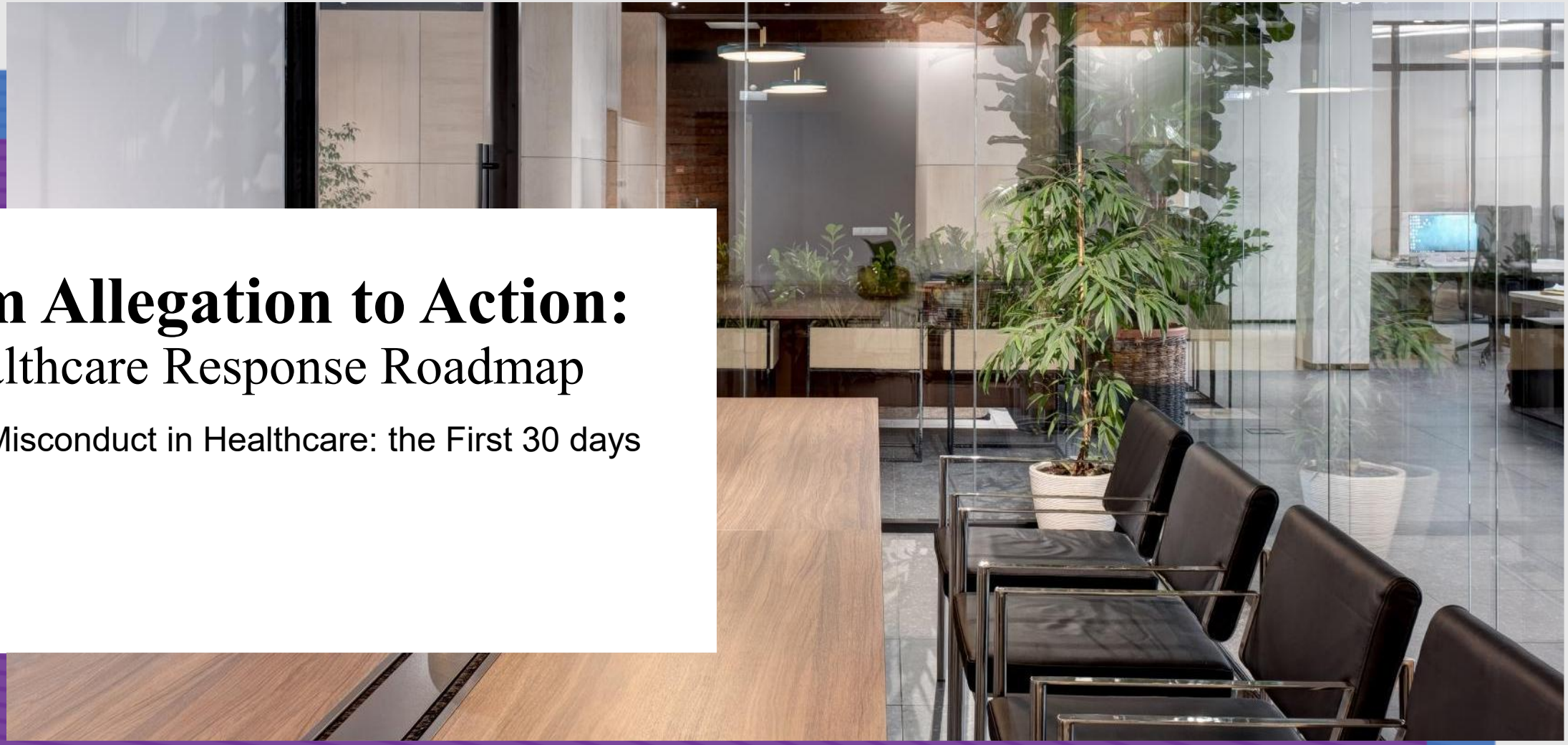


From Allegation to Action:
A Healthcare Response Roadmap

Sexual Misconduct in Healthcare: the First 30 days

2026

wtw | Willis

Objectives

Identify the immediate actions an organization should take to protect the patient, support those involved, preserve evidence, and stabilize operations when an allegation is received.

(Patient safety)

Describe the escalation, communication, reporting, and investigation steps required during the first 30 days to ensure a coordinated and credible organizational response.

(Legal and regulatory)

Apply a risk-management lens to follow-up decisions, including carrier notice, policy review, corrective action, and long-term recovery after the initial response period.

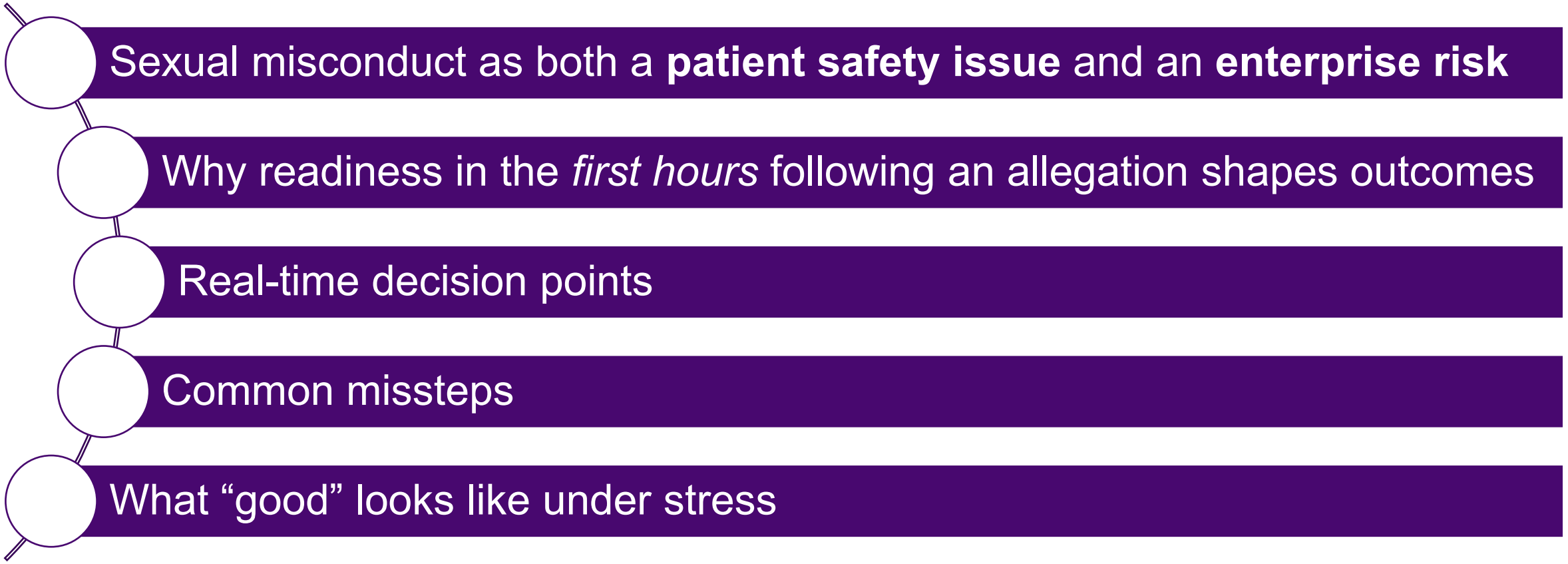
(Risk financing)

Just an ordinary day

- It is a Monday morning and Jane, a long-standing member of the care team, is on shift today.
- On what started out as an ordinary busy workday, Jane is notified by a supervisor that law enforcement is waiting in the lobby to speak with her about one of the patients she recently worked with.
- What is later learned is that the patient has alleged that they were sexually abused during a treatment encounter with Jane.

Why the first 30 days matter

An operational road map



Organizational Response

The first 30-days

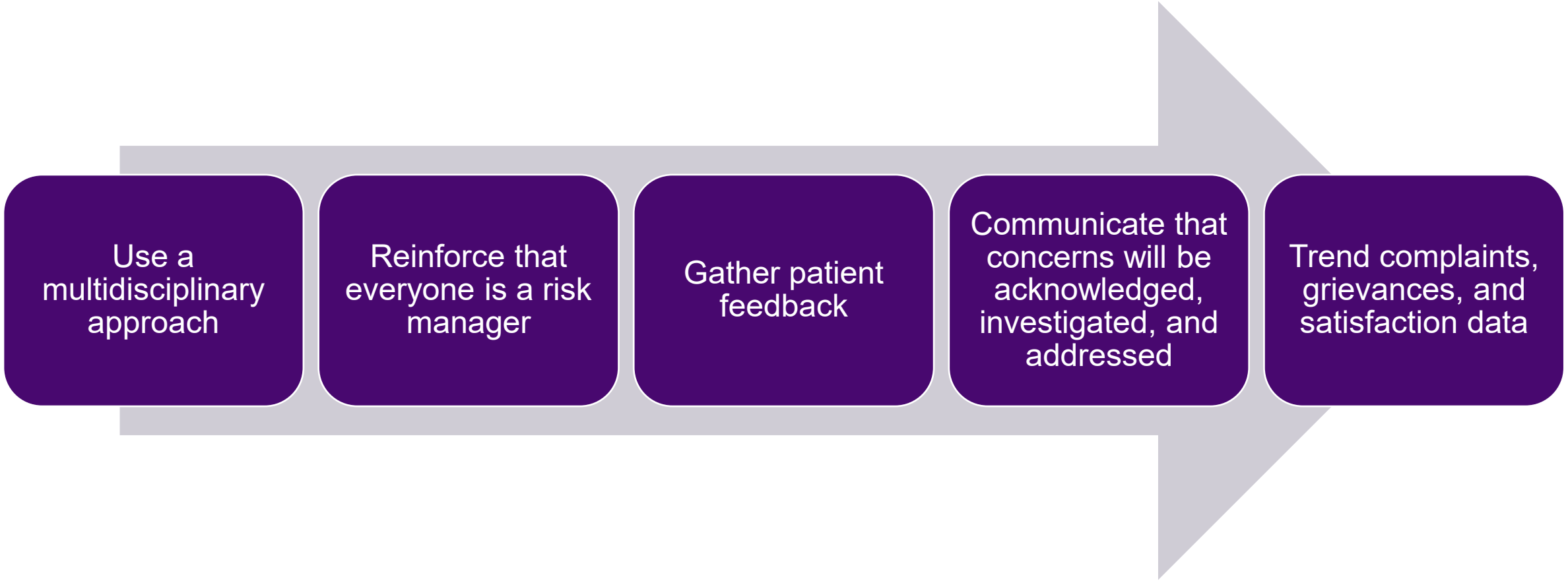
The first question: are we ready?

Would front-line staff know what to do?

Would they know who to call?

Would they know how to protect the patient and preserve the facts?

Before an allegation happens: build the response plan



Safe reporting channels

Dedicated hotlines: Establish anonymous and confidential hotlines specifically for reporting sexual misconduct. These hotlines should be accessible 24/7.

Secure email addresses: Provide a secure and confidential email address where reports can be sent directly to a designated compliance officer or hr representative external to the team involved.

Online reporting forms: Implement secure online forms that allow individuals to report incidents anonymously. Ensure these forms are easy to access and use.

Independent HR or compliance officers: Designate independent HR or compliance officers to handle reports of misconduct.

Third-party reporting services: Utilize third-party services that specialize in handling reports of misconduct.

Receive and stabilize

First 72 hours

Day 0: Immediate response priorities

What “ensure safety and support” means

- Stabilize the patient or reporting party
- Offer trauma-informed support
- Provide access to counseling, advocacy, or patient support services
- Reduce the risk of retaliation or repeat contact

Escalate fast and deliberately

- Activate the escalation pathway
- Involve leadership for serious or high-visibility matters
- Notify legal and claims early
- Coordinate across functions

Immediate response

Ensure safety and support

Provide trauma-informed care and access to counseling or advocacy services.

Remove the accused from duty

Temporarily reassign or suspend the individual pending investigation.

Preserve evidence

Secure documentation, surveillance footage and witness accounts.

Who should be notified immediately & internally

Activate the escalation pathway

Escalation pathway

- Certain events are more serious than others and will require additional resources and support to resolve and manage
- Critical events and those that create media attention require
  senior leadership involvement and your marketing team
- A thorough escalation pathway ensures for notification of the key team members who would support this work
- Notify the legal team and ensure that the claims team is looped in
- Collaboration with different roles and departments are essential elements of an organizational response plan to an allegation
  of abuse

Control communications

Communication and notification

Internal notification:
Inform staff appropriately, emphasizing confidentiality and non-retaliation.

- Leadership
- Human resources and compliance
- General counsel
- Marketing
- Risk management

External communication:
Inform external sources in a timely manner

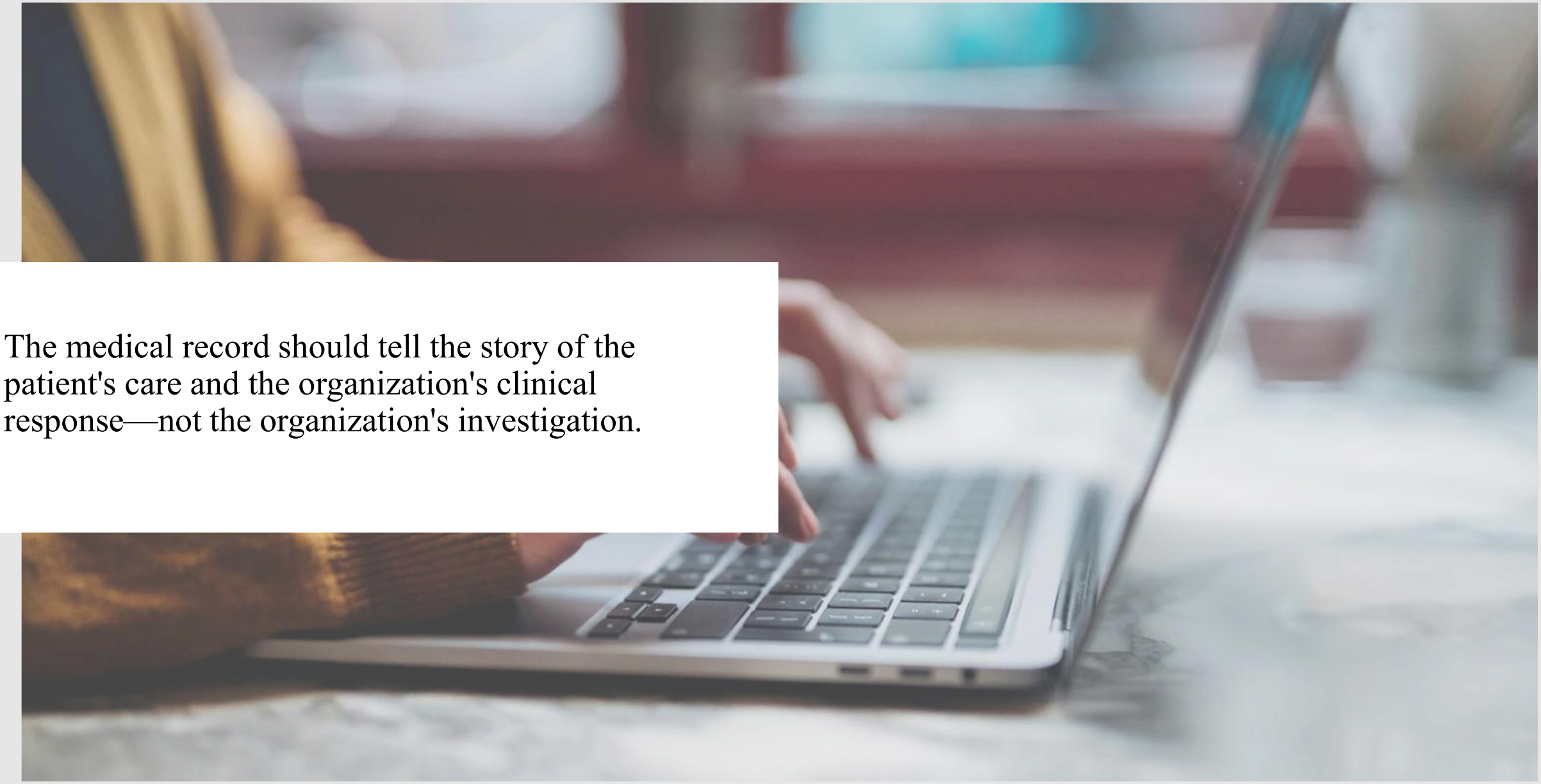
- Prepare statements for media or public inquiries, guided by legal counsel
- Regulators and accreditation informed as needed
- Insurance carriers and brokers
- Outside counsel

Ongoing communication strategy

Internal communication: Inform staff appropriately, emphasizing confidentiality and non-retaliation.

Stakeholder updates: Keep regulators, insurers and legal representatives informed as needed.

A note on documentation



The medical record should tell the story of the patient's care and the organization's clinical response—not the organization's investigation.

Role of law enforcement

- Law enforcement notification should occur as an allegation of abuse may result in a criminal finding.
- Recommendation is to bring in law enforcement early.
- Having law enforcement present early will ensure for proper attention and necessary community referrals.
- The officers may elect to not pursue an investigation further but continued investigation by the organization is still warranted once law enforcement has cleared the case.
- Also notify in-house counsel to extend legal protections to your investigation.

Lauch the investigation

Investigation

Initiate a thorough and credible investigation

Engage internal or external investigators with experience in sensitive cases.

Maintain confidentiality

Protect the identities and privacy of all parties involved.

Document findings

Keep detailed records of interviews, evidence and conclusions.

Days 1 – 7: launch a credible investigation

Create the timeline

Timeline: Doe, John Date of Event: September 6, 2022 Date of Admission: September 4, 2022			Manager Completing Timeline: Nurse Manager, RN	
Date	**Time**	**Items/Actions**	**Information Source** (Such as the Patient Chart, Software, Staff Interviews, Patient/Family Interviews)	**Comments** (Note milestones, problematic areas, highlights, etc.)
09/06/2022		Patient arrives in Day Surgery from CCU	Medical record	• Concern stated that the Day Surgery team did not clearly understand the patient's extensive PMH • OR Room determined based on physician's preference • Suitable candidate for this department? • Staff's lack of authority in adjusting use of their area • Unclear as to how to utilize Chain of Command • See pre-operative EKG
09/06/2022	0915	Anesthesia induction ASA-3	Medical record	No known criteria for when the Day Surgery unit is used and for what patients
09/06/2022	0925	Patient positioned	Medical record	Stable at this time
09/06/2022	0941	Antibiotic given	Medical record	
09/06/2022	0942	Beta blocker within 24 hours - Yes	Medical record	
09/06/2022	0957	Surgery started	Medical record	
09/06/2022	0958	Temp – esophageal; Bair Hugger placed	Medical record	
09/06/2022	1106	Recheck on temperature and position	Medical record	
09/06/2022	1158	Recheck on temperature and	Medical record	

Notify regulatory, insurance and claims partners

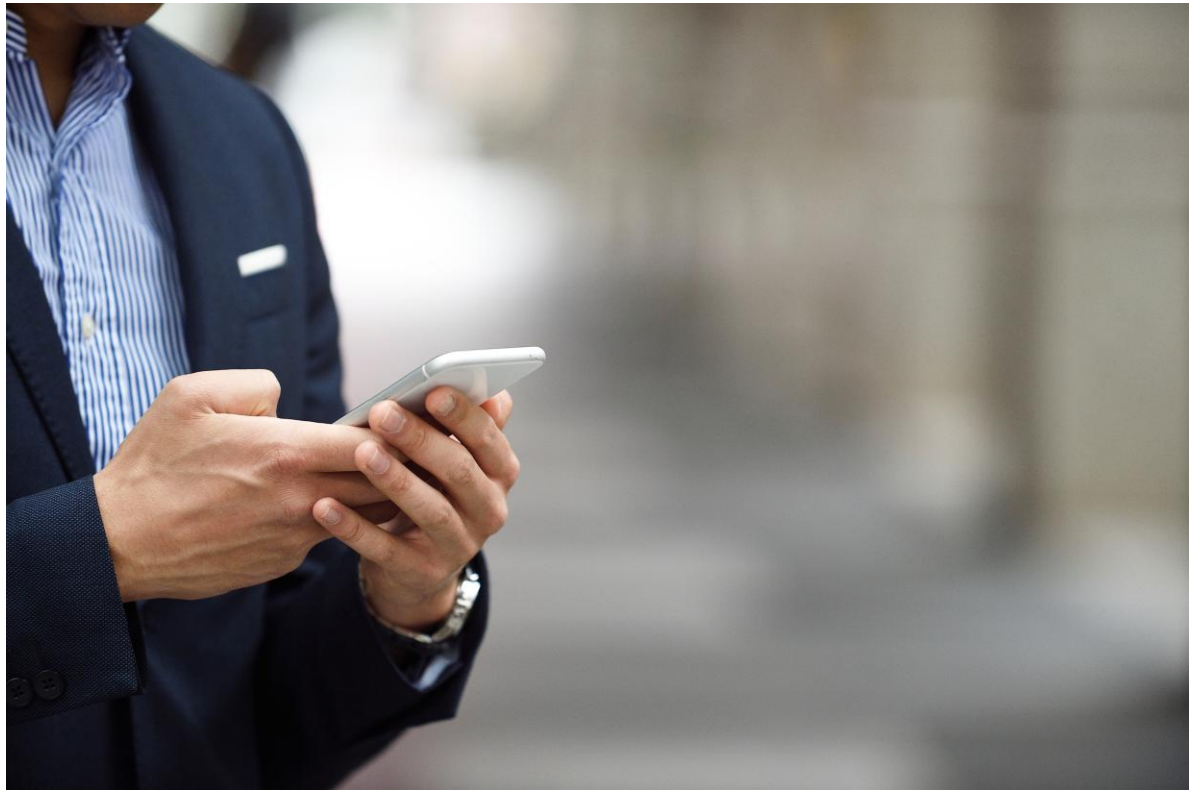
External notification and public-facing issues

Carrier notice: do not wait

- Review policy notice requirements immediately
- Notify carrier and broker promptly
- Preserve coverage rights
- Allow the insurer to investigate and participate

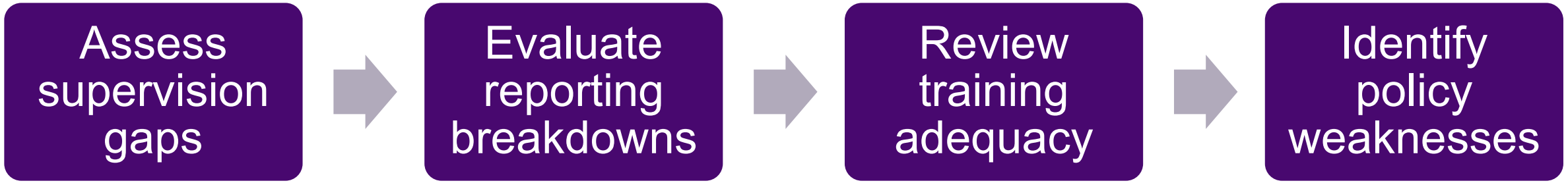
Days 1–14: manage communication throughout the case

- Continue internal communication on a need-to-know basis
- Reinforce confidentiality and non-retaliation
- Update regulators, insurers, and legal representatives as needed
- Avoid speculative or inconsistent messaging



Reassess risk and interim controls

Days 7–21: review system risk, not just individual conduct



System updates

Days 14–30: corrective action and policy revision

- Update professional-boundary protocols
- Strengthen misconduct reporting processes
- Revisit patient safety controls
- Enhance staff education

Risk and policy review

Assess systemic issues: Identify any gaps in supervision, training
or reporting mechanisms.

Update policies: Revise protocols related to professional boundaries, misconduct reporting and patient safety.

Enhance training: Provide education on sexual misconduct prevention, trauma-informed care and ethical conduct.

Findings, decisions, and follow-up planning

By day 30: decide outcome and follow-up

- Determine follow-up with the affected party
- Make employment or credentialing decisions
- Consider return to work, discipline, termination, or privilege action
- Document decision-making authority

Outcome

Who will decide how and when follow-up with the accused employee or staff member will take place?

- The manager/designee, in consultation with the Human Resource partner will determine the type of follow-up required with the affected party
- The follow-up will depend upon the outcome of the investigation and can include return to work, disciplinary action including termination and/or revoking of medical staff privileges

Meet reporting obligations

Reporting

Responsibilities of the observer

Scope of reporting

- The obligation applies even if the accused is not an employee but has privileges or contracts to provide care
- The report must be made to the relevant state licensing agency, which will then determine whether to investigate further
- According to the American Medical Association (AMA), physicians and healthcare professionals also have an ethical duty to report conduct that may endanger patients, including sexual misconduct
- Reports should be made to clinical authorities, peer review bodies, or state licensing boards, depending on the severity and immediacy of the threat

Organizational recovery

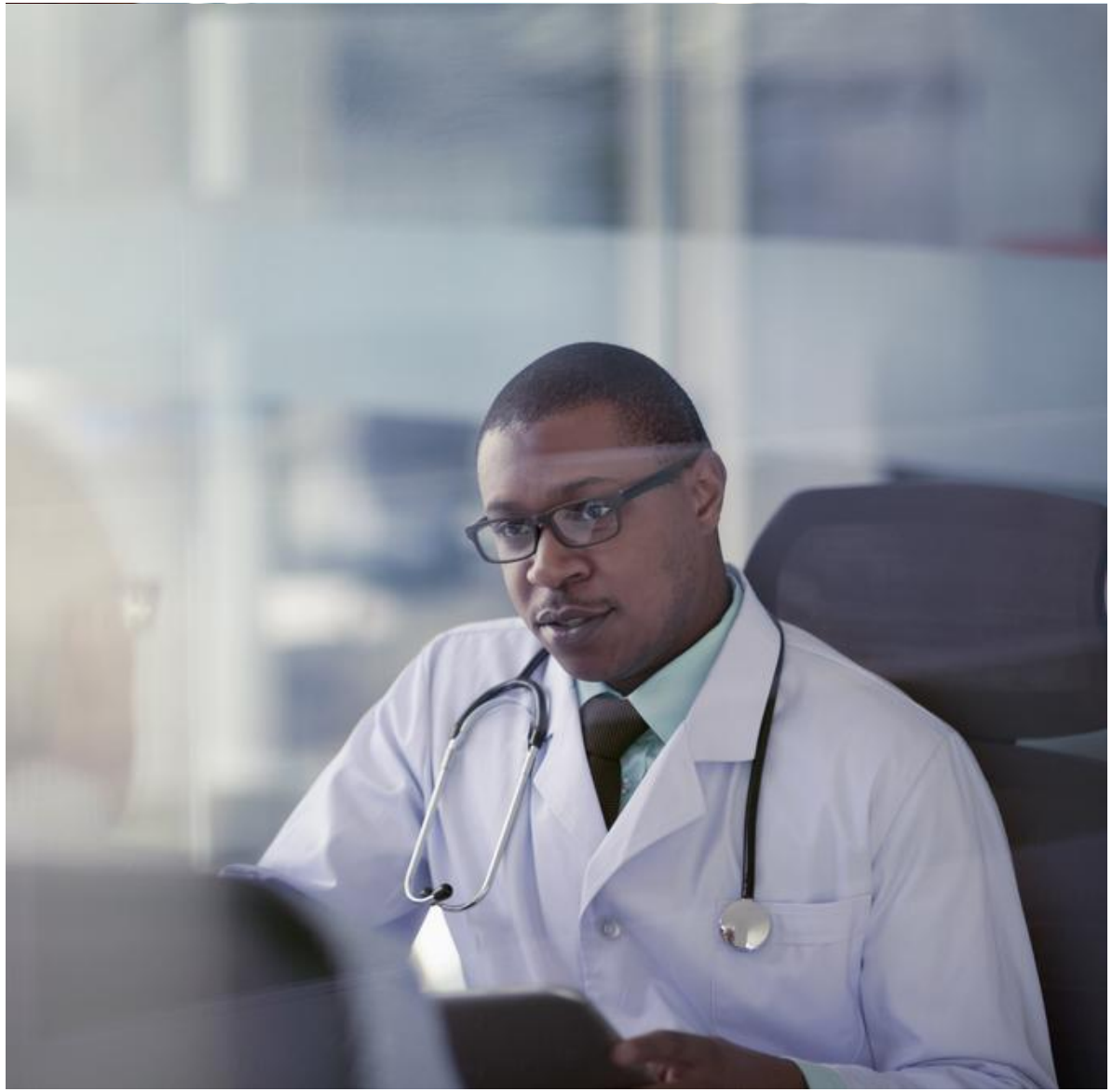
Organizational recovery begins before the investigation ends

- Rebuild trust and confidence with staff and stakeholders
- Assess whether corrective actions are effective and sustainable
- Address reputational, community, and social media challenges proactively

Caring for the team

The impacted caregiver

- Partner with your human resource representative promptly upon notification that an allegation of abuse has been made against an individual (affected party)
- First and foremost, remove the caregiver or provider from the care setting
- Do not reassign to affected party to another clinical unit or non-caregiver setting
- Utilize administrative leave, paid or unpaid depending on your organizations policy
- It is recommended that access to the electronic medical record be temporarily restricted until the conclusion of the investigation and final disposition of the case
- If in a union environment, the affected party can reach out to their union representative as they typically like to be present during interviews



The healthcare team

- If the allegation is made against a non-employed, community provider ensure that medical leadership is involved and that the provider notifies their own insurance carrier
- The care team that works closest to the affected party of affected unit may also be struggling. Include those team members in updates, when possible
- Make emotional support services available to the team as well, as needed
- Advise the staff to not communicate on social media platforms about the event or discuss the event with friends

The Non-Employed Provider

- **Focus on Patient Safety First**
- **Engage Medical Staff Leadership Immediately**
- **Use Medical Staff Bylaws and Privileging Processes**
- **Coordinate Insurance Notification**
- **Evaluate Reporting Obligations**
- **Consider Negligent Credentialing Exposure**

Organizational learning

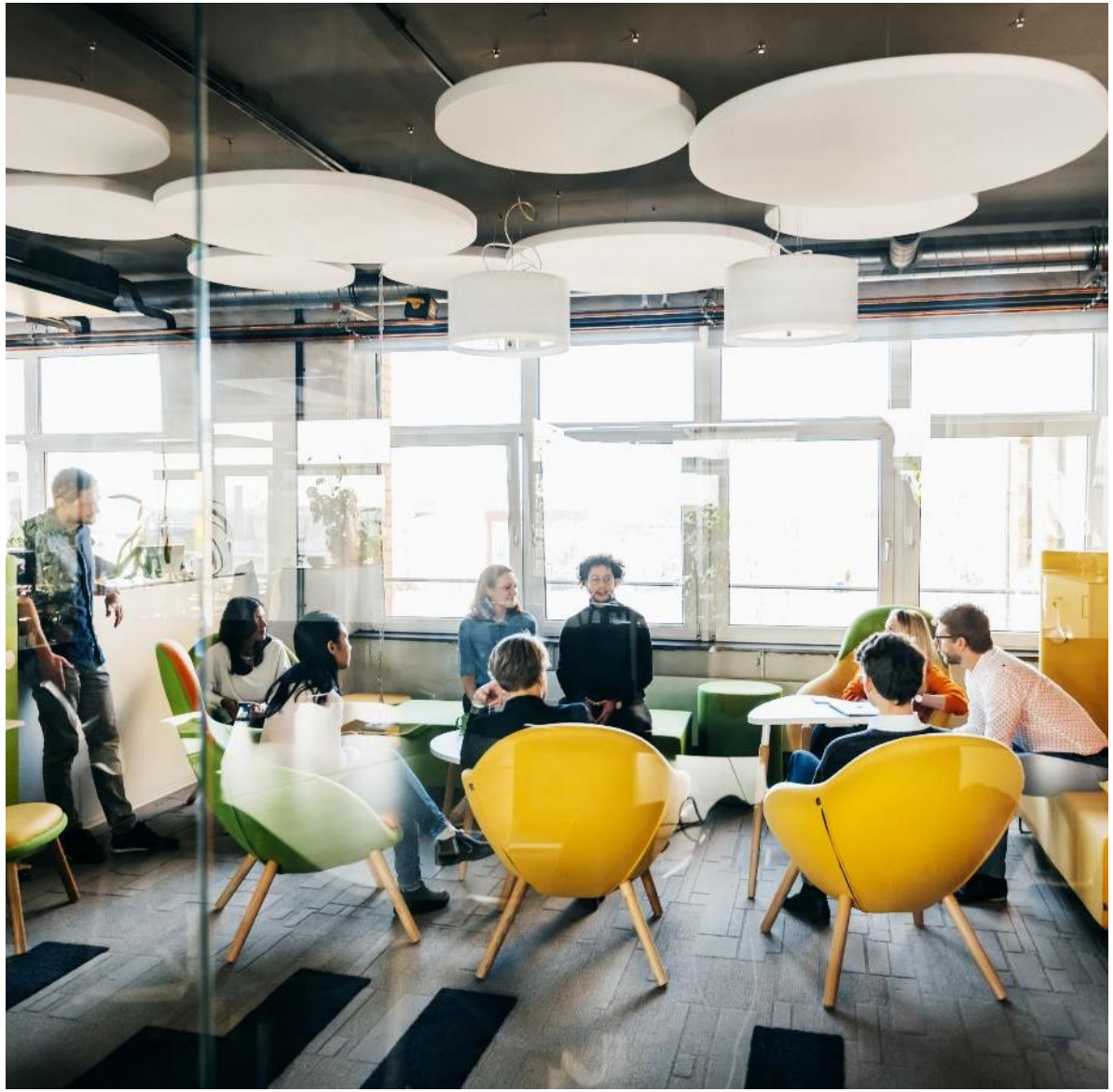
30-day leadership checklist

- Day 0: safety, support, separation, evidence
- Days 0–3: escalation, internal notice, carrier notice
- Days 1–7: investigation launch
- Days 7–21: communication and system review
- Days 14–30: corrective action, outcome, recovery planning

Survey readiness

What could go wrong? Some of the following scenarios could occur because of this event.

- Failure to provide a safe environment for patients/residents
- Criminal charges
- Abuse of a vulnerable person
- Office of Civil Rights
- Failure to provide a safe environment for employee
- Loss of reputation in the community served
- Time consuming and unsubstantiated allegations
- Unannounced survey
- The organization is not in a state of survey readiness post the incident



Be survey ready

- Documented evidence of a credible investigation.
- Timeline
- Policies and procedures on patient rights, resolving complaints and grievances, investigating incidents, etc.
- Employee files
- Police report number
- Availability of the HR file(s)
- Management of the investigative notes and file.

Not your typical risk

Funding the uninsurable

Allegations of abuse readiness toolkit

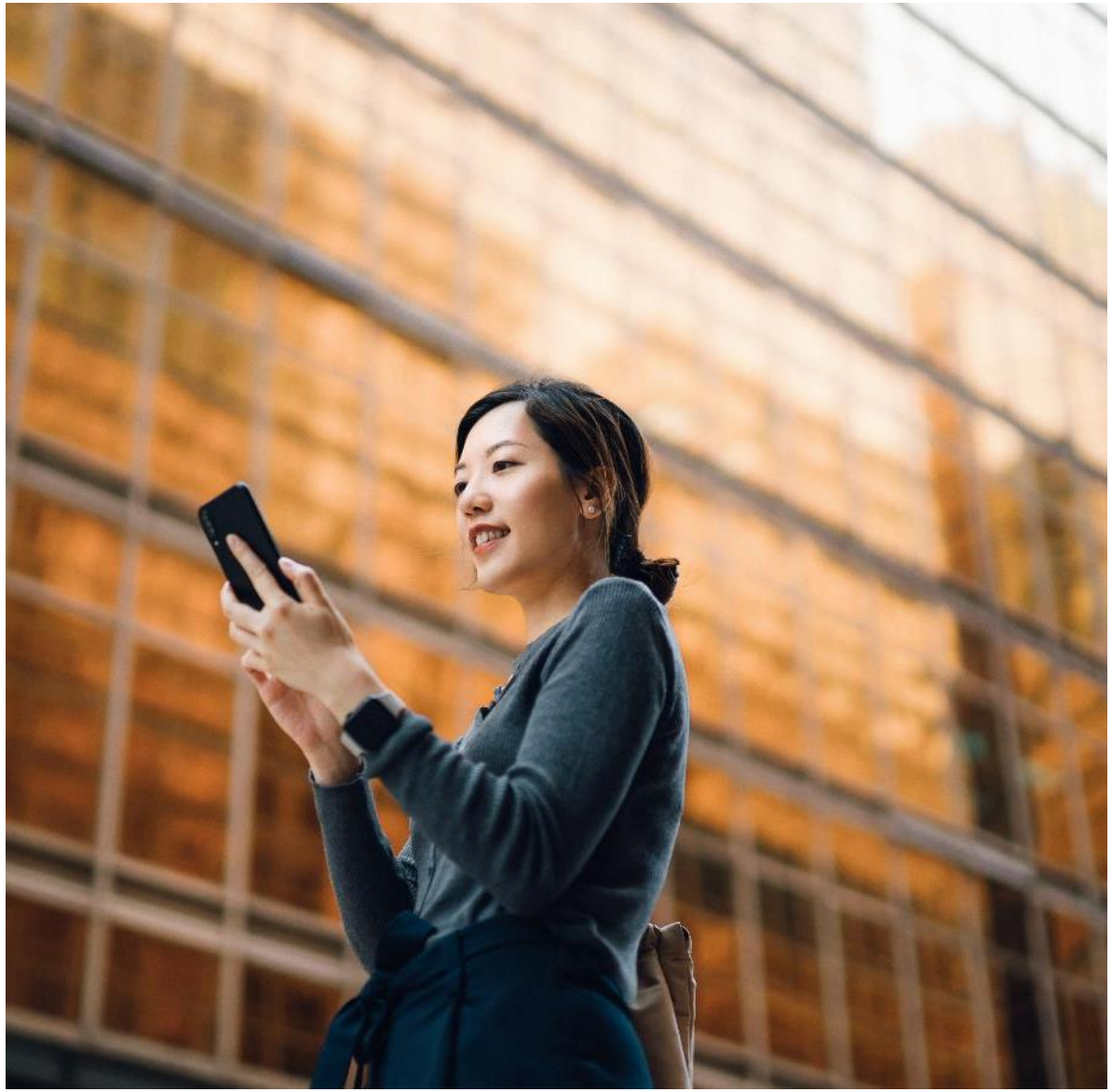
A comprehensive toolkit for direct caregivers to help plan for, respond to and recover from allegations of abuse

View the website

The AOA toolkit

Download

Title	File Type	File Size
Allegation of Abuse General Guidance	PDF	.9 MB
Allegations of Abuse Manager's Guide	PDF	2.6 MB
Allegation of Abuse Sample Activation Checklist	PDF	.1 MB
Allegation of Abuse Sample Guide for Interviewing Impacted Persons	PDF	.1 MB
Allegation of Abuse Sample Staff Witness Interview Guide	PDF	.7 MB
Allegation of Abuse Use of Chaperones	PDF	.1 MB
Allegation of Abuse Sample Event Debrief for Stakeholders	PDF	.1 MB
Sample Incident and Event Reporting – Acute Care	PDF	.3 MB
Sample Incident and Event Reporting – Senior Living	PDF	.6 MB



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Porcaro is a nationally recognized leader in healthcare risk management, operational performance, and enterprise risk strategy. As Senior Vice President of Risk Services – Healthcare for the North America Healthcare & Life Sciences Industry, she guides organizations in strengthening clinical, operational, and risk management resilience across an increasingly complex healthcare landscape.

With a career spanning nursing, executive leadership, and specialized risk consulting, Porcaro is known for her ability to translate real-world clinical insight into strategic, system-level solutions. Her expertise includes enterprise risk management, risk management, claims, regulatory compliance, patient safety, and organizational culture transformation. She has partnered with health systems, physician enterprises, insurers, and healthcare organizations to reduce exposure, enhance reliability, and build sustainable frameworks for high-quality care delivery.

Porcaro's background includes extensive experience in acute care, medical management, and healthcare operations, complemented by advanced credentials in professional healthcare risk management, and executive leadership. A Distinguished Fellow of the American Society for Health Care Risk Management (DFASHRM), she is widely respected for her contributions to the profession, including thought leadership, education, and mentorship of emerging risk leaders.

Throughout her career, she has championed a proactive, data-driven approach to risk, one that empowers organizations to anticipate challenges, strengthen performance, and protect both patients and caregivers. Her work reflects a deep commitment to advancing safe, equitable, and reliable healthcare across North America.

Thank you