



CLINICAL POLICY

Patient Lost Items

A. EFFECTIVE DATE :

June 30, 2021

B. PURPOSE :

This policy establishes a mechanism and procedures to investigate and respond to reported lost patient belongings.

C. POLICY :

UConn Health is not responsible for lost, misplaced, stolen, or damaged patient items unless exception is determined.

1. UConn Health will adhere to a procedure for receiving, investigating, and responding to reported lost patient belongings.
2. Patient's personal belongings should be left at home and/or to sent home with a family member or visitor.
3. Any requests for reimbursement of patient personal belongings that are permitted to remain, with the patient will be referred to Patient Relations.
4. In some circumstances, UConn Health in its sole discretion may replace or reimburse patient valuables that are determined to be lost or damaged during patient visit or while patient is receiving care.
5. Patients and/or patient representatives may report a missing patient belonging without fear of retaliation and/or barriers to current and future care and service.
6. Patients may choose to file a police report to report missing patient belongings.

D. SCOPE :

This policy applies to all UConn Health clinical service areas.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. When missing patient belonging(s) are reported during current patient visit, department staff conducts investigation as follows:
 - i. Obtain detailed description of missing belonging(s) and the last time patient reports belonging in their possession.
 - ii. If applicable, review patient belonging flowsheet and/or printed patient belongings inventory sheet for documentation of belonging, including admission and transfers to units.
 - iii. Department staff report missing belonging to manager of department to facilitate investigation.

1. Search current and previous physical location(s) patient visited.
 2. Interview staff members who provided care or services.
 3. Check safe in Emergency Department and/or Nursing Supervision as appropriate.
 4. Request search from facilities, food service, and transport if applicable.
- iv. Manager reports investigation result to patient or representative.
1. If belonging is located, return to patient and document in belongings flowsheet.
 2. If belonging is not located and not documented in patient belongings inform patient or representative.
 3. If belonging is not located and is documented on the patient belongings flowsheet, refer patient or representative to Patient Relations.
 - a. Email patient identifiers, description of belonging(s), completed investigation, and documentation to Patient Relations at patientrelations@uchc.edu.
 - b. Provide patient or representative with Patient Relations contact information at 860-679-3176 and patientrelations@uchc.edu.
2. When missing patient belonging(s) are reported to Patient Relations, Patient Relations facilitates investigation as follows:
- i. Obtain patient identifiers, detailed description of the reported missing belonging(s) and last known location belonging was in patient possession.
 - ii. Completes Missing Patient Belonging Intake Form.
 - iii. Document reported missing patient belonging in appropriate electronic tracking system.
 - iv. Review patient belonging flowsheet for documentation of belonging, including admission and transfers to units and printed belongings intake form and discharge form if available.
 1. If patient or representative has been discharged:
 - a. Review signed patient belonging discharge form. If form indicates that the item was returned to patient upon discharge, notify patient or representative that investigation is complete.
 2. If there is no signed patient belonging discharge form, continue investigation.
 - v. Send Missing Patient Belonging Intake Form to managers of all locations patient visited.
 1. Include facilities, food services, and transport if applicable.
 2. Include nursing supervision to search patient safe.
 - vi. Request written investigations from applicable department managers.
 1. Interview appropriate staff members and emails review to Patient Relations.
 - vii. Collect and review investigations to determine next steps.
 1. If belonging is located, Patient Relations notifies patient or representative to arrange pick up of belonging.
 2. If belonging is not documented and not located, inform patient or representative of investigation result.
 3. If belonging is documented and not located, Patient Relations will send completed investigation to Risk Management for further review.
 4. Reimbursement, replacement and exceptions are determined by Risk Management.
3. When a patient's belonging(s) are found after a patient is discharged, department staff reports and delivers item(s) to department manager.
- i. Department manager places belonging(s) in a bag, with date, time and location belonging was found.
 - ii. If belonging owner is known, include patient identifiers with belonging.
 - iii. Department manager contacts Patient Relations to deliver or pick up found belonging.
 - iv. Patient Relations investigates to determine if found belonging has been previously reported.

- v. If belonging owner is identified, Patient Relations will contact patient or representative and coordinate retrieving belonging.
 - 1. Contact legal/risk if patient or representative has already been reimbursed.
- vi. If belonging owner is not identified, Patient Relations will store belonging in Lost and Found.

H. ATTACHMENTS :

[Missing Patient Belonging Intake Form](#)

I. REFERENCES :

- 1. Patient Right and Responsibilities Policy
- 2. Patient Belongings Policy

J. SEARCH WORDS :

Lost patient belongings, valuables

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

Chair, Grievance Committee

FINAL APPROVAL:

- | | |
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| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
 Andrew Agwunobi, MD, MBA
 UConn Health Chief Executive Officer</p> | <p><u>07/21/2021</u>
 Date</p> |
| <p>2. <u>Anne D. Horbatuck (Signed)</u>
 Anne D. Horbatuck, RN, BSN, MBA
 Clinical Policy Committee Co-Chair
 Interim Chief Operating Officer, UMG
 Vice President, Ambulatory Operations</p> | <p><u>07/21/2021</u>
 Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
 Scott Allen, MD
 Clinical Policy Committee Co-Chair</p> | <p><u>07/19/2021</u>
 Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
 Caryl Ryan, MS, BSN, RN
 Interim Chief Operating Officer, JDH</p> | <p><u>07/19/2021</u>
 Date</p> |

N. REVISION HISTORY :

Date Issued: 1/78

Date Revised: 11/94, 5/97, 5/03, 4/05, 8/08, 06/21

Date reviewed: 7/81, 10/84, 1/86, 10/88, 7/90, 3/00, 12/02, 1/03, 1/11, 8/13, 7/16