Dementia & Older Adults

ELDER ABUSE, NEGLECT & EXPLOITATION
LEGAL ISSUES
DEMENTIA & CAPACITY
INTERVENTION APPROACHES

Dodge City, KS
September 25 & 26, 2018

Kansas Advocates for Better Care

- Non-profit, charitable organization
- Consumer Advocacy
- 650 members statewide
- Mission – Improving the Quality of Long-Term Care in Kansas
- KABC Advocates
  - One-on-one with older adults and families – seeking good care and solving care problems
  - Sharing Quality information about providers
  - Training to improve care & prevent abuse of elders
  - With policy makers for better elder care policies

KANSAS ADVOCATES for BETTER CARE

making elder care better every day

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About Kansas Advocates for Better Care/KABC

- History – began in 1975 to improve nursing home care
- Focus – Quality of elder care
- Achievements
  - Nurse aide training 90 hours pre-employment
  - Fines for facilities which harm older adults
  - Medicaid Services at Home for frail elders
  - Passage of 1987 Federal Nursing Home Reform Law

NEW LAWS AND IMPACT

- **Sub HB 2427: BACKGROUND CHECKS on WORKERS**
  - Expands the classes of persons convicted of a crime who cannot be employed by an adult care home, hospital, and home health or home care agencies to include persons who have had adverse findings on any State or national registry, as defined by KDADS.
  - The inclusion of a national database search will improve safety.
  - Issues of concern with Provisional Employment which need to be addressed:
    - 60 days work in adult care homes for employees without a cleared background check, without “eyes on“ supervision and with full access to residents, their belongings, and health information.
  - Facilities don’t have to advise residents about provisional employment or identify provisional employees.
  - Facilities are held harmless for any harm to resident from provisional employee.
  - Residents are denied their right to recover damages from facilities for harm from provisional employees.

NEW LAWS AND IMPACT

- **HB 2458: ELDER CRIMES**
  - Adds physical abuse, unreasonable confinement, or unreasonable punishment, provision to existing financial exploitation provision
  - Merges Elder Crime and Crimes against a Dependent Adult into Crimes against an elder person or dependent adult
  - Violation of Act for Obtaining Guardianship or Conservatorship
  - Elder defined as age 70 and above
- **HB 2232: ELECTRONIC MONITORING - VIDEO/AUDIO RECORDING**
  - Regulations in process at KDADS
  - Limits: must have roommate's permission; to use recording in legal proceeding recording must have date/time stamp and not have been edited - AG opposes this provision and will work to overturn.
- **SB 311: EMS MANDATED REPORTERS**
  - Adds Emergency Services Personnel to list of mandated reporters of suspected abuse, neglect or exploitation of an adult

UNDERSTANDING DEMENTIA

- Many types and manifestations
- Affects cognition & memory. Person still feels full range of emotions
- Post Traumatic Stress Syndrome – Veterans, Abuse and Holocaust Survivors, Medical Trauma, other Trauma
- Traumatic Brain Injury/TBI caused by either external injury or Stroke
- Diseases – Huntington's, Parkinson's, ALS, MS

LEGAL ISSUES & DEMENTIA

- Rights of the Individual (statute & regulatory)

  REGS ADULT CARE FACILITIES:

  1. The right to be treated with respect and dignity. Includes right to be free of abuse, neglect and exploitation.

  2. The right to privacy.

  3. The right to be informed of services and fees.

  4. The right to medical care which meets your needs. Right to choose to use or refuse treatment & medications. (More on this later)

  5. The right to manage your money.

CAPACITY, COMPETENCE & the LAW

Capacity –an individual's ability to make an informed decision. Capacity is an issue for a jury/factfinder to decide. Experts can be called to provide evidence on whether someone has or had capacity.

May come and go with some types of dementia.

- Ability to Contract
- Ability to Manage Finances and Personal Affairs
- Ability to Consent to Medical Treatment
- Ability to resist Undue Influence
- Ability to Live Independently
- Testamentary – Primarily Cognitive Task

CAPACITY *cont'd.*

- In practice, typically determinations of impaired or diminished capacity are made by clinicians (medical, psychological, or social)
- Capacity Assessments may be helpful in deciding what supports or interventions are most appropriate/useful
- Capacity Assessments may be helpful in determining how and how much a victim is able to participate in an investigation

CAPACITY: DECISIONAL vs. EXECUTION

- A person with a disability or who is medically fragile may have the capacity to make a decision, but not execute the decision
- In the case of diminished capacity, an older adult might have the ability to identify the responsible decision, but not carry it out (i.e. responses to scammers)

COMPETENCE

- **Competence –** Competence is the ability to testify as a witness and is determined by the Court prior to a witness taking the stand. Competency is defined by statute and case law.
- Practically competence exists along a spectrum.

CONSENT

- Freely give one's agreement to/for something
- The capacity of the witness to perceive or remember is for the fact finder/jury to consider in weighing credibility of testimony, but they are not a basis for exclusion.
- Person cannot be held liable under the law for their actions if they lack capacity and are unable to understand the import/impact of their actions

ABILITY TO CONSENT REQUIRES

- Cognitive ability to consent
- Capacity to consent
- Ability to resist undue influence (susceptibility)

COGNITION

- Brain-based mental process used in judging, knowing, learning, perceiving, recognizing, remembering, thinking, and understanding that lead to awareness of the world around us.
- Cognitive thinking refers to the use of mental activities and skills to perform tasks such as learning, reasoning, understanding, remembering, paying attention and more.

CAUSES OF DIMINISHED OR IMPAIRED CAPACITY

- Medications (legal or illegal) – short term
- Physical Illness or Infection – short or long term
- Depression or Mental Illness – short (event-driven, such as grief) or long term
- Intellectual/Developmental Disability – long term
- Dementia – depending on type may come and go (vascular), or progressively worsen (Alzheimer's)
- Acquired Brain Injury – short or long term
- Shock and stress may significantly impact short-term memory

DEMENTIA

Possible Cognitive & Psychological Changes

- Memory loss, usually noticed by a spouse or someone else
- Difficulty communicating or finding words
- Difficulty reasoning or problem-solving
- Difficulty handling complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Confusion and disorientation
- Personality changes
- Depression and/or anxiety
- Inappropriate behavior
- Paranoia
- Agitation
- Hallucinations

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TYPES OF DEMENTIA

Progressive Dementias – Not Reversible

- **Alzheimer's Disease -** the most common cause of dementia. Cause unknown.
  - *"Sundowning"* is a symptom of Alzheimer's disease and other forms of dementia, also known as "late-day confusion". Symptoms may be less pronounced earlier in the day and may include a variety of behaviors, such as confusion, anxiety, aggression or ignoring directions, pacing or wandering. Occurs in mid-stage to advanced dementia.
- **Vascular Dementia -** second most common type of dementia. Cause due to damage to the vessels that supply blood to your brain such as from stroke, etc.
- **Lewy Body Dementia -** Lewy bodies are abnormal clumps of protein that have been found in the brains of people with Lewy body dementia, Alzheimer's disease and Parkinson's disease. One of the more common types of progressive dementia.
- **Frontotemporal Dementia -** This is a group of diseases characterized by the breakdown (degeneration) of nerve cells in the frontal and temporal lobes of the brain, the areas generally associated with personality, behavior and language. Cause unknown.

DISORDERS LINKED TO DEMENTIA

- **Huntington's Disease –** caused by genetic mutation. Wasting of certain nerve cells in brain and spinal cord. Signs and symptoms include a severe decline in thinking (cognitive) skills, usually appearing around age 30 or 40
- **Traumatic brain injury –** caused by serious or repetitive head trauma. May cause dementia symptoms depending on part of brain injured, such as depression, explosiveness, memory loss, uncoordinated movement and impaired speech, slow movement, tremors and rigidity (parkinsonism). Symptoms may appear years after trauma
- **Creutzfeldt-Jakob Disease –** caused by inherited genes or exposure to diseased brain or nervous system tissue
- **Parkinson's Disease –** many people with Parkinson's Disease eventually develop dementia symptoms. Delusions. Night Terrors

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DEMENTIA-LIKE CONDITIONS THAT CAN BE REVERSED

- **Infections and immune disorders –** dementia-like symptoms can result from fevers or other effects
- **Metabolic problems and endocrine abnormalities –** thyroid problems, low blood sugar (hypoglycemia), too little or too much sodium or calcium, or impaired ability to absorb vitamin B-12
- **Nutritional deficiencies –** dehydration, inadequate thiamin (vitamin B-1), chronic alcoholism, and inadequate supply of vitamins B-6 and B-12
- **Subdural hematomas –** common in the elderly after a fall

DEMENTIA-LIKE CONDITIONS THAT CAN BE REVERSED

- **Poisoning –** heavy metal exposure (i.e. lead), pesticides, alcohol abuse or recreational drug use
- **Brain tumors –** rarely does dementia result from damage caused by a brain tumor
- **Anoxia/hypoxia –** tissues not getting enough oxygen. Can occur due to severe asthma, heart attack, carbon monoxide poisoning or other causes
- **Normal-pressure hydrocephalus –** condition caused by enlarged ventricles in the brain; can cause walking problems, urinary difficulty and memory loss
- **Adverse reaction –** reactions to one or more medications

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DELIRIUM

- An acute state of confusion, manifesting as confusion and other disruptions in thinking and behavior, changes in perception, attention, mood and activity level
- Dementia and delirium shared symptoms. Dementia, changes in memory and intellect are slowly evident over months or years. Delirium has a more abrupt confusion, emerging over days or weeks, and is a sudden change from prior behaviors
- Fluctuates over the day, can be dramatic. Thinking becomes more disorganized, maintaining a coherent conversation may be impossible. May present as a “hyper-alert,” easily startled state or as severe drowsiness and lethargy
- The key hallmark separating delirium from underlying dementia is inattention; simply being unable to focus on one idea or task

ELDER ABUSE

- Effects of elder abuse
- Civil vs. Criminal: What's the difference
- What is abuse
  - Civil definition
  - Criminal definition
- Signs of abuse
- What is neglect
  - Civil definition
  - Criminal definition
- Signs of neglect
- Why does this happen
- Potential evidence
- Questions

What are the effects?

- Elders who have been abused have a 300% higher risk of death when compared to those who have not been mistreated.
- Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse.
- Some estimates range as high as 5 million elders who are abused each year.
- One study estimated that only 1 in 14 cases of abuse are reported to authorities.

CIVIL versus Criminal

- Definitions utilized by KDADS, DCF, and KDHE for their **civil** investigations are very different from the definitions and terms used by law enforcement in **criminal** investigations.
- The purpose of civil investigations includes but is not limited to, whether protective services are needed, whether the matter should be referred to a State licensing agency for disciplinary action, whether an individual should be added to a state register preventing certain employment, etc.
- The purposes of criminal investigations is determining whether a crime occurred.
- Also each has different powers and restrictions. For instance, law enforcement has the ability to seek search warrants, inquisitions, etc. whereas DCF, KDADS, KDHE do not.

ABUSE (CIVIL DEFINITION)

ABUSE as defined by K.S.A. 39-1401 and 39-1430 means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult/resident including:

(1) Infliction of physical or mental injury.
(2) Any sexual act with an adult/resident when the person does not consent or, or when the other person knows or should know that the individual is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship.

(3) Unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult/resident.
(4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult/resident or another adult/resident.

ABUSE (CIVIL DEFINITION)

- (5) a threat or menacing conduct directed toward a resident that results or might reasonably be expected to result in fear or emotional or mental distress to a resident
- (6) fiduciary abuse
- (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness

ABUSE (CIVIL DEFINITION)

- “Resident” as defined by K.S.A. means:
- (1) Any resident, as defined by K.S.A. or
- (2) any individual kept, cared for, treated, boarded or otherwise accommodated in a medical care facility; or
- (3) any individual, kept, cared for, treated, boarded or otherwise accommodated in a state psychiatric hospital or state institution for people with intellectual disability.

Abuse (civil definition)

- “Adult” BY K.S.A. means:
- An individual 18 years of age or older alleged to be **unable to protect their own interest** and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through their own action or inaction when: (1) Such person is residing in such person's own home, the home of a family member or the home of a friend; (2) such person resides in an adult family home as defined in K.S.A; or (3) such person is receiving services through a provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or the Kansas department for aging and disability services or a residential facility licensed pursuant to K.S.A.

CIVIL VERSUS CRIMINAL

- When does a civil investigation occur?

  A civil investigation occurs when an individual makes a report to DCF, KDADS, or KDHE.

- When does a criminal investigation occur?

  An Individual directly reports a crime to a law enforcement agency.

  OR

  DCF, KDADS, OR KDHE receives a report and believes a crime has occurred or appears to have occurred, they are required to make a report to law enforcement pursuant to K.S.A. 39-1404 and 39-1433.

PHYSICAL ABUSE (Crimes)

Mistreatment of a dependent adult is defined as:

Knowingly committing…(1) infliction of physical injury, unreasonable confinement or unreasonable punishment upon a dependent adult (K.S.A. 21-5417(a)(1) Level 5 Person Felony)

This is the only specific crime related to physical abuse of dependent adults. Otherwise you simply rely on standard crimes such as battery, aggravated battery, kidnapping, murder, etc. The facts of each case determine the appropriate charge.

PHYSICAL ABUSE (Crimes)

- “Dependent adult” as defined by K.S.A. 21-5417(g)(2) means an individual 18 years of age or older who is unable to protect the individual's own interest. Such term shall include, but is not limited to, any:
- (A) Resident of an adult care home including, but not limited to, those facilities defined by K.S.A. 39-923, and amendments thereto;
- (B) adult cared for in a private residence;
- (C) individual kept, cared for, treated, boarded, confined or otherwise accommodated in a medical care facility;

PHYSICAL ABUSE (Crimes)

- (D) individual with intellectual disability or a developmental disability receiving services through a community facility for people with intellectual disability or residential facility licensed under K.S.A. 2017 Supp. 39-2001 et seq., and amendments thereto;
- (E) individual with a developmental disability receiving services provided by a community service provider as provided in the developmental disability reform act; or
- (F) individual kept, cared for, treated, boarded, confined or otherwise accommodated in a state psychiatric hospital or state institution for people with intellectual disability.

SIGNS of physical abuse

- Scratches, bite marks, or marks from objects used for restraining, such as belts ropes, or electrical cords
- Broken or dislocated bones
- Cuts or bruises, especially on both upper arms (grab marks)
- Scars or burns from cigarettes, irons, or hot water
- Blood or discharges coming from your nose, mouth, or genitals
- Individual stating they have been abused
- Caregiver refuses to allow visitors to see elder alone
- Over medicating to sedate an individual; chemical restraint of person

PHYSICAL ABUSE

Bruising - Accidental vs Abuse

Accidental bruising –

- Most bruising will be on extremities
- Almost never bruising on the neck, ears, genitalia, buttocks, or soles of the feet
- Those people on medications known to impact coagulation pathways and those with compromised function are more likely to have multiple bruises
- Individuals are less likely to know cause of their bruises

Mosqueda L, Burnright K, Liao S: The Lifecycle of Bruises in Older Adults.Journal of American Geriatrics Society, 2005; 53(8):1339-1343.

Physical abuse

BRUISING- ACCIDENTAL vs ABUSE

Bruising as a marker of abuse –

- Bruising is often significantly larger than normally scene in accidental bruising
- Individuals are more likely to know cause of their bruises
- Much more likely to have bruising to the face, lateral and anterior surfaces of the arms, and the posterior torso.

Wiglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. *Journal of American Geriatrics Society, 2009 Jul;57(7):1191-6.*

Video

- Forensic Markers of Elder Abuse
- Dr. Laura Mosqueda, Director of Geriatrics and recipient of the Ronald Reagan Endowed Chair at UC Irvine
- https://www.youtube.com/watch?v=oEutdrrp4XQ
- 12:07 – 16:24

NEGLECT (Civil Definition)

NEGLECT as defined by K.S.A. 39-1401(g) and 39-1430(c) means:

The failure or omission by one's self, caretaker or another person with a duty to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Neglect (crimes)

- Only crimes specifically identifying neglect is Mistreatment of a Dependent Adult or Mistreatment of an Elder, K.S.A. 21-5417(a)(3) and (b)(2), which states:

Omission or deprivation of treatment, goods or services that are necessary to maintain physical or mental health of such elder person.

An “Elder” for purposes of this statute only is defined as an individual 70 years of age or older.

Signs of neglect

- Lack of basic hygiene
- Lack of adequate food
- Lack of medical aids (glasses, walker, teeth, hearing aid, medications)
- Lack of clean, appropriate clothing
- Demented person left unsupervised
- Bed bound person left without care
- Home cluttered, filthy, in disrepair, or having fire and safety hazards

Signs of neglect

- Home without adequate facilities (stove, refrigerator, heat, cooling, working plumbing, and electricity)
- Hoarding
- Extremely soiled bedding
- Soiled bandages
- Victim is severe pain even though prescribed pain medication
- Stopped seeing doctor
- Inconsistent explanation of care

Video

- Elder Abuse
- Dr. Laura Mosqueda, Director of Geriatrics and recipient of the Ronald Reagan Endowed Chair at UC Irvine.
- https://www.youtube.com/watch?v=VpD13z9iPfQ
- 4:12-5:45

PHYSICAL ABUSE AND NEGLECT
WHY IT HAPPENS

- Too many responsibilities to adequately provide care needed
- Paid or unpaid caregivers who may be unfamiliar with individual's needs
- Lack of support from family members for caregiver role
- Too little caregiving assistance to meet older adult needs
- Trying to "make-do" rather than securing needed resources for adequate care
- Poor coping skills for difficult behaviors of persons with mental illness or dementia
- Lack of training/knowledge to deal with person's special physical or mental health needs
- Inadequate training to deal with the physically aggressive behaviors of a person, or a person who refuses care, or who has behaviors resulting from head injury or specific illness

PHYSICAL ABUSE & NEGLECT cont.

- Providing task assistance but not wanting to be a caregiver for an older adult
- Viewing older adults as children in need of discipline or punishment
- Burnout - care giving is emotionally and physically demanding work
- Poor coping skills or lack of training to deal with frequent/intense conflict
- Lack of supervision/isolation - caregivers are more likely to commit abusive acts if they believe their work is not being paid attention to, or that their actions won't be reported
- Care provider who abuses drugs or alcohol
- Under significant stress in personal life
- Work too much, doesn't take rest breaks or meal breaks, takes things "personally"

POTENTIAL EVIDENCE

- Photographs – Make sure they are complete. Take complete photos of scene, both close up and panoramic. Photograph injuries at time and a couple of days later. Not only photograph injuries but get picture of victim's face.
- Medications - Include actual bottles or containers for prescriptions to show physician, pharmacy, and recommended dosage.
- Medical records - Current and last 6 months to 12 months.
- Legal documentation – Power of attorney, protection orders, advanced care directive, etc.
- Consult with experts – wound care experts, geriatricians, medical examiner, hand writing, etc.

Potential Evidence

- Document (preferably through video or photograph) contents of refrigerator, medicine cabinet, condition of home, etc.
- Collect clothing worn at time of incident.
- Collect bedding, actual chair or couch, etc. in cases of neglect where individual has been simply left by themselves for days or weeks.
- Collect restraints, chair, external locks, after properly photographing.
- Document through witnesses (neighbors, friends, pastor, etc.) the victim's ability to complete daily living activities

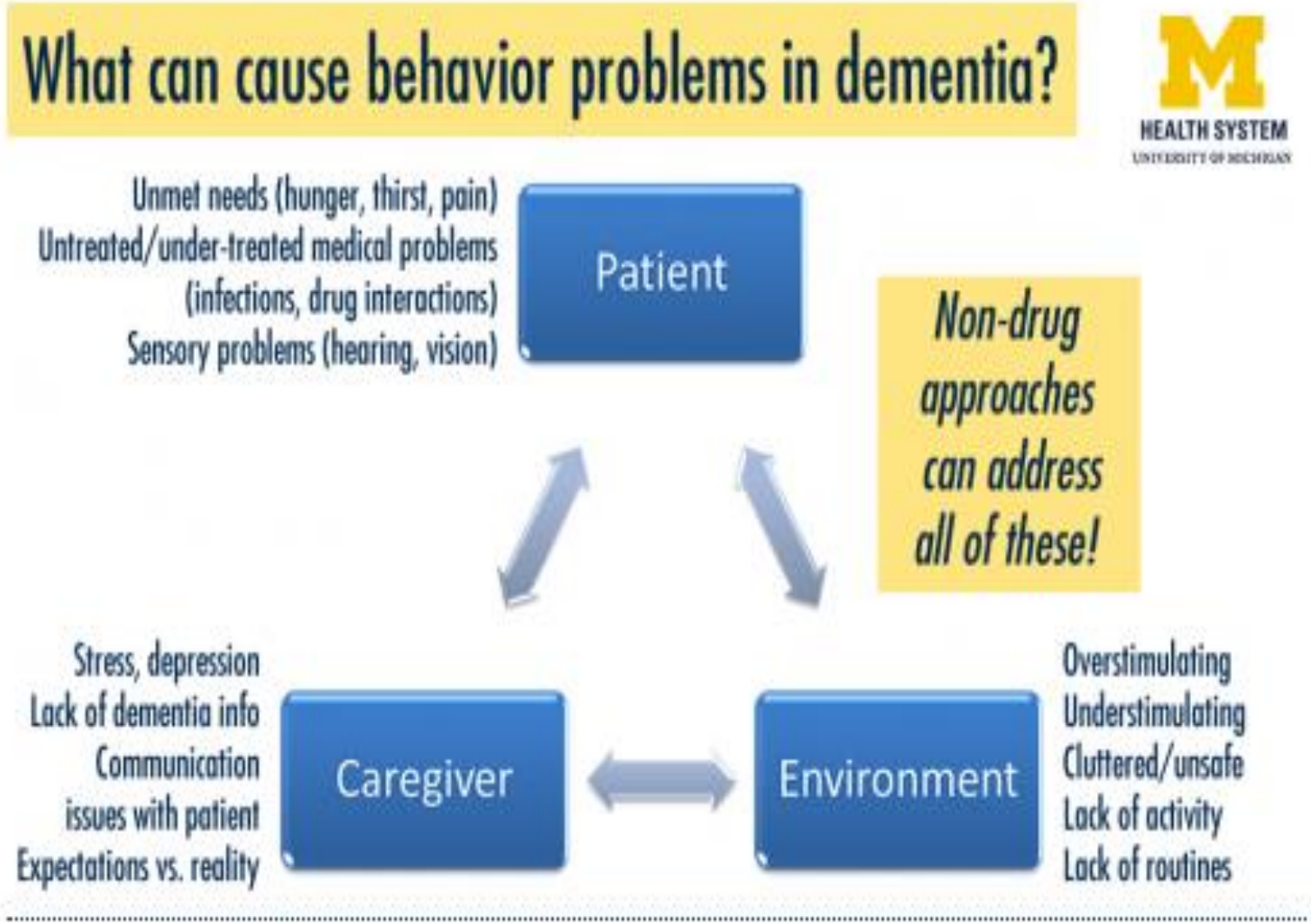
Potential Evidence

- Statements of a victim/witness are not allowed into Court unless they testify if the Court determines the statements were made for the primary purpose of establishing or proving past events potentially relevant to later criminal prosecution.
- What does this mean for investigations?

  Need to identify possible witnesses who spoke to victim prior to investigation. Often statements made prior to any investigation are admissible even if the victim does not testify. Possible witnesses include but are not limited to; medical staff, relatives, neighbors, clergy, food service or janitorial staff at hospital or nursing home, hairdressers, postal workers, etc.

Video

- Forensic Markers of Elder Abuse
- Dr. Laura Mosqueda, Director of Geriatrics and recipient of the Ronald Reagan Endowed Chair at UC Irvine.
- https://www.youtube.com/watch?v=oEutdrrp4XQ
- 20:23-22:31



Describe ~ Investigate ~ Create ~ Evaluate = DICE

STAGES OF DEMENTIA

About 5% to 8% of adults over age 65 have some form of dementia. This percentage doubles every 5 years after 65. As many as half of people in their 80s have some dementia

- 1) No impairment: no symptoms, but tests may reveal a problem
- 2) Very mild decline: slight changes in behavior, but person will still be independent
- 3) Mild decline: more changes in his thinking and reasoning; trouble making plans, and repeat a lot; difficult to remember recent events
- 4) Moderate decline: more problems with making plans and remembering recent events; may have trouble with traveling and handling money.
- 5) Moderately severe decline: may not remember phone number or grandchildren's names; may be confused about the time of day or day of the week. Will need help with some basic day-to-day functions, such as picking out clothes to wear.
- 6) Severe decline: begin to forget spouse’s name; need help going to the restroom and eating; may see changes in his personality and emotions
- 7) Very severe decline: no longer speak thoughts; can't walk and will spend most of the time in bed.

POSITIVE APPROACHES

- You may see “behaviors”
- The person is Communicating a Need(s)
- Is the Person being harmed? Is anyone being harmed?

  If not, do nothing. Redirect. Distract. Make a better offer.

  - See the Positive Approaches Guide in with your handouts

POSITIVE APPROACHES

- Aggression, Hitting, Yelling, Biting
  - Find out what is wrong. What happened. Language barriers.
  - Don't force or crowd the person, move others away, move slowly
  - Quiet the environment including your voice, less stimulating
  - Call the person by name
  - Maintain eye contact. Positive Reinforcement.
  - Use gentle touch to soothe – on forearm or hand
  - Make a "better offer" Distract. Redirect. Consider what/who is making the situation escalate
  - Is the person frightened by the uniform or ambulance

Males escalate with loss of function ADLs

see Positive Approaches Guide

POSITIVE APPROACHES

Treating aggressive behavior without drugs

- Communication - What are you saying. What is your tone. Does your body language match your tone. Get on eye level – don't intimidate. Let them see you. Speak clearly. Don't raise your voice. Be patient. Allow time for them to process and respond. Laugh if possible – but not at them. Talk to her/him, not around/about them.

- Noise – reduce distractions, turn off the TV or radio. Remove others from the area. If there is a type of Music a person likes, play it softly. Turn off alarms or sirens.

- Positive interaction – Don't crowd. Use gentle touch to hand or forearm if appropriate. Don't force.

POSITIVE APPROACHES

- Talk about someone or something you know in common. Most helpful if positive and personally significant.
- Changes to the environment - Think about the person's surroundings which may have an effect on their behavior. Use pictures to communicate if words aren't working.
- Exercise - Physical activity can help to reduce agitation and aggression, as well as improving sleep. It can help to use up spare energy and act as a distraction. Walk around with her/him.

https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/preventing-aggression#content-start

POSITIVE APPROACHES

- Wandering – Prevent when unsafe
  - Visual barrier – black floor stripes or mat, disguise door to look like wall when door presents danger.
  - Enclosed outside area person can access
  - Redirect at the door. Clearly mark important doors.
  - Walk outside with the person
  - To prevent – interesting activities, identify triggers and anticipate and distract around them
  - Technology for safety – personal or building/door (avoid alarms)

see Positive Approaches Guide

WANDERING RESOURCES

- Law Enforcement & Persons with Dementia
  - Safe Return Program http://www.alz.org/national/documents/SafeReturn_lawenforcement.pdf
  - A Caregiver's Guide to Wandering for Ford Co.
  - Project Lifesaver https://projectlifesaver.org/
  - Excellent resource for wandering: https://www.acl.gov/sites/default/files/triage/BH-Brief-WanderingExit-Seeking.pdf#page7

TAZING

- https://www.liveleak.com/

- MINNEAPOLIS, KS 91 YEAR OLD MAN WITH ALZ. Relatives say the handcuffs broke his wrist, and they believe this incident weakened his heart and led to his death two months later.
- APPROPRIATE?
- WHAT COULD HAVE BEEN DONE OR TRIED
- PROTOCOL AND APPROACH

RIGHT TO CHOOSE

- ALL MEDICATIONS AND TREATMENTS
- ANTIPSYCHOTIC DRUGS
- INFORMED CONSENT
- DUTY TO INFORM
- DANGERS AND DANGEROUS SIDE EFFECTS

RIGHT TO CHOOSE

- Older Adults in KS nursing facilities are at heightened risk for dangerous ANTIPSYCHOTIC DRUGS
- Don't encourage a drug solution. Exception: the person is an immediate threat to her/himself or another
- If A-P drugs are used INFORMED CONSENT is still required
- The Prescriber has the DUTY TO INFORM the person or their DPOA
- Death and Dangerous Side Effects

ROLE OF LONG TERM CARE PROVIDER

- Provide assistance with activities of daily living
- *Just because OA lives in facility – still have right to choice*
- Provide safe, adequate, competent, compassionate care and supervision needed by an older adult
- Provide person-centered care as defined in Plan of Care or Contract
- Comply with state & federal health and safety requirements
- Investigate complaints of abuse & neglect
- Assist to de-escalate & stabilize before & during law enforcement intervention

COMPETENCIES NEEDED

- ADDRESS ASSUMPTIONS ABOUT COMPETENCIES OF CARE PROVIDERS
- ACTUAL TRAINING RECEIVED BY CARE PROVIDERS
- TRAINING FOR LE, EMS, NURSE, DOCTOR, AIDE, CHMC, OTHER
- Example – LPN age 27, she's a new graduate, no initial or on-going training specific to dementia or mental health, supervises inexperienced and untrained aides

ROLE OF EMERGENCY MEDICAL SERVICES

- First responders provide emergency aid, stabilize and/or intervene to stabilize and transport individual to hospital
- Often first to encounter possible abuse/neglect in a residence or care facility. Falls, forced transfers.
- Don’t assume the care provider is offering the care needed
- Don’t assume the care provider is reporting to authorities – Law Enforcement and KDADS or APS

ROLE OF LAW ENFORCEMENT

- De-escalate, Intervene, Protect, Remove
- Investigate
- Don’t assume that care provider is compliant with health/safety requirements
- Don’t assume that care provider has competence to investigate, has preserved evidence, or has reported to KDADS or APS
- Involve family, friend or trusted care provider with intervention

ROLE OF COMMUNITY MENTAL HEALTH CENTER

- Provide services to persons with Mental Illness
- Assist in training of community partners to identify, refer, de-escalate and intervene
- Mental Health First-Aid Crisis Training
- Share information with EMS or Law Enforcement that might assist with safety in intervention

ROLE OF ADULT PROTECTIVE SERVICES/APS

- Investigate suspected abuse, neglect, or exploitation of persons living in their home (not an adult care facility)
- Investigate the same for a non-staffperson in an adult care facility
- Cannot intervene or offer services unless agreed to by the adult
- A Key reason that APS and Law Enforcement and EMS need to work in tandem
- APS Over-stretched and underfunded

ROLE OF KDADS

- License and Inspect all Adult Care Facilities in KS
- Charged with oversight of health safety regulations
- Corrections are aimed at facility compliance with health/safety regs. – not most effective to intervene and protect an individual older adult

KDADS - INADEQUATE OVERSIGHT

- Required by state and federal law to inspect every 12 months. KDADS has been at 17-24 months in nursing facilities and 22-36 months in assisted care facilities (ALF, Home Plus, Residential Health Care)
- Negative impact on quality of care for older adults and increased abuse, longer to intervention
- Understaffed and untrained surveyors aka inspectors
- Don’t coordinate well with law enforcement in criminal investigations

ROLE OF COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION OR CENTER FOR INDEPENDENT LIVING

- CDDO's Provide services to persons with intellectual/developmental disability
- CIL's Provide services to persons with physical disabilities
- Assist in training community partners about unique needs and challenges of adults dealing with disabilities

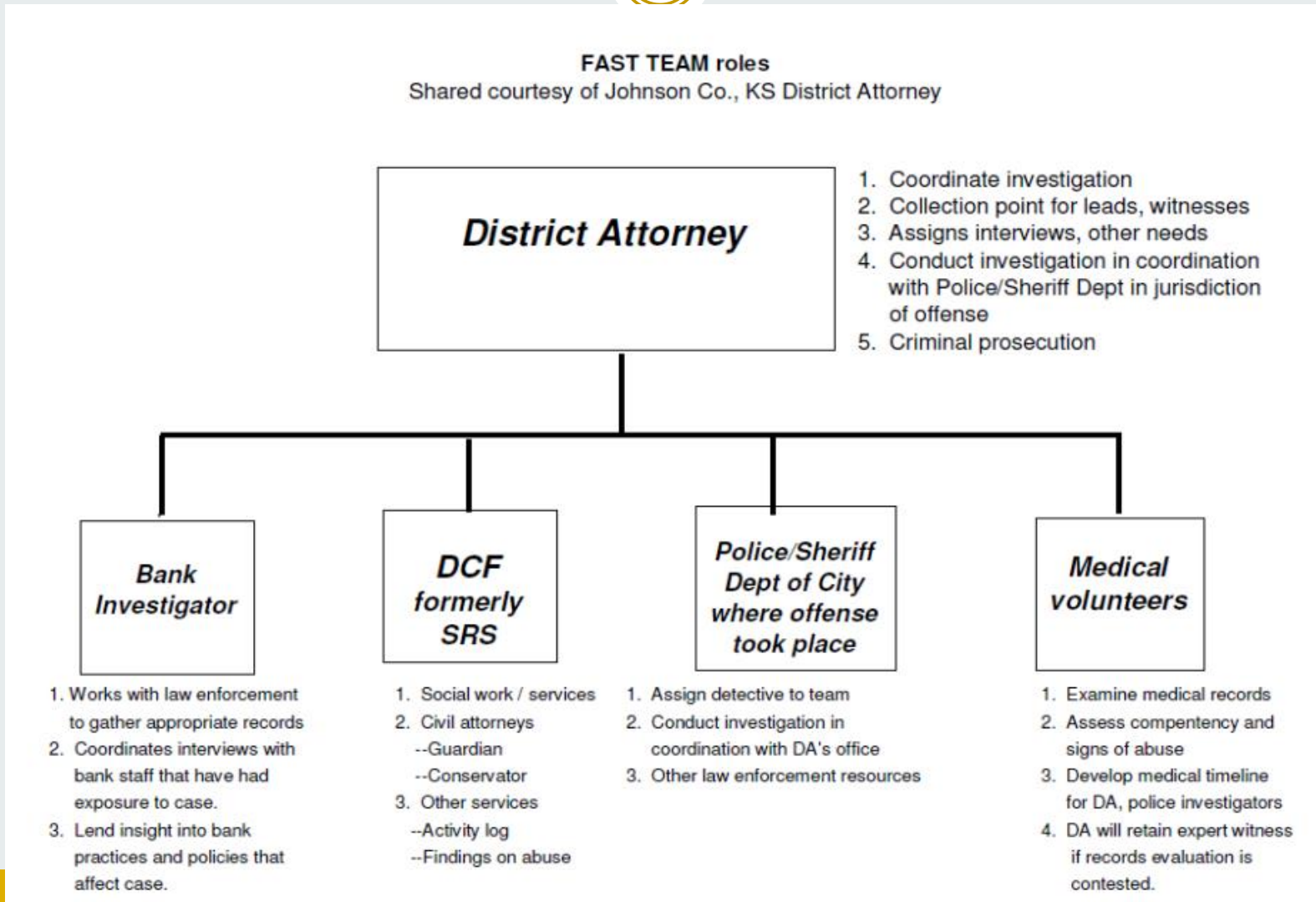
REPORTING TIMEFRAMES & EVIDENCE

- Nursing Facilities: Serious abuse immediately (within two hours). Less serious within 24 hours. Since 2010 with passage of the Affordable Care Act.
- KDADS & APS Triage Investigations – prioritize by severity
- Not trained investigators. Lack knowledge of protecting evidence.

MULTI-DISCIPLINARY TEAMS

- Law Enforcement, EMS, Prosecutor, APS, KDADS surveyor, Financial Expert, Geri trained Health Care Professionals, Geri Case Manager. Team meets to review cases for prosecution, intervention, support of victim.
- Elder Death Review - Coroner
- SANE Trained Nurses to detect sexual and physical abuse

MULTI-DISCIPLINARY TEAMS



TRAINING FOR INTERVENTION WITH SPECIAL POPULATIONS

- What training is needed
- Set up joint training with relevant community partners

COMMUNITY RESOURCES

- CDDOs - Arrowhead West, Inc. (620) 227-8803
- CILS – Prairie Independent Living Resource Center PILR Dodge Office (620) 371-7690
- Mental Health Center – Compass (620) 227-8566
- SW KS Area Agency on Aging - (620) 225-8230
- Alzheimer's Association, Wichita – (316) 267-7333

24/7 Helpline 1.800.272.390 (national)

- Kansas Council on Developmental Disabilities https://kcdd.org/
- OTHER

INTERVENTION APPROACHES & PROTOCOLS

- WHAT ARE DODGE CITY AND FORD COUNTY CURRENT PRACTICES OR PROTOCOLS

Long-Term Care PERSONNEL

Who on hand in a crisis – Set it up as part of the protocol

- Information about Health Condition or Medications that may be causing (from LTC to LE or EMS)
- Director of Nursing/RN
- Facility Medical Director &/or Primary Care Physician
- Administrator/CEO
- Nurse Aide(s) work most frequently and best with a resident
- Family member(s)

FAMILY ENGAGEMENT

- Information for family members to contact in a crisis
  - May know the person best
  - May help to de-escalate the situation quicker
  - Register information with LE or EMS

EMERGENCY PLAN

- ACTIVE SHOOTER APPROACH FOR CARE SETTING S IN DODGE CITY AND FORD COUNTY
- HOW TO HANDLE RESIDENTS WITH COGNITIVE DEFICITS
- RESIDENTS HAVE GUNS OR WEAPONS (EXAMPLE RE: PARKINSON'S DELUSIONS AND BIG KNIFE)

DEMENTIA RESOURCES

- The Alzheimer's Association www.alz.org
- Parkinson's Foundation www.parkinsons.org
- American Stroke Foundation www.americanstroke.org
- Brain Injury Foundation www.biausa.org