The National CONSUMER VOICE for Quality Long-Term Care formerly NCCNHR

Resident-to-Resident Elder Mistreatment in Nursing Homes:

Findings from the First Prevalence Study

Tuesday, February 2, 2016

Agenda

- **Julie Schoen,** Deputy Director, National Center on Elder Abuse (NCEA)

- **Dr. Karl Pillemer,** Director of the Bronfenbrenner Center for Translational Research, Hazel E. Reed Professor in the Department of Human Development, Professor of Gerontology in Medicine at the Weill Cornell Medical College.

The Consumer Voice

- The National Consumer Voice for Quality Long-Term Care (Consumer Voice) is a national, non-profit organization in Washington, D.C. that advocates for people receiving care and services at home, in assisted living, or in a nursing home.

- Clearinghouse of information and resources for empowering consumers, families, caregivers, advocates and ombudsmen in seeking quality care, no matter where.

- Provide technical assistance and support for state advocacy regarding long-term care services and supports and have a national action network.

THE NATIONAL CENTER ON ELDER ABUSE

Funded by a grant from the Administration on Community Living and Administration on Aging (ACL/AoA), serving as one of 27 National Resource Centers. The NCEA is a provider of up-to-date, pertinent and valuable resources, education, and information on elder abuse and neglect.

As a leader in the elder justice movement, we:

- Create valuable educational resources
- Provide training curricula tailored to variety of audiences
- Deliver up-to-date research
- Build partnerships and make connections
- Explore innovative models
- Listen to what the field needs
- Take advantage of opportunities to advance the field
- Communicate our efforts
- Envision our goals for tomorrow

ACL

AoA
Administration on Aging

THE NATIONAL CENTER ON ELDER ABUSE

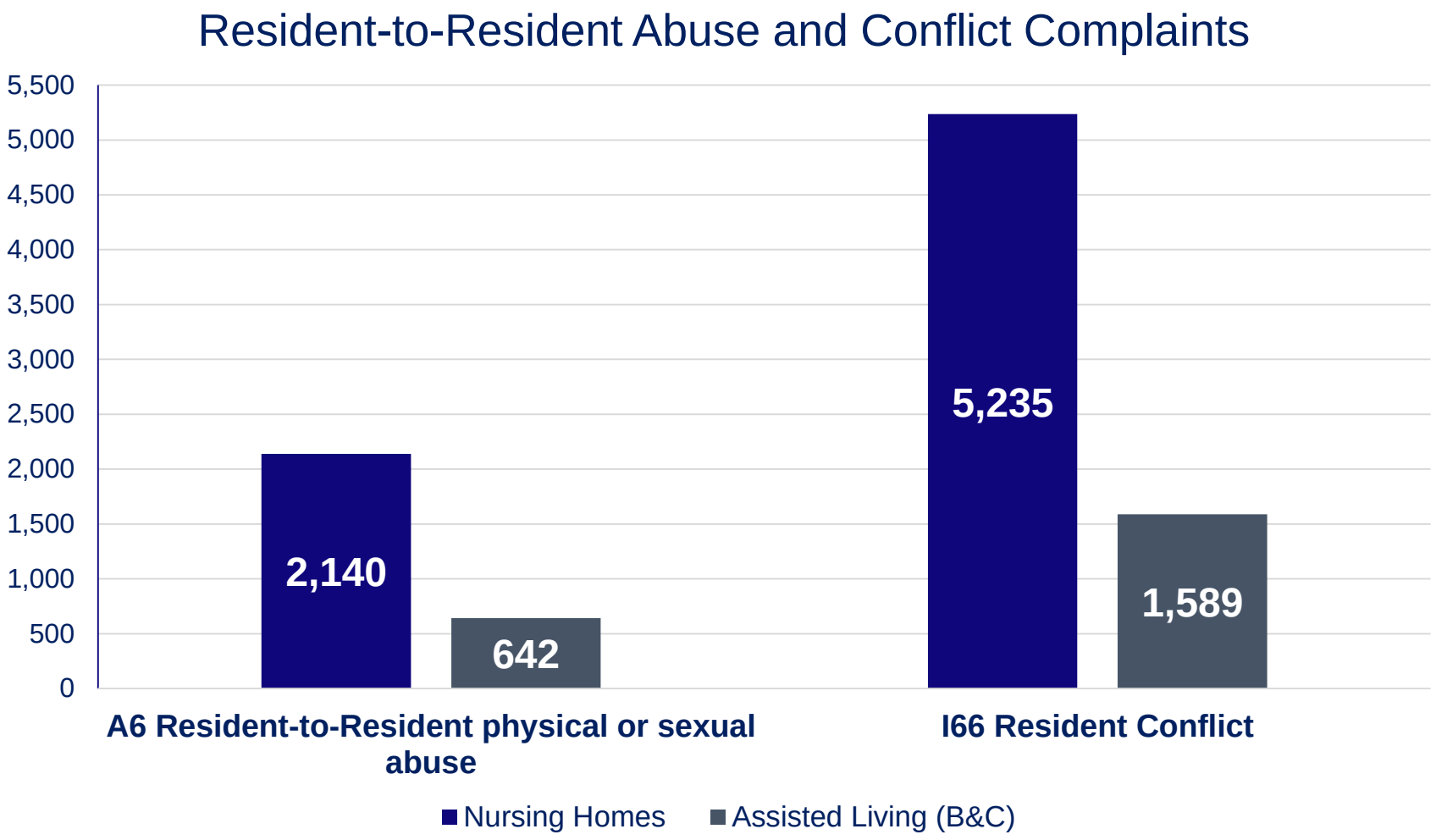
The purpose of the National Center on Elder Abuse (NCEA) is to improve the national response to elder abuse (EA), neglect, and exploitation by gathering, housing, disseminating, and stimulating innovative, validated methods of practice, education, research, and policy

- Making news and resources available
- Collaborating on and disseminating research
- Distribution of monthly themed blogs
- Identifying information about promising practices and interventions
- Operating a professional and student listserv
- Providing subject matter expertise

NCEA
National Center on Elder Abuse

Resident-to-Resident Abuse and Conflict Data

2013 National Ombudsman Reporting (NORS) Data



PRESENTATION

Dr. Karl Pillemer, Director of the Bronfenbrenner Center for Translational Research, Hazel E. Reed Professor in the Department of Human Development, Professor of Gerontology in Medicine at the Weill Cornell Medical College

Resident-to-Resident Elder Mistreatment in Nursing Homes: Findings from the First Prevalence Study

Funding Sources

- National Institute on Aging, RO1 AG014299; P30 AG022845
- NY State Department of Health, # C-022657
- National Institute of Justice, # IJ 2009-IJ-CX-0001

Probably Prevalent, Definitely Understudied

- Clinicians and NH staff report RREM as common
- Reports from the news media and advocacy groups on vulnerability to mistreatment by other residents, e.g.:
  - younger psychiatric patients (with history of aggression) in long-term care facilities
  - registered sex offenders living in long-term care facilities
  - Severe violence and homicide

Laura Lundquist, 98, indicted in strangling of nursing home roommate Elizabeth Barrow, 100

Laura Lundquist, a 98-year-old nursing home resident, faces second-degree murder charges that allege she strangled and suffocated her 100-year-old roommate Elizabeth Barrow. Lundquist was indicted Friday.

Probably Prevalent, Definitely Understudied

- Very little research
  - Studies focus on staff-to-resident abuse or resident aggression toward staff
  - Research on problem behaviors in dementia
- Preliminary studies for this project
  - Focus group study: majority of staff respondents identified RREM occurrences

Probably Morbid, Perhaps Mortal

- Shinoda-Tagawa, 2006: Fractures, dislocations, bruises
- Frailty of residents makes minor incidents potentially very harmful
- Negative psychological consequences of experiencing *or* observing RREM
- Community abuse associated with high mortality

RREM Harms Staff and Facilities

- Negative impact on job-related outcomes among staff
  - Feel powerless to stop RREM
- Staff intervening in violent interactions between residents may get injured themselves
- Damaging to long-term care facilities
  - State and federal sanctions
  - Civil liability

Probably Preventable, Little Intervention

- Treatments and interventions exist for aggressive behaviors in general
- But no attention to intervention specifically in RREM
- Although reporting requirements for RREM have been addressed at the state level, little regulatory guidance for recognition and response

Limited Evidence on Causation

- Clinical aspects of nursing home population are predisposing factors
  - 80 % of residents cognitively impaired
  - 40-60% experience agitation and aggression
  - Physical concentration
- Environmental/organizational factors

Aims of the Project

- Estimate the prevalence of resident to resident elder mistreatment (RREM) in a sample of nursing homes using multiple case finding methods
- Identify individual and environmental risk factors associated with RREM.
- Develop and test an intervention to prevent RREM (DOH and NIJ)

What is RREM?

Definition

Resident to Resident Elder Mistreatment*:*

Negative physical, sexual, or verbal interactions between long-term care residents that in a community setting would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient.

RREM:

- Is not just a behavior (e.g., calling out) – must have a target
- Must be directed at one or more individuals in close proximity
- May not always be acknowledged by target (e.g., screaming or verbal insults directed toward a person who does not respond)
- Does not always distinguish between victim and perpetrator

RREM:

Can prevalence be studied?

Significant Methodological Challenges

- Official reporting systems are subject to *underreporting* of cases and *non-standard reporting policies and practices* across institutions
- Resident informants (aggressors and victims) are often cognitively impaired, have visual and hearing deficits, and may have incentives to not be truthful

Significant Methodological Challenges (cont'd)

- Staff informants may avoid aggressive residents, may be targets of abuse themselves (creating potential for bias), and *RREM often occurs and escalates specifically because staff are absent.*
- Staff become used to RREM and do not view it as reportable or actionable

Significant Methodological Challenges (cont'd)

- Researcher observation issues:
  - Events may be infrequent, sudden, and of short duration
- Facility issues:
  - Incentives to avoid minimize or discount RREM

Methods: Study Design

- Ten skilled nursing facilities
  - New York City Area
- Comparable to state and national facility profile on quality measures, inspection reports and staffing
- All units in facility, including Special Care Units for dementia patients
- 2011 residents assessed

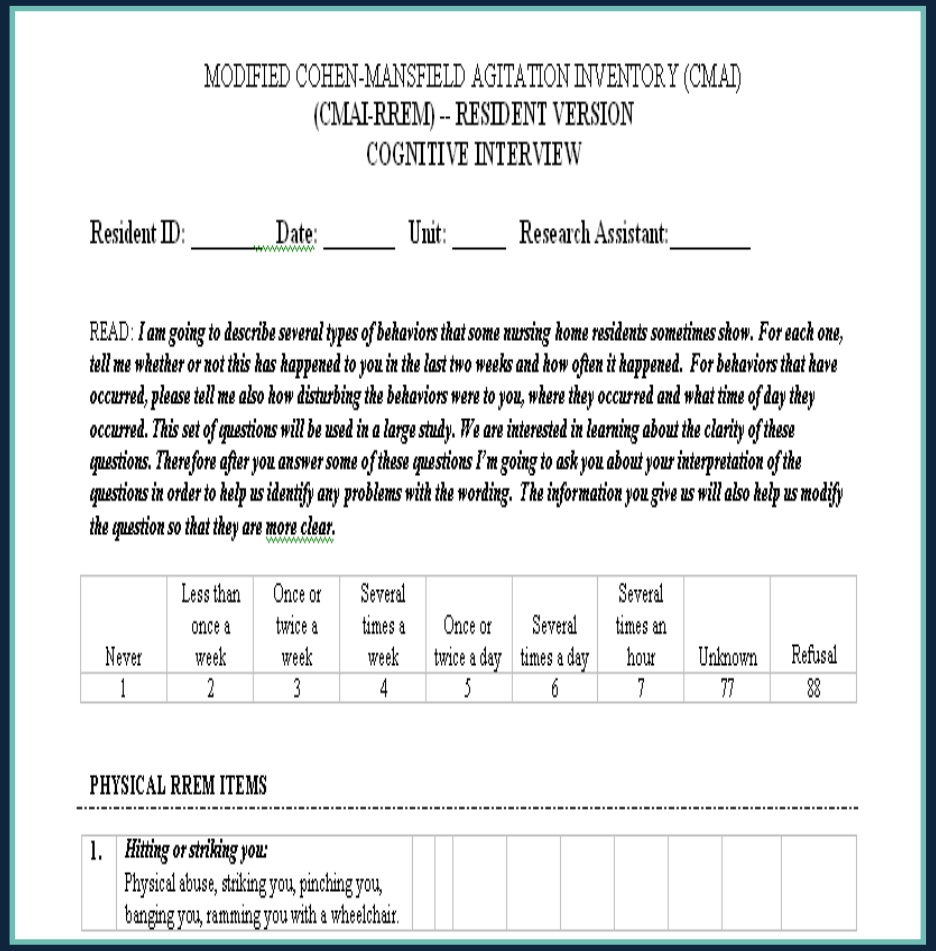
Methods: Study Design (cont'd)

- Research team enters facility and uses multiple methods to ascertain RREM events from multiple sources uses multiple strategies
  - Resident interviews (when cognitive status permits)
  - Staff interviews
  - Shift coupons
  - Records review
- Some data collected on all residents
  - Observational measures, chart review

RREM Instrument (RREMI)

Development RREM instrument for use with residents

Combines established resident assessment and family violence methodologies



MODIFIED COHEN-MANSFIELD AGITATION INVENTORY (CMAI)
(CMAI-RREM) -- RESIDENT VERSION
COGNITIVE INTERVIEW

Resident ID: _____ Date: _____ Unit: ____ Research Assistant: _____

READ: *I am going to describe several types of behaviors that some nursing home residents sometimes show. For each one, tell me whether or not this has happened to you in the last two weeks and how often it happened. For behaviors that have occurred, please tell me also how disturbing the behaviors were to you, where they occurred and what time of day they occurred. This set of questions will be used in a large study. We are interested in learning about the clarity of these questions. Therefore after you answer some of these questions I'm going to ask you about your interpretation of the questions in order to help us identify any problems with the wording. The information you give us will also help us modify the question so that they are more clear.*

Never	Less than once a week	Once or twice a week	Several times a week	Once or twice a day	Several times a day	Several times an hour	Unknown	Refusal
1	2	3	4	5	6	7	77	88

PHYSICAL RREM ITEMS

1.	***Hitting or striking you:*** Physical abuse, striking you, pinching you, banging you, ramming you with a wheelchair.								

Development of RREM Measure

- The initial format and behaviors were derived from the Cohen Mansfield Agitation Index (CMAI)
- Modified based on CTS approach to violence measurement
- Pilot interviews
- Cognitive interviews with 10 residents and 10 CNAs

Development of RREM Measure (cont'd)

- Pilot testing in 81 racially diverse residents
- Additional cognitive interviews
- Debriefing and final revision to create the "Resident-to-Resident Elder Mistreatment Instrument"

RREM Instrument

- 2 versions: **self (resident)-and staff-report**
- 22 items: # of times occurred using the **last two weeks** as the time frame
- Place, time of day of occurrence, and sex and relationship of perpetrator are gathered
- Residents rate **level of disturbance** on a 5-point scale from 1 (not at all) to 5 (extremely)
- Staff reports actions taken

Resident to Resident Elder Mistreatment Items:

Verbal Items:

- Cursing
- Screaming
- Verbally threatening
- Bossing around
- Racial or ethnic slurs/ insulting your race

Physical Items:

- Hitting or striking
- Kicking
- Grabbing
- Pushing
- Biting
- Scratching
- Spitting

Resident to Resident Elder Mistreatment Items (cont'd):

Sexual RREM Items:

- Unwelcome verbal sexual advances
- Exposing self or touching private parts
- Touching/kissing/ trying to get in bed

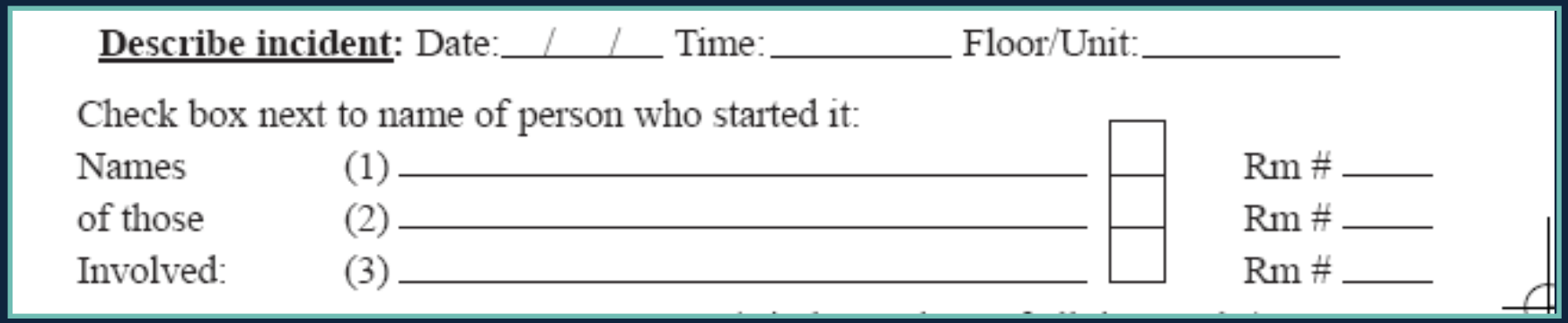
Other RREM Items:

- Throwing things
- Offering unwanted help
- Wandering
- Rummaging
- Destroying property
- Threatening gestures

Observational Method: Shift Coupon

- Creation of behavior recognition and documentation sheet
- Based on “shift coupon” methodology developed in nursing
- Provides non-threatening way to report adverse events that occur in real-time during practice
- Designed as pads to fit in pocket

Resident Interaction (Behavior Recognition and Documentation)



Describe incident: Date:__/__/__ Time:_____ Floor/Unit:_____

Check box next to name of person who started it:

Names of those Involved:

(1) _____ ☐ Rm # ____

(2) _____ ☐ Rm # ____

(3) _____ ☐ Rm # ____

- Describe date, time and location
- Include names of all involved
- Identify person who started it

Resident Interactions Sheet

Which behaviors occurred? (Circle numbers of all that apply.)

Physical behaviors

1 Biting
2 Grabbing
3 Hitting
4 Kicking
5 Pushing
6 Spitting
7 Scratching
8 Sexual advances
9 Throwing things
10 Unwanted help
11 Other _____

Verbal Behaviors

1 Bossing around
2 Cursing
3 Racial or ethnic slurs
4 Saying mean things
5 Screaming
6 Sexual remarks/comments
7 Verbal threatening
8 Other _____

Other behaviors

1 Destroying property
2 Taking property
3 Touching their things
4 Threatening
5 Wandering into room
6 Other: _____

PLEASE TURN OVER AND COMPLETE REVERSE SIDE

Where did this happen? (Circle numbers of all that apply.)

1 Activity/ common area
2 Dining area
3 Elevator / near elevator
4 Hallway
5 Nurse's station
6 Off the unit
7 Outside/ outdoors
8 Resident's room
9 Other: _____

What caused the incident? (Circle numbers of all that apply.)

1 Accused him/her of stealing
2 Calling out / noisy disturbance
3 Competing for attention of staff
4 Crowded elevator
5 Don't know / Didn't see any cause
6 Impatience / Wants to be first
7 Just don't get along / always disagree
8 Resident trying to help / to give care
9 Roommate disagreement
10 Sexual attraction
11 Sitting in "their" seat
12 Other: _____

What did you do about it? (Circle numbers of all that apply.)

1 Asked other staff to help you
2 Called medical staff
3 Called security
4 Called supervisor
5 Did not intervene
6 Held resident(s) back to prevent injury
7 Moved residents away from each other
8 Talked to aggressive resident to calm
9 Put a note in the chart
10 Other: _____

Please write anything else you thought was important about the incident.
Thank you.

Case Adjudication

- Examine and reconstruct RREM cases identified using any of the study methods
- All events and supporting materials reviewed by investigators in case conference
- Determination of whether event constituted RREM according to study definition using consensus techniques

How much RREM is there?

Total Prevalence

Experienced RREM		
No	1613	80.2%
Yes	398	19.8%

Physical RREM

Experienced RREM

No	1896	94.3%
Yes	115	5.7%

Verbal RREM

Experienced RREM

No	1689	84.0%
Yes	322	16.0%

Sexual RREM

Experienced RREM		
No	1984	98.7%
Yes	27	1.3%

Other RREM

Experienced RREM

No	1799	89.5%
Yes	27	10.5%

Who is most likely to be involved in an RREM event?

Residents Involved in RREM More Likely to Be:

- Younger
- Less cognitively impaired
- Less physically impaired
- Display more disturbing behaviors
- Live in dementia Special Care Unit
- White

Qualitative Event Reconstruction Study

- Invasion of Privacy or Personal Integrity
- Crowding, Collisions, and Congestion
- Roommate Issues
- Intentional Verbal Aggression
- Unprovoked Events
- Inappropriate Sexual Behavior

Intervening in RREM

How Do Staff Deal with RREM?

- No proven strategies to manage RREM
- Staff have developed many informal strategies to prevent and manage RREM
- Comprehensive evidence-based interventions needed to assist staff and protect residents

RREM Intervention Study

- Two components
  - SEARCH Model
  - RREM Awareness and Tracking

Training Goals

- Develop a training program for staff to improve identification and intervention with respect of RREM
- Enhance staff knowledge of recognition, reporting and treatment of RREM
- Improve resident outcomes by preventing and managing RREM

Overview of Training Modules

- Module 1: Recognizing RREM
  - Introduces the topic
  - Educates staff about identification of RREM
- Module 2: Management of RREM using the SEARCH approach
  - How to address victims/perpetrators of RREM and prevent future RREM events
- Module 3: Learning to identify RREM
  - Video
  - “Shift coupon” recording period

Training Module 1: Recognizing RREM

- Definition of RREM
- Examples of RREM behaviors
- Importance and frequency RREM
- Risk Factors (victim and perpetrator)
- Environmental factors
- Role of Cognitive Impairment

Training Module 2: SEARCH Approach

- Introduction to the SEARCH approach
- Film on management of RREM
- Discussion of ways to address RREM using SEARCH model

SEARCH Approach

- Support
- Evaluate
- Act
- Report
- Care Plan
- Help to Avoid

Support

- Support injured residents until help arrives
- Listen to all involved residents' perspectives on situations
- Validate resident fears and frustrations when RREM occurs

Evaluate

- Evaluate what actions are needed
- Monitor resident behavior
- Evaluate and support residents involved in or who have observed an event, because RREM can be upsetting to all

Act

- Verbally try to stop the incident
- Call other staff/security to help
- Move / separate individuals
- Seek medical treatment when indicated

Report

- Notify the nursing supervisor and administrator
- Contact families if appropriate
- Document the event in the resident care plan
- Initiate the facility protocol for reporting RREM

Care Plan

- Consider both initiator and victim
- Care plan to prevent RREM in future
- Medical and/ or psychiatric evaluation
- Monitor residents to avoid future incident

Help to Avoid

- Check for adequate staff in congregate settings
- Check for crowding
- Educate residents about dementia-specific behaviors, e.g., rummaging
- Separate residents with history of negative interactions with one another

Training Module 3: Awareness and Identification

- Method for recording and tracking sustained intervention strategies
  - “Prescription pad”- behavior documentation sheets
- Emphasis on the importance and rules for reporting RREM

Behavior Recognition and Documentation

- Staff carry the “prescription pad” shift coupon with them
- Staff report each negative resident interaction they see on the “prescription pad”
- Two-week recording period

Evaluation Design

- 5 long-term care facilities in NYC
- Exclusion criteria: short-stay residents
- Random assignment of nursing home units to intervention (RREM training) and comparison (usual training) groups

Data Collection

Three waves of data collection:

N= 1405 residents

Baseline	→	1400 (700/group)
6 month follow-up	→	1059
12 month follow-up	→	839

Sources:
self reports; chart reviews;
CNA interviews; accident/incident reports

Outcome Variables

- Staff knowledge:
  - Pre- and post-tests
- Recognition:
  - RREM shift coupon
- Reporting:
  - Staff Interview
- Resident Outcome:
  - Reduced accidents/falls/injuries

Results

- Increased knowledge about RREM and how to intervene
- Higher levels of recognition and reported significantly more incidents of RREM
- Reduced falls and accidents for residents on treatment unit

Mechanisms of Intervention

- Increased awareness of RREM on the part of staff
- Better tracking of RREM and residents at risk
- Increased impetus toward care planning and problem solving

Needed:
An Evidence-Based Tool Kit

QUESTIONS?

Risk Factors and Recommendations

Resident Characteristics

Risk Factors

- Residents with significant cognitive impairments.
- Residents with behavioral symptoms related to their cognitive impairment.
- Residents with a history of aggressive behavior and/or negative interactions with others.

Recommendations

- Develop comprehensive care plans. Provide individualized, resident-centered care.
- Implement best practices for supporting residents with behavioral symptoms related to cognitive impairment.
- Identify residents with risk factors for RRA, care plan to meet their needs and monitor.
- Identify root causes of behavioral symptoms and address them (pain, boredom).

Risk Factors and Recommendations

Facility Characteristics (environmental and care)

Risk Factors

- Inadequate number of staff.
- Lack of staff training about individualized care in order to support residents' needs, capabilities, and rights.
- High number of residents with dementia.
- Lack of meaningful activities and engagement.
- Crowded common areas
- Excessive noise

Recommendations

- Ensure adequate staffing.
- Implement consistent staffing assignments.
- Provide LTC facility staff training.
- Clear clutter, reduce noise and overcrowding.
- Provide areas for supervised, unrestricted, safe movement.
- Identify and change environmental influences on behavior.
- Promote meaningful activities.

What is Resident Mistreatment?

- Consumer Brochure
- Defines ANE
- Overview of Residents' Rights
- Defines Resident-to-Resident Mistreatment
- Explains how to seek help

http://ltcombudsman.org/issues/elder-abuse-elder-justice#Resources

The National CONSUMER VOICE for Quality Long-Term Care
formerly NCCNHR

What Is Resident Mistreatment?[1]

Mistreatment is anything that causes physical, mental and/or emotional harm and includes abuse, neglect and exploitation.

ABUSE means causing intentional harm and includes physical, mental, verbal, and sexual abuse.

NEGLECT is the failure to provide care for a resident in order to avoid harm and pain.

EXPLOITATION is when someone illegally or improperly uses your moneys or belongings for their personal use.[2]

IDENTIFY Abuse or Mistreatment

All residents have the right to live in a safe environment that supports each resident's individuality and ensures they are treated with respect and dignity. If you have experienced any of the following examples of mistreatment you have the right to report it and facility staff are required to investigate all reports.

- **Physical assault**- kicking, hitting, slapping, grabbing, pushing, biting, spitting, throwing items
- **Sexual assault**- unwanted sexual advances/touching, rape
- **Verbal and Mental abuse**- name calling, yelling, cussing, racial slurs, unwelcome verbal sexual advances, threats
- **Neglect**- lack of assistance with eating and drinking, not answering call lights, improper use of restraints, lack of assistance using the restroom
- **Invasion of personal space**- unwanted sexual exposure, use of personal items without permission, theft, destruction of personal items, entering room without permission

What Is Resident-to-Resident Mistreatment?

Resident-to-resident mistreatment is defined as negative, often aggressive, interactions between residents in long-term care communities.

These incidents include physical, verbal and sexual abuse and are likely to cause emotional and/or physical harm.

Other examples of resident-to-resident mistreatment include:

- Roommate conflicts
- Invasion of privacy and personal space
- Verbal threats and harassment
- Unwanted sexual behavior
- Using personal property without permission
- Destroying personal property

Some residents may have dementia or another mental health issue that impacts their choices and behavior. However, even if they don't understand what they are doing, all residents have the right to be protected from mistreatment.

If you feel that you have been mistreated by another resident, you have the right to report it regardless of the other resident's intent or the type of mistreatment.

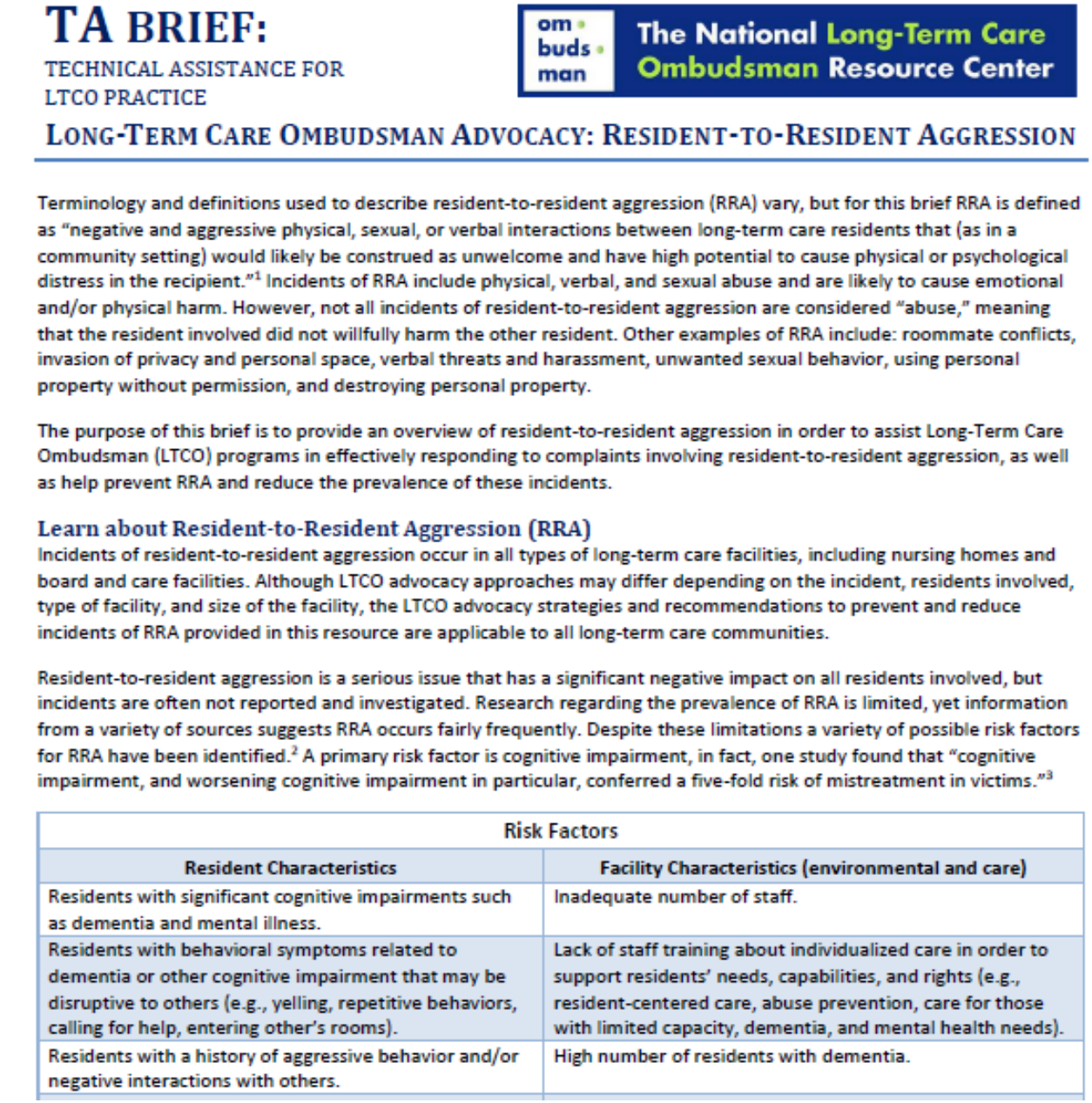
All residents have the right to be protected from abuse and mistreatment. Your facility is required to ensure the safety of all residents and investigate reports of abuse.

Technical Assistance Brief

LTCO Advocacy: Resident-to-Resident Aggression (RRA)

- Information regarding RRA (residents' rights, risk factors, recommendations to prevent and reduce incidents of RRA)
- Tips for LTCO to help prevent and reduce the prevalence of RRA
- LTCO Advocacy Strategies

http://ltcombudsman.org/uploads/files/issues/TA_Brief-LTCO_and_RRA-FINAL.pdf



TA BRIEF:
TECHNICAL ASSISTANCE FOR LTCO PRACTICE

om buds man — The National Long-Term Care Ombudsman Resource Center

LONG-TERM CARE OMBUDSMAN ADVOCACY: RESIDENT-TO-RESIDENT AGGRESSION

Terminology and definitions used to describe resident-to-resident aggression (RRA) vary, but for this brief RRA is defined as "negative and aggressive physical, sexual, or verbal interactions between long-term care residents that (as in a community setting) would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient."[1] Incidents of RRA include physical, verbal, and sexual abuse and are likely to cause emotional and/or physical harm. However, not all incidents of resident-to-resident aggression are considered "abuse," meaning that the resident involved did not willfully harm the other resident. Other examples of RRA include: roommate conflicts, invasion of privacy and personal space, verbal threats and harassment, unwanted sexual behavior, using personal property without permission, and destroying personal property.

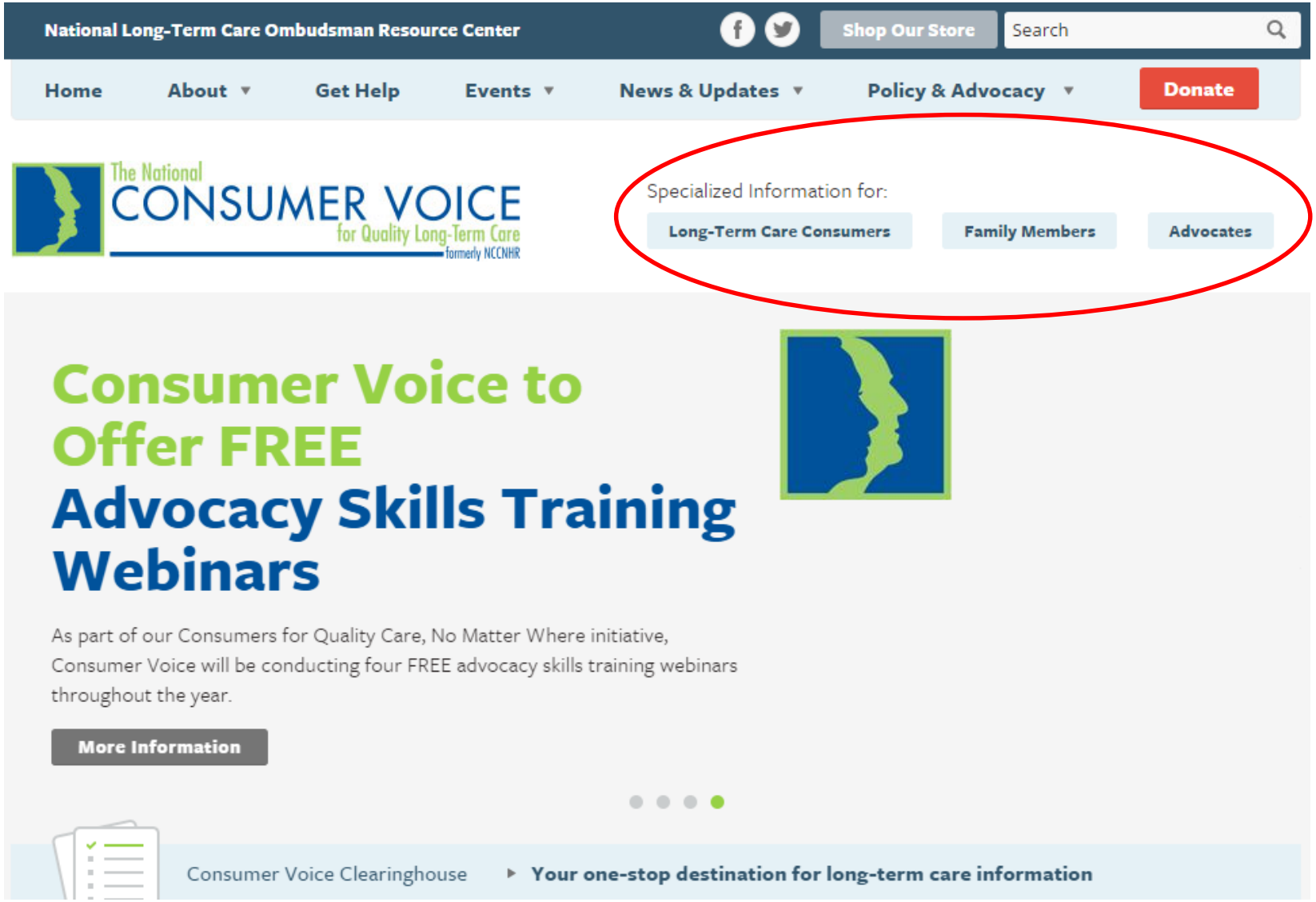
The purpose of this brief is to provide an overview of resident-to-resident aggression in order to assist Long-Term Care Ombudsman (LTCO) programs in effectively responding to complaints involving resident-to-resident aggression, as well as help prevent RRA and reduce the prevalence of these incidents.

Learn about Resident-to-Resident Aggression (RRA)

Incidents of resident-to-resident aggression occur in all types of long-term care facilities, including nursing homes and board and care facilities. Although LTCO advocacy approaches may differ depending on the incident, residents involved, type of facility, and size of the facility, the LTCO advocacy strategies and recommendations to prevent and reduce incidents of RRA provided in this resource are applicable to all long-term care communities.

Resident-to-resident aggression is a serious issue that has a significant negative impact on all residents involved, but incidents are often not reported and investigated. Research regarding the prevalence of RRA is limited, yet information from a variety of sources suggests RRA occurs fairly frequently. Despite these limitations a variety of possible risk factors for RRA have been identified.[2] A primary risk factor is cognitive impairment, in fact, one study found that "cognitive impairment, and worsening cognitive impairment in particular, conferred a five-fold risk of mistreatment in victims."[3]

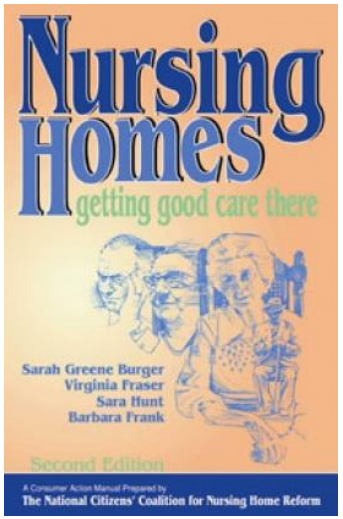
Risk Factors	
Resident Characteristics	**Facility Characteristics (environmental and care)**
Residents with significant cognitive impairments such as dementia and mental illness.	Inadequate number of staff.
Residents with behavioral symptoms related to dementia or other cognitive impairment that may be disruptive to others (e.g., yelling, repetitive behaviors, calling for help, entering other's rooms).	Lack of staff training about individualized care in order to support residents' needs, capabilities, and rights (e.g., resident-centered care, abuse prevention, care for those with limited capacity, dementia, and mental health needs).
Residents with a history of aggressive behavior and/or negative interactions with others.	High number of residents with dementia.

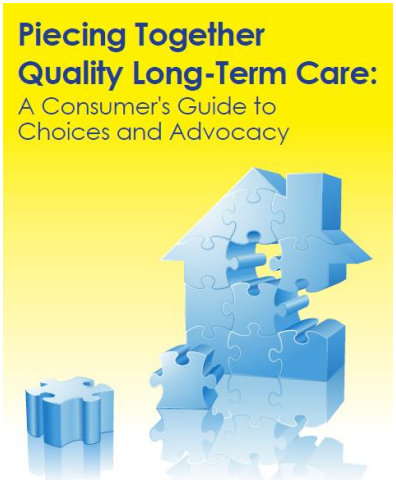


www.theconsumervoice.org

- **Fact Sheets**
  - Assessment and Care Planning
  - Basics of Individualized Care
  - Residents' Rights
  - Guide to Choosing a Nursing Home
  - Abuse and Neglect
  - Emergency Preparedness
  - Restraint Free Care
- **Resident and Family Council information**

- **Guides**
  - Piecing Together Quality Long-Term Care: A Consumer's Guide to Choices and Advocacy
  - Nursing Homes: Getting Good Care There





Additional Information

- **NORC Resources**
  - Elder Abuse/Elder Justice Issue page
    http://ltcombudsman.org/issues/elder-abuse-elder-justice
  - LTCO Training (webinar recordings, in-service materials)
    http://ltcombudsman.org/omb_support/training
  - Library (federal regulations)
    http://ltcombudsman.org/library
  - Systems Advocacy (e.g. Quick Reference Guide)
    http://ltcombudsman.org/omb_support/advocacy

The National Center on Elder Abuse

The goal of the NCEA is to improve the national response to elder abuse, neglect, and exploitation by gathering, housing, disseminating, and stimulating innovative, validated methods of practice, education, research and policy.

Find the NCEA Online!

NCEA
National Center on Elder Abuse

ncea.aoa.gov

CDA center for digital aging

gero.usc.edu/cda_blog/

NationalCenteronElderAbuse

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The National CONSUMER VOICE for Quality Long-Term Care formerly NCCNHR

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