



Health & Safety Alert #27-04-05

Preventing or Reducing Occurrences of Neglect

The purpose of this alert is to assist and enable staff to identify ways to reduce or prevent neglect, to identify potential neglect situations and to understand causes that lead to neglect.

Neglect is reported as a major unusual incident (MUI) in our system when there is a failure to provide treatment, care, goods, services or supervision *and* there is a reasonable risk of harm. Identifying situations with a reasonable risk helps in preventing future situations where harm might actually occur.

Neglect tends to fall into two major categories: *Supervision Neglect* and *Treatment Neglect*. Supervision neglect occurs when an individual is to have a specified supervision level and that level is not maintained with a resulting reasonable risk of harm. Treatment neglect occurs when the individual is to receive treatment/services as identified in an individual service plan (ISP), a medical order, or other recommended treatment and this does not occur and there is a reasonable risk of harm.

Preventing or Reducing Occurrences of Neglect

- **Ensure staff understand the supervision they are to provide. Ensure the supervision type is consistent with where the person is, such as at the workshop, home or in the community.**
- **Review serious incidents that have occurred to see how to handle them differently in the future.**
- **Know the major causes of neglect and strategize to eliminate them in your agency.**
- **Talk frequently with your staff regarding barriers to providing care, following plans, providing supervision and address the basic causes.**
- **Minimize, as possible, the opportunities for unfamiliar support staff to be working in an isolated situation.**
- **Clearly define expectations/work rules to help eliminate possible neglectful situations (e.g., no personal errands when working with individuals, no one should be left unsupervised in the bathtub).**
- **Provide ongoing proactive managerial/oversight in homes. Particularly during times identified as problematic (evenings and weekends).**
- **Ensure that individuals are assessed by medical professionals when displaying sign/symptoms of serious illness.**
- **Train all staff on the signs and symptoms of serious illness. Make sure all employees are trained on all emergency procedures.**

A review of 6 months of substantiated neglect cases revealed the following information:

Examples of Supervision Neglect:

- Left at home alone.
- Left in vehicles.
- Insufficient staff to cover assigned supervision levels.
- Staff sleeping.
- Staff ratios not maintained as identified.

Examples of Treatment Neglect:

- Failure to follow proper routine medical care.
- Failure to provide routine care.
- Failure to secure person during transportation.
- Failure to follow behavior plan.
- Failure to follow dietary plan.
- Medication errors.
- Failure to respond to medical emergency.
- Failure to follow agency policies and/or procedures.

Top 5 Causes Identified in Review of MUIs:

- Failure to supervise - left home alone.
- Failure to provide routine medical care.
- Failure to supervise - various situations.
- Sleeping on duty.
- Failure to provide routine care.

Injuries from Neglect

The data reflects that injuries from neglect occur in 22 percent of all substantiated cases. In another 31 percent, a substantial risk of harm was identified. The major causes with injury fall into the *Treatment Neglect* category approximately 66 percent of the time. The primary causes resulting in injury were as follows:

1. Failure to provide routine medical care.
2. Failure to provide routine care.
3. Failure to secure persons during transportation.

The remaining one-third fall under *Supervision Neglect*. The primary causes were as follows:

1. Being left alone at home.
2. Lack of medical supervision.

Location

In 70 percent of the cases reported, both types of neglect occurred in the individual's home environment. The remaining 30 percent involved workshop, transportation and home.

Causal Factors

Staff who fail to provide services or supervision are not necessarily alone in the accountability for neglect. Causal factors can also be linked to provider policies and practices.

1. Staff Training

- Staff are not trained or sufficiently trained on IPs, Medical Plans and BSPs, and do not understand what they are to do.
- Keeping up with changes of IPs, Medical Plans and BSPs, staff turnover.
- Not taking the time to learn based on previous incidents.

2. Administration

- Unrealistic workload and staff assignments.
- Unclear expectations of staff behavior and performance.
- Supervisors are not well trained on providing quality oversight and monitoring.
- Communication is lacking regarding discussions with staff on handling difficult situations.
- Aware of potential harmful situation and fails to correct.

3. Staff

- Bad choices being made by caregivers.
- Caregivers placed in situations where there are no good choices.
- Caregivers unfamiliar with individuals whom they are to support.

For any questions regarding this alert, please contact the MUI/Registry Unit at (614) 995-3810.