

# Creating an Abuse Prevention Culture in Residential Long-term Care

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Vital Practices to Support and Enhance Legal  
Compliance

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# Advocacy In Action

# Moving Forward Together

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# A BIT ABOUT US

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and our organizations

# Role of Ombudsman for Long-Term Care

- Focus on advocating and protecting residents rights to be free of abuse and exploitation.
- To empower residents and resident councils to feel confident and speak out.
- Protect residents right to decision making and residents self-determination.
- Assist in making referrals to proper agencies
- Ombudsman Federal mandate to advocate for changes in the systems that provide or regulate long-term care services



## How We Work



“Mobilizing communities to prevent and alleviate abuse, neglect and, financial exploitation of elders and vulnerable adults”

MINNESOTA  
ELDER JUSTICE  
CENTER

## A resource for all of us...

individuals with concerns about an elder or vulnerable adult; facility caregivers, family caregivers; administrators, social workers, care managers, public officials, media.

- ✓ Website resources
- ✓ Community programs
- ✓ Professional training
- ✓ Crime victim services

[www.elderjusticemn.org](http://www.elderjusticemn.org)

651-440-9300



# Content for this session

- Brief review of applicable law
- Staff: hiring, orientation, training, and support
- Biography as abuse prevention
- Resident-to-resident aggression
- Reframing the language of aging
- Creating a workplace culture of elder justice
- A healthy culture in a nutshell
  
- Cases, questions and conversation

# LAWS AND REGULATIONS

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Necessary but not sufficient to achieve a culture of abuse prevention

# Brief review of applicable law

- Looking at the facility as a whole
  - Safety issues? Population-specific factors?
  - How will you reduce the risk?
- Assessment and planning for individuals
  - Susceptibilities? Risks? Self-injurious behavior?
  - How will you reduce the risk?
- Rights to accept or refuse care
  - Rights in federal and state laws
  - Patient Self-determination Act
- Reporting mandates and processes
  - Federal requirements differ by provider type
  - State licensing and reporting requirements

# 42 CFR §483.12

- Nursing facilities – Freedom from abuse, neglect, and exploitation
- Corresponding F-tags
- Expanded coverage and consequences under system to be implemented November 28, 2017
- Each nursing home must develop, implement, review, and revise, if necessary, its written abuse **prevention** policies and procedures
- Including prevention of mental abuse through the use of photographs or recordings that would demean or humiliate a resident. (Ref: S&C: 16-33-NH)

# Person-centered care

- Person-Centered Care:
  - Focus on the resident as the locus of control
  - Support the resident in making their own choices and having control of their daily lives.
  - Our best care and respect is to listen and honor the voice of the aging in our communities.
  - One of the most important community standards is listening to another person. Listening is the first step toward honoring resident rights.

# Person centered planning in federal law

- Nursing Home Reform Law of 1987, requires that each nursing home provide care in such a manner and in such an environment to promote enhancement of the quality of life of each person.
- New Revised Skilled Nursing Facility Regulations
- Ombudsman for Long-Term Care Final Rule Regulation
- Home and Community Based Final Rule
  - Waivered Services
  - Residential Services and non-residential settings

# STAFFING AND STAFF SUPPORT

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“When I left my country after the war....”

# Hiring and orientation

- *I have the gift of patience. (Nursing scholarship recipient)*
- Hiring
  - What consumers want
  - Ask the right questions despite the pressures of hiring and staffing.
  - What would you do if....?
  - What makes you angry?
  - Attitudes about aging and dementia
- Orientation
  - Show and tell and support
  - Recognize need to learn
  - Instill the “culture” of communication
  - Demonstrate healthy interdependency vs. dangerous solidarity (codes of silence)

# Training

## **CMS Hand-in-Hand Training Series**

### **Twelve Modules**

<http://www.cms-handinhandtoolkit.info/index.aspx>



1. Person-centered care
2. Identifying abuse and neglect
3. Reporting abuse
4. Life influences
5. Job challenges
6. Client behaviors
7. Trigger signals
8. Active listening
9. Conflict resolution
10. De-escalation with cognitive impairment
11. Putting it all together/eliminating abuse and neglect
12. Learning circles

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# Support for staff

- Voices of nursing and other care assistants
  - “I feel worthless here.”
  - “If anything goes wrong, I take the blame.”
  - “They sit in their offices, and I’m stuck with the ....”
  - “So-and-so gets away with ....”
  - Racial (and country of origin) conflicts
  - Fear for safety, fear of retaliation
- Precarious finances (housing, car, debt)
- Grief and loss
- Illness or immigration concerns of a loved one
- Victimization (breaking the cycle)

# Support for staff

- “Working short” – risks magnified
- Fear of “rocking the boat” – failing to report because consequences could be worse
- Disrespectful family and visitors
- Observing family or visitors appearing to harm or frighten a resident
- Observing family or visitors appearing to misuse resident’s money (or personal needs allowance)

# Ombudsman case examples



# RECOGNIZING RESIDENTS' LIFE HISTORIES

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“She danced with Elvis? Are you kidding me?”

# Biography as abuse prevention

- Biography a critical component of emotional care
  - An underlying premise of person-centered care
  - Fundamental to quality dementia care
- Equally important as component of abuse prevention
- Behavioral trigger → physical response → maltreatment
  - “Slowly I turned....”
- Objectification and dehumanization → maltreatment
  - The Bob story
  - “Auntie Mame” and the Village Nursing Home

## Who is Bob?

Long ago....

birthplace...year

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Working life

accomplishments

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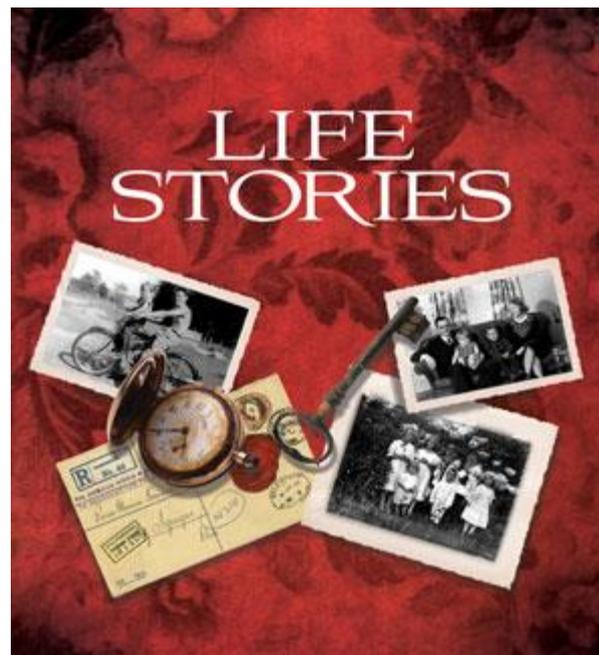
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Interesting life events

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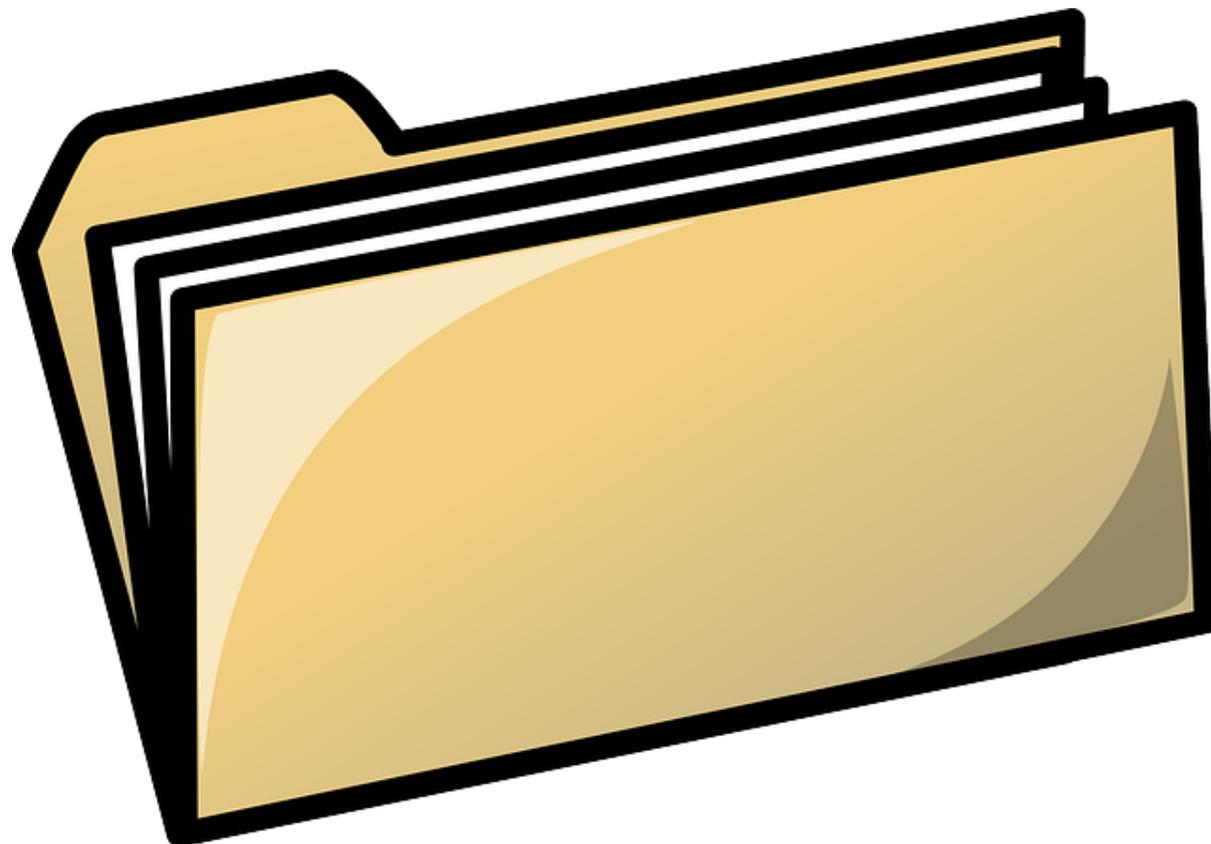
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Many templates  
available at no cost



Ombudsman  
case  
experience

The importance  
of life history in  
dementia care



# RESIDENT TO RESIDENT AGGRESSION

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Prevention and Response

# Resident to resident aggression

- Heightened risk
  - Crowded environments
  - Cognitive impairment of one or both residents
  - Co-locating frail residents and poorly controlled psychiatric symptoms
- More from recent research
  - Intervention without reporting
  - Concern that common occurrence leads to desensitization instead of new approaches to care
  - Measurement scale for assessing incidents

# Resident to resident aggression

- Recent research findings confirm that **most** facility caregivers have observed
  - verbal, physical, psychological, and sexual abuse
  - as well as material exploitation between residents.
  
- Such as
  - Angry outburst, name-calling, accusations
  - Invasion of privacy, room or belongings
  - Physical assaults, especially unprovoked
  - Sexual advances, exposure to other residents

# Resident to resident aggression

- **The SEARCH Approach**
  - **S**upport all residents in the incident
  - **E**valuate what happened and what may have caused it
  - **A**ct immediately
  - **R**eport and document
  - **C**onnect intervention with the care plan
  - **H**elp avoid repeats with prevention strategies
  
- **Bottom line** – individualized approaches to intervention and facility-wide adaptations to the environment (Did someone say “abuse prevention plans” already the law in Minnesota?)

# Resident to resident aggression

## Resources from The Consumer Voice

Resident-to-Resident Mistreatment Fact Sheet

<http://theconsumervoice.org/uploads/files/issues/rrm-factsheet-large-font-508-compliant.pdf>

Technical Assistance Brief

National Long-Term Care Ombudsman Resource Center Long-Term Care Ombudsman Advocacy: Resident to Resident Aggression

[https://ltcombudsman.org/uploads/files/issues/TA\\_Brief-LTCO\\_and\\_RRA-FINAL.pdf](https://ltcombudsman.org/uploads/files/issues/TA_Brief-LTCO_and_RRA-FINAL.pdf)

Resident-to-Resident Elder Mistreatment in Nursing Homes

Findings from the First Prevalence Study

[http://theconsumervoice.org/uploads/files/issues/Feb22016\\_Webinar\\_Slides.pdf](http://theconsumervoice.org/uploads/files/issues/Feb22016_Webinar_Slides.pdf)

# Resident to resident aggression

Resources from the National Center on Elder Abuse include citations from the studies cited above

<http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/RR-Aggression-Research-Brief.pdf>

<http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/RR-Aggression-Research-Practice.pdf>

# EFFECTS OF AGEIST LANGUAGE, ATTITUDES & ASSUMPTIONS

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I must have had a senior moment because I forgot to buy more anti-aging cream!

# Reframing the language of aging

- Stannard, Charles I. *Old Folks and Dirty Work: The Social Conditions for Abuse in a Nursing Home*, 20 Soc. Probs. 329 **1972-1973** (Content nearly contemporary; title a relic...mostly.)
- Challenge: Can we change public attitude (fatalism) that elder abuse is inevitable because deterioration and residential care problems are inevitable?

## So, is this ageist? \*

- “age wave”
- “silver tsunami”
- “senior moment”
- “senior citizen”
- “healthy aging”
- “vulnerable adult”
- “senior discount”
- “empty nester”
- “granny cam”
- Granny Smith apple
- “sharp as a tack”
- “aging gracefully”
- “aging in place”
- “Absolutely Ageless Eye Cream”

\*See Ashton Applewhite  
<http://yoisthisageist.com/>



# What is “ageism?”

- Ageism, also known as age discrimination,
- When someone treats you unfairly because of your age.
- It can also include the way that older people are represented in the media, which can have a wider impact on the public’s attitudes
- Labels or assumptions placed on Elders unfairly.

# Affects of ageism

- Is oppressive and humiliating, and can become a self-fulfilling prophecy
- Negative societal stereotypes can cause older people to view themselves as weak and passive
- Studies demonstrate that older adults who possess negative self-stereotypes perform more poorly on memory tasks

# Reframing aging

- Collectively must demand a decent quality of life for the millions of older adults who were good workers, neighbors, taxpayers and citizens
- “He/She won’t change. What do you expect? He/She’s a 71-year-old ”.
- Distorted idea that a person’s age is inversely proportional to his or her capacity to change. Somehow we have developed the ageist assumption that our values, beliefs, and behaviors, like our arteries, harden with the years.
- Many elders are determined to hold on to lifestyles to which they have grown accustomed and continue to treasure.
- If we’re honest, don’t we know people in their 40s — or even their 20s — who do the same thing?
- The ability and desire to change are not age-determined. They are a function of an individual’s curiosity, flexibility, confidence, and courage.

# Resources for reframing

- FrameWorks Institute. *“You Only Pray that Somebody Would Step In”: Mapping the Gaps Between Expert and Public Understandings of Elder Abuse in America (2016)*.  
[http://www.frameworksinstitute.org/assets/files/elder\\_abuse\\_mtg\\_report\\_formatted\\_final.pdf](http://www.frameworksinstitute.org/assets/files/elder_abuse_mtg_report_formatted_final.pdf)
- FrameWorks Institute. *A FrameWorks Communications Toolkit (2017)*.  
<http://www.frameworksinstitute.org/toolkits/elderabuse/>

# COMMUNICATION AND EMPATHY

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Oh, [epithet deleted], we blew it!

# Creating a workplace culture of elder justice

- The sum of attitudes, customs or beliefs that distinguishes our group or organization
- Soundbites, platitudes, and secrets
- Challenges
  - Staff turnover
  - Need for temporary staff

# Creating a workplace culture of elder justice

- Is zero-tolerance enough?
  - Clarity (not mixed messages)
  - Consistency
  - Communication
  - Access to leadership
- Willingness to acknowledge and empathize
  - Protecting victims
  - Responding to concerned families
  - Fear of liability

# Culture of a long-term care residence

- Fully understand the culture in each long-term care residence as it relates to the beliefs and behaviors that determine how the employees and management interact with the people they are there to serve and work with.
- Involves rethinking values and practices of a nursing home (or other long-term care residence) from top to bottom, inside and out. It is not about change for its own sake. It is about change that brings all who are involved in the nursing home culture – staff, management, residents, and families – to a new way of working that creates a humane environment supporting each resident's life, dignity, rights, and freedom. Culture change is about de-institutionalizing services and individualizing care. [NCCNHR Consumer Fact Sheet August 2009]

# Resident/tenant councils

- Organization of people living together in a congregate setting. Similar; tenant councils.
- Represent the interests of those living together and provide a way for residents to have a say in the way their home is run.
- The Older Americans Act requires ombudsmen to support the development of resident and family councils.
- Ombudsman support, provide education, empower tenant councils.

# MN abuse prevention training for resident and family councils

- STAND UP FOR YOURSELF – AND EACH OTHER
  - Developed in response to elder abuse cases in two different community nursing homes made public in late 2008.
  - Training aimed at Resident and Family Councils.
  - Goal of training:
    - Educate consumers on elder abuse
    - Empower them to speak up and advocate for each other
    - Resident and Family Councils share in the responsibility for an abuse free home.
    - Additional avenue to educate consumers and not only staff about the importance of reporting abuse.

# Learning Circle

- A group of individuals with a common interest about a self-identified topic and in a format the group has decided upon.
- Are flexible, peer-directed learning experiences.
- Are built upon the idea that every member has something to contribute and something to learn.
- Are intended to lead to action and change.
- Purpose of a Learning Circle is a tool that encourages all key stakeholders to speak, listen and participate in problem-solving and making decisions.
- To develop common ground and mutual respect among the diversity of the nursing home residents, direct care givers, families, management, different departments, and professions.

## Stand UP For Yourself – And Each Other! Resident Council Education To Prevent Elder Abuse

- Elder Abuse - Identify It!
  - If you hear it or see it - and something is happening that shouldn't be happening – it could be elder abuse. Little things like crude language can escalate. Bad language is not acceptable. Neither is rough handling or being treated disrespectfully. If workers were a young person in your family, bad language or behavior would not be acceptable. So let someone know. Staff may be re-educated and counseled and maybe will find that this is not a place for them to work. Each staff person needs to decide if this is a place they should work – a place that treats all residents with respect.

## Stand UP For Yourself – And Each Other! Resident Council Education To Prevent Elder Abuse (cont.2)

- Elder Abuse - Report It!
  - Folks who can talk – should. You are the expert here. You live here and have intimate knowledge of what goes on here. We come and go. We have no idea what goes on behind closed doors with people we love. We rely on you to report those actions that make you feel uncomfortable or you wouldn't want done to anyone else. If you don't report what you see or hear or feel, then somebody else may experience the same thing. Reporting is not just for you but also to protect others. Not everyone is capable of reporting so all of us need good observational skills. Realize that it's important to report – so do it!

## Stand UP For Yourself – And Each Other! Resident Council Education To Prevent Elder Abuse (cont.3)

- Elder Abuse - Stop It!
  - We need to treat every resident like someone we love. This isn't just about you. It is about your friends and neighbors here. It is about those who are valued members of our community who no longer can speak for themselves. We - who can still speak and hear and observe – have the responsibility to look out for those friends and neighbors who need us to watch out for them. Reporting is the right thing to do. Don't be afraid. We need to speak up!

## Stand UP For Yourself – And Each Other! Resident Council Education To Prevent Elder Abuse (cont.4)

- Elder Abuse - Are You Afraid To Report?
  - We realize that asking you to report may make you feel afraid. You may fear getting bad treatment - or even having the nursing home kick you out or fire workers. You may feel insecure when reporting for fear that you, other residents and staff will be punished. It's better to talk to someone rather than whisper among yourselves. Talk to somebody in charge or someone you trust.
  - You have the right to be free from abuse and neglect. You have the right to express concerns about your care without fear of discrimination or retaliation. You have the right to have your complaints dealt with fairly and promptly. These rights are protected by Minnesota and federal law.

## Stand UP For Yourself – And Each Other! Resident Council Education To Prevent Elder Abuse (cont.5)

- We're Here To Stand UP For You – To Stand With You – And To Help You!
  - Know that you have our support. We stand behind you. We're not here digging up dirt. We're here to help you solve your problems. We work for you – and with you! We can go with you to make a complaint. We need to build on what we have here at this home – a ray of hope that no abuse will happen here. We all want a home we can be proud of!

# IT ALL COMES DOWN TO THIS

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and it's more easily said than done.

# A healthy culture means

*confidential, trusted internal systems*

for staff, families, visitors & volunteers

*to raise and address concerns*

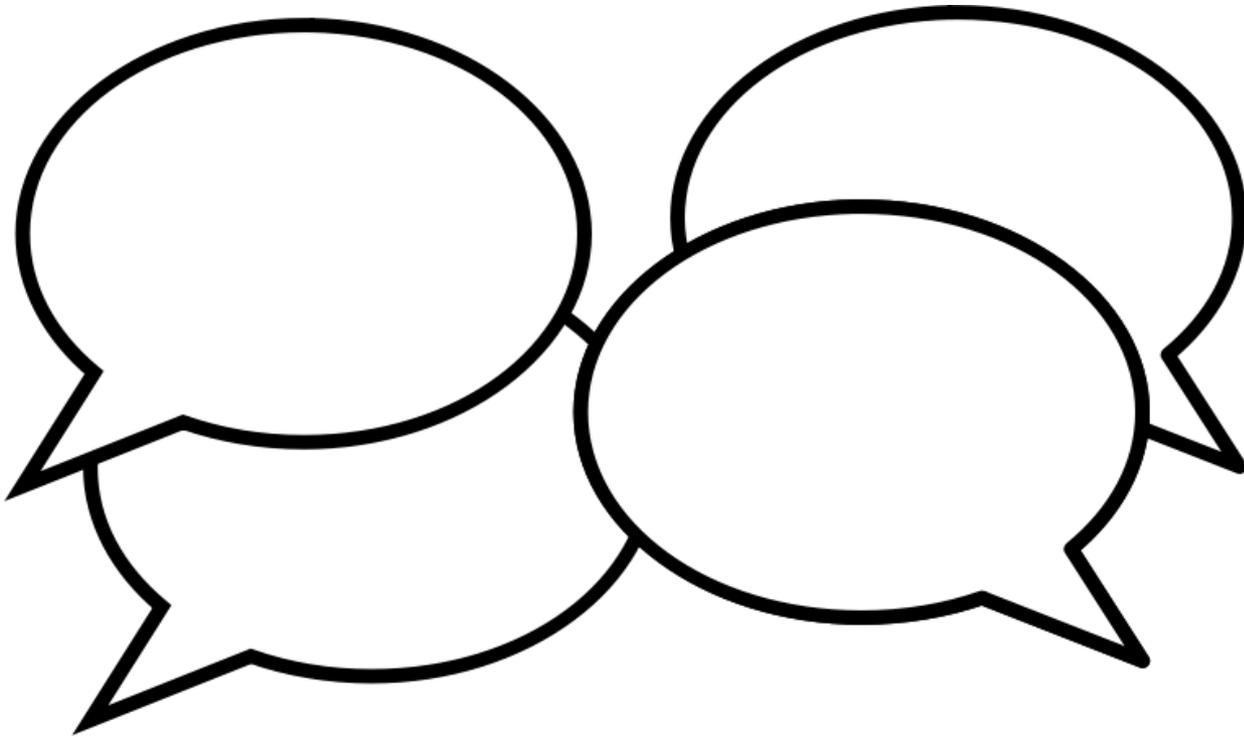
about individual staff behavior or

inadequate staffing

or any other perceived danger

*before that issue develops into maltreatment.*

# Questions and conversation



# THANK YOU

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