

Executive BRIEFING

LONG-TERM CARE

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Elder Abuse: Strategies for Detection and Prevention

By Catherine Mullahy, RN, BS, CRRN, CCM, author of *The Case Manager's Handbook*

RALPH WALDO EMERSON ONCE SAID, "AS WE GROW OLD ... THE BEAUTY STEALS INWARD."

Health care administrators in long-term care settings need to be acutely aware of a growing issue – elder abuse. There are nearly 17,000 nursing homes in the United States that currently care for 1.6 million residents, and that figure is expected to quadruple to 6.6 million residents by 2050. Eyewitness accounts and surveys have shown that nursing home abuse is a serious problem, and that there is a significant underreporting of these situations. The percentage of nursing homes with abuse violations has increased, in part, because of more stringent reporting requirements as well as the increasing vulnerability of the residents.

Understanding Key Terms

To combat elder abuse, administrators should familiarize themselves with several key terms, including:

- A dependent adult is any person between the ages of 18 and 60 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights.
- Indicators of neglect include poor personal hygiene, untreated medical conditions and unsanitary or harmful living conditions.
- Caregivers are individuals who have



assumed full or intermittent responsibility for care, custody or control of an elder or dependent adult.

- A care custodian is an administrator or an employee of any public or private facility, agency or persons providing care for elders or dependent adults. This includes members of the support and maintenance staff of a facility.
- A mandated reporter is any reporter

who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation.

- Physical elder abuse generally includes beatings, sexual assault, food or water deprivation and the inappropriate use of physical restraint.
- Elder neglect is any failure to fulfill obligations to a senior.

- Neglect includes the denial of food and water, medication, treatment, therapy, nursing services, health aids, clothing and visitors.

Indicators of Elder Abuse

Some common indicators of physical elder abuse include bruises, black eyes, lacerations, welts, broken bones, bedsores, poor skin condition, dehydration, malnutrition and weight loss. It is also important to remember that not all abuse-related injuries are visible to the naked eye. The common indicators of psychological abuse include agitation or anger, withdrawal, depression, confusion and behavior associated with dementia such as rocking, biting and sucking.

Types of Abuse

Physical abuse includes assault and battery such as slapping, hitting, punching, beating, burning and rough handling. Unreasonable physical restraint includes prolonged or continual deprivation of food or water and the use of chemical or psychotropic medications for punishment, convenience of the caregiver or unauthorized by a physician. Sexual abuse includes sexual assault,



including sexual battery and rape. Psychological abuse diminishes the identity of the older person through name-calling, yelling, insulting, swearing and deprivation of rights. Financial abuse is the misuse of property and money, including stealing, forging signatures on pension or legal documents, or misusing the power of attorney stipulation.

- Caregivers answer all the questions on behalf of the elder person
- Physical and cognitive changes occur in residents, including shifts from bright and attentive to withdrawn and depressed
- Bruises, welts and abrasions appear on the resident's skin
- When the resident is not a credible self-reporter due to cognitive



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Assessing Abuse

To assess for elder abuse, administrative personnel need to build rapport with residents to gain their confidence because sometimes the abuser is the actual care provider. When assessing abuse, administrators should look for the following indicators of abuse:

- Residents appear to be frightened by care providers or family members
- Caregivers refuse to leave the room

impairment or progressive dementia, he or she may be reporting abuse that has not occurred. While this person's account cannot be fully trusted, administrators should listen to and investigate the claims.

Abuse can occur in outpatient environments and away from long-term care facilities when residents are sent out for additional services. Administrators should assess for abuse when residents return to their facility.

Combating Abuse – Developing Human Resources

Human Resources departments need to hire people with specific experience in long-term care settings. Hiring managers need to be mindful of each applicant's strengths and weaknesses and where he or she will fit best in a long-term care facility. Hiring managers should also be familiar with long-term care to ensure that they select employees who will meet the facility's needs. Administrators should be certain that their hiring managers understand what is necessary for an applicant to be a competent, compassionate care provider within the

inexperienced staff members, and grief experienced by staff due to affection toward residents who die or who become progressively worse. Human Resources departments can work with administrators to improve these conditions and help to prevent abuse stemming from these causes.

Combating Abuse – Educating Personnel

Another key to preventing elder abuse is ensuring that staff members are trained to best handle difficult residents. Additional staff training, especially regarding the impact of dementia, can

problems and understanding cultural differences. Training for new hires is very important because working with difficult residents in a new facility with little support can be overwhelming. Individuals who have dementia or do not recognize the new person who is caring for them may become combative. Administration should take the time to acquaint the residents with new staff and encourage other staff members to assist new hires to reduce the amount of anxiety that residents may feel about a new caregiver.

Supervising Staff

Many facilities also lack a higher level of staff supervision. The facility may provide training and preventive programs but lack supervisory staff to ensure that training is implemented. Inadequate supervision also leads to unsafe procedures that may be detrimental to residents. Administrators should continually monitor the changes in resident care needs and be sure that

Abuse is more likely to occur when there is only one care provider in the room.

organization. Including members of the same service category in the hiring process also ensures that proper candidates are selected.

Potential staff members should know how to manage changing behaviors among residents, and they must have the physical capability to handle long-term care. Administrators should remember that long-term care is much more demanding and one-on-one than acute care, and individuals with acute care experience may not adapt well to a long-term care setting. Hiring managers should screen a prospective employee's criminal background, history of substance abuse and domestic violence, reactions to abuse of residents, work ethic and ability to manage stress and anger. Human Resources departments should also seek to support newly hired staff, providing mentoring to help them adjust to their new work environment. The department should also promote the nurturing relationship between staff and residents, provide opportunities for upward mobility and greater recognition, and assist with conflict resolution among staff, residents and supervisors.

The major underlying causes of elder abuse in long-term care settings include staffing shortages, stressful working conditions, staff burnout due to extended hours, unqualified or

greatly affect how staff members manage the changing behaviors among residents. Administrators should provide opportunities for skill building, training and education for both physical and



emotional management of residents, with particular focus on residents with chronic dementia problems. Educational efforts should also include training in interpersonal caregiver skills, managing difficult resident situations, solving

those needs are met. If necessary, administrators should adjust staff levels to accommodate the needs of the facility's residents. Administrators should adjust assignments based on staff strengths. Some staff members may

work well with patients with physical disabilities, while others may be skilled working with residents who have dementia. Team approaches to staffing also help prevent elder abuse. Abuse is more likely to occur when there is only one care provider in the room. In units or rooms where there are residents who have a tendency to become combative, a team approach would help protect the elderly resident as well as help the staff members in dealing with the difficult resident.



Community Support

Administrators should improve the coordination between the various law enforcement, regulatory and protective services and efficacy organizations that are involved in nursing home care. They can be included in training seminars and educational programs and encouraged to visit. This will create

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a community of protection rather than making one person a whistle-blower. It also assures strict enforcement of mandatory reporting as well as the education of professionals and consumers. Administrators should develop policies and procedure guidelines for the reporters and define abuse and neglect to prevent hesitation about what is and isn't tolerated in the facility.

Administrative Advocacy

Some long-term care facilities are active with ombudsmen, on-site or agency advocates for the elderly. These individuals strive to reduce elder

abuse, encourage accurate and fast reporting, and should be involved as educators in programs for staff in long-term care facilities. There are many national, federal, local and county resources available for administrators to contact for help with education and reporting of elder abuse.

Consumer advocates are also actively involved in preventing and reporting elder abuse. These groups, or consumer-directed health care initiatives, strive to protect those who cannot take care of themselves, and they seek to become actively involved in their communities. Administrators should include these advocates in their organizations to further ensure the quality of care provided to residents.

Reporting Elder Abuse

Administrators should form specific groups or committees within their organization to manage the reporting of elder abuse. Local ombudsmen will be willing to assist community facilities. Larger organizations that belong to a greater corporation or infrastructure may have a reporting procedure or protocol for the entire group of care facilities.

Emergency responders should be notified about residents in immediate danger. If the abuse is not an immediate threat to the resident, staff can use 800-231-4024 to find the local phone number for an ombudsman. Staff can also call local law enforcement agencies or a regional adult

protective services or elder abuse hot line. Some states have extensive outreach programs to inform consumers about abuse and neglect and how to report it. Administrators should gather this information and distribute it to staff, making certain that it is available at all times.

The National Center on Elder Abuse (elderabusecenter.org) provides numerous resources that administrators can use to train staff and gather important contact information. Their Web site serves as a connection for federal, state and local organizations that can assist with elder abuse prevention and reporting.



About Catherine Mullahy

Catherine Mullahy, RN, BS, CRRN, CCM, is one of the health care industry's foremost leaders advocating higher standards in health care case management. She has more than 35 years of experience managing health care delivery at home, hospitals and hospices in a critical care setting. Her diversified clinical background includes experience with traumas, cardiac, orthopedic and neurological conditions. Her leadership is evident in past roles as president of the National Board of the Case Management Society of America and chair of the Commission for Case Manager Certification, among other high profile positions. Now in its third edition, her book – *The Case Manager's Handbook* – is widely recognized as the industry's definitive textbook and is used throughout the United States and Canada for graduate, undergraduate nursing, and health management courses.



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Amerinet, Inc.
2060 Craigshire Road
St. Louis, MO 63146
P 877-711-5600
www.amerinet-gpo.com