**HARDIN COUNTY GENERAL HOSPITAL**
**HOSPITAL-WIDE POLICY**

**Title: Abuse Reporting Policy** **Effective Date: 11/8/2023**
**Policy Number: 166** **Med Staff:**
**Regulation: (210 ILCS 85/9.6)** **Admin:**

## I. POLICY

The HCGH/Clinic is committed to providing a healthcare environment that is free from all forms of abuse toward patients, or any other person within this hospital. No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital. All employees of HCGH/Clinic are expected to become familiar with contents of this policy and to abide by the requirements it establishes.

## II. DEFINITIONS

**"Abuse"** means any physical or mental injury or sexual abuse intentionally inflicted by a hospital employee, agent, or medical staff member on a patient of the hospital and does not include any hospital, medical, health care, or other personal care services done in good faith in the interest of the patient according to established medical and clinical standards of care.

**"Mental injury"** means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating, harassing, or threatening and which causes observable and substantial impairment.

**"Sexual abuse"** means any intentional act of sexual contact or sexual penetration of a patient in the hospital.

"**Substantiated"**, with respect to a report of abuse, means that a preponderance of the evidence indicates that abuse occurred.

## III. RESPONSIBILITY

Each administrator, employee, or medical staff member of HCGH/Clinic is absolutely prohibited from abusing patients within the hospital and or on hospital grounds. Furthermore, it is the responsibility of all department heads and supervisors to make sure that the hospital environment is free from all forms of patient abuse. All forms of abuse which can be considered “physical abuse”, “mental injury” and “sexual abuse” or any type of harm that can create an unsafe environment for our patients must be eliminated. Instances of abuse must be investigated in a prompt and effective manner.

*Responsibility of Individual Employees*

Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to the designated hospital administrator who is responsible for providing such reports to the Department as required by this Section.

*Responsibility of Administration*

Upon receiving a report under this Section, the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and may include, but are not limited to, removing suspected violators from further patient contact during the hospital's internal review. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital may contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.

Upon receiving a report, the hospital shall submit the report to the Illinois Department of Public Health by going to the IDPH website DPH.HospitalReports@illinois.gov within 24 hours of obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.

## IV. EQUIPMENT

N/A

## V. PROCEDURES

**INFECTION CONTROL: N/A**

## VI. DOCUMENTATION

The report required under this Section shall include: the name of the patient; the name and address of the hospital treating the patient; the age of the patient; the nature of the patient's condition, including any evidence of previous injuries or disabilities; and any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.

## VII. PROCEDURES

All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings must be documented and filed according to hospital procedures and shall be made available to the Department upon request.

Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.

No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage good faith reporting of patient abuse under this Section.

The hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.

Retaliation against a person who lawfully and in good faith makes a report under this Section is prohibited.