

OASIS Alert

Assessment: Look to the OASIS for Signs of Patient Abuse And Neglect

Home can be a dangerous place for elders.

People age 80 and older are abused and neglected three times more often than younger populations, according to the **National Center on Elder Abuse**. Spotting abuse and intervening can become complicated -- but answers to OASIS questions can help you spot possible elder abuse and neglect.

Uncovering elder abuse is essential to ending or preventing your patient's suffering. But abuse or neglect can also keep your patient from following the plan of care, achieving expected outcomes, and being cared for successfully in her home.

You Have an Opportunity to Help

Patients receiving home care are often part of the population most vulnerable to mistreatment by their caregivers and family members. Research indicates that more than one in ten elderly Americans may experience some type of abuse, but only one in five cases or fewer are reported, according to the **Department of Health & Human Services' Administration on Aging and National Center on Elder Abuse** (NCEA). And family members are most likely to be the abusers.

As a home health clinician, you have an excellent opportunity to assess both the patient and the home environment for signs of abuse or neglect.

Look More Closely at These OASIS Answers

As you conduct the comprehensive assessment, including answering OASIS questions, you get a glimpse into many aspects of your patient's physical and emotional. For example, M1700 (Cognitive functioning) looks at your patient's ability to follow commands and tracks signs of disorientation and delirium. And M1740 (Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week) and M1745 (Frequency of disruptive behavior symptoms) can uncover a patient's physical or verbal aggression, socially inappropriate behavior and other problems that may be stressing the caregiver.

Warning: When a patient is physically aggressive, refuses to eat or take medicine, is noisy, invades the caregiver's privacy, exhibits disruptive behavior or embarrassing public displays or has what the caregiver considers "vulgar habits," her risk of abuse and neglect increases, reports the NCEA.

Several seemingly unrelated OASIS items offer important clues to abuse and neglect. The response you make at M1740 reveals more than the stresses the caregiver faces. This item can also help point out signs of abuse in patients, such as impaired decision-making. M1720 (When anxious) helps you evaluate your patient's level of anxiety and M1730 (Depression screening) looks at the patient's mood -- anxiety and depression can be results of abuse or neglect.

Look at M2110 (How often does the patient receive ADL or IADL assistance from any caregiver[s] [other than home health agency staff]?) and M2100 (Types and sources of assistance) to gain an understanding of the amount and type of assistance the patient requires. The more basic the assistance and the more frequently the patient needs help, the more stressed the caregiver is likely to be, experts say.

Heads up: If the patient needs assistance with eating and you see significant weight loss, this could be an indication of neglect or even financial abuse, said **Dianne Ditmer, PhD, RN, CFN, DABFN, SANE, FACFE**, certified forensic nurse and clinical educator at Kettering Medical Center in Dayton, Ohio during an **Eli**-sponsored audioconference.

Take Note of Skin Assessment

When you find yourself answering \"yes\" on M1306 (Does this patient have at least one unhealed pressure ulcer at stage II or higher or designated as \"unstageable\"?) you should evaluate possible causes, experts agree. Caregiver neglect of the patient's medical needs and hygiene can be one cause, the NCEA points out on its Web site.

M1350 (Does this patient have a skin lesion or open wound?) may seem like a frustratingly inclusive question. As defined by the **Centers for Medicare & Medicaid Services**, almost everyone has some kind of skin lesion.

But when it comes to bruises or skin tears, you need to look more closely.

Obvious causes: Some patients may have medical conditions that make them more susceptible to bruising and skin tears. For example, a patient taking Coumadin is more likely to bruise with minimal trauma. And elevated prothrombin times or chemotherapy-induced anemia can also increase chances of bruising.

Dialysis patients have more fragile skin and are more likely to get skin tears and bruising. And osteoporosis can result in unexplained fractures.

Take another look: There are patterns of injury that should trigger further investigation, Ditmer said. For example, if a patient tells you she sustained a black eye in a fall, she should also exhibit some bruising in the bony prominences around the eye such as the nose, chin, and eyebrows. Deep burns from curling irons or cigarettes should also arouse suspicion since there is a natural tendency to move away from hot objects when you come into contact with them by accident.

Editor's note: The NCEA site contains extensive resources about elder abuse at www.ncea.aoa.gov. The APA report Elder Abuse and Neglect: In Search of Solutions, at www.apa.org/pi/aging/eldabuse.html, contains a list of signs to look for and case examples. To locate help in your state, call 1-800-677-1116. Order a copy of Ditmer's audioconference here: www.audioeducator.com/responding-to-elder-abuse-180811.html.