

# Elder Abuse and Dementia

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# Types of Abuse

- Financial exploitation
- Physical
- Sexual
- Emotional
- Neglect

## **Elder Mistreatment in the United States: Estimates From a Nationally Representative Study** E. Laumann et al (2008)

- 9% verbal mistreatment
- 3.5% financial mistreatment
- 0.2% physical mistreatment

## **The National Elder Mistreatment Study** R. Acierno et al (2010)

- 11.4% mistreatment other than financial

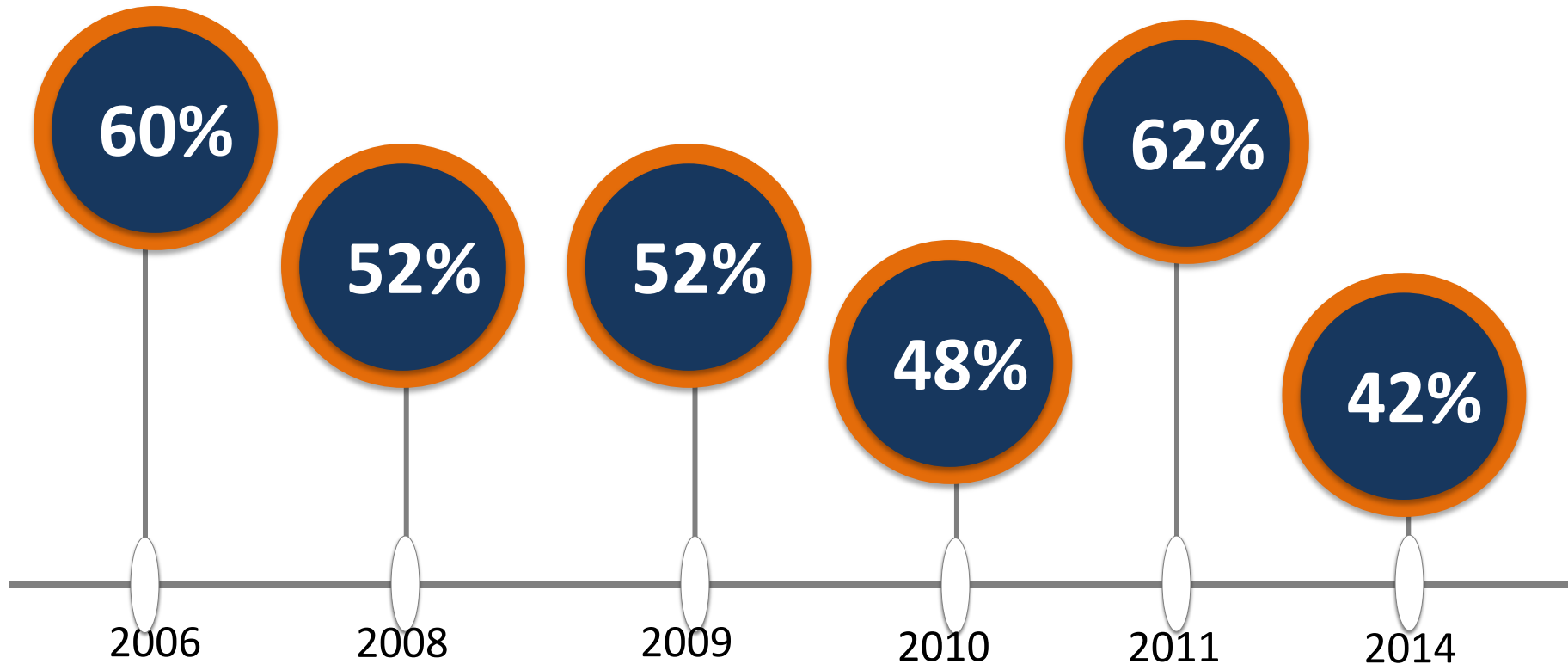
Laumann E, Leitsch SA, Waite LJ. Elder Mistreatment in the United States: Prevalence Estimates from a Nationally Representative Study. *J Gerontol B Psychol Sci Soc Sci.* 2008.

Acierno R, Hernandez MA, Amstadter AB, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the united states: the national elder mistreatment study. *American Journal of Public Health.* 2010.

## **Both studies excluded the most susceptible populations:**

- People in facilities
- People too impaired to give consent

# Prevalence: Abuse of People with Dementia



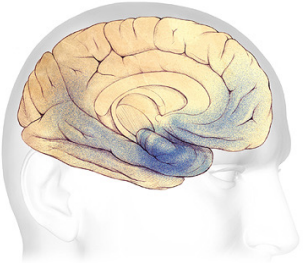
1. Vandeweerd C, Paveja GJ. Verbal mistreatment in older adults: a look at persons with Alzheimer's disease and their caregivers in the state of Florida. *J Elder Abuse Negl.* 2005.
2. Cooper C, Manela M, Katona C, Livingston G. Screening for elder abuse in dementia in the LASER-AD study: Prevalence, correlates and validation of instruments. *J Ger Psych.* 2008
3. Selwood A, Cooper C, Owens C, Blanchard M, Livingston G. What would help me stop abusing? The family carer's perspective. *Int Psychoger.* 2009
4. Cooper C, Selwood A, Blanchard M, Walker Z, Blizard R, Livingston G. Abuse of people with dementia by family carers: representative cross sectional survey. *BMJ.* 2010.
5. Yan E, Kwok T. Abuse of older Chinese with dementia by family caregivers: an inquiry into the role of caregiver burden. *Int J Geriatr Psychiatry.* 2011
6. Yan E. Abuse of older persons with dementia by family caregivers: Results of a 6-month prospective study in Hong Kong. *Int J Ger Psych.* 2014.

# Early, middle, late stages of ADRD



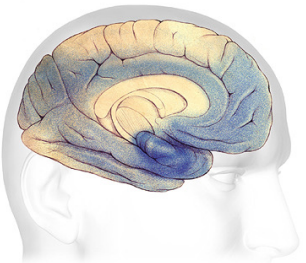
- Early ADRD

- Financial Abuse



- Mid ADRD

- Physical Abuse



- Late ADRD

- Neglect

**It's often hard to distinguish between an injury due to abuse and one due to an innocent cause.**

**“Of course they have a \_\_\_\_\_, they're old!”**

- Pressure sore
- Fracture
- Bruise

# Potential forensic markers

- Bruises
- Pressure sores
- Dehydration + Malnutrition
- Medication misuse
- Burns
- Contractures
- Lacerations + Abrasions
- Fractures
- Subdural hematomas
- Behavioral changes



# **Geri-IDT:**

## **Geriatric Injury Documentation Tool**

To assist clinicians to document physical findings in injured older adults

IDT does 2 things:

- Makes it easier to document physical findings
- Reminds you what to look for and document

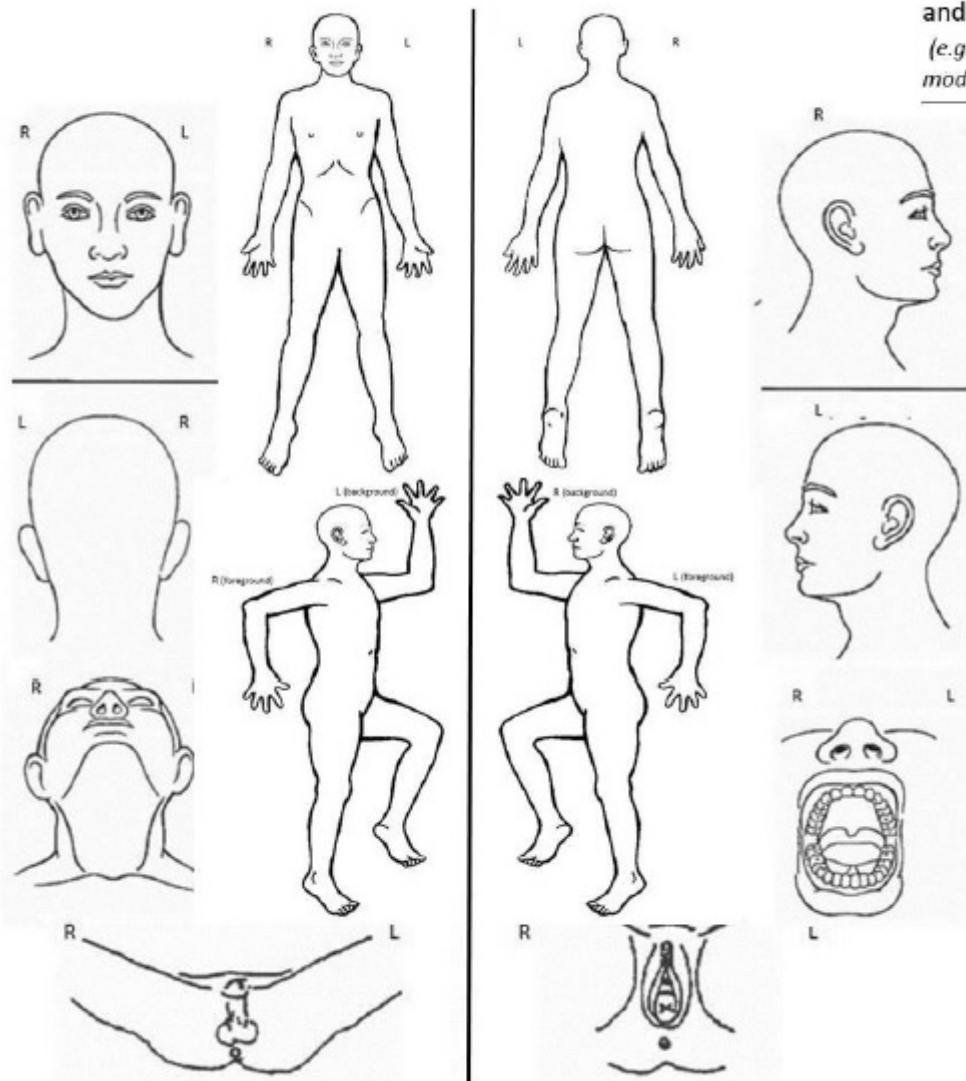
**<https://eldermistreatment.usc.edu/projects/geri-idt/>**

Kogan AC, Rosen T, Navarro A, Homeier D, Chennapan K, Mosqueda L. Developing the Geriatric Injury Documentation Tool (Geri-IDT) to Improve Documentation of Physical Findings in Injured Older Adults. J Gen Intern Med. 2019

Conduct a complete head-to-toe physical examination and describe in detail all physical findings on the patient, even those that you do not consider clinically significant or related to their presenting complaint. **Please note all areas where pain or tenderness is present, even if there is no visible evidence of injury.**

Please number each finding indicated on the body diagram and describe the physical characteristics:

(e.g. 1=5cm jagged laceration, with redness and swelling, soiled dressing, moderate odor)



Finding 1:

Finding 2:

Finding 3:

Finding 4:

Finding 5:

Finding 6:

Finding 7:

Finding 8:

Finding 9:

Finding 10:

Patient's Name: \_\_\_\_\_  
 MRN: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinician's name (print): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Case Study



# Hannah S. in 2008

- 92 years old
- Wheelchair bound
- Advanced dementia
- Heart disease
- Arthritis
- Widow
- No children

# Fall of 2008

- Hannah's brother-in-law, 80 year-old Sam R., places her in Seattle Heights Adult Family Home
  - Private pay
  - \$3800/month
  - 3 residents, each has dementia

# 2008-2009

- Daniels arranges for her friend, Karen Morgan, to become Hannah's Nurse Delegator
- Karen Morgan
  - Registered Nurse
  - Trainer on caregiving, including "Understanding Skin Care & Prevention"
  - Years of experience
- One year later, Daniels opens second AFH, spends most of her time there
- One full-time caregiver, works 24 hours a day, 7 days a week
- Hannah's physical condition and dementia worsen

# December 5 or 6, 2009

- Caregiver calls Daniels and tells her Hannah has a “pink spot” on buttocks
- Repeatedly calls Daniels as wound worsens
- No one comes to see Hannah until December 22<sup>nd</sup>



# December 22, 2009

- Daniels comes to AFH, examines Hannah
- Calls Morgan
- Morgan calls Sam R., says she can take care of pressure sores
  - Makes no mention of how many or severe pressure sores are
  - Makes no mention that Medicare could pay for wound care nurse
- Begins to charge Sam \$400/day (\$200/visit) for wound care
- Calls Hannah's PCP and orders wound care supplies
- Lies to him about number and severity of wounds
- Fails to get pressure relief mattress
- Fails to get nutritional supplements

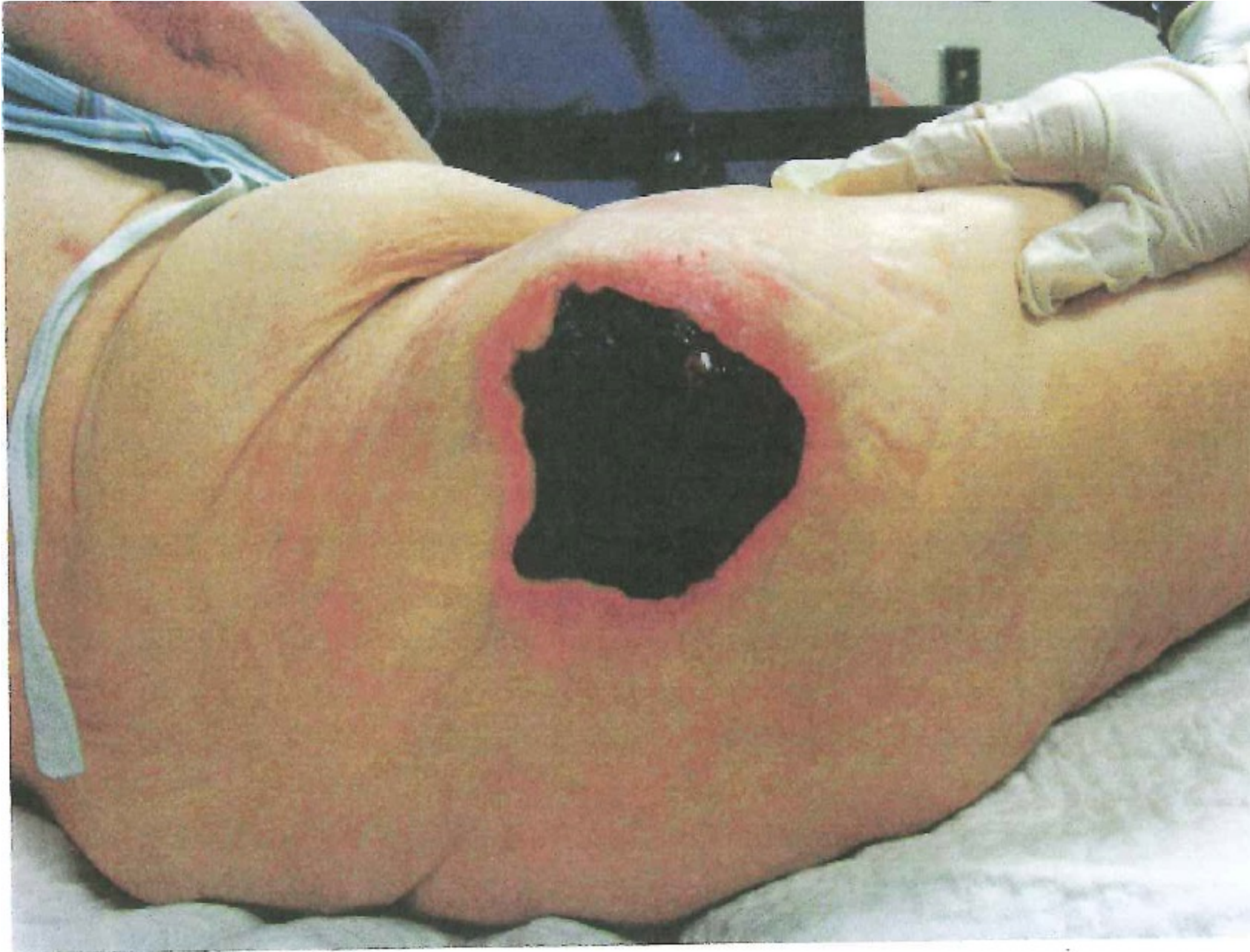
# December 23-26, 2009

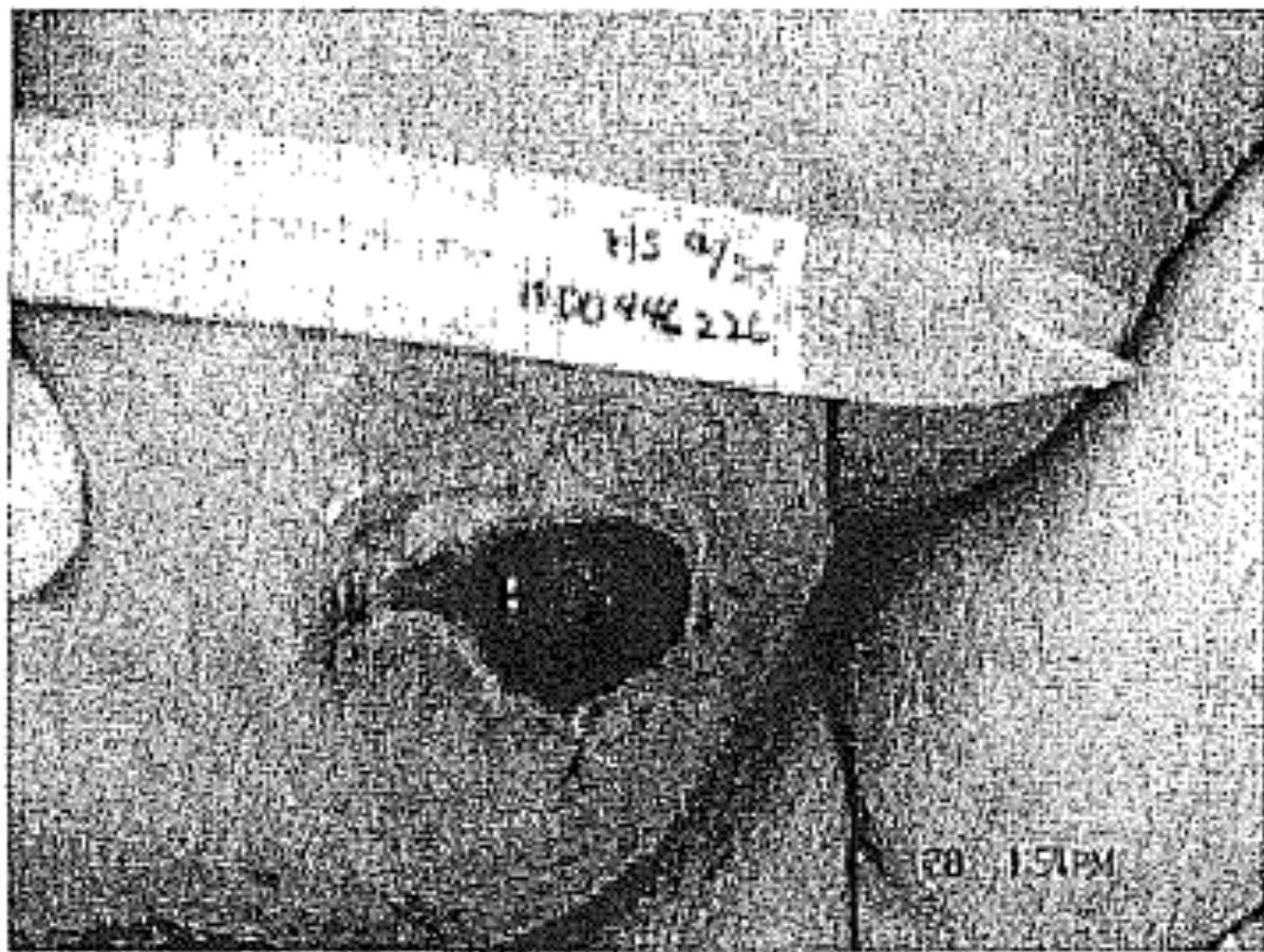
- Hannah remains in AFH
- Becomes increasingly ill
- Stops eating
- Wounds worsen
- Morgan continues to bill Sam R. \$400/day

# December 27, 2009

- Hannah is becoming unresponsive
- Morgan finally calls 911, reports only Hannah's "altered mental status"
- Hannah is taken to Swedish Hospital ER
- ER nurse discovers pressure sores
- Hannah is admitted to ICU
- Also diagnosed with sepsis, dehydration, malnutrition







Right ischium



# After Admission

- Wound care nurse examines Hannah, finds 8 pressure ulcers
  - 3 nonstageable
  - 2 Stage IV
  - 2 Stage III
- Social Worker reports to DSHS
- DSHS reports to law enforcement, which does not respond



# January 12, 2010

- After being discharged from hospital to nursing home, Hannah dies
- Death is not reported to DSHS, law enforcement, or Medical Examiner's Office as required by law
- Hannah is cremated
- No autopsy is conducted
  
- Morgan subsequently files claim in Small Claims Court against Sam for failure to pay her bill

# Criminal Case

- DSHS investigator presents case to law enforcement, who works with King Co Prosecutor's Office to conduct investigation
- We consult with geriatrician Laura Mosqueda, M.D., to determine whether criminal charges are appropriate
- We file felony criminal neglect charges against both Daniels and Morgan

# Criminal Case

- Crime of Felony Criminal Mistreatment (2<sup>nd</sup> Degree)
  - Caregiver
  - Recklessly
  - Causes great bodily harm/creates imminent risk of great bodily harm or death
  - By failing to provide basic necessities of life
  - To dependent adult
- Daniels pleads guilty to felony neglect

# Morgan's Trial

- Morgan goes to trial
  - Dr. Mosqueda is essential witness in our trial
    - Tells the story of Hannah's neglect
    - Describes what care should have been provided
    - Explains to jury that people with dementia still suffer, still feel pain
    - Comments on Morgan's documentation of wounds

# Trial

- State's other witnesses
  - Sam R.
  - Home health nurse who treated other residents in AFH
  - ER nurse
  - ER doctor
  - Hospitalist
  - Wound care nurse
    - Explains pressure sores, causation, pain, proper tx
  - Hannah's treating physician
  - DSHS investigators

# Trial

- Jury convicts of lesser charge, Criminal Mistreatment 3<sup>rd</sup> degree (criminal negligence)
  - Defendant sentenced to home detention
  - Loses nursing license
  - Barred from working with Medicaid patients or in Medicaid-funded facilities for 5 years

# After the Trial

- Case was successfully used to lobby legislature to amend intent requirement for felony-level neglect from “recklessness” to “criminal negligence”