III.

Resources

Abuse & Neglect

The Times-Picayune. Louisiana. Special Report. *State of Neglect*. April 17-21, 2005.
http://www.nola.com/speced/nursinghomes/

Overview: This powerful five-part series closely examines the failures of many Louisiana nursing homes to provide adequate care for their residents. The series emphasizes Louisiana's minimal penalties and lack of enforcement for nursing homes that endanger residents' health and safety. It further highlights weaknesses in the survey process; inadequate staffing as a precursor to inadequate care; and the nursing home industry's financial and political clout in the Louisiana Statehouse that have defeated efforts to reform the system.

Administration on Aging. *2004 National Ombudsman Reporting System (NORS) Data Tables*.
http://www.aoa.gov/prof/aoaprog/elder_rights/LTCombudsman/National_and_State_Data/2004nors/2004nors.asp

Overview: This report provides 2004 data from the long-term care ombudsman program – a federally mandated program that advocates on behalf of residents of long term care facilities. In 2004, ombudsmen handled more than 220,000 complaints, many of them related to resident care and resident rights.

U.S. Congress. Senate. Finance Committee. *Nursing Home Quality Revisited: The Good, the Bad and the Ugly: Hearing before the Committee on Finance*. 108th Cong., 1st sess., July 17, 2003.
http://finance.senate.gov/hearings/91231.pdf

Overview: This hearing examined the quality of nursing home care nationwide. An Illinois daughter testified that her mother died after four days in a nursing home from a dirty, clogged tracheotomy tube and the nursing home's failure to administer prescribed medications. A West Virginia daughter testified that her mother, who suffered from Alzheimer's disease, was found dead in her nursing home with a shower hose around her neck. Both daughters stated that subsequent investigations yielded no action against the facilities. The acting Inspector General of the Department of Health and Human Services testified that federal inspectors who conducted comparative surveys of nursing homes in 2002 consistently found more deficiencies and more serious deficiencies than states found when surveying the same facilities.

St. Louis Post-Dispatch. Missouri. Special Reports. *Neglected to Death*. October 12-19, 2002.
http://www.stltoday.com/stltoday/news/special/neglected.nsf/front?openview&coun%20t=2000#

Overview: This week-long special report highlighted the prevalence of neglect in Missouri nursing homes; described how inadequate staffing leads to poor care; showed how victims of abuse and neglect rarely received justice; illustrated the challenges and frustrations of regulators as they try to enforce quality standards; recognized attempts by legislators to seek legislative solutions; examined innovative approaches to nursing home care; and described the plight of one family trying to care for their ailing mother. The report included opinion pieces and reactions from government officials, advocacy groups, and more.

U.S Congress. Senate. Special Committee on Aging. *Safeguarding Our Seniors: Protecting the Elderly from Physical and Sexual Abuse in Nursing Homes: Hearing before the Special Committee on Aging*. 107th Cong., 2nd sess., March 4, 2002. http://aging.senate.gov/public/events/030402.html

Overview: This powerful hearing featured the testimony of two family members and an attorney about the horrifying beating-related deaths of two frail elderly women; the rape and resulting pregnancy of a younger woman; and the failure of state health departments and law enforcement officials to address the crimes.

U.S. General Accounting Office (GAO). *More Can be Done to Protect Residents from Abuse*. GAO-02-312. March 2002. http://www.gao.gov/new.items/d02312.pdf

Overview: This report found that over 30 percent of the nation's nursing homes had received citations for causing actual harm to residents or placing them in immediate jeopardy. The report further found that abuse allegations are not reported quickly; few abuse allegations are prosecuted; and safeguards to protect residents from abusive individuals are inadequate.

Assisted Living

National Senior Citizens' Law Center. *Critical Issues in Assisted Living: Who's In, Who's Out, and Who's Providing the Care*. May 2005. http://www.nsclc.org/news/05/05/ALreport.htm

Overview: This report is based on a review of the laws and regulations of all 50 states and the District of Columbia applying to assisted living facilities. It examines the balance between provider flexibility and resident protection. The report highlights how state assisted living laws are, or are not, addressing critical issues in assisted living such as definitions of levels of care, protections for involuntary discharges, and staff training and makeup. The report discusses the pros, cons, and implications of various state approaches.

USA Today. *Assisted Living: When Caregivers Fail*. May 26-June 1, 2004. http://www.usatoday.com/money/industries/health/2004-06-01-assisted-living_x.htm

Overview: This week-long series, based on an investigation of inspection records of more than 5,000 assisted living facilities, found "a pattern of mistakes and violations that lead to scores of injuries and occasional deaths among the estimated 1 million elderly residents of assisted living facilities." The series emphasized the failure of state government to effectively regulate assisted living facilities and stressed the minimal training required for assisted living nurse aides.

The Washington Post. Virginia. Special Report. *A Dangerous Place.* May 23-27, 2004. http://www.washingtonpost.com/wp-dyn/metro/va/homes/

Overview: This 18-month investigation found "a troubled and worsening record of care" in Virginia's assisted living facilities, "including avoidable injuries and deaths, and a system of state oversight that often failed to identify or correct problems." The investigation concluded that at least 51 deaths were attributable to neglect and that in more than 135 other cases "residents suffered sexual assaults, physical abuse or serious injuries, including head wounds, broken bones, burns and life-threatening medication errors." In fact, in an eight-year period, about 4,400 residents had been "victims of abuse, neglect or exploitation."

Enforcement

U.S. Government Accountability Office (GAO). Report to Congressional Requesters. *Nursing Homes: Despite Increased Oversight, Challenges Remain in Ensuring High-Quality Care and Resident Safety*. GAO-06-117. December, 2005. http://www.gao.gov/new.items/d06117.pdf

Overview: This report found that the decline in the proportion of nursing homes with serious quality problems in the Centers for Medicare and Medicaid Services' (CMS's) nursing home survey data masks two important problems: inconsistency among state surveyors in conducting surveys and understatement by state surveyors of deficiencies that caused harm or immediate jeopardy to residents. In five large states with significant declines in serious deficiencies, federal surveyors concluded that state surveyors had missed serious deficiencies in 8 percent to 33 percent of facilities where federal inspectors conducted comparative surveys. This analysis is consistent with GAO's finding in July 2003 that there was considerable understatement of quality-of-care problems, such as serious, avoidable pressure sores.

Morain, Dan. "Nursing Home Scrutiny Lagging. Enforcement of tough laws is on the wane despite increase in complaints about care. State budget cuts have left too few inspectors." *LA Times*. July 31, 2005.

Overview: This article highlights the failures of California's state health department to enforce state nursing home laws. The article contends that state inspectors focus on enforcing less stringent federal standards rather than tougher state laws in order to protect federal funding. Advocates point out that that federal sanctions are rarely carried out and therefore California nursing homes often go unpunished for noncompliance.

U.S. Office of Inspector General (OIG). Department of Health and Human Services (HHS), *Nursing Home Enforcement: Collection of Civil Money Penalties*. OEI-06-03-00420. July 2005. http://oig.hhs.gov/oei/reports/oei-06-03-00420.pdf

Overview: Using data from nursing home enforcement cases initiated in 2002, this report examined the extent to which the Centers for Medicare & Medicaid Services collected civil monetary penalties (CMPs) and followed up with required collection procedures. The report found that, as of March 2004, four percent of the CMPs imposed in 2002 were not fully collected. An additional eight percent were past due by more than 30 days before they were collected. The report further showed that in 94 percent of past-due CMPs, CMS did not take all the required actions to ensure payment. Furthermore, responsibility for CMP collection is unclear within the agency, and the database used to track CMP collections is fraught with errors and incomplete information.

U.S. Office of Inspector General (OIG). Department of Health and Human Services (HHS), *Nursing Home Enforcement: The Use of Civil Money Penalties*. OEI-06-02-00720. April 2005. http://oig.hhs.gov/oei/reports/oei-06-02-00720.pdf

Overview: This report found that in 2000-2001 the Centers for Medicare & Medicaid Services used civil monetary penalties (CMPs) in 51 percent of their enforcement cases. However, the report shows that 70 percent of those cases had their fine reduced prior to their request for payment. Facilities receive a 35 percent reduction simply for waiving their right to appeal. As of December 2002, 14 percent of imposed CMPs remained uncollected and eight percent were not yet due because of appeals and/or

bankruptcies. The report found that cases with no appeal take over six months to collect while appealed cases take significantly longer. According to the report, CMS also tends to impose the lower end of allowed fines rather than the maximum amount.

U.S. General Accounting Office (GAO). Report to Congressional Requesters. *Nursing Home Quality: Prevalence of Serious Problems, While Declining, Reinforces Importance of Enhanced Oversight*. GAO-03-561. July 15, 2003. http://www.gao.gov/new.items/d03561.pdf

Overview: This report found an unacceptably high number of nursing homes with serious quality problems and identified weaknesses in state survey, complaint and enforcement processes. Recommendations included strengthening the nursing home survey process, ensuring that state-surveys and complaint investigations sufficiently assess quality of care problems, and improving CMS oversight of state survey activities.

U.S. Office of Inspector General (OIG). Department of Health and Human Services (HHS), *Nursing Home Deficiency Trends and Survey and Certification Process Consistency*. March 2003. http://oig.hhs.gov/oei/reports/oei-02-01-00600.pdf

Overview: This report described trends in nursing home deficiencies and examined the inconsistencies among states in implementing the federally required survey and certification process. Important findings include an increase in the number of nursing home deficiencies from 1998-2001 and discrepancies in how states determine the number and type of deficiencies. The OIG concluded that the rise in the number of deficiencies was cause for concern.

U.S. General Accounting Office (GAO). Report to Congressional Requesters. *Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards*. GAO/HEHS-99-46. March 18, 1999. http://www.gao.gov/archive/1999/he99046.pdf

Overview: This report showed that nursing homes nationwide were consistently not held accountable for noncompliance with federal quality standards. The report identified four obstacles to effective enforcement: (1) backlog of civil monetary penalties; (2) weaknesses in deterrent effect of withholding federal funds; (3) failure to require states to report deficiencies that contributed to a resident's death; and (4) the weak information management system of the Health Care Financing Administration (HCFA), now known as CMS.

U.S. General Accounting Office (GAO). Report to the Special Committee on Aging. *California Nursing Homes: Care Problems Persist Despite Federal and State Oversight*. GAO/HEHS-98-202. July 28, 1998. http://www.gao.gov/archive/1998/he98202.pdf

Overview: This report found weak federal and state oversight of California nursing homes. According to the study, one in three California nursing homes was cited for serious or potentially life-threatening deficiencies. The severity of care problems was often understated; facilities could predict when their annual survey would occur; facility documentation was often incomplete or inaccurate; and state surveyors frequently missed serious deficiencies, such as significant weight loss or failure to prevent bed sores. Finally, the report showed that when the state did identify a serious care problem, the federal overseeing agency did not ensure that the deficiency was corrected and remained corrected.

Staffing

Harrington, C., Carrillo, H., Crawford, C. *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 1998 through 2004*. Department of Social and Behavioral Sciences, University of California, San Francisco, CA, August 2005. http://www.nccnhr.org/public/245_1267_11874.cfm

Overview: This book presents calendar year data from 1998 through 2004 on nursing facilities, staffing, resident characteristics, and surveyor reports of quality deficiencies by state. Data in the report show that the average number of registered nurse hours per resident day declined by 25 percent (from 0.8 hours to 0.6 hours), although there was an increase in nursing assistant hours. In addition, the data reveal that the average number of deficiencies increased by 43 percent, and quality of care is the second most common violation of federal regulation, increasing from 17 percent to 26 percent of all U.S. nursing homes.

American Health Care Association. Health Services Research and Evaluation. *Results of the 2002 AHCA Survey of Nursing Staff Vacancy and Turnover in Nursing Homes*. February 12, 2003.

Overview: This report presents the results of a survey completed by almost 40 percent of U.S. nursing homes. The data collected as of June 30, 2002 found that nursing staff turnover was consistently high across the country. Annual turnover for staff registered nurses, licensed practical nurses and directors of nursing stood at about 50 percent, while turnover for certified nursing assistants was estimated at an average of 71 percent, with many states exceeding that rate.

U.S. Office of Inspector General (OIG). Department of Health & Human Services (HHS). *Nursing Home Medical Directors Survey*. February 2003. http://oig.hhs.gov/oei/reports/oei-06-99-00300.pdf

Overview: This government survey of nursing home medical directors reported that 86 percent of doctors charged with overseeing medical care in nursing homes spend eight hours a week or less in the facility. Sixty-two percent of the medical directors reported that they visited the facility once a week or less.

U.S. Department of Health & Human Services. Centers for Medicare & Medicaid Services (CMS). *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report*. December 2001. http://www.cms.hhs.gov/medicaid/reports/rp1201home.asp

Overview: This report to Congress concluded that below nurse staffing levels identified by researchers, "there appears to be little facilities can do to mitigate quality problems;" and moreover, that more than 90 percent of nursing homes do not have enough licensed nurses and nurse aides to avoid serious health and safety problems or to provide basic care services.

U.S. Congress. Senate. Special Committee on Aging. *Nursing Home Residents: Short-changed by Staff Shortages, Part II: Hearing before the Special Committee on Aging*. 106th Cong., 2nd sess., July 27, 2000. http://aging.senate.gov/public/events/hr55.htm

Overview: This hearing discussed the findings of a study conducted by the Health Care Financing Administration (HCFA) that concluded that there is a strong connection between staffing levels and the quality of care provided in nursing homes. The administrator of HCFA testified that 56 percent of all nursing homes were below the preferred minimum level for total licensed staff. One researcher who participated in the study concluded that there are identifiable staffing levels below which resident care is compromised, and another researcher concluded that 2.0 hours of nurse aide time per resident per day is too little to provide adequate care.

Harrington C., Kovner C., Mezey M., Kayser-Jones J., Burger S., Mohler M., Burke R., and Zimmerman D. "Experts recommend minimum nurse staffing standards for nursing facilities in the United States." *The Gerontologist*. 2000. Vol. 40, Issue 1, pp. 5-16.

Overview: This article strongly encourages legislators and/or regulators to adopt a federal minimum staffing standard for nursing homes nationwide. Recommendations included in the article closely resemble the national staffing standards proposed by NCCNHR in 1998. Specifically, the experts call for a minimum of 4.13 hours of direct nursing care per resident per day. On the day shift, 1 Licensed Practical Nurse or Registered Nurse (LPN/RN) for every 15 residents and 1 nursing assistant (NA) for every 5 residents. On the evening shift, 1 LPN/RN for every 20 residents and 1 NA for every 10 residents. And, on the night shift, 1 LPN/RN for every 30 residents and 1 NA for every 15 residents.

U.S. Congress. Senate. Special Committee on Aging. *Nursing Home Residents: Short-changed by Staff Shortages: Hearing before the Special Committee on Aging*. 106th Cong., 1st sess., November 13, 1999. http://aging.senate.gov/public/events/fr11.htm

Overview: This hearing examined the relationship between staff levels and quality care in nursing homes. One mother of a nursing home resident emphasized the seriousness of understaffing by highlighting several instances, often dangerous, when her daughter's call light went unanswered. One certified nursing assistant (CNA) described her unrealistic work load caring for 15 residents on her 3:00 p.m. – 11:00 p.m. shift. A state ombudsman urged Congress to require and adequately enforce national minimum standards for nursing home staff. Industry representatives testified that "quantity is not quality" and opposed a national minimum staffing standard.

State Specific Reports

U.S. Congress. House of Representatives. Committee on Government Reform. Minority Staff. Special Investigations Division. *Nursing Home Conditions in Arkansas: Many Nursing Homes Fail to meet Federal Standards for Adequate Care*. November 6, 2003. http://www.democrats.reform.house.gov/Documents/20040624112120-66634.pdf

Overview: More than 90 percent of Arkansas's 245 nursing homes that accepted federal funding were in violation of federal health standards. Over one-third of these facilities had deficiencies which caused actual harm to residents or put them at risk of death or serious injury. The report further showed that most Arkansas nursing homes do not provide adequate staffing.

U.S. Congress. House of Representatives. Committee on Government Reform. Minority Staff. Special Investigations Division. *Nursing Home Conditions in Los Angeles County: Many Nursing Homes Fail to Meet Federal Standards for Adequate Care*. February 4, 2003. http://www.democrats.reform.house.gov/Documents/20040624114555-60143.pdf

Overview: Ninety-one percent of federally funded nursing homes in Los Angeles County, California violated federal health standards. The 2003 report was a follow-up to a similar 1999 report that showed most facilities in Los Angeles County failed to meet federal health and safety standards. The report concluded that most facilities in Los Angeles County continued to provide substandard care.

U.S. Congress. House of Representatives. Committee on Government Reform. Minority Staff. Special Investigations Division. *Nursing Home Conditions in Texas: Many Nursing Homes Fail to meet Federal Standards for Adequate Care*. October 28, 2002.

http://www.democrats.reform.house.gov/Documents/20040830112134-57472.pdf

Overview: Eighty-six percent of federally funded Texas nursing homes violated national health and safety standards, and over one-third of all facilities had deficiencies that caused actual harm to residents or put them at risk of death or serious injury. Finally, the report found that over 90 percent of nursing homes did not meet recommended staffing levels.

U.S. Congress. House of Representatives. Committee on Government Reform. Minority Staff. Special Investigations Division. *Nursing Home Conditions in the 13th Congressional District of Pennsylvania: Many Nursing Homes Fail to meet Federal Standards for Adequate Care*. July 23, 2001. http://www.democrats.reform.house.gov/Documents/20040830114240-99423.pdf

Overview: More than 70 percent of federally funded nursing homes in the 13th district of Pennsylvania violated federal health and safety standards in inspections. Additionally, more than half of those facilities had deficiencies that caused actual harm to residents or put them at risk of death or serious injury.

Medical Malpractice and Nursing Homes

Stevenson, David G., Ph.D. Testimony before the U.S. Senate Special Committee on Aging, *Medical Liability in Long Term Care: Is Escalating Litigation A Threat to Quality and Access?* 108th Cong., July 15, 2004. http://aging.senate.gov/public/_files/hr127ds.pdf

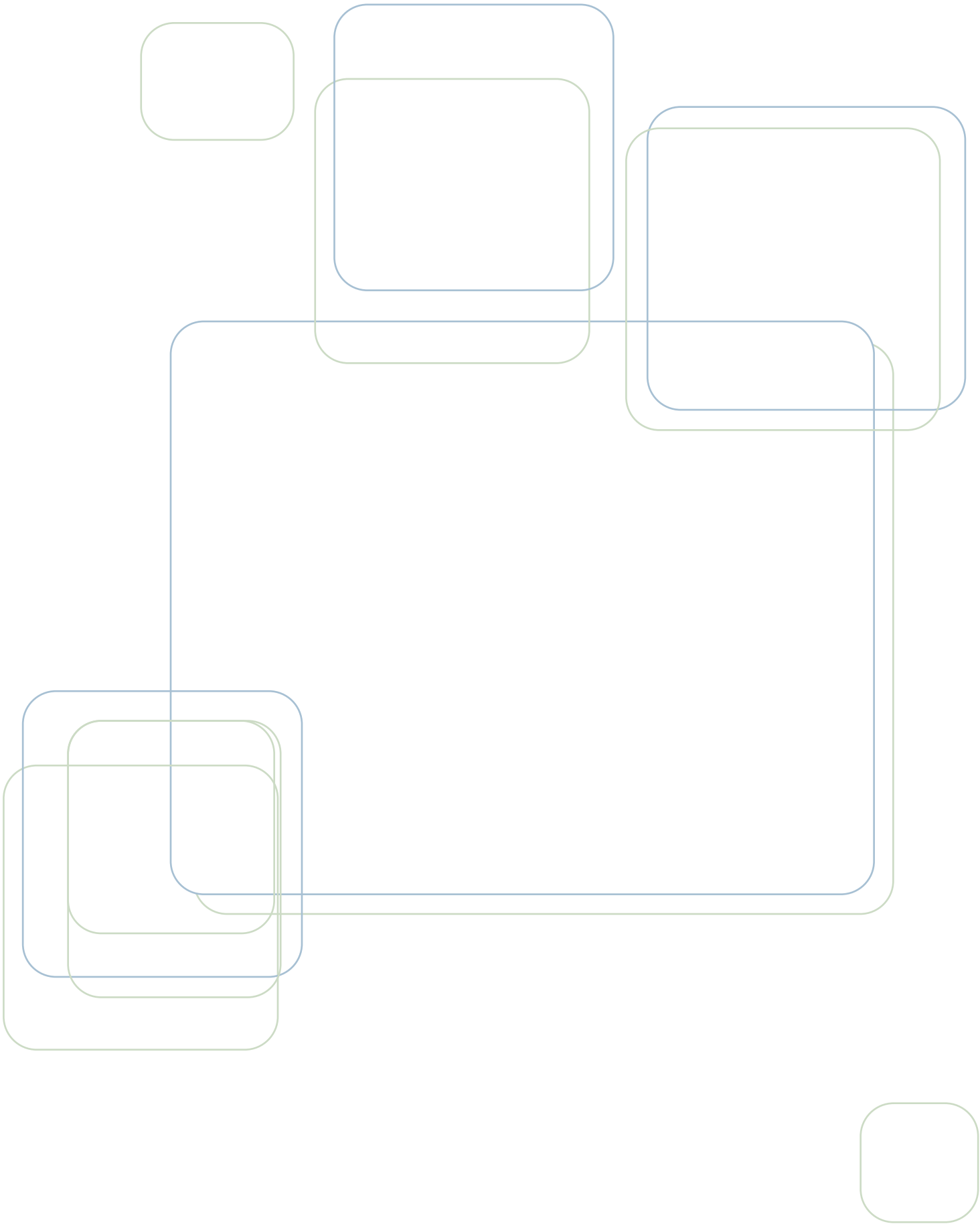
Overview: Stevenson urged lawmakers to take into consideration "the distinct features of nursing home litigation" when considering tort reform, including the fact that since "few elderly have ongoing sources of income that would be diminished by physical injury," noneconomic damages account for about 80 percent of nursing home residents' compensation. "Insufficient sensitivity" to the special distinctions of nursing home cases, he testified, including the fact that half of such cases involve deaths, would mean that the ability of negligently-injured residents and their families to "obtain reasonable compensation for worthy claims would be inappropriately blocked."

Studdert, David M., LLB, SCD, MPH, Stevenson, David G., PhD. "Nursing Home Litigation and Tort Reform: A Case for Exceptionalism." *The Gerontologist*. Vol. 44, No. 5 (2004): 588-595.

Overview: This article cautions legislators against a one-size-fits-all policy fix to address the alleged litigation crisis in nursing homes and acute care settings. The authors emphasize the intrinsic differences in nursing home litigation such as the increased significance of non-economic damages, the pervasiveness of punitive damages, and the unique nature of injuries in the long-term care setting.

Edelman, Toby S., Esq., Center for Medicare Advocacy, Inc. *Tort Reform and Nursing Homes*. April 2003. http://medicareadvocacy.org/Media_PR_TortReform.htm

Overview: This study concluded that nursing home malpractice lawsuits are not frivolous; malpractice cases occur when residents have been seriously injured or died. Major findings of the report include evidence that: (1) tort litigation is not the cause of increasing insurance premiums; (2) there has not been a dramatic increase in tort litigation; and (3) actual pay-outs or settlements rarely equal the large jury verdicts reported in the media. Edelman concludes that limiting non-economic damages in tort reform litigation to $250,000 would allow the multi-billion dollar nursing home industry to provide substandard care with no fear of significant financial retribution.



IV.

Glossary

Glossary terms used in the case descriptions are marked with an ⋆

This glossary will help the reader better understand the experiences of the residents whose stories are told in this document.

ACIDOSIS: An abnormal condition of the blood caused by an accumulation of acid or a decrease in the alkaline reserve content in the blood and the body tissues.

ACUTE RENAL FAILURE: A sudden cessation of kidney function.

ANEURYSM: A sac formed by the dilatation, or stretching, of the wall of an artery or vein.

ASPIRATE: To suck in or inhale into the lungs matter such as food, liquid or gastric contents. vt. -rated.

ASPIRATION: The inhalation into the lungs of food, liquid, or gastric contents.

ASPIRATION PNEUMONIA: A pneumonia resulting from the aspiration, or inhalation, into the lungs of food, liquid, or gastric contents. Some causal or contributing factors to aspiration pneumonia are disorders interfering with swallowing such as a stroke, unconscious or semi-conscious individuals, old age, and dental problems.

ATRIAL FIBRILLATION: Very rapid irregular contractions of the upper chambers of the heart. Atrial fibrillation increases dramatically the incidence of blood clots and strokes, especially in the elderly.

AVULSIONS: A tearing away of a body part accidentally or surgically.

BETADINE: A preparation of povidone-iodine that destroys or delays new tissue growth when applied to healing wounds.

CARCINOMA: A malignant tumor. Commonly referred to as cancer.

CARE PLAN: A written plan for meeting the medical, physical, psychosocial, emotional, and spiritual needs of a nursing home resident. This care plan is prepared by an interdisciplinary team of staff members working with the resident (when possible), the resident's family (or representative), and the resident's doctor. The care plan must be updated when there is any change of condition, at least every quarter, and annually.

CAROTID: The two main arteries situated on each side of the front of the neck that supply blood to the head.

CATHETERIZE: The insertion of a catheter, or tube, into a body part such as the heart or bladder. The most common catheterization is the insertion of a catheter into the bladder for the removal of urine.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE: C.O.P.D. refers to a group of chronic, irreversible disorders that damage the lungs and over time cause increasing breathing difficulty. Emphysema and chronic bronchitis are the two most common forms of C.O.P.D. Cigarette smoking is implicated in 80% of all cases.

COCCYX: A group of four small fused bones coming to a point at the end of the spine. The coccyx is also called the tailbone.

COLOSTOMY BAG: A bag that is kept in position next to the abdomen to collect feces when the intestine is connected surgically to the abdominal wall to form an artificial anus.

CONGESTIVE HEART FAILURE: Heart failure in which the heart is unable to maintain an adequate circulation of blood to the tissues of the body or to pump out the blood that the veins are returning to the heart by the venous circulation. Congestive heart failure is a chronic condition that can lead to death.

CONTRACTURES: A permanent shortening of a muscle or a tendon, which produces a deformity or distortion of the arm or leg. Contractures are usually preventable if muscles are diligently stretched and exercised.

CYANOTIC: A bluish or purplish discoloration of the skin and mucous membranes due to a lack of oxygen in the blood.

DARVOCET: An analgesic used for mild to moderate pain relief that combines propoxyphene hydrochloride and acetaminophen.

DEBRIDEMENT: The surgical or chemical removal of damaged or diseased tissue that may be impeding healing. Debridement is one of the treatments for severe pressure sores. - debride vt. - brided, — briding.

DEMEROL: A narcotic analgesic used for moderate to severe pain relief.

DIABETIC KETOACIDOSIS: Occurs when insulin levels are far lower than the level the body needs and causes the blood to become acidic and the body to be dangerously dehydrated. This is a potentially fatal complication unless treated promptly.

DIURETIC: A medication given to increase the excretion of water from the body when there is a need to rid the body of excess fluids.

ELECTROLYTE IMBALANCE: An inappropriate level of blood electrolytes such as sodium, potassium, or chloride, in the bloodstream. Abnormal levels of electrolytes affect the flow of nutrients into cells and waste products out of cells.

ELOPEMENT: The leaving of a facility by a resident without the knowledge of the staff. Elopement is of special concern when the resident has dementia and leaving the facility puts the resident at high risk for harm.

ESCHAR: A scab-like black crust covering some pressure sores.

FIBULA: The smaller of the two leg bones below the knee.

FLAP SURGERY: Surgery in which a piece of tissue is partly severed from its origin in order to use the skin for a surgical graft. By leaving part of the skin attached to its origin, the blood supply is maintained, and the possibility of a successful graft is increased. Flap surgery can be used for the attempted repair of severe pressure sores.

GANGRENOUS: The death of tissue, in an area such as the foot or a pressure sore, which has been deprived of an adequate oxygen supply.

HYPERNATREMIA: An abnormal elevation of the blood sodium concentration. Normal blood sodium should be 136 to 142 milliequivalents per liter. Excessively high blood sodium can manifest as a decreased level of consciousness or a change in mental status.

HYPOTHERMIA: A below normal body temperature (<94 degrees) that leads to the elder usually being in critical condition. The mortality rate for hypothermia in the elderly is approximately 50%.

HYPOTHYROIDISM: A condition caused by the failure of the thyroid gland to produce adequate hormones.

ILEUS: An obstruction of the intestine. A condition that is commonly accompanied by a painful distended abdomen, dehydration, toxemia, and vomiting of dark vomitus or fecal matter which results when intestinal contents back up because peristalsis, the muscular movements that move food through the intestines, fails.

IRRIGATION: To wash or cleanse an area or tube with a stream of fluid in order to remove debris.

MECHANICAL ASPHYXIA: Suffocation, or a lack of oxygen, not caused by a biological or chemical problem.

METABOLIC ACIDOSIS: A metabolic derangement of the acid-base balance where the blood Ph is abnormally low.

MRSA: Methacillin Resistant Staphylococcus Aureus. Includes several strains of Staphylococcus Aureus that are not killed by the usual antibiotics and can cause very severe infections in wounds or surgical sites.

MYELITIS: Inflammation of the spinal cord or of the bone marrow.

NECROSIS: The death of living tissue. The death of the tissue is frequently caused by pressure on the skin, especially at bony prominences, which can cause the loss of blood supply and oxygen to that area.

NECROTIC TISSUE: Dead tissue.

OSTEOMYELITIS: An infectious inflammatory disease of the bone that is often bacterial in origin. Osteomyelitis is marked by the local death of and the separation of tissue.

PARENTERAL: The administration of a drug or a solution by a route other than the intestines, such as in a vein, muscle, or under the skin.

PERIODONTAL DISEASE: A disease of the tissue surrounding a tooth.

PERIPHERAL VASCULAR DISEASE: A disease of the blood vessels affecting especially the blood vessels of the extremities (arms and legs).

PERITONEUM: The lining of the abdominal cavity that surrounds the organs in the abdomen.

PERITONITIS: Inflammation of the peritoneum.

PNEUMONIA: A disease of the lungs, usually caused by infection, which can involve a fever, chills, difficulty breathing, and a cough.

PRESSURE SORE: A red area, sore, or ulceration on an area of skin that has been deprived of an adequate blood supply by prolonged pressure on that area. Usually occurs over a bony prominence. Other contributing factors to a pressure sore are lying in a wet environment, repeated irritation of the skin caused by traction or friction, and inadequate nutrition and hydration. The pressure sore is "staged" based on the amount of damage to the tissue. Charting of a pressure sore in a facility should include the stage, size in centimeters, a description of any drainage, if there is an odor, any treatment of the area, and any improvement or deterioration of the pressure sore. The stages of pressure sores are:

* Stage I: Skin reddened or purplish. Skin not broken.
* Stage II: Blister or skin broken. Dermis (top layer) and epidermis (second layer) of skin involved.
* Stage III: Deep crater in skin. Sore has damaged the fatty tissue or third layer of skin.
* Stage IV: Deep wound down to the muscle or bone.

A gloved hand can be an easy way to estimate the size of the pressure sore before a definitive measurement is made. The finger at the first joint is approximately 2 centimeters in an average person. Two "fingers" would be four cm., three fingers would be six cm., etc.

PSYCHOSOCIAL: Involving both psychological and social aspects of a person's life, such as age, education, marital status, and related aspects of a person's history.

PULMONARY DISEASE: Any disease of the lungs.

RANGE OF MOTION: The movement of the arms and legs through their normal range of movement in order to keep the muscles healthy.

RENAL: Pertaining to the kidneys.

RESTORATIVE CARE: Treatment provided in order to enable an individual to regain, as much as possible, their normal or healthy former state or lifestyle. Restorative care may involve walking, assistance with eating, talking, transferring from bed to chair, and other activities to attain maximum medical improvement.

SACRAL: Of, or in the region of, the sacrum.

SACRUM: The large flat bone, consisting of five fused vertebrae, which is near the end of the spine. The sacrum is directly connected with and forms a part of the pelvis.

SEPSIS: A toxic condition that results from the spread of bacteria, or their by-products, from the initial site of an infection.

SEPTICEMIA: The invasion of the bloodstream by virulent microorganisms from the initial point of an infection. Septicemia is accompanied by chills, fever, and inability to get out of bed and often by the formation of secondary abscesses in various organs. Also called blood poisoning.

SEPTIC SHOCK: Usually the result of a severe infection where bacteria and toxins in the blood stream cause a low blood pressure. This hypotension causes reduced blood and oxygen to tissues and organs and frequently causes them to malfunction. Septic shock is a life-threatening condition.

SKIN TEAR: A wound, usually on the arms or legs, where the skin has torn apart. Skin tears can be caused by friction, rough handling, falls, etc., and is seen most frequently in the frail elderly due to the fragile nature of the skin as the fat layer under the skin decreases with age.

STAGE I, II, III, OR IV: See "PRESSURE SORE."

TIBIA: The shinbone. The tibia is the larger of the two bones below the knee.

TOXIC METABOLIC ENCEPHALOPATHY: A disease where the brain is poisoned. This condition may be due to acidosis, liver failure, or uremia. Tremors that may accompany this condition are characterized by irregular flapping movements of the outstretched hands (as described in The Merck Manuel of Geriatrics, Third Edition).

TRACHEOSTOMY: The surgical formation of an opening into the trachea through the neck, especially to allow the passage of air into the lungs when an individual cannot breathe normally on his or her own.

TRACHEOSTOMY TUBE: The tube inserted, at the front of the neck, into the trachea to allow a person to breathe. Periodical suctioning or cleaning of the tube is essential in order to maintain an unobstructed airway.

TRANSFERRING: The movement of a person from one area to another such as from the bed to a wheelchair or from the wheelchair to a commode.

TUNNELING: The extension of a pressure sore under the edges of the skin.

UNDERMINING: The erosion or deterioration of the tissue under the edge of the skin of the pressure sore.

UREMIA: A severe toxic condition caused by the accumulation in the blood of particles that are normally eliminated in the urine. This condition usually occurs when there is severe kidney disease.

URINARY CATHETER: A small tube inserted into the urethra, the opening to the bladder, for the drainage of urine. The catheter is secured in place in the bladder by a small filled balloon.

UROSEPSIS: A toxic condition, which stems from a urinary tract infection, that causes the passing of urine by infiltration or effusion from a proper vessel or channel into surrounding tissues of the body.

VASCULAR DISEASE: A disease of the blood or lymph vessels of the body.

VASCULITIS: Inflammation of a blood or lymph vessel.

Faces of Neglect

By the time Ralph B. was treated for dehydration, it was too late. The severe dehydration and high sodium levels Mr. B experienced had created such an imbalance in Mr. B's electrolytes that his brain was poisoned.

Mr. B was not able to recover. He was placed in hospice care and was unconscious most of the next month. However, shortly before his death, he opened his eyes and began talking to his relatives. He spoke his last words to his six-year-old granddaughter, to whom he said, *"Don't forget me."*