names and contact information.
11. 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 the investigation is considered closed.
 - This may include confirmation from CPS and/or LE that they have closed their separate investigation.

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