

Elderly abuse- 7 different types

1. Neglect
 - a. Dehydration and/or malnutrition
 - b. Inadequate or unclean clothing
 - c. Lack of food in the home/long-term care facility
 - d. Lack of needed medical aids
 - e. Poor personal hygiene
 - f. Unclean or unsafe home/long-term care facility
 - g. Unpaid bills
 - h. Untreated infections or injuries
 - i. Weight loss
2. Physical
 - a. Cuts or scrapes
 - b. Broken bones
 - c. Bruises
 - d. Burns
 - e. Dislocated joints
 - f. Head injuries
 - g. Sprains
3. Sexual
 - a. Bleeding from the anus or genitals
 - b. Bruised genitals or inner thighs
 - c. New sexually transmitted diseases or infections (STDs/STIs)
 - d. Pain in the anus or genitals
 - e. Pelvic injuries
 - f. Problems walking or sitting
4. Abandonment
 - a. Appear confused, lost, or scared
 - b. Have poor hygiene
 - c. Seem frail, malnourished, or dehydrated
5. Emotional or psychological
 - a. Appearing depressed, withdrawn, or scared
 - b. Avoiding eye contact
 - c. Different eating or sleeping patterns
 - d. Isolation from friends and family
 - e. Low self-esteem
 - f. Mood swings
 - g. Sudden changes in behavior/personality
6. Financial
 - a. A pattern of missing belongings or property

- b. An elderly person who does not know or understand their own financial situation
 - c. Canceled checks or bank statements that go to someone other than the elder
 - d. Changes to an older person's power of attorney or bank accounts
 - e. Eviction notices
 - f. Evidence of unpaid bills
 - g. Someone showing unusual interest in how much money an elder is spending.
 - h. Withdrawals the elder could not have made.
7. Self-neglect
- a. Drink or feed themselves without assistance.
 - b. Dress themselves.
 - c. Maintain basic hygiene.
 - d. Maintain their home.
 - e. Manage financial affairs.
 - f. Properly address their medical needs

*****Key take away for elder abuse: If believe that you have assessed any of the 7 types of elder abuse, you should file a report to adult protective services (APS). It is APS job to investigate further. It is the nurse's job to assess and see the problem and report. This only applies to elderly patients aged 65 or older. If the patient is under 65 and has intact cognitive function it is their decision to ask you to report to APS.**

Telehealth/ Telemedicine

Use of audio, video, & other telecommunications, and electronic information processing technologies to monitor the health status of a patient from a distance.

Telemedicine

Pros

Support long-distance clinical healthcare.

Promote patient and professional health-related education.

Support public health and health administration.

Reduce healthcare costs.

Gives more access to top rated medical care.

Decreases cost of travel and time to have doctor appointments.

Can be utilized for different practices/ education purposes (Triage, trauma, stroke, cardiology, mental health, homecare, forensic nursing, dietitian etc.)

Cons/Limitations

Cannot do assessments other than vitals, weight, blood glucose, utilize electronic stethoscope if available to the patient. All other physical assessments require in-person appointments.

HIPPA, confidentiality, and must have informed consent.

Limitation of technology related to confidentiality.

- a. Electronic brochures
- b. Telephone
- c. Audio-visual equipment
- d. Computer technology
- e. Encrypted emails
- f. Encrypted/ password protected patient portal apps.

*** All must be secure lines of communication to maintain patient privacy/ confidentiality***

Social media is not an appropriate source of technology to exchange patient information because there is no way to secure and maintain patient confidentiality.

Accreditation

Medical facilities have to be accredited to prove that they are maintaining basic public health safety standards. JCAHO is one example of an accreditation agency. The Joint Commission (JCAHO)

Centers for Medicare and Medicaid (CMS)- CMS deals with financial reimbursement based on the performance of the facility related to patient care.

Ethical concepts

Beneficence-The duty to do good, or to promote the well-being of patients

Autonomy-The ability to apply professional knowledge to patient care and clinical decision-making. The ability to make decisions/ actions for one's own care.

Justice-Being impartial and fair.

Fidelity- Keeping one's promises.

Nonmaleficence- This means that nurses must do no harm intentionally.

Veracity is the principle of telling the truth and is related to the principle of autonomy.

Confidentiality- Keeping patient information secure.

Ethical dilemma- usually involve a patient's right to self-determination.

*** Patient decision-making must be intact to have autonomy. If a patient's decision-making is not intact then it will either be deferred to the legal next of kin if there is not a pre-

appointed medical durable power attorney. The patient's advance directive will also be considered with ethical dilemmas.

Advanced directives encourage clients to discuss and document their wishes concerning the type of treatment and care that they want (i.e., life-sustaining treatment) in advance.

Living will: Document stating what health care a client will accept or refuse after the client is no longer competent or able to make that decision.

Medical durable power of attorney: Health-care proxy, designates another person to make health-care decisions for a person if the client becomes incompetent or unable to make such decisions.

Examples:

- Informed consent
- Do not resuscitate directives.
- Pain control
- Withdrawal of fluids and nutrition
- Genetic testing/reproductive technology
- Experimental therapies
- Inability to afford treatment.
- Organ/tissue donation

Ethics committees- An ethics committee devoted to the teaching and processing of ethical issues and dilemmas exists in most healthcare facilities. It is multidisciplinary, and it serves several purposes: developing guidelines and policies, provide education and counseling, and review a case and provide a forum for the expression of the diverse perspectives of those involved.

Professional standards are regulated by:

- American Nurses Association (ANA)
- Code of Ethics for Nurses
- Standard of Practice

Obligation to report.

- **Internal report**
 - **Inappropriate medication handling/ administration (stealing medication, not following the 7 rights of medication administration), act that harms the patient, and malpractice (doing medical procedures without a doctor's order)**

- o Internal reports are reviewed by the peer review panel to determine the appropriate discipline for the nurse. (Education, suspension, layoff.)
- Report to the Board of Nursing
 - o Inappropriate medication handling/ medication errors (stealing medication, withholding medication, practicing medicine/ giving medications without an order, not following the 7 rights of medication administration)
 - o Working under the influence (Alcohol or drugs)
 - o Causing harm to a patient that could potentially lead to death.
 - o Falsifying a medical record
 - o Patient abuse, neglect, fraud, exploitation, or violation of professional boundaries
 - o Patient abandonment
 - o Lack of competency

****If you notice any actions that are required to report in either an internal report or a report to the Board of nursing, make sure you report it to your nurse leader/ nurse manager immediately.

Peer Assistance Program

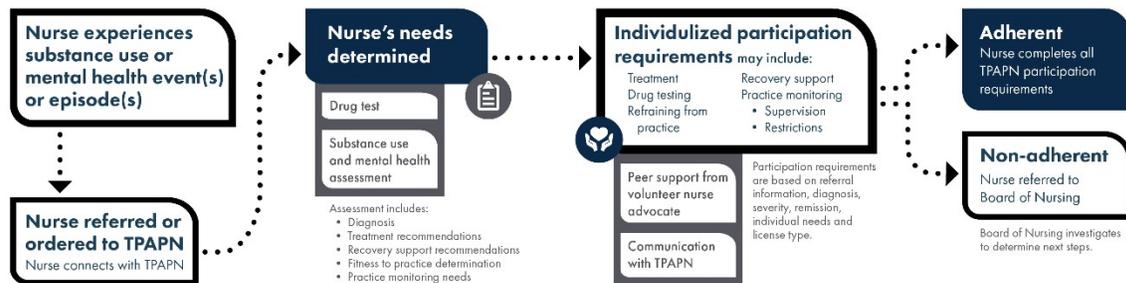
- TPAPN- Texas Peer Assistance Program for Nurses

The board of nursing prefers the employing organizations to be a part of this process.

It may not protect the nurse's license.

Texas Peer Assistance Program for Nurses

TPAPN safeguards patients by providing early identification, support, monitoring, accountability and advocacy to Texas nurses.



TPAPN is for nurses with substance use or mental health events or episodes.

Chain of Command

Utilize your chain of command for situations that need to be elevated for a higher level of care. You will start with the most situation appropriate person in order to find a resolution.

Charge Nurse (if appropriate) > Nurse Manager> House Supervisor> Chief Nursing Officer> Chief Medical Director

Mandatory reporting

Communicable Diseases (COVID, HIV, TB etc.)

Criminal Activity

Child/Elder Abuse/Domestic Violence

Animal Bites

Gunshot/Stab wounds

Assaults/Homicides/Suicides

HIPPA violations

Whistleblowing

A person may not suspend or terminate the employment of or otherwise discipline or discriminate against a person who reports in good faith.

You are protected by the whistleblowing act to not have the following retaliations:

Firing or laying off

Blacklisting

Demoting

Denying overtime or promotion

Disciplining

Denial of benefits

Failure to hire or rehire

Intimidation/harassment

Making threats

Reassignment affecting prospects for promotion

Reducing pay or hours

Safe Harbor

Safe harbor protects your license when you receive an unsafe assignment. YOU MUST FILE PAPERWORK PRIOR TO TAKING THE ASSIGNMENT. This will protect your license if something happens that is outside your scope or harm to a patient occurs.

Incivility

Civility:

Having good manners and being polite

Respecting others

Based on recognizing that all human beings are important

Protection from discrimination

Civility in Nursing

The basis for caring

Promotes emotional health

Creates a positive environment for learning and the promotion of healing.

Develops emotional intelligence in nurses.

Transforms negative attitudes.

Communication is the key to civility.

Positive interpersonal relationships are a key aspect of civility.

Health and well-being of clients are predicated on excellence in communication and a culture of civility in the workplace.

What is Incivility?

Any type of speech or behavior that disrupts the harmony of the home, work, or educational environment.

Incivility increases when people are under stress.

Includes but not limited to:

Cyber-harassment

Vicious anonymous e-mails

Hate text messaging.

Acts of rudeness

Social rejection

Bullying

Defined as any behavior that could reasonably be considered humiliating, intimidating, threatening, or demeaning to an individual or group of individuals.

Can occur anywhere.

Can become habitual, being repeated over and over.

A complex concept that includes Physical/Emotional/Verbal abuse

Goal of bullying

To coerce or intimidate another person into doing something that they do not want to do.

To merely humiliate a person or group because of some perceived difference or weakness.

Hazing and initiation rites are forms of bullying.

One-on-one bullying from peers is sometimes called peer abuse or **lateral violence**.

In groups, the primary bully may have helpers that contribute to or prolong the bullying activities.

A bullying culture may develop in the workplace.

Lateral or Horizontal Violence

Has many of the same characteristics as bullying except that it takes place almost exclusively in the work setting **among peers**.

Can be either covert or overt.

Overt lateral violence includes:

Name calling

Threatening body language

Physical hazing

Bickering

Fault finding

Negative criticism

Intimidation

Gossip or divulging confidential information.

Shouting

Blaming

Put-downs

Raised eyebrows and rolling of the eyes.

Verbally abusive sarcasm with rude tones

Physical acts such as

Pounding on a table

Throwing objects

Shoving a chair against a wall

Covert lateral violence

More difficult to identify

Includes:

Unfair assignments

Marginalizing a person

Refusing to help someone.

Ignoring

Making faces behind someone's back

Refusing to work with certain people

Whining, sabotage, exclusion, and fabrication

Results of lateral violence

Decreased communication.

Toxic work environment

Poor quality of care

Reduced safety of clients

Poor staff morale

Excessive "sick days"

High turnover of staff

Nurses leaving the profession

Physical symptoms such as pain

Insomnia, hypertension, depression, GI upset

Consequences of incivility in the clinical setting

****Jeopardizes client safety- Patient care/outcomes are the priority****

Increases medical and nursing errors

Lowers the overall quality of care

Creates hostile, toxic workplace environment

Causes high turnover rates of nursing staff

Legalities

Tort Law

Intentional torts: willful acts that violate another person's rights or property—usually physical acts; may result in a crime.

Assault: saying or doing something that will make a person genuinely fear that he or she will be touched without consent (threat).

Battery: unconsented touching of a person, or anything he or she is wearing or holding, or anything that is attached to him or her, without the person's permission; does not have to cause injury.

False imprisonment: making a person stay in a place against his or her wishes; can be verbal, physical, or chemical.

Intentional infliction of emotional distress: the use of extreme or outrageous conduct that causes severe emotional distress in the patient or family.

Conversion of property: interference by the nurse with the right to possession of the patient's property by either intermeddling or destroying the property.

Quasi-intentional torts: violation of a person's reputation, personal privacy, or freedom from malicious or unfounded legal prosecution.

- **Defamation of character:** the sharing of information that unintentionally harms a person's reputation.

- a. **Slander:** oral defamation of character that is intentional and malicious.
- b. **Libel:** written defamation of character that is intentional and malicious.

Invasion of privacy: violation of a person's right to keep information about self, family, and property from public scrutiny.

Breach of confidentiality: revealing information obtained from privileged communication.
Patient- physician or patient- nurse

Unintentional torts: a wrong occurring to another person leading to injury even though it was not intended.

- Same as negligence: failure to act as a reasonable and prudent person would act in the same situation (standard).
- Malpractice: professional negligence; failure to act as a competent and caring nurse (higher standard).

Protect your license! Utilize SBAR and documentation!!!

SBAR

Situation

Background

Assessment

Recommendation

DOCUMENT!!

Be aware of your hospital's policies.