	Johns Hopkins Medicine Quality and Safety Clinical Practice Manual Patient Care Policies	<i>Policy Number</i>	PATP001
		<i>Effective Date</i>	09/01/2016
	<i>Subject</i> Chaperone Policy	<i>Page</i>	1 of 5
		<i>Supersedes</i>	N/A

This document applies to the following Participating Organizations:

All Children's Health System, Inc. Howard County General Hospital Johns Hopkins All Children's Hospital, Johns Hopkins Bayview Medical Center Inc.
 Johns Hopkins Community Physicians Johns Hopkins Medicine International Sibley Memorial Hospital Suburban Hospital
 The Johns Hopkins Health System Corporation The Johns Hopkins Hospital

Keywords: chaperone, intravaginal physical therapy, pelvic examinations, pelvic therapy, President, The Johns Hopkins Hospital, transvaginal ultrasound


Table of Contents	Page Number
I. PURPOSE	1
II. POLICY	1
III. DEFINITIONS	2
IV. RESPONSIBILITY	2
V. PROCESS	2
VI. DISSEMINATION	3
VII. SUPPORTIVE INFORMATION	3
VIII. SIGNATURES	4
Appendix A: Additional Procedures Requiring Presence of a Chaperone by JHM Entity	Click Here
Appendix B: Chaperone Role	Click Here
Appendix C: Patient Information about the Chaperone Policy	Click Here

I. PURPOSE

This policy defines the requirement for attendance of a Chaperone during a pelvic examination, intravaginal physical therapy or transvaginal ultrasound procedure; or when requested by any clinician or patient/patient decision-maker, male or female.

II. POLICY

- A. A parent, guardian, family member or friend of the patient may not act as a Chaperone.
- B. It is the policy of the Participating Organizations that a Chaperone **MUST** be in attendance for the following examinations:
 1. pelvic examination,
 2. intravaginal physical therapy,
 3. transvaginal ultrasound procedure.
- C. In addition, it is the policy of the Participating Organizations that all patients/patient decision-makers are entitled to ask for a Chaperone to be present for an examination, therapy or procedure.
- D. It is the policy of the Participating Organizations that if a Chaperone is not available, or the patient/patient decision-maker refuses a chaperone, the examination, therapy or procedure will be postponed until a Chaperone is available unless deemed an emergency by the clinician performing the examination, therapy or procedure.
- E. See Appendix A for JHM entities that require a chaperone for additional procedures.

 JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine Quality and Safety Clinical Practice Manual Patient Care Policies	<i>Policy Number</i>	PATP001
		<i>Effective Date</i>	09/01/2016
	<i>Subject</i>	<i>Page</i>	2 of 5
	Chaperone Policy	<i>Supersedes</i>	N/A

III. DEFINITIONS


Chaperone	Clinical staff member, or other trained individual as determined by hospital policy at the Participating Organization, unrelated to the patient who has knowledge of the role of the Chaperone and acts as an impartial observer of the examination, therapy, or procedure.
-----------	---

IV. RESPONSIBILITY

- A. Clinicians with clinical care responsibility shall:
1. Have a Chaperone present while performing a pelvic examination, intravaginal physical therapy and/or transvaginal ultrasound procedure unless the examination, therapy, or procedure must be done emergently and a chaperone is not immediately available..
 2. Provide a Chaperone for other examinations/procedures when requested by any patient/patient decision-maker.
 3. Document the presence, name and title of the Chaperone, or patient/patient decision-maker refusal of a Chaperone, in the medical record.
 4. Encourage the patient/patient decision-maker to allow the presence of a Chaperone by sharing the benefits of and protections to the patient from having a Chaperone present.
 5. Keep inquiries and history-taking, especially those of a sensitive nature, to a minimum while the Chaperone is present. A separate opportunity for private conversation between the patient/patient decision-maker and practitioner shall be arranged.
 6. Obtain explicit and separate consent from the patient/patient decision-maker if photographs or images will be taken.
- B. Chaperone responsibilities:
1. Stand in a location where they are able to observe the treatment and the clinician performing the examination, therapy, or procedure.
 2. Actively observe the examination, therapy or procedure (See Appendix B: Chaperone Role).
 3. Report any unprofessional or questionable behaviors or allegations of misconduct.

V. PROCESS

- A. While performing a pelvic examination, intravaginal physical therapy or a transvaginal pelvic ultrasound procedure, all clinicians **MUST** have a Chaperone in attendance unless deemed an emergency by the clinician performing the examination, therapy or procedure.
1. The clinician shall inform the patient/patient decision-maker that a Chaperone will be present for the examination, therapy or procedure.
 2. The clinician shall inform the patient/patient decision-maker that he or she may request a chaperone of the same gender as the patient if this is necessary to protect the patient's interest in privacy and modesty, and that such a request would be honored when possible.
 3. If the patient/patient decision-maker refuses a chaperone, the clinician shall encourage the patient to allow the Chaperone and share the benefits and protections to the patient of having a Chaperone.
 4. If the patient/patient decision-maker continues to refuse the Chaperone, the clinician shall document the refusal in the medical record and will not proceed with the examination, therapy or procedure unless deemed an emergency by the clinician performing the examination, therapy or procedure.
- B. If requested by the patient/patient decision-maker, a Chaperone shall be provided for any type of examination, therapy or procedure. If a Chaperone is not available, the examination, therapy or procedure shall be deferred until a Chaperone is available, unless deemed an emergency by the clinician performing the examination, therapy or procedure.

 JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine Quality and Safety Clinical Practice Manual Patient Care Policies	<i>Policy Number</i>	PATP001
		<i>Effective Date</i>	09/01/2016
	<i>Subject</i>	<i>Page</i>	3 of 5
	Chaperone Policy	<i>Supersedes</i>	N/A

- C. Report in the Participating Organizations Event Reporting System:
1. Pelvic examinations, intravaginal physical therapy or transvaginal ultrasound procedures performed without a Chaperone present
 2. Failure to provide a Chaperone when requested by a patient
 3. Any unprofessional or questionable clinician or patient behavior, including any allegations of misconduct.
- D. Document the presence and name/title of the Chaperone or patient/patient decision-maker refusal of a Chaperone in the medical record.

VI. DISSEMINATION

This policy will be communicated to the appropriate JHM personnel via the following channels:

1. The Chief Medical Officer/Vice President of Medical Affairs (CMO/VPMA), Chief Nursing Officer/Vice President of Patient Care Services (CNO/VPPCS), or Chief Operating Officer (COO) of each JHM Participating Organization will be accountable for dissemination and implementation of this document.
2. Staff in clinical areas performing chaperone required procedures must complete the [MyLearning Chaperone education](#).
3. Patient education handouts regarding the chaperone policy will be made available in areas where chaperones are required (Appendix C).
4. Human Resource will provide information regarding chaperone requirements in new hire onboarding and/or orientation packets.
5. Substantive updates and revisions shall be communicated at the JHM Quality and Safety Committee on Policies monthly meetings.
6. Approved policies shall be placed on the enterprise location of the HPO policy management website.

VII. SUPPORTIVE INFORMATION

Developer:


- JHM Risk Management Committee

Sponsor:

- JHM Q&S Committee on Policies

Review Cycle - Three (3) years


JHM Approval Committee	Approval Date
JHM Patient Safety and Quality Committee of the Board of Trustees	6/9/2016
The Johns Hopkins Hospital	1/26/2016
Medical Board	

	Johns Hopkins Medicine Quality and Safety Clinical Practice Manual Patient Care Policies	<i>Policy Number</i>	PATP001
		<i>Effective Date</i>	09/01/2016
	<i>Subject</i> Chaperone Policy	<i>Page</i>	4 of 5
		<i>Supersedes</i>	N/A

Johns Hopkins Bayview Medical Board	7/11/16
Howard County General Hospital Medical Executive Committee	6/16/2016
Sibley Memorial Hospital Medical Executive Committee	6/12/16
Suburban Hospital Medical Executive Committee	2/9/2016
Johns Hopkins All Children's Hospital Medical Executive Committee	2/8/2016
Johns Hopkins Community Physicians Performance Improvement Executive Committee	2/24/2016
Johns Hopkins International Executive Leadership Group	6/27/16

VIII. SIGNATURES

Electronic Signature(s)	Date
John Ulatowski Vice President and Executive Medical Director, Johns Hopkins International, LLC	06/23/2016
Steven Kravet President, Johns Hopkins Community Physicians, Inc.	06/30/2016
Richard Davis President, The Lucy Webb Hayes National Training School for Deaconesses and Missionaries d/b/a Sibley Memorial Hospital	06/23/2016
Steven Snelgrove President, Howard County General Hospital, Inc.	07/06/2016
Ronald Peterson President of Johns Hopkins Health System and Johns Hopkins Hospital; Executive Vice President, Johns Hopkins Medicine	06/23/2016

	Johns Hopkins Medicine Quality and Safety Clinical Practice Manual Patient Care Policies	<i>Policy Number</i>	PATP001
		<i>Effective Date</i>	09/01/2016
	<i>Subject</i> Chaperone Policy	<i>Page</i>	5 of 5
		<i>Supersedes</i>	N/A

Jacqueline Schultz Acting President, Suburban Hospital, Inc.	06/23/2016
Jonathan Ellen President, Johns Hopkins All Children's Hospital, Inc., All Children's Health System, Inc	06/23/2016
Richard Bennett President, Johns Hopkins Bayview Medical Center	06/29/2016