

POLICY AND PROCEDURE ON REPORTING AND INTERNAL REVIEW OF MALTREATMENT AND INJURIES OF UNKNOWN ORIGIN OF VULNERABLE ADULTS

I. PURPOSE:

The purpose of this policy is to establish guidelines for the reporting and the internal review of maltreatment and injuries of unknown origin of vulnerable adults.

A vulnerable adult means a person 18 years of age or older is a resident or inpatient of a facility; receives services required to be licensed under Chapter 245A such as Homeward Bound Inc., (HBI). Has a physical, mental or emotional infirmity which impairs the person's ability to provide his or her basic care without assistance, and as a result of the infirmity and the dependency, the adult has an impaired ability to protect himself or herself from maltreatment.

II. POLICY:

All staff of Homeward Bound, Inc. (HBI) are mandated reporters and must report all information they know regarding an incident of known or suspected maltreatment and injuries of unknown origin, either externally or internally, in order to meet their reporting requirements under law. All staff of HBI who encounter maltreatment or discover an injury of unknown origin of a vulnerable adult will take **immediate** action to ensure the safety of the individual(s) served. Staff will define maltreatment of vulnerable adults as abuse, neglect, or financial exploitation and will refer to the definitions from Minnesota statutes, [626.5572](#) at the end of this policy.

Employees will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Minors* regarding suspected or alleged maltreatment of persons 17 years of age or younger.

III. PROCEDURE:

A. Staff who encounter maltreatment of a vulnerable adult, age 18 or older, or discover an injury or unknown origin will take immediate action to ensure the safety of the individual(s). If a staff knows or suspects that a vulnerable adult is in immediate danger they will act on behalf of the individual and stop it and call "911" if necessary.

Where to Report

B. If a staff knows or suspects that maltreatment of a vulnerable adult has occurred, or discovers an injury of unknown origin they must make a verbal report **immediately** either to the Minnesota Adult Abuse Reporting Center (MAARC), or using the MAARC online reporting tool. Or staff can report internally to the Nurse Case Manager On Call (NCMOC), Program Resource Coordinator (PRC), Program Supervisor (PS), Nurse Case Manager (NCM), Operations Administrator (OA), Program Administrator (PA). If one

of the above mentioned people is involved in the suspected maltreatment, the NCMOC will immediately report it to the Program Administrator of Risk Management (PARM) or the Administrator/Chief Executive Officer (CEO).

Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

- C. The NCMOC, PRC/PS, or NCM is the primary individual responsible for receiving internal reports of maltreatment or injuries of unknown origin and for forwarding internal reports to the **Minnesota Adult Abuse Reporting Center (MAARC)**. The OA or the PA is the secondary individual responsible for receiving internal reports of maltreatment/injuries of unknown origin and for ensuring that a verbal or online report is made to the MAARC.
- D. When verbally reporting the alleged or suspected maltreatment or injury of unknown origin, either externally or internally, staff will include as much information as known and will cooperate with any subsequent investigation.

Internal Review

- E. For internal reports of suspected or alleged maltreatment or injuries of unknown origin the person who is witness to or discovers the incident will consult with NCMOC. NCMOC may consult with PRC/PS, NCM, OA, PA, or the PARM to determine if an incident is classified as a reportable incident to the MAARC.
- F. If the report is determined to be suspected or alleged maltreatment or an Injury of Unknown Origin the MAARC will be notified **immediately** via phone call or an online report. If maltreatment is determined to be a crime, law enforcement will also be notified.

The person who is witness to or discovers the incident of maltreatment or injuries of unknown origin may also make a report directly to the MAARC. Reporters who make good faith reports will be immune from retaliation by Homeward Bound.

- G. It is mandatory that the NCMOC be notified of reportable events. When the NCMOC has received notice of a reportable event he/she will notify the CEO and the PARM immediately.

- H. The NCMOC will ensure internal reporting and external reporting has occurred. The original reporter will note on the *Incident & Emergency Report Form* whom they have notified and when each person was notified.
- I. The county case manager will be notified within 24 hours of reporting maltreatment, unless there is reason to believe that the case manager is involved in the suspected maltreatment. The case manager will be informed of the nature of the activity or occurrence reported and the name of the agency that received the report.
- J. When HBI has knowledge that an external or internal report of alleged or suspected maltreatment or injuries of unknown origin has been made, an internal review will be completed. The PRC/ PS, or NCM is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there is reason to believe that the PRC/PS, or NCM is involved in the alleged or suspected Maltreatment, the OA or PA is the secondary individual responsible for ensuring that internal reviews are completed.
- K. The Internal Review will be completed in 5 working days. The person completing the review will:
1. Ensure an *Incident and Emergency Report Form* has been completed.
 2. Contact the lead investigative agency if additional information has been gathered.
 3. Coordinate any investigative efforts with the lead investigative agency by serving as the company contact, ensuring that staff cooperates and that all records are available.
 4. Complete the *Internal Review form which will include an evaluation of whether:*
 - a. The reported event is similar to past events with the vulnerable adults or the services involved;
 - b. Related policies and procedures were followed;
 - c. The policies and procedures were adequate;
 - d. There is a need for corrective action by HBI to protect the health and safety of the vulnerable adult(s);
 - e. Is it appropriate to revise the Individual Abuse Prevention Plan (IAPP), Coordinated Service and Support Plan Addendum or Self-Management Assessment due to incident;
 - f. There is a need for additional staff training;

5. The person completing the *Internal Review form* will ensure that all necessary people have been notified in the correct timeframe as indicated on the *Incident and Emergency Report Form*.
6. This person will ensure that the original reporter has received or been mailed a Notice of Status Report within two working days in a manner that protects the reporter's confidentiality. The notification must indicate whether or not HBI reported externally and if they are not satisfied with that determination, they may still make the external report to the MAARC themselves. It will also inform the staff that they are protected against any retaliation if they decide to make a good faith report to the MAARC on their own. Full cooperation will be given to external authorities.
 - a. OA will notify Community Residential Site licensor.
 - b. After 5 working days, the person completing the internal investigation, will notify the PARM and the administrator (CEO) of the result of the internal investigation. This notification will be documented on the *Internal Reporting & Investigation of Possible Maltreatment Form for VA/Minors* by indicating date, time and who reported to the CEO/PARM.

Corrective Action Plan

- L. Based upon the results of the internal review, HBI will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by employees or HBI, if any.

Documentation of Internal Review

- M. All internal reviews will be made available to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

Staff Training and Individual Served Orientation

- N. HBI Training Department and PRC/PS will ensure that each staff will receive training on this policy within 72 hours of first providing direct contact services and annually thereafter. The orientation and annual review shall inform staff of their responsibilities, reporting requirements, and definitions specified under Minnesota Statute 245A.65 sections

626.557 and 626.5572, HBI's Program Abuse Prevention Plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.

PRC/PS or OA will document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

- O. OA or PARM will provide orientation to individuals served to the internal and external reporting and internal review procedures. The orientation will include the telephone number for the Minnesota Adult Abuse Reporting Center (MAARC). This orientation for each new individual to be served will occur within 24 hours of admission, or for individuals who would benefit more from a later orientation, the orientation will take place within 72 hours.

THIS REPORTING POLICY MUST BE POSTED IN A PROMINENT LOCATION AND BE MADE AVAILABLE UPON REQUEST

Legal Authority: Minn. Stat. §§§§§ 626.577; 626.5572; 245A.65, 245A.04. subd. 14; 245D.09 subd. 4(5)

IV. EXTERNAL AGENCIES

☞ Minnesota Adult Abuse Reporting Center (MAARC): (Adults receiving services at HBI)

Phone: 1-844-880-1574

☞ Death and Serious Injuries for adults receiving services all locations: (use fax cover sheet)

Ombudsman for Mental Health and Developmental Disabilities

121 7th Place East, Suite 420

St. Paul, MN 55101-2117

Phone: (651) 757-1800 or 1-800-657-3506

Fax: (651) 797-1950

E-mail: ombudsman.mhdd@state.mn.us

Website: www.ombudmhdd.state.mn.us/

<http://mn.gov/omhdd/report-death-or-serious-injury/>

☞ Death and Serious Injury in an ICF/DD will be reported to:

Office of Health Facility Complaints (OHFC)

PO Box 64970

St. Paul, MN 55164-0970

Phone: (651) 201-4201

Toll free: 1-800-369-7994

Fax: (651) 281-9796

E-mail: health.ohfc-complaints@statemmn.us

Web Site: <http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm>

☞ Death and Serious Injuries for Adults receiving services in waiver locations will be reported to:

Department of Human Services (DHS) Licensing Division

PO Box 64242

St. Paul, MN 55164-0242

Phone: (651) 296-3971

Fax: (651) 297-1490

☞ Each waiver home will post the name and phone number of Licensing Departments:

- Community Residential Site (CRS) Licensor
- DHS Licensing Division: 651-431-6500
- DHS Maltreatment Intake and Licensing Complaints: 651-431-6600
- DHS Maltreatment Fax: 651-431-7601

Other licensed care givers (e.g. Day Program) need to be notified if a report has been made.

MINNESOTA STATUTES, SECTION 626.5572 DEFINITIONS

Subdivision 1. **Scope.**

For the purpose of section [626.557](#), the following terms have the meanings given them, unless otherwise specified.

Subd. 15. **Maltreatment.**

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

Subd. 2. **Abuse.**

"Abuse" means:

(a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

- (1) assault in the first through fifth degrees as defined in sections [609.221](#) to [609.224](#);
- (2) the use of drugs to injure or facilitate crime as defined in section [609.235](#);
- (3) the solicitation, inducement, and promotion of prostitution as defined in section [609.322](#); and
- (4) criminal sexual conduct in the first through fifth degrees as defined in sections [609.342](#) to [609.3451](#).

A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.

(b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:

- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
- (3) use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
- (4) use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section [245.825](#).

(c) Any sexual contact or penetration as defined in section [609.341](#), between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.

(d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.

(e) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections [144.651](#), [144A.44](#), chapter 145B, 145C or 252A, or section [253B.03](#) or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parentally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:

- (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
- (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

(f) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.

(g) For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

- (1) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
- (2) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

Subd. 9. Financial exploitation.

"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section [144.6501](#), a person:

- (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
- (2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

(b) In the absence of legal authority a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

(c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

Subd. 17. Neglect.

"Neglect" means:

(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:

- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.

(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

(c) For purposes of this section, a vulnerable adult is not neglected for the sole reason that:

(1) the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections [144.651](#), [144A.44](#), chapter 145B, 145C, or 252A, or sections [253B.03](#) or [524.5-101](#) to [524.5-502](#), refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:

(i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or

(ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

(2) the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;

(3) the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:

(i) a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or

(ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or

(4) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or

(5) an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:

(i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;

(ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;

(iii) the error is not part of a pattern of errors by the individual;

(iv) if in a facility, the error is immediately reported as required under section [626.557](#), and recorded internally in the facility;

(v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and

(vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.

(d) Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.

(e) If the findings of an investigation by a lead agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead agency's determination of mitigating factors under section [626.557, subdivision 9c](#), paragraph (c).

A Subd. 21.Vulnerable adult. (a) "Vulnerable adult" means any person 18 years of age or older who:

(1) is a resident or inpatient of a facility;

(2) receives services required to be licensed under sections chapter 245A, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);

(3) receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under 256B.0625, subdivision 19a, 256B.0651, 256B.0653, 256B.0654, 256B.0659; or

(4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

(i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

(ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

(b) For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

OTHER DEFINITIONS

- **Injuries of Unknown Origin** - Unknown injuries are injuries of significant size, depth, shape, in an unusual location or of an intensity, for which the cause is not known. Unknown injuries may be the result of physical abuse or neglect. Therefore all injuries that are not witnessed will be investigated and a summary will be documented. The following injuries are NOT injuries of unknown origin: injuries for which the origin is traceable to routine activities, movements, or vulnerabilities of the person as stated in the person's Self-Management Assessment and Individual Abuse Prevention Plan, injuries for which the origin is traceable to acute or chronic diseases, syndromes, and conditions as stated in the person's Health Care Plan, injuries for which the origin is traceable to a reasonable explanation, and injuries witnessed by a staff person.
- **Accident** - A sudden, unforeseen, and unexpected occurrence or event which is not likely to occur and which could not have been prevented by exercise of due care; and if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event. Accident contemplates an event which harms a vulnerable adult but was not created by a failure of due care or noncompliance with relevant laws and rules. An example of an accident might include the fall of a full ambulatory resident in a well-lit hallway free of any obstacles. Accidents are not required to be reported, to the **MAARC**, regardless of the harm suffered by the vulnerable adult. All Deaths and Serious injuries as defined by the Ombudsman, Department of Human Services Licensing Division and Office of Health Facility Complaints will need to be reported via phone and written form. Caution must be used not to confuse accidents with unexplained injuries, which have always been and remain reportable events. If an individual sustains an injury which cannot be reasonably explained, that fact constitutes a reportable event.
 - **Exemptions** - accident, therapeutic conduct, health care decision, consensual sexual contact in certain situations or single mistake that does not result in injury or harm.

- **Therapeutic conduct** - is defined as the provision of program services, health care, or other personal care services done in good faith in the interests of the person receiving the service. This is an exemption from the definitions of abuse and neglect.
 - **Therapeutic Error - (Not Reportable)** They occur when an individual makes a single mistake in the provision of therapeutic conduct to a vulnerable adult which: does not result in injury or harm which reasonably requires the care of a physician or mental health professional, whether or not the care was sought; is immediately reported internally by the employee or person providing services in the facility, and; is sufficiently documented for review and evaluation by the facility and any applicable licensing and certification agency. Prompt internal reporting and documentation are necessary to come within this exemption.
 - **Therapeutic Error - Injury or Harm (Reportable)** An individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician; and the necessary care, is provided in a timely fashion as dictated by the condition of the vulnerable adult. If after receiving care, the health status of the vulnerable adult can reasonably be expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition. The error is not part of a pattern of errors by the individual and in a facility; the error is immediately reported to the **MAARC** as required and recorded internally. If in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and if in a facility, the actions taken are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.
- **Emergency** - any event that affects the ordinary daily operation of the program including, but not limited to, fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services and that require calling 911.
 - **Mistreatment**- of an individual who receives services from HBI is a violation or an attempted violation by a staff person or the facility of any right identified within the Resident Bill of Rights, Home Care Bill of Rights, and Consumer Bill of Rights. Violation of an individual rights will be reported to the designated lead agency.
 - **Lead Agency** – Primary administrative investigative agency (Department of Health, Department of Human Services or county social service agency).
 - **Minnesota Adult Abuse Reporting Center (MAARC)** – Agency responsible for receiving, sorting and referring vulnerable adult maltreatment reports.
 - **Immediately** - Upon knowledge that the incident occurred or upon discovery.
 - **Serious Injury** – any harm suffered by an individual who reasonably requires the care of a physician whether or not the care of a physician was sought. All serious injuries need to be reported via verbal and written to the ombudsman office and Department of Human Services Licensing Division, both of these external entities have their own forms for written reports

and are available at every HBI location. The following are deemed to be serious injuries as determined by MN Statutes, section [245.91, subdivision 6](#):

- a. fractures
- b. dislocations;
- c. evidence of internal injuries;
- d. head injuries with loss of consciousness;
- e. lacerations involving injuries to tendons or organs, and those for which complications are present;
- f. extensive second-degree or third-degree burns, and other burns for which complications are present;
- g. extensive second-degree or third-degree frostbite, and others for which complications are present;
- h. irreversible mobility or avulsion of teeth;
- i. injuries to the eyeball;
- j. ingestion of foreign substances and objects that are harmful;
- k. near drowning;
- l. heat exhaustion or sunstroke; and
- m. All other injuries considered serious by a physician involving
 - complications of a previous injury or
 - medical treatment.
 - Self-injurious behaviors (SIB) or suicide attempts when the injury results in hospitalization or the need for medical treatment.