Long-Term Care Survey Alert

Risk Management: Head Off Abuse And Neglect By Identifying, Addressing Physical And Behavioral Care Burden

This systematic, creative approach will earn you kudos from surveyors.

You don't need a crystal ball to determine which residents will suffer abuse or neglect. Facilities can implement a systematic strategy that will provide lots of foresight in preempting these problems.

Make a list: Identify residents with profiles indicating they are at risk for abuse and neglect based on their MDS activities-of-daily living scores and behavioral assessments. Then use that information to make assignments and monitor and support front-line staff caring for such residents, advises **Barbara Bates-Jensen, RN, PhD**, a nursing professor at the **University of California at Los Angeles.**

Bates-Jensen believes that residents with more ADL dependencies are at higher risk for neglect and abuse because the caregiving burden is so much greater -- especially for the late-loss ADLs. In addition, "residents with behavioral symptoms are at risk for abuse from other residents and from even the best staff," adds **Cheryl Boldt, RN**, a consultant with **Maun Lemke** in Omaha, NE.

Share the Care

When making assignments, "don't get caught up in the you have 10, I have 10, everyone has 10 model of even numbers, Boldt urges. "Ten is not 10 when some of the residents have behavioral symptoms or families that require more attention," she cites as examples. Also use a team approach where CNAs take care of assigned residents but can also help each other out if a resident requires more help, Boldt advises. "When staffing is thin, enlist non-nursing staff to do tasks that don't require certification or licensure, especially during mealtimes."

Capitalize on Caregiver Strengths

Identify positive relationships between caregivers and residents, and promote those as a model, advises Bates-Jensen. She has, for example, seen situations where a nurse aide had a great relationship with a resident who is now completely dependent in ADLs or comatose. "And the aide has a bond of commitment with that person and provides exemplary care."

Also: "Some people do better in providing physical care while others are good with behavioral interventions," Bates-Jensen observes. Boldt agrees, noting that you can identify staff members who don't have problems with certain residents who display behavioral symptoms. Yet, oftentimes, facilities will rotate staff working with people with a lot of behavioral problems in order to prevent burnout. Instead, consider consistently assigning staff who do well with those residents, Boldt suggests. In fact, when people with dementia have new caregivers, they have to orient those people to their needs, which can lead to frustration and agitation, says **Lynda Mathis, RN**, a consultant with **LTC Systems** in Conway, AR.

Address Behavioral Symptoms

Constantly train staff to help them deal with behavioral issues, Bates-Jensen counsels. "Reinforce that if they feel like they are going to 'lose it,' they need to walk away for a time and get someone else to step in," she emphasizes.

Also get the care team on the case when a resident displays behaviors, such as aggression or resisting basic care. Use a "rounding and root-cause approach just as staff uses for falls," Boldt advises. "If the resident resists care, look at why -- does he not want to do it? Does it hurt? Does it scare him? Does he have to do it?"

Make pain assessment an integral part of evaluating residents with behavioral symptoms. "House- keeping should be part of the team in evaluating pain" because they see the person every day, Boldt suggests. Look for sources of discomfort: Many facilities have bladder scanners that they can use to scan the bladders of people displaying behavioral symptoms to see if they have urinary retention that causes them to "feel like they always have to go to the bathroom," Boldt notes.