SHC Abuse Module

1. SHC Abuse

1.1 Abuse



SHC Abuse and Neglect Reporting

1.2 Introduction

Abuse: Introduction

This course reviews key aspects of *Abuse* that SHC staff might see and the steps to be taken if they see or suspect abuse.

Remember:

- The "Check Your Knowledge" questions are NOT scored; go ahead and guess.
- The Post Test is scored and a final score given.
- 90% is needed to pass the Abuse module.

1.3 Learning Objectives

Abuse: Learning Objectives

When you complete this online course, you will be able to:

- · Identify the types of abuse
- · Recognize signs and symptoms of abuse
- Describe how to care for abused patient (chain of evidence, psychological & physical needs)
- · Identify when to report abuse
- · Recognize who to contact for assistance
- · Identify resources available.

Note: certain topics covered are for staff roles of *licensed* care providers (e.g. nurses, APPs, etc.) and will be highlight in the course.

1.4 Facts about Abuse

Abuse: Facts about Abuse

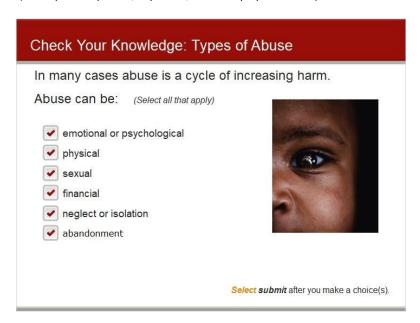
Abuse in the United States



- At least 1 in 5 women will suffer physical/sexual abuse by a family member or partner
- The leading cause of death in pregnancy is homicide
- 20% of female and 10% of male children are sexually abused
- Seeing abuse in the home causes health and school problems in children
- A high percentage of children who are abused become abusers themselves
- · Little is known about abused men
- 90% of elder abusers are family members
- Dependent adults have a high rate of sexual abuse by caregivers

1.5 CYK- In many cases abuse is a cycle of increasing harm.

(Multiple Response, 0 points, 1 attempt permitted)



Correct	Choice	
Х	emotional or psychological	
Х	physical	
Х	sexual	
Х	financial	
Х	neglect or isolation	
Х	abandonment	

Feedback when correct:

All of the answers listed are types of abuse.

Neglect is a form of abuse that is the failure to care for another or oneself properly.

Abuse and neglect can be found in all socioeconomic (wealth) groups, including nurses, doctors, and other hospital workers.

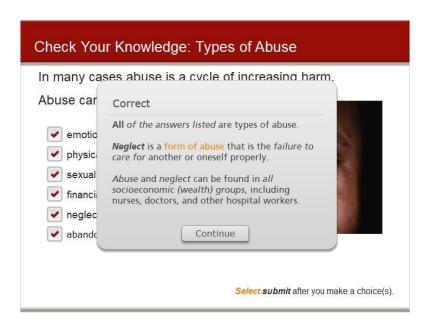
Feedback when incorrect:

All of the answers listed are types of abuse.

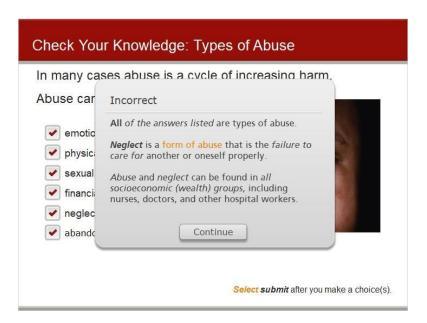
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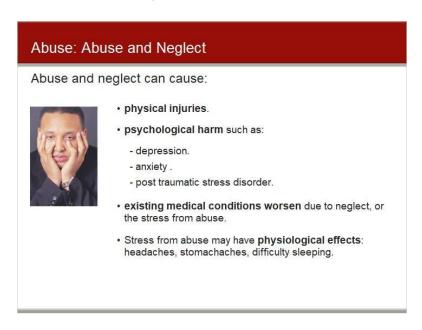
Correct (Slide Layer)



Incorrect (Slide Layer)



1.6 Abuse and neglect



1.7 Legal issues

Abuse: Legal Issues and Reporting

Because abuse is so widespread, *California state law* and the *Joint Commission require* that hospitals and clinics:



- screen for domestic abuse on a routine basis.
- report in certain circumstances.
- · educate staff.
- · provide patient referral materials.

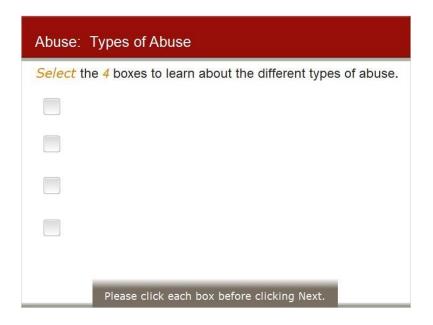
Who reports?

- Clinicians are "mandated" (required) reporters for all forms of abuse and neglect.
- There are legal penalties for failure to report abuse and neglect.

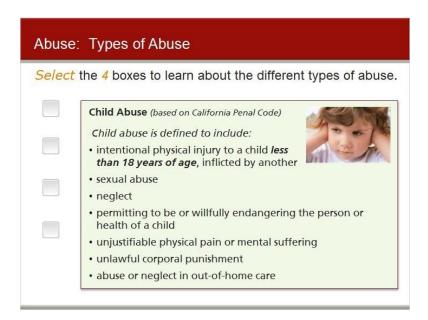
1.8 Types of abuse

Abuse: Types of Abuse
Select the 4 boxes to learn about the different types of abuse.

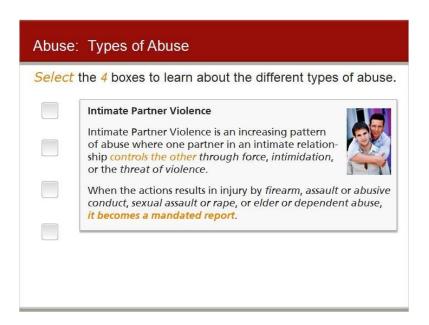
Warning (Slide Layer)



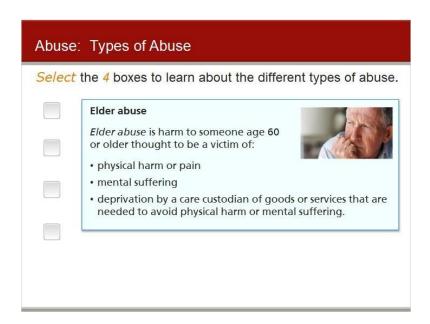
child (Slide Layer)



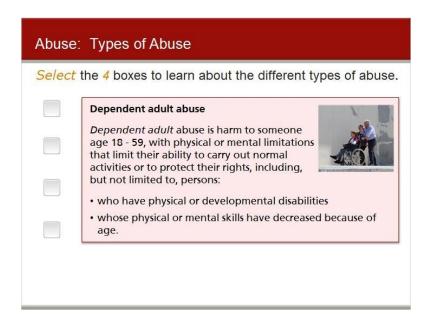
domestic (Slide Layer)



elder (Slide Layer)



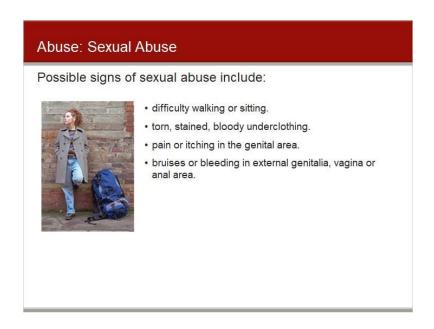
dependent (Slide Layer)



1.9 Physical Abuse



1.10 Sexual abuse



1.11 CYK: Signs of neglect

(Multiple Response, 0 points, 1 attempt permitted)



Correct	Choice
Х	Lack of needed care for medical problems or injuries
Х	Isolation
Х	Dressed wrong for weather
	Bruises or torn clothing
Х	Under dosing medication
Х	Dehydration
Х	Pressure injuries
Х	Poor hygiene

Feedback when correct:

All but one are signs of neglect.

Lack of needed care for medical problems or injuries

Poor hygiene

Dressed inappropriately for weather

Isolation, or non-medical failure to thrive

Over or under dosing medication

Malnutrition or dehydration

Pressure injuries

Bruises and torn clothing are signs of abuse.

Feedback when incorrect:

All but one are signs of neglect.

Lack of needed care for medical problems or injuries

Poor hygiene

Dressed wrong for weather

Isolation, or non-medical failure to thrive

Over or under dosing medication

Malnutrition or dehydration

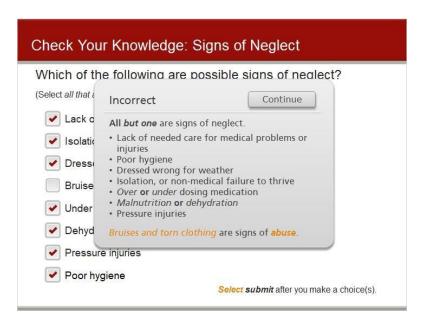
Pressure injuries

Bruises and torn clothing are signs of abuse.

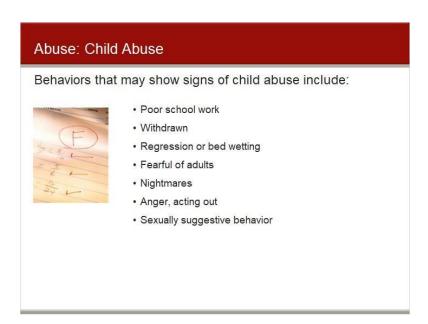
Correct (Slide Layer)



Incorrect (Slide Layer)



1.12 Child abuse



1.13 Adult abuse

Abuse: Adult Abuse

Possible behaviors of an adult who has been abused:



- "Hiding" bruises with heavy makeup, sunglasses, long sleeves
- Fearful
- · Lack of eye contact
- Withdrawal to touch
- · Startles (is surprised) easily
- Very anxious or "zoned out" during exams or procedures (the person may be having flashbacks of physical or sexual abuse)
- Unusually agitated or highly emotional
- Overprotective
- · Guarded when interacting with others

1.14 Abuser

Abuse: The Abuser

An abuser may act in the following way:



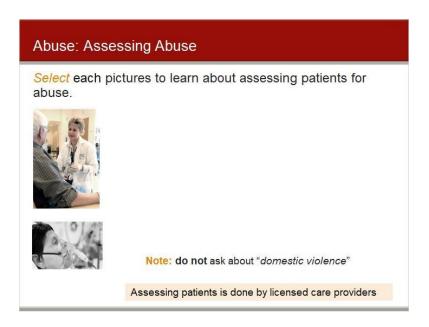
The **abuser** is the person who is doing the abuse.

- · Refuse to leave patient's side
- · Act overly concerned
- Does not allow the patient to answer questions for themselves
- · Seem hostile, demanding, controlling

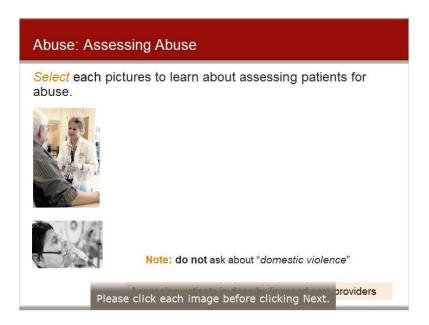
With the abuser around the patient may:

- Seem reluctant to speak or disagree
- · Seem physically afraid
- Seem more withdrawn or have a sudden change in mood

1.15 Assessing Abuse



Warning (Slide Layer)



1 (Slide Layer)

Abuse: Assessing Abuse

Select each pictures to learn about assessing patients for abuse.

Inpatient and ED intake includes screening for abuse on admission. \\

Licensed staff should say "I need to ask you another question that we routinely ask all of our patients...." then ask the following question (exactly as worded)

"Does a partner, or anyone at home, hurt, hit or threaten you?"

- Ask the question in a calm, matter of fact way
- · Ask privately whenever possible:
- find a moment when the patient is alone, without asking the family to leave
- you may need to show the patient a written question
- if family is present or you are more comfortable tell next shift if you were unable to ask

2 (Slide Layer)

Abuse: Assessing Abuse

Select each pictures to learn about assessing patients for abuse.



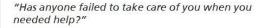
During hospital stay, injuries, patient behavior, or family/caregiver actions may alert you to abuse.

When alone with the patient you may also ask:

"How are things going at home?

"How does your partner/caregiver treat you?"

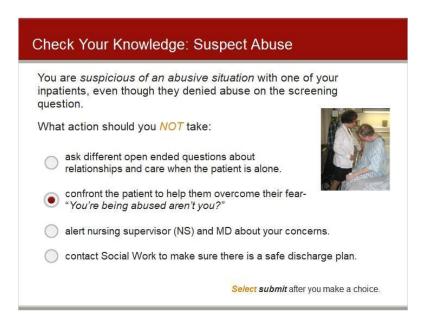
"Are you afraid of anyone at home?"



"Sometimes when I see an injury like this it is because someone else caused it. Did someone do this to you?"

1.16 CYK: Suspect Abuse

(Multiple Choice, 0 points, 1 attempt permitted)

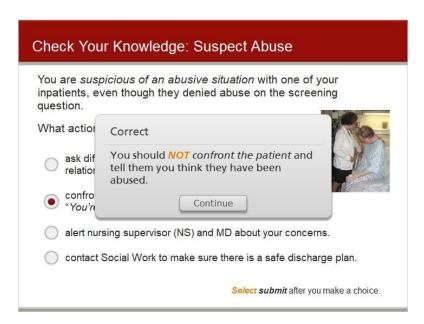


Correct	Choice	Feedback	
	ask different open ended questions about relationships and care when the patient is alone.	You should ask different open ended questions when alone with the patient.	
Х	confront the patient to help them overcome their fear- "You're being abused aren't you?"	You should NOT confront the patient and tell them you think they have been abused.	
	alert nursing supervisor (NS) and MD about your concerns.	You should call the NS and a physician about your concerns.	
	contact Social Work to make sure there is a safe discharge plan.	You should place a consult to Social Worker to help make sure there is a safe discharge plan in place.	

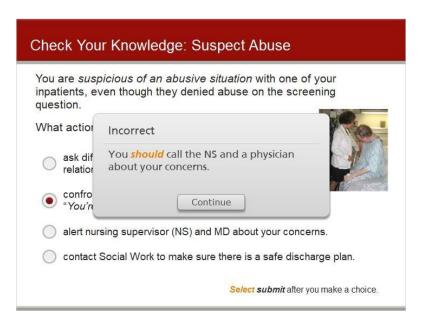
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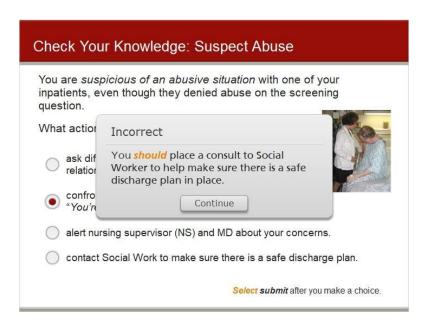
Correct (Slide Layer)



Incorrect (Slide Layer)



contact Social Work to make sure there is a safe discharge plan. (Slide Layer)



1.17 Won't tell about abuse

Abuse: Why Patients Do Not Tell

95% of abused patients do not tell about the abuse.



Some of the reasons not talking about the abuse or telling others include:

- · Embarrassment or shame
- · Financial or immigration issues
- Extreme religious, cultural, or family pressure to "make it work" or not discuss outside the extended family
- Psychological abuse feeling worthless, helpless, isolated, that no one cares, that no one will believe them

1.18 Won't tell about abuse

Abuse: Why Patients May Not Tell

In addition, patients may not tell about abuse due to threats from abuser to:



- withhold food or medication, especially pain meds.
- place patient in a nursing home or institution.
- hurt the patient with physical or sexual violence, including death threats.
- physically harm or abduct the children.

1.19 Asking About Abuse

Abuse: Asking About Abuse

If most patients don't tell, then why do we ask? Asking:



- · Reduces sense of isolation
- Helps patient understand:
 - that his/her medical condition/health can be affected by the abuse (motivates change)
 - that there are options
- that this is a safe place to get help we care

Privacy and safety of healthcare setting may encourage the patient to tell or seek help.

 It may take time and development of trust for the patient/family member to speak up.

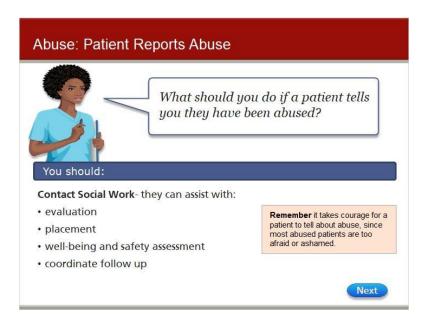
1.20 Pt tells about abuse



say (Slide Layer)



social worker (Slide Layer)

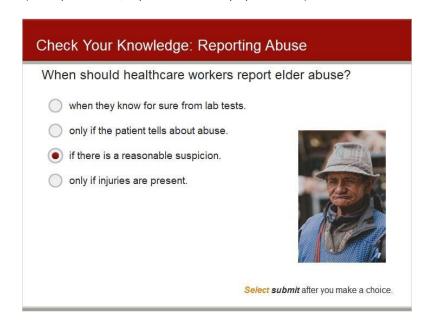


required reporting (Slide Layer)



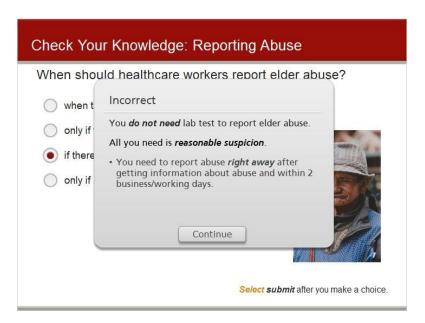
1.21 CYK: Suspect Abuse

(Multiple Choice, 0 points, 1 attempt permitted)

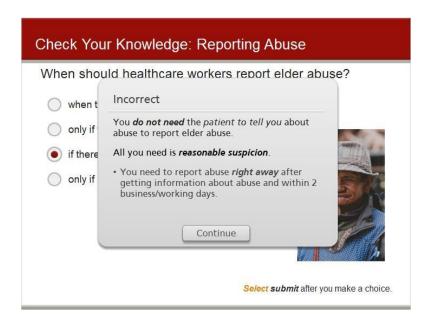


Correct	Choice	Feedback
	when they know for sure from lab tests.	You do not need lab test to report elder abuse.
		All you need is reasonable suspicion. You need to report abuse right away after getting information about abuse and within 2 business/working days.
only if the patient tells	patient tells	You do not need the patient to tell you about abuse to report elder abuse.
	about abuse.	All you need is reasonable suspicion.
		You need to report abuse right away after getting information about abuse and within 2 business/working days.
X	if there is a reasonable suspicion.	All you need is reasonable suspicion to report elder abuse. County APS office or Law Enforcement will look further into the report of potential / actual abuse.
	only if injuries are present.	You do not need to see injuries to report elder abuse. All you need is reasonable suspicion.
		You need to report abuse right away after getting information about abuse and within 2 business/working days.

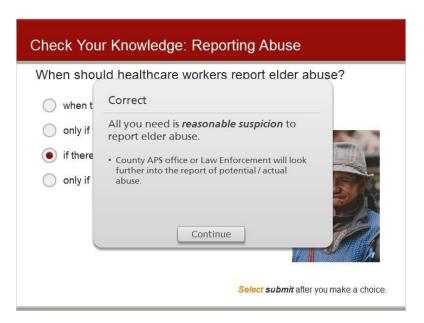
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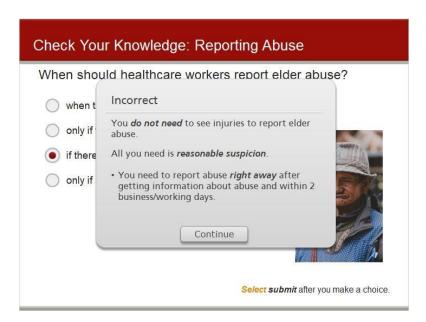
Incorrect (Slide Layer)



Correct (Slide Layer)



Incorrect (Slide Layer)



1.22 Reporting abuse

Abuse: Report Abuse

By law you must report:



Reports MUST be called in, and written form submitted, within 2 business days of finding out about the abuse.

- Suspected abuse County APS office or Law Enforcement will conduct further checks and research on whether the report / abuse is taking place
- Physical violence- any injury from a knife, gun, or deadly weapon
- Domestic abuse- visible physical injury that you reasonably suspect, even if patient denies abuse
- Child, elder or dependent adult abuse- if you see, hear about, or reasonably suspect harm or neglect, even if the patient denies and there are no visible injuries
- Abuse taking place in a Long Term Care/Skilled Nursing Facility (SNF) – if you think abuse has occured, call in a telephone report to the county's Long Term Care Ombudsman in the county where the facility is located.

For more details review the Abuse Policy Appendix A

1.23 Reporting Sexual abuse

Abuse: Reporting Sexual Assault

What about reporting sexual assault?



- If you know or suspect sexual assault is involveddo not do exam
- Call the police

The police will come and take the patient for a detailed forensic exam and counseling by the county SART program staff.

SART (Sexual Assault Response Team) for Santa Clara County is located at Valley Medical Center.

1.24 Steps in reporting

Abuse: Steps for Reporting Abuse

What is the reporting process?



Specific reporting forms (SOC 341) is:

- available on the intranet site
- in Epic under the Coordinated Care Management-SW Daily Rounds tab.

- · Contact the correct agency as soon as possible.
 - Then nursing supervisor / licensed provider, then consult Social Work as needed.
- · Call Nursing Supervisor and physician
- · Call the correct agency as soon as possible:
- Police Department
- Child Protective Services (CPS)
- Adult Protective Services (APS)
- Long Term Care Ombudsman (for nursing home abuse)
- · Fill out a one page report form
 - The form is a sensitive document and is saved under Chart Review-Notes for future reference.
- Submit form to agency within required timeframe (usually 36-48 hours)

1.25 Charting abuse

Abuse: Charting Abuse

What do you need to chart?



- What the patient says in their own words (frequency, duration, severity of abuse or neglect)
- · Injuries / condition
- · Notification of MD
- · Referrals and materials given
- Note: If possible take photos of injuries.
- When and to where report was called and the name of responding office
- · Follow up plan after discharge

1.26 Charting abuse

Abuse: Resources

Resources for Dealing with Abuse



SUMC Family Abuse Prevention Council (FAPC) includes members from SHC, LPCH and SOM to address the issue of abuse.

SHC Resources:

For urgent problems or questions contact:

- · Social Work via hospital issued phone (Voalte)
- · Risk Management 723-6824

To learn more or need legal details/state reporting forms:

- http://domesticabuse.stanford.edu
- http://elderabuse.stanford.edu
- http://childabuse.stanford.edu

Domestic abuse referral and resource sheets are available in 7 languages from *Social Work*.

1.27 course summary

Abuse: Summary

Let's Review

- Abuse and neglect are common in our society, and negatively affect the health and well being of our patients
- The healthcare setting may be the only time an abused person can tell someone privately and safely about the abuse
- It is our job to be aware of signs and symptoms of abuse abuse is a medical problem
- California state law and the Joint Commission require reporting of harm to children, partners, elders and dependent adults

1.28 Congratulations!

