APPENDIX 1: Professional Conduct and Relationships With Patients/ Families, 10650

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Professional Conduct and Relationships with Patients/Families, 10650

Policy/Procedure

PURPOSE:

To provide expectations for members of Seattle Children's workforce in maintaining professional relationships with patients, patients families, or others that provide support to the patient.

Workforce members are obligated to report or self-report any concerns or perceptions of unprofessional conduct with the patient or family member.

POLICY:

Seattle Children's workforce is required to maintain professional conduct and relationships with patients and families. For purposes of this policy, a workforce member is any paid or un-paid individual who is contributing to the core business needs of Seattle Children's. This includes, but is not limited to, employees, volunteers, academic staff and faculty, clinicians or other visitors, vendors, contractors, students, etc.

PROCEDURE:

I. **Professional Conduct and Relationships**

A. A professional relationship is one in which workforce members are professional in their interactions with patients and families, empowering patients to heal and workforce members to provide safe, excellent care.

B. A professional relationship requires that the patient's and family's culture and unique needs will be acknowledged and respected.

C. Respect for confidentiality and privacy are inherent and required in a professional relationship.

II. **Workforce Member Responsibilities**

A. Workforce members will be responsible for monitoring their own behavior and for recognizing/sharing concerns regarding other workforce members' compliance with this policy. Questions or concerns regarding the appropriateness of relationships with patients and families must be shared with a direct supervisor/manager/designee, Corporate Compliance, or Human Resources.

B. All workforce members must consistently uphold professional boundaries in all areas within Seattle Children's.

C. Any workforce member observing behavior in violation of this policy is required to report the behavior to their direct supervisor/manager/designee, Corporate Compliance or Human Resources.

D. Examples of specific employee responsibilities include, but are not limited to the following listed below.

1. Perform within the scope of their profession and work at Seattle Children's.
2. Only provide care within approved scheduled work hours.
3. Not offer services outside of their job description (e.g., babysitting for patients, providing transportation, professional advice/services, loaning money or personal belongings, etc.). If such needs are recognized, the workforce member shall make referrals to appropriate Children's service lines (e.g., Social Work, Family Resource Center, Business Services, etc.).
4. Not share his/her personal information such as phone numbers, e-mail address or physical address with patients and families. If paged by family members, workforce members will not return calls from a personal phone. Workforce members will only communicate with Seattle Children's patients/parents/families and any other individuals providing support to patients using Seattle Children's equipment and departmental processes.
5. Not share private information and personal problems with families, including but not limited to: health issues, staffing levels, relationship issues, work related issues, etc.. Workforce members may share simple, non-invasive information such as number of children, college attended or hometown in order to establish rapport with families.
6. Not share information about one patient or family with another patient or family, even if that information is believed to be publicly available (e.g., posted on the patient's website, freely discussed by the patient's family, etc.).Not use patient relationships as a platform for sharing religious or political beliefs/opinions with patients and families.
7. Respect patient and family rights and cultural differences.
8. Not show or demonstrate any form of preferential consideration and/or treatment to certain patients and families. Examples include, but are not limited to, gift giving, purchasing clothing, providing special food from home, socializing with patients and patient's families outside of the healthcare setting, etc.
9. Not accept gifts of significant monetary value from patients.
10. Demonstrate appropriate behavior if encountering family members of current or former patients in a setting outside of the healthcare site (behavior will not reflect negatively on Seattle Children's). Patient and patient's family can be acknowledged with a "hello," but workforce members will not discuss how the acquaintance was made or medical information.
11. Not enter into a business relationship with a patient or family member (e.g., hiring a patient's parent to provide a service, encouraging a parent to support a workforce member's part-time job or home-based business, etc.).
12. Not engage in a romantic, sexual, or intimate physical relationship with any patient (inpatient or outpatient) or any member of a current patient's family. Furthermore, workforce members will not engage in a romantic, sexual, or intimate physical relationship with any former patient (no longer accessing inpatient or outpatient health care services at Seattle Children's) who is under

the age of 18.

13. Not provide foster care or initiate adoption proceedings for a patient they encounter in their role within Seattle Children's health care system.

E. Workforce members may attend the funeral of a patient.

F. If the role of the workforce member changes to a parent/legal guardian while obtaining services for their own child at Seattle Children's, they must abide by all laws, polices, and procedures applicable to any family obtaining services at Seattle Children's i.e. do not access your own child's medical records.

G. Workforce members who are representatives for children being treated at Seattle Children's must follow all applicable laws, policies and procedures and not use their position to access information, care etc. for their child.

H. If a current or past personal relationship exists between the workforce member and patient/patient family member /or other person providing support to a patient then the workforce member is required to identify this and request a change in assignment.

III. **Reporting Requirements**

A. All Workforce members are obligated to report or self-report any concerns or perceptions of unprofessional conduct involving patients or families directly to their immediate supervisor, Human Resources, or anyone in the supervisory chain of command.

IV. **Corrective Action**

Failure to maintain professional conduct and relationships with patients/patient families/ other people providing support to patients may lead to corrective action, up to, and including termination.

Related Policies/Procedures:

- **Corporate Compliance P&P,** Conflict of Interest
- **Privacy & Security P&P,** Computer User Responsibilities
- **Human Resources P&P,** Corrective Action
- **Privacy & Security P&P,** Corrective Actions for Noncompliance with Privacy and Information Security Policies
- **Bioethics P&P,** Ethics Consultation
- **Administrative P&P,** Marketing, Media, and Communications
- **Administrative P&P**, Patient Rights and Responsibilities
- **Corporate Compliance P&P,** Enterprise Compliance: Reports of Noncompliance: Non-Retaliation
- **Privacy & Security P&P,** Request to Inspect or Copy Medical Records
- **Human Resources P&P,** Social Media Policy
- **Health Information Mgt P&P,** Use and Disclosure of Protected Health Information (PHI)
- **Clinical P&P,** Use of Photographs, Video/Audio Recordings (Images)
- Medical Staff Bylaws and Regulations

Last approved by Medical Executive Committee: April 2016

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Release for Publication	& Procedures Policies: Policies & Procedures	3/29/2019
	Petra Smith: VP, Human Resources	3/28/2019
	Devnee Gadbois: Senior Director, Human Resources	3/15/2019
	Bonnie Fryzlewicz: Vice President, Patient Care and Chief Nursing Off	3/15/2019
	Mark Del Beccaro: SVP-Chief Medical Officer	3/12/2019
	Sandra Kellas: Manager, HR Consulting	3/11/2019

APPENDIX 2: Chaperone Use in Ambulatory Care, 11172

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Chaperone Use in Ambulatory Care, 11172

Policy/Procedure

PURPOSE:

To provide guidance for the use of a chaperone during any outpatient examinations and procedures to preserve patient comfort, privacy, and reinforce the professional nature of the interaction.

POLICY:

Seattle Children's Hospital outpatient services will offer and utilize a chaperone for physical examinations and procedures as indicated. The use of a chaperone will be a shared decision between patient, parent and care provider.

PROCEDURE:

I. **Definitions**

A. Sensitive examinations or procedures: Inspection or palpation of anorectal or genital areas and/or female breast.

B. Medical chaperone: Clinical staff, including providers, nurses, and medical assistants may serve as chaperones. Non-clinical staff may not be used as chaperones.

II. **Considerations**

A. The physical examination of an infant, toddler, or child should be performed in the presence of a parent or guardian when available.

B. When any part of the exam may be physically or psychologically uncomfortable, efforts should be made to support the patient and family, including the offer of a chaperone as indicated.

C. Care providers may request a chaperone anytime they consider it appropriate to do so.

D. A chaperone may be requested by the parent or patient for any procedure or examination.

E. For an adolescent child, the patient's preference should be given the highest priority when deciding on the use of a chaperone.

F. The patient's request and comfort should determine the sex of the chaperone.

G. Parents and guardians may be present and used in preference to a chaperone if desired by patient or parent.

H. If the individual performing the exam determines that the presence of a chaperone other than a parent is appropriate, that individual should communicate with the patient and parent why a chaperone will be used.

III. **Before the exam:**

A. Communicate the components and nature of exam to the patient and to the parent when the adolescent's confidentiality is not an issue. When care providers will have close proximity or touch the patient, it is respectful patient etiquette to explain what they plan to do and why and ask permission before acting.

B. Ensure measures to preserve privacy.

IV. **Indications for a chaperone:** Care providers may request a chaperone anytime they consider it appropriate to do so.

A. When the patient is an adolescent and the examination requires inspection or palpation of anorectal or genital area and/or female breast.

B. When the parent's presence will interfere with the physical examination.

C. When a patient or parent is exhibiting mental health issues, has developmental issues, or displays anxiety, tension, or reluctance toward the examination.

D. When the explanation of the scope and confidentiality of the examination does not resolve the patient's or parent's tension or conflict.

V. **If the patient declines use of a chaperone when indicated:**

A. Document this fact in the medical record.

B. The provider is not obligated to provide further evaluation or treatment, beyond emergency care, if concerned that providing the examination might result in false allegations or medicolegal risk.

VI. **If the patient request for a chaperone is not able to be accommodated:**

A. The patient may refuse to proceed with examination and/or receive further treatment.

B. The provider will offer alternatives, including being examined by another provider, delaying or rescheduling the sensitive examination part of the visit or seeking care elsewhere.

VII. **Documentation:**

A. The name of the chaperone is documented in the medical record (if parent is present during examination, state as such).

B. The findings of the examination are reviewed as appropriate with the patient and/or parents at completion of the examination and documented in the medical record.

C. When the request for a chaperone cannot be accommodated, the discussion is documented in the medical record.

REFERENCES:

American Academy of Pediatrics (AAP). (2011, May). Use of chaperones during the physical examination of the pediatric patient. *Pediatrics, 127(5), p. 991-993.*

Feldman, W.F., Jenkins, C., Laney, T., Seidel, K. (2009). Toward instituting a chaperone policy in outpatient pediatric clinics. *Child Abuse & Neglect, 33, p. 709-716.*

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
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	Madlyn Murrey: Sr VP Chief Clinical Officer	9/17/2018
	Mark Del Beccaro: SVP-Chief Medical Officer	9/13/2018
	Sarah Storhoff: Spt Ldr, Amb Nsg, Clin Sup Sv	9/13/2018

APPENDIX 3: POLICY AND PROCEDURE

Purpose:

This policy outlines the roles and responsibilities for oversight of the investigation of alleged abuse or neglect by Seattle Children's staff, medical staff, volunteers, or students.

Policy:

Seattle Children's will identify and protect patients who are subject to abuse or neglect and protect their privacy including any case where the abuse or neglect is alleged to be the result of the actions of a Seattle Children's staff member.

Procedure:

I. Applicability:

This policy applies to acts by employees, volunteers, members of the medical staff, students, residents, fellows and trainees, all of whom are "staff members".

II. Initial Identification and Response:

A. Any person who becomes aware of a concern of abuse or neglect by a staff member will immediately notify:

1. During normal business hours, the manager or medical staff leader of the relevant clinical area (unit, floor, clinic, etc.);

2. Outside normal business hours, the nursing shift administrator.

B. If any person questions whether actions occurring during normal medical procedures or patient restraint are abusive, the clinical area manager, medical staff leader or nursing shift administrator will review the concerns and observations of all present to determine if the actions are consistent with normal practice.

C. The following must be reported directly and immediately to the SCAN Team (x7-2194):

1. If the patient's care management team is not unanimous that the events were within normal procedures;

2. If more than minor injury resulted; or

3. If the concern creates reasonable cause to believe abuse has occurred.

4. SCAN is available for consultation if the team has question about whether reporting the event to an outside agency is required.

D. The clinical area manager, medical staff leader or nursing shift administrator should review allegations dealing with unwitnessed events with SCAN. After this consultation occurs, a recommendation for whether further investigation by SCAN is necessary will be made. If there is a disagreement between the manager, medical staff leader or nursing shift administrator and SCAN, the issue should be escalated for resolution following the normal escalation process. See Clinical P&P, Escalation Protocol for Patient Care, Safety Concerns, or Off-Policy Requests.

E. If there are concerns about physical injury or abuse to a patient, the attending physician or SCAN physician on call should examine the patient, recommend treatment of any injuries and document the exam in the patient's medical record.

F. The clinical area manager or medical staff leader of the relevant clinical area will, by the end of the day on which they are notified of the concern:

1. Enter a report in eFeedback;

2. Consult with Human Resources (HR)

III. Initial Management

A. The SCAN Manager will support the local area leader to:

1. Notify AOC, General Counsel, Patient Family Relations and the Chief Marketing and communications Officer (CMCO).

B. If the involved staff member is a member of the medical staff, the SCAN Manager will also notify the Chief Medical Officer to initiate action to remove the medical staff member from patient care duties if indicated.

1. The Chief Medical Officer will consider whether summary action under the Medical Staff Bylaws is warranted to protect patients.

2. The Chief Medical Officer will assure notice to:

a. The Medical Staff Department Director, Division Chief, and Medical Staff President;

b. The Department Chair, Pediatrician-in-Chief or Surgeon-in-Chief, if appropriate;

c. The physician leader of any practice group where the medical staff member provides patient care;

d. The appropriate licensing authority; and

e. The affected member of the medical staff.

C. If the involved staff member is an employee not on medical staff:

1. The supervisor of the involved staff member in consultation with HR will remove the individual from any duties involving patient care interactions and/or reassign the individual to non- patient care duties. This consultation will not delay the removal of the person from patient care interactions.

2. If the person is not assigned to non-patient care duties, the staff member will be placed on immediate paid administrative leave. HR will periodically re-evaluate the staff member's status (leave, terms of leave, reassignment, termination or otherwise) and modify it as appropriate.

3. The supervisor of the staff member, working with HR, will designate a support person for the staff member.

IV. Evaluation:

A. HR will conduct an evaluation of the allegation as soon as possible. Evaluation consists of at least the following:

1. Interview with the staff member against whom the allegation has been made regarding the event. The staff member involved in the allegation shall cooperate in the investigation by participating in the interview consultant. Failure to do so may be grounds for disciplinary action, up to

immediate termination of employment or medical staff privileges or both.

2. Interview with the person(s) bringing the concern.

3. Interview with the patient's caregiver/ parent(s)/legal guardians. This may be delegated to and/or completed in collaboration with an existing assigned social worker if appropriate in the circumstances.

B. An interview with the patient will be conducted, when indicated, and may also be delegated to and/or completed in collaboration with an existing assigned social worker. The affected patient may have a trusted support person present during any interview.

C. As soon as possible upon the completion of the evaluation the consultant will initiate a huddle with General Counsel, SCAN team, SW or other HR representatives as deemed necessary and the employee's supervisor for a report on the findings and a determination as to whether a report to law enforcement, Child Protective Services (CPS) or Adult Protective Services (APS) should be made.

1. The team will determine which member will initiate the report.

2. The staff member will remain or be placed on paid administrative leave by his/her supervisor, in consultation with the HR consultant in the case of a Seattle Children's employee. The employee will remain available for any interviews with CPS, APS or law enforcement.

3. The SCAN Manager and HR will help coordinate any patient, family or staff interviews by law enforcement and Department of Health (DOH) investigators.

4. If no report of the incident is made to CPS, APS or law enforcement the family and/or the person initially identifying the concern will be advised of their right to file an independent report with CPS, APS or law enforcement.

D. The General Counsel and the Associate Medical Director for Patient Safety or the Patient Safety Director shall determine whether the incident requires reporting to the Department of Health as a sentinel event. See Administrative P&P, Serious Safety Events and Reportable Events

V. Documentation:

A. The person(s) conducting the evaluation will prepare a written evaluation summary to be place in the employee record following normal HR procedures and summarized in the eFeedback report.

B. A SCAN team member will:

1. Document the incident in the patient's medical record without identifying the person alleged to have acted improperly by describing the incident as allegation of abuse by a third party with access to children or vulnerable adults.

a. The individual bringing the concern will not be identified in the record, but will be referred to as a parent, medical staff member, child, volunteer, etc.

b. If the case is determined not to require reporting, a statement to this effect will be noted in the medical record.

c. Complete the Patient/Family Risk Assessment Form (PFRA).

2. Document all procedures and communications completed or in progress, including dates and times for each step.

C. If the allegation will affect the patient's on-going treatment or placement, the attending physician at discharge will provide a brief summary of the nature of the incident in the medical discharge summary, without reference to the name of the employee.

D. The SCAN Manager will:

1. Attach all documentation to the appropriate electronic file in eFeedback.

2. As appropriate, arrange for the Health Information Management to secure the medical record or relevant portions of the medical record.

3. Request that CPS, APS or law enforcement investigators provide Seattle Children's with both verbal and written documentation of their disposition of the case.

4. Coordinate notification of the disposition of the case to all relevant parties.

VI. Consequences

A. Children's Employee

1. When CPS, APS or law enforcement determines that the incident was abusive, HR shall take immediate action, which may range from continued administrative leave (with or without pay) up to termination of employment.

2. In any other case, the employees supervisor shall consult with HR and determine what if any actions to take based on the circumstances of the event.

B. Medical Staff Member

1. In any case where a report is made to CPS, APS or law enforcement regarding a member of the medical staff, or where CPS, APS or law enforcement determine that the incident was abusive, the Chief Medical Officer shall initiate a formal professional investigation under the Medical Staff Bylaws.

2. The Chief Medical Officer will assure notice to:

a. The Medical Staff Department Director, Division Chief, and Medical Staff President;

b. The Department Chair, Pediatrician-in-Chief or Surgeon-in-Chief, if appropriate;

c. The physician leader of any practice group where the medical staff member provides patient care;

d. The appropriate licensing authority; and

e. The affected member of the medical staff.

APPROVED BY: