

DEPARTMENT OF JUSTICE
ElderJustice
INITIATIVE



Rural and Tribal Elder Justice
Webinar Series

Resources for EMTs and
Medics in Fighting Elder
Abuse and Neglect

OCTOBER 29, 2018



PRESENTERS

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AGENDA

- Introduction
- Elder abuse is a problem
- How EMTs and medics can help fight elder abuse and neglect
 - Learn how to observe your environment for signs of possible abuse
 - Learn how to best communicate with potential elderly victims of abuse
 - Identify and correctly document evidence of elder abuse in the home or nursing facility
 - Quickly report potential elder abuse to the right authorities
 - Develop good working relationships with aging professionals in your community
 - Consider some of the barriers and facilitators of working with the elderly in the rural environment
- Resources to assist EMTs and medics

ELDER ABUSE IS A PROBLEM

- Physical abuse
- Financial abuse
- Psychological abuse
- Sexual abuse
- Neglect and abandonment

▶ Elder Justice Initiative Home

▼ Victims, Families, & Caregivers

Physical Abuse

Psychological Abuse

Financial Exploitation

Neglect & Abandonment

Sexual Abuse

▶ Financial Exploitation

▶ Prosecutors

Law Enforcement

▶ Victim Specialists

▶ Research & Related Literature

Press Room & Announcements

Contact Us

VICTIMS, FAMILIES & CAREGIVERS

REPORT ABUSE OR FIND HELP

It's not always easy to recognize abuse when it happens to you or someone you care for. Learn about the types of abuse and what you can do by clicking the topics below.



Physical Abuse

An act, rough treatment or punishment that may result in injury, pain or impairment



Psychological Abuse

Psychological, verbal or emotional abuse causing suffering, emotional pain, or distress



Financial Exploitation

Illegal or improper use of an older person's money or property



Neglect & Abandonment

Intentional or unintentional failure or refusal to provide care or help to an older adult - an extreme form of neglect



Find Help Near You

If you or someone you know is a victim of elder abuse, help is available. Find resources to assist you, and prevent or report elder abuse.



Sexual Abuse

Sexual contact or non-contact of any kind with an older person without agreement from that person

ELDER ABUSE IS A PROBLEM IN THE COMMUNITY AND IN NURSING FACILITIES

- Each year in the United States, 1 to 2 million reports of elderly and vulnerable adult abuse are made.
- The real number of victims is even higher because most cases are not reported.
- It is estimated that only 1 in 14 cases of elderly and vulnerable adult abuse is reported.

ABUSE AND NEGLECT IN NURSING HOMES

'Hellish Nightmare:' Hollywood Hills Nursing Home Tragedy Continues In Court

By CAITIE SWITALSKI • MAR 1, 2018

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This was where residents, who didn't have air conditioning, weren't evacuated until three days after Hurricane Irma.

CHARLES TRAINOR JR. MIAMI HERALD / WLRN

ABUSE AND NEGLECT IN NURSING HOMES



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U.S. Edition

Nursing homes sedate residents with dementia by misusing antipsychotic drugs, report finds



By **Jessica Ravitz**, CNN

Updated 5:55 PM ET, Mon February 5, 2018



More from CNN



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3.75% APR

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ABUSE AND NEGLECT IN NURSING HOMES

Family Sues After Former Model, 93, Is Allegedly Eaten Alive by Mites at Georgia Nursing Home

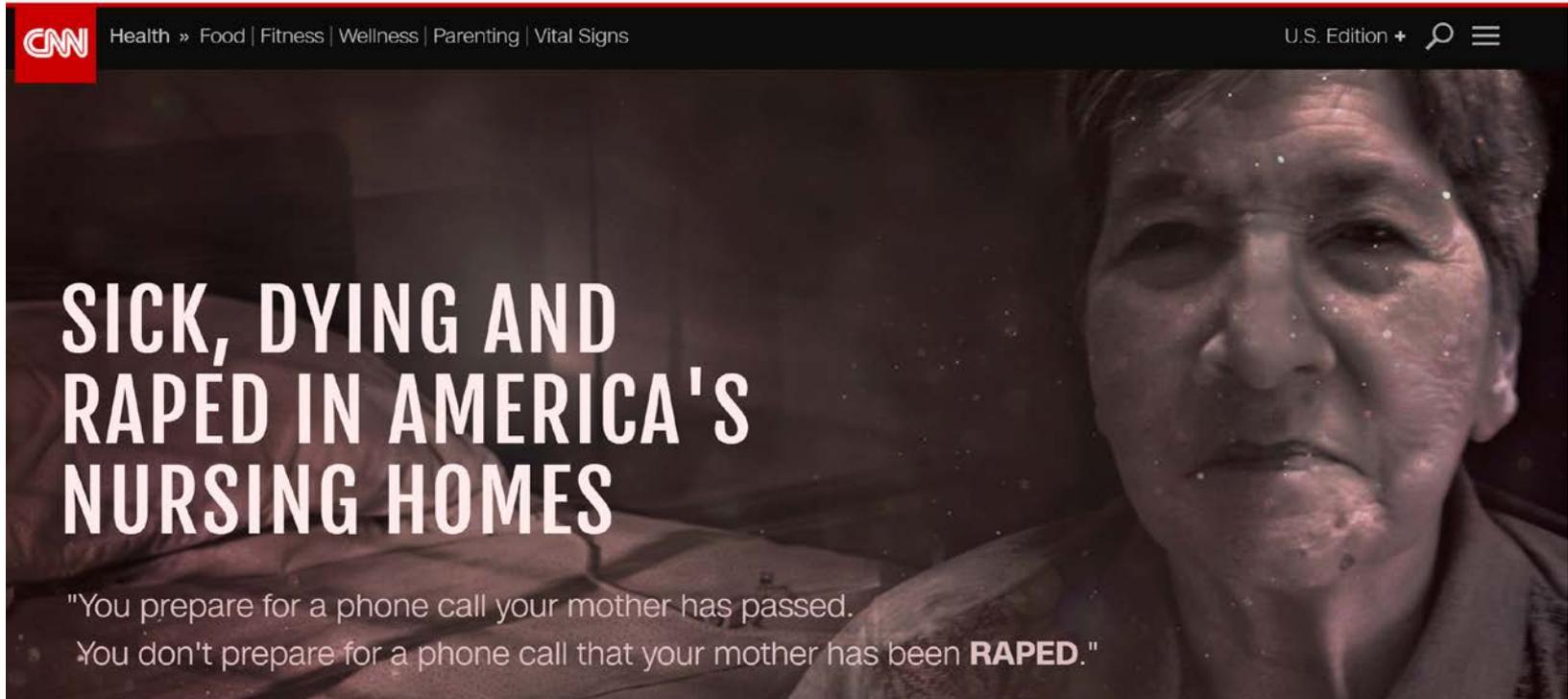


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[Pics] Nicole Disappeared On Her Way To Work. 2 Year Later Her Brother.

by Nocartridge | Sponsored

ABUSE AND NEGLECT IN NURSING HOMES



ELDER ABUSE IS A CRIME



SO LOOK FOR SIGNS, DOCUMENT, AND REPORT ELDER ABUSE

Assault in the First Degree (Felony)

- Criminal Code 3-202

Assault in the Second Degree (Misdemeanor)

- Criminal Code 3-203

Reckless Endangerment (Misdemeanor)

- Criminal Code 3-204

RELEVANT ABUSE/NEGLECT LAWS

Sexual Crimes (Felony and Misdemeanor)

- Criminal Code 3-301 to 3-323

Abuse/Neglect of a Vulnerable Adult in the First Degree (Felony)

- Criminal Code 3-604

Abuse/Neglect of a Vulnerable Adult in the Second Degree (Misdemeanor)

- Criminal Code 3-605

HOW EMTs AND MEDICS CAN HELP FIGHT ELDER ABUSE AND NEGLECT

- EMS are often the health care team's first eyes on cases of elder abuse
- Evidence of elder abuse will be found in:
 - Your scene size up and environmental assessment
 - Your patient assessment and physical exam
 - Interacting in conversation with the elderly patient and their family members

HOW EMTS AND MEDICS CAN HELP

Recognizing Evidence of Physical and Sexual Abuse in the Home

- Inadequately explained cuts
- Wounds, pressure sores, bruises, welts, burns, or fractures
- Undernourished
- Dehydrated
- Unexplained sexually transmitted diseases
- Untreated pressure sores

WHAT ARE PRESSURE SORES

Causes

- ▶ Forces: pressure, friction, shearing
- ▶ Disruption of blood supply (i.e., nutrients) to the skin and underlying tissue

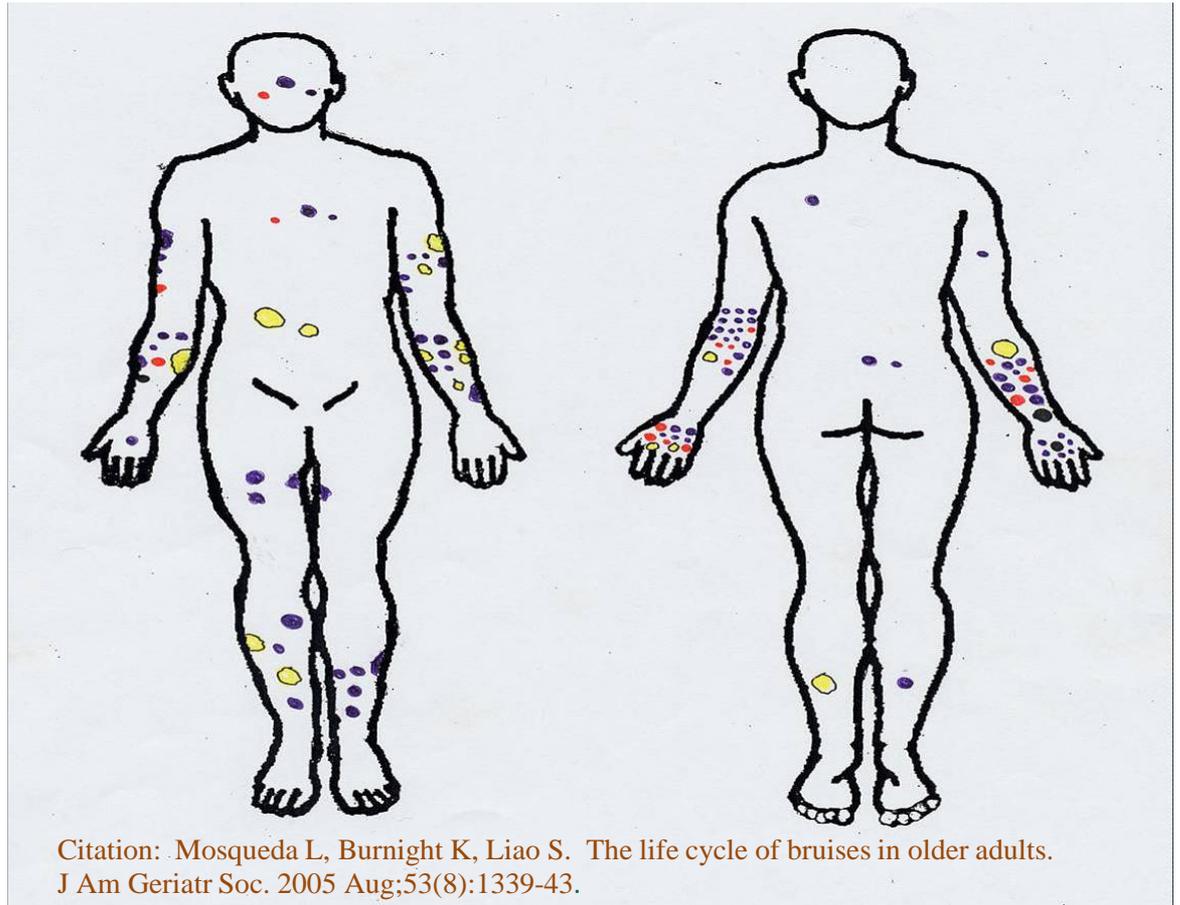
Stages

- ▶ (I-IV)
- ▶ Unstageable

Suspected Deep Tissue Injury

ACCIDENTAL BRUISING IN OLDER ADULTS

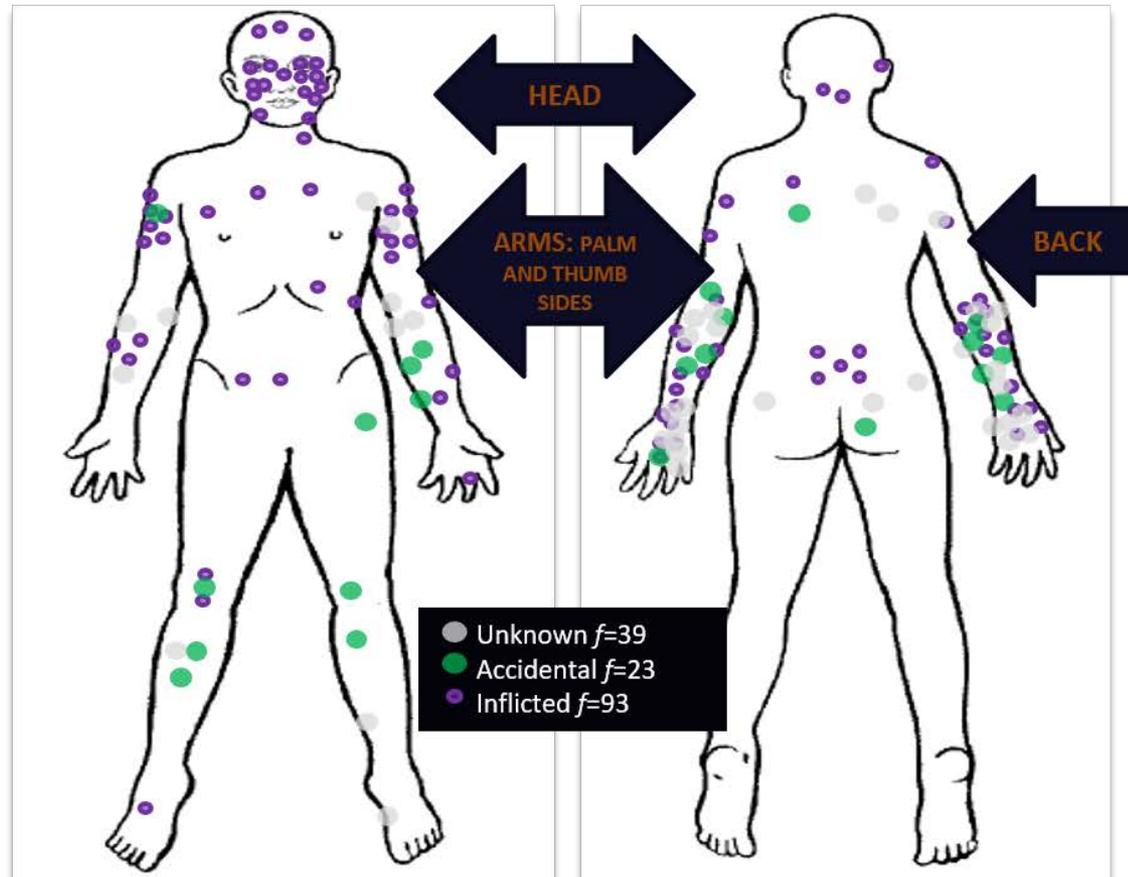
- **90% of accidental bruises were on the extremities** rather than the trunk, neck, or head.
- **Less than a quarter of older adults with accidental bruises remembered how they got them.**
- **Older adults taking medications** that interfere with coagulation pathways were more likely to have **multiple bruises**, but the bruises **did not last any longer.**



Citation: Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. J Am Geriatr Soc. 2005 Aug;53(8):1339-43.

BRUISING IN OLDER ADULTS AS REPORTED BY ABUSED ELDERS

- **Bruises were large.** More than half of older adults with bruises who had been physically abused had at least one bruise **5 cm (about 2 inches) in diameter or larger.**
- Older adults with bruises who had been abused had **more bruises in areas indicated in blue** than older adults whose bruises were accidental.
- **90%** of older adults with bruises who have been physically abused **can tell you how they got their bruises, and this includes many older adults with memory problems and dementia.**



HOW EMTs CAN HELP: EVIDENCE OF PSYCHOLOGICAL ABUSE

- Unexplained or uncharacteristic changes in behavior, such as withdrawal from normal activities, confusion, anger, depression, fear, helplessness, shame
- Caregiver isolates vulnerable older adult
- Caregiver is verbally aggressive or demeaning, controlling, or uncaring

INDICATORS OF POSSIBLE NEGLECT

- Malnourished
- Dehydrated
- Coated with fecal matter/urine stained
- Inadequately clothed
- Untrimmed toenails, matted hair
- Bed sores (pressure sores)

NEGLECT: WHAT WE AS EMTs AND MEDICS LOOK FOR

- Patient
- Hygiene
- Foot care
- Skin condition
- Medical issues that don't get better despite prescribed treatment
- Caregiver
- Lack of follow up
- Missed appointments
- Disengaged
- Incompetent (physical, emotional, intellectual)

HOW EMTs CAN HELP: EVIDENCE OF SELF-NEGLECT

- Lack of basic hygiene, adequate food, or clean and appropriate clothing
- Untreated medical condition; lack of medical aids (glasses, walker, hearing aids, medications)
- Home cluttered, filthy, containing safety hazards, lacking adequate amenities (stove, refrigerator, heat, cooling, and working plumbing and electricity)

RESOURCES FOR EMTs AND MEDICS: GERIATRIC ASSESSMENT

- <https://www.merckmanuals.com/home/older-people's-health-issues/elder-abuse/overview-of-elder-abuse#v28492371>
- <https://www.emsworld.com/article/10319448/geriatric-abuse>
- <https://www.geripal.org/2018/04/elder-abuse-and-EMS.html>
- <https://www.naemt.org/education/gems>
- <https://www.ems1.com/ems-education/articles/160740048-Treating-geriatric-patients-5-tips-for-EMTs-and-paramedics/>

RESOURCES FOR EMTs AND MEDICS: DEVELOPING SCREENING TOOLS

- <https://bmcemergmed.biomedcentral.com/articles/10.1186/s12873-016-0084-3>
- https://www.researchgate.net/publication/303722879_Towards_the_development_of_a_screening_tool_to_enhance_the_detection_of_elder_abuse_and_neglect_by_emergency_medical_technicians_EMTs_A_qualitative_study

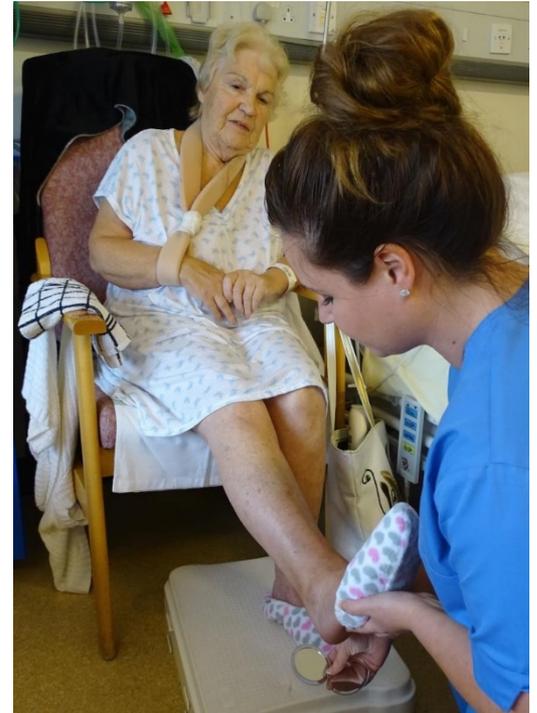
WHAT EMTs AND MEDICS CAN LOOK FOR IN NURSING FACILITIES

1. Freedom from abuse and neglect
2. Resident assessment
3. Quality of life
4. Quality of care
5. Nursing service
6. Resident behavior/facility practices
7. Pharmacy
8. Transfer/discharge
9. Infection control
10. Physical environment

REGULATION #2

§483.20 Resident assessment.

The facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity.



REGULATION #2 POSSIBLE OBSERVATIONS

- ▶ Are staff able to identify the change/issue that prompted the transfer?
- ▶ Are staff knowledgeable about past history, recent history?
- ▶ Were vital signs taken?
- ▶ What is the significant change in condition?
- ▶ Are appropriate interventions in place?
 - Oxygen?
 - Splint?
 - Suction?

REGULATION #4

§483.25 Quality of care.

(b) *Skin integrity*—(1) *Pressure ulcers*.

(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers

(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new ulcers from developing.



POSSIBLE OBSERVATIONS

- ▶ Pressure ulcers not identified
- ▶ Pressure ulcers smelling like rotten flesh
- ▶ No dressing on wounds
- ▶ Dressing is dirty, saturated with secretions/feces/urine

REGULATION #4

§483.25 Quality of care.

(c) *Mobility.* (1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable



POSSIBLE OBSERVATIONS

- ▶ Resident guarding extremities
- ▶ Resident lying in bed, fetal position
- ▶ Resident unable to extend arms, hands – contractures
- ▶ Resident unable to extend legs
- ▶ Resident unable to flex feet

REGULATION #4

§483.25 Quality of care.

(d) *Accidents.*

The facility must ensure that—

(1) The resident environment remains as free of accident hazards as is possible; and

(2) Each resident receives adequate supervision and assistance devices to prevent accidents.



POSSIBLE OBSERVATIONS

- ▶ Bed rails are not sturdy
- ▶ Hand rails are rough, loose
- ▶ Uneven walking surfaces
- ▶ Hallways are cluttered with equipment
- ▶ Are call lights working?
- ▶ Are facility lights working?

REGULATION #4

§483.25 Quality of care.

(g) *Assisted nutrition and hydration...*, the facility must ensure that a resident—

- (1) Maintains acceptable parameters of nutritional status,
- (2) Is offered sufficient fluid intake to maintain proper hydration and health.



POSSIBLE OBSERVATIONS

- ▶ If meals are in progress – are staff members in dining area?
- ▶ Residents in rooms – should be eating or assisted to eat while meal is in room.
- ▶ Are fluids at bedside and within reach?
- ▶ Are residents crying/calling for food? Water?

REGULATION #4

§483.25 Quality of care.

(i) *Respiratory care, including tracheostomy care and tracheal suctioning.* The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care



POSSIBLE OBSERVATIONS

- ▶ Does the resident need suctioning? When was the last time the resident was suctioned? Is there equipment available?
- ▶ If there is suction equipment
 - Is it clean?
 - Is the tube dated?
 - Is it in good working order?
- ▶ If there is a trach
 - Is it occluded?
 - Do the nurses appear to be competent/knowledgeable about care of the trach?
 - Is there skin breakdown around the trach?

REGULATION #4

§483.25 Quality of care.

(k) *Pain management.* The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice



POSSIBLE OBSERVATIONS

- ▶ Is the resident in pain?
- ▶ Can the resident identify the pain?
- ▶ How long has the resident been in pain?
- ▶ What is the source of the pain?
- ▶ What is the severity of the pain? (1-10)
- ▶ Does the resident have medication for pain?
- ▶ When was the last time it was administered?
- ▶ Is the resident moaning? Crying?

REGULATION #5

§483.35 Nursing services.

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to **provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident**



REGULATION #5

§483.35 Nursing services.

(a) *Sufficient staff.* (1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans



REGULATION #5

§483.35 Nursing services.

3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.



POSSIBLE OBSERVATIONS

- ▶ Is there a staff member available to assist you?
- ▶ Is there a nurse available and able to give a full report to you?
- ▶ Do residents appear to be over-sedated?
- ▶ Are call lights ringing - and ringing - and ringing?
- ▶ Are residents calling out?
- ▶ Are residents clean?
- ▶ Do you hear staff complaining that they are “short staffed”?

POSSIBLE OBSERVATIONS

- ▶ Is the nurse knowledgeable about the resident's illness/condition?
- ▶ Does staff appear competent in providing care?
- ▶ Is the nurse familiar with the facility?
 - Layout
 - Policies
 - Staff members
 - Residents
- ▶ Do you smell ETHOL on breath of staff?
- ▶ Do you smell marijuana in nursing home?

REGULATION #5

§483.35 Nursing services.

(g) *Nurse staffing information*—(1) *Data requirements.*

The facility must post the following information on a daily basis:

(ii) The current date.

(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).

(C) Certified nurse aides.



(iv) Resident census.
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POSSIBLE MOTIVATIONS

Nursing homes reduce the number and skill level of staff to:

- ▶ Save money
- ▶ Staff below budget for bonuses

REGULATION #7

§483.45 Pharmacy services.

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). (f) *Medication errors.* The facility must ensure that its—

- (1) Medication error rates are not 5 percent or greater; and
- (2) Residents are free of any significant medication errors.



POSSIBLE OBSERVATIONS

- ▶ What is the reason for the transfer (e.g., to get meds)?
- ▶ If the resident is unresponsive, or diminished response –
 - What medications were administered recently?
 - Was there a medication error?
 - Is the resident over-medicated?
- ▶ Does the facility have the medications the resident requires?
 - Pain medication?
 - Medication for breathing treatments?
 - Insulin? Other diabetic medication?

REGULATION #8

§483.21 Comprehensive person-centered care planning.

(c) *Discharge planning*—(1) *Discharge planning process.* The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.



REGULATION #8

§483.70 Administration.

(j) *Transfer agreement.* ...must have in effect a written transfer agreement with one or more hospitals approved for participation under the Medicare and Medicaid programs that reasonably assures that—

(i) Residents will be transferred from the facility to the hospital, and ensured of timely admission to the hospital when transfer is medically appropriate as determined by the attending physician or, in an emergency situation, by another practitioner in accordance with facility policy and consistent with state law; and

(ii) Medical and other information needed for care and treatment of residents



DO YOU HAVE THE DOCUMENTS YOU NEED FOR TRANSFER TO ED?

- ▶ Transfer form
- ▶ Report of change of condition
- ▶ Written documentation of DNR/AND status
- ▶ List of diagnoses
- ▶ List of medications
- ▶ Identification of next of kin
- ▶ Others...
 - Lab results
 - X-rays
 - Medication administration records
 - Documentation of allergies
 - Time and name of last medications given



RESOURCES TO ASSIST EMTs AND MEDICS IN DOCUMENTATION

Documentation will be used for:

- ▶ Potential guardianship hearings
- ▶ Criminal proceedings
- ▶ Data on elder abuse incidence and prevalence

ADVICE ON DOCUMENTING POTENTIAL ELDER ABUSE

- ▶ Document specific details of the environmental assessment and physical exam
- ▶ Use direct quotations from the patient and caregiver
- ▶ Be objective in documentation
- ▶ Consider taking photographic evidence where appropriate

RESOURCES FOR EMTs AND MEDICS: RURAL CHALLENGES

- https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/05-11-18-NRHA-Policy-EMS.pdf
- <https://www.ruralhealthinfo.org/rural-monitor/ems-recruitment-retention>
- <https://www.emsworld.com/article/10321567/rural-ems-crisis>

RESOURCES TO ASSIST EMTs AND MEDICS IN REPORTING

Call 1-800-91-PREVENT (917-7383); or,

Contact the Local Adult Protective Services

(http://www.dhr.state.md.us/blog/?page_id=4531)

Social Services

QUICKLY REPORT POTENTIAL ELDER ABUSE IN NURSING HOMES OR ASSISTED LIVING FACILITIES

Contact the Long-Term Care Ombudsman

(<http://aging.maryland.gov/egov/Documents/OmbudsmanLocation.pdf>)

Contact the DHMH Office of Health Care Quality

(<http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx>)

HHS OIG or CMS Regional Office

PROSECUTING NURSING HOMES

THE DEPARTMENT OF JUSTICE CAN PROSECUTE NURSING HOMES FOR PROVIDING GROSSLY SUBSTANDARD CARE

Providers who:

- Knowingly render materially substandard care or no care at all,
- That harms or kills frail patients (not a required element, but usually present), and
- Bill Medicare or Medicaid for the alleged care

can be pursued under the False Claims Act.

PROSECUTION OF FAILURE OF CARE CASES

- Systemic facility or chain problems
- Clear failures of care and violations of law that have led to egregious outcomes
- Serious injury or death
- ▶ *Not a necessary element for criminal or civil liability*

RESIDENTS WITH BAD OUTCOMES

- Malnourished, dehydrated, weight loss
- Pressure sores, rashes, lice, maggots
- Lying for hours/days in feces/urine
- Bandages not changed for days/months
- Residents filthy, infected
- Semi-comatose, very withdrawn
- Wrong, too little, or too much medication
- Falls, fractures, other injuries, deaths

FACILITY PROBLEMS

- Inadequate staff, high turnover
- Inadequate training
- Inadequate supplies
- Improper maintenance of MDS
- Admitting new patients when they can't care for existing ones
- Choices driven by profit, not by care/clinical considerations

CHAIN PROBLEMS

- Financial considerations elevated over clinical
- Corporate culture that penalizes instead of rewarding good care
- Inadequate use of data to track status
- Bonus structure that rewards practices leading to bad care (i.e., cutting staff)
- Inaction in the face of knowledge of problems
- Inadequate funds for training, supplies, care
- Failure to heed and investigate complaints

CLOSING REMARKS

- EMS and law enforcement have a critical role to play in combatting elder abuse.
- The first step is creating awareness about elder abuse.
- The second step is reporting elder abuse.
- The third step is carefully documenting your experience on scene.

CONTACT

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