

TITLE
KEEPING PATIENTS SAFE FROM ABUSE

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CATEGORY Patient Rights & Responsibilities	NEXT REVIEW July 10, 2016

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms - please refer to the Definitions section.

If you have any questions or comments regarding the information in this policy, please contact the Corporate Policy Department at corporatepolicy@albertahealthservices.ca. The Corporate Policy website is the official source of current approved corporate policies, procedures, and directives.

PURPOSE

- To set out requirements that support Alberta Health Services' (AHS) commitment to maintain a safe and supportive environment for the delivery of care and services to **patients**.

POLICY STATEMENT

AHS is committed to the provision of safe quality care, services, and treatment that upholds the right of any patient to be treated with dignity respect and to be free from patient **abuse** by **AHS representatives**. AHS supports this commitment through the establishment, implementation, and communication of appropriate processes and procedures that address the key elements set out below.

As part of AHS core values, AHS actively promotes the safety and wellness of our communities and patients, as well as the principles of just culture and workplace safety and well-being for staff, physicians and volunteers.

AHS does not tolerate nor condone any actions or behaviours that fall within the definition of abuse.

APPLICABILITY

Compliance with this policy is required by all AHS employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of AHS (including contracted services providers as necessary). This policy is subject to all applicable laws.

POLICY ELEMENTS

1. Screening Requirements

Each AHS representative must comply with the requirements for the provision of **security checks** as set out in a relevant AHS governance document (See Reference section), condition of appointment, or applicable contract.

2. Reporting

An individual who observes, or reasonably believes that patient abuse has taken place, or is taking place shall immediately ensure the patient's safety and report the incident as soon as possible to his or her **manager (or designate)**. The manager is required, as soon as possible, to report the incident to the Investigation Coordination Team (ICT). The manager may also consult with Clinical Legal Services (1-888-943-0904 or legal.clinical@albertahealthservices.ca) on the incident and various reporting obligations.

2.1 Internal AHS Reporting

Once reported to the manager, internal AHS reporting obligations must be fulfilled as required. These include, but are not limited to, completion of the [urgent notification to an emerging issue report](#) continuing care reportable incident report, and local serious adverse event protocol, and notification of the incident to the ICT.

2.2 External Reporting

External reporting is determined in accordance with the requirements, and in compliance with specified definitions of abuse, for the following:

- a) [Protection for Persons in Care directive](#) for adults;
- b) *Child, Youth, and Family Enhancement Act* for child patients; and
- c) any other reporting advised by Clinical Legal Services based upon the specific facts of the incident.

Anyone making a report of patient abuse or providing information in good faith will not be penalized for so doing.

3. Review and Investigation

All reported allegations of patient abuse are reviewed and, where appropriate, investigated in a timely and objective manner in accordance with established processes and procedures that:

- a) adhere to the principles of just culture, due diligence, and procedural fairness;
- b) support the AHS values - respect, accountability, transparency, engagement, safety, learning, and performance; and
- c) comply with legal, legislative, professional association/regulatory body, supporting AHS governance document (e.g., professional staff bylaws, protection of privacy, disclosure, Code of Conduct), collective agreement requirements.

4. Support

The safety and well-being of patients and AHS representatives are paramount. Where appropriate, AHS support resources (e.g., counselling) are available to patients, immediate family members, and AHS representatives who are affected by allegations of patient abuse.

5. Outcome of Report of Abuse

The outcome of reports of patient abuse is determined on a case by case basis. Actions taken by AHS include, but are not limited to:

- a) complaint or allegation dismissal;
- b) disciplinary action up to and including termination of employment, appointment, or contract;
- c) reporting to the relevant external body, including government body, professional association/regulatory body; and
- d) reporting to other external bodies, including the police.

6. Education and Awareness

Appropriate education and awareness programs are available to defined audiences on topics including, but not limited to:

- a) abuse recognition, prevention, review, investigation, and resolution;
- b) support resources available for individuals affected by allegations or instances of patient abuse; and
- c) internal and external obligations regarding the reporting of patient abuse.

DEFINITIONS

AHS representative means an employee, member of the medical or midwifery staff, student, or volunteer, contracted service provider, or other individual authorized to represent AHS.

Abuse means an act or omission with respect to a client receiving care or support services that:

- causes serious bodily harm;
- causes serious emotional harm;
- results in the administration, withholding, or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm;
- subjects an individual to non-consensual sexual contact, activity, or behaviour;
- involves misappropriating or improperly or illegally converting a significant amount of money or other valuable possessions; or
- results in failing to provide adequate nutrition, adequate medical attention, or another necessity of life without a valid consent, resulting in serious bodily harm.

Note: This definition is consistent with the *Protection for Persons in Care Act* (Alberta).

Manager or designate means the direct supervisor of the individual who is making a report of abuse or neglect, or the individual responsible in the absence of the direct supervisor (e.g. preceptor, administrator on call, charge nurse, person with next level of responsibility).

Patient means an adult or child who receives or has requested health care or services from AHS and its health care providers or individuals authorized to act on behalf of AHS. This term is inclusive of residents, clients, and outpatients.

Security checks mean a criminal records check and vulnerable sector check.

REFERENCES

- AHS Code of Conduct
- AHS Bylaws and Policies:
 - Disclosure of Harm
 - Duties and Reporting under the Protection for Persons in Care Act – Directive
 - Safe Disclosure/Whistleblower - Corporate Policy #1101
 - Medical Staff Bylaws
 - Midwifery Staff Bylaws
- *Child, Youth and Family Enhancement Act* (Alberta)
- *Protection for Persons in Care Act* (Alberta)
- *Public Interest Disclosure (Whistleblower Protection) Act* (Alberta)

REVISIONS

None