

1 **Policy:** **Management of Suspected Abuse/Neglect Cases**

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3 **Date of Implementation:** **December 11, 2003**

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5 **Product:** **Specialty**

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8 The definition of abuse or neglect is any act or failure to act resulting in actual or  
9 imminent risk of serious physical or emotional harm, death, sexual abuse, or exploitation.

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11 Suspected abuse/neglect cases are investigated, documented, and reported as a health and  
12 safety issue to the Vice President, Clinical Services by the Health and Safety  
13 Investigation Team (HSIT). When abuse by a practitioner is identified or suspected, a  
14 Clinical Performance Alert is generated and managed through established processes  
15 defined in the *Clinical Services Alerts, Clinical Performance Alerts, and Corrective*  
16 *Action Plans (Practitioner/Provider Clinical Issues) (QM 2 – S)* policy.

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18 When a clinical quality evaluator identifies a suspected abuse/neglect case not  
19 implicating the practitioner, the following process is followed:

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- 21 • The clinical quality evaluator makes at least two (2) attempts to contact the  
22 practitioner to discuss the suspected abuse/neglect case and determine if a report  
23 has been filed with the appropriate state agency. These attempts and any  
24 communication with the practitioner are documented in the communication log  
25 and forwarded to HSIT. If the CQE is unable to reach the practitioner or the  
26 practitioner indicates a report has not been filed, the Vice President, Clinical  
27 Services or Privacy Officer will report the issue to the appropriate state agency.
  - 28 • Copies of the Medical Necessity Review Form (MNR Form), the communication  
29 logs, and any other pertinent documentation are forwarded to the HSIT and  
30 Clinical Services Investigation Team (CSIT). HSIT maintains a database for  
31 tracking and trending incidents of abuse/neglect and reports aggregate  
32 information to the clinical quality committees quarterly. CSIT maintains a  
33 database in order to track and trend practitioner compliance as well as monitor  
34 clinical services and clinical performance activities.
  - 35 • HSIT forwards a memo to the Privacy Officer with a description of any specific  
privacy information released to the authorities.