



Feature Article

Trends in Reporting of Abuse and Neglect to Long Term Care Ombudsmen: Data from the National Ombudsman Reporting System from 2006 to 2013



Elizabeth M. Bloemen, MPH^{a,b,*}, Tony Rosen, MD, MPH^{a,*}, Sunday Clark, ScD, MPH^a, Denis Nash, PhD^c, Thelma J. Mielenz, PhD^d

^a Division of Emergency Medicine, Weill Cornell Medical College, 525 East 68th Street, New York, NY 10065, USA

^b Division of Geriatric and Palliative Medicine, Weill Cornell Medical College, 525 East 68th Street, New York, NY 10065, USA

^c Hunter College, City University of New York, 365 Fifth Avenue, New York, NY 10016, USA

^d Mailman School of Public Health, Columbia University, 722 W 168th Street, New York, NY 10032, USA

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ABSTRACT

We utilized the National Ombudsman Reporting System (NORS) to describe national trends in reporting of abuse and neglect in nursing facilities to long term care ombudsmen (LTCO) from 2006 to 2013. We investigated complaints made against facility staff or residents with the following codes: physical abuse, verbal/mental abuse, sexual abuse, financial exploitation, gross neglect, and resident to resident physical or sexual abuse. Nationally, LTCO received an annual average of 11,749 abuse and neglect-related complaints in nursing homes from 2006 to 2013. These complaints trended down significantly, from 7.5 to 5.6 reports per 1000 beds ($P < 0.0001$). Physical abuse by a non-resident was the most frequently reported, representing an average of 28% of total abuse/neglect complaints. Improved understanding of the reasons for declines in reporting, increased training on other types of abuse and neglect, and expansion of the NORS database to allow for more comprehensive analysis are needed.

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Introduction

The Long-Term Care Ombudsman program is the largest and most established nationwide program that advocates for the health, safety, and welfare of long-term care residents.^{1,2}

Section 712 of the Older Americans Act requires state long-term care ombudsmen to: identify, investigate, and resolve complaints made by or on behalf of residents, and to ensure that residents have regular and timely access to ombudsman services, among many other activities.² Initially created as a voluntary state program through the Public Health Service, the program was mandated to be implemented nationally in 1978 as an amendment to the Older Americans Act.³ In 1996, the National Ombudsman Reporting

System (NORS) was developed, allowing for efficient collection and analysis of information about ombudsman activities.³

One of the key roles ombudsmen play is in the identification of and response to abuse, neglect, and exploitation. Though state ombudsman programs may operate differently, all ombudsmen provide resident centered advocacy services nationwide, and are most often the first to receive and respond to abuse and neglect-related complaints. Ombudsmen have many resources available to respond to such complaints including mediation, advocating on the resident's behalf with facility administration, and reporting to law enforcement and other agencies. Despite their important role in abuse detection, little systematic research about elder abuse and neglect in nursing homes has been conducted using NORS.⁴

Our goal was to describe national trends in reporting of abuse and neglect in nursing facilities to long-term care ombudsmen from 2006 to 2013 using NORS.

Methods

We utilized NORS to describe trends in abuse and neglect-related complaints reported to long-term care ombudsmen from

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* Corresponding authors. 525 East 68th Street, New York, NY 10065, USA. Tel.: +1 212 746 0780; fax: +1 212 746 4883.

E-mail addresses: elb3003@med.cornell.edu (E.M. Bloemen), aer2006@med.cornell.edu (T. Rosen).

2006 to 2013. NORS tracks complaints in 119 categories and includes data from all 50 states, Washington, D.C., and Puerto Rico each of which is required to report annually. For this analysis, we evaluated six complaint categories pertaining to abuse by a facility staff member or resident. These included: abuse, physical; abuse, sexual; abuse, verbal/psychological (including punishment/seclusion); financial exploitation; gross neglect (willful); and resident-to-resident physical or sexual abuse. We also described the role of the complainant and the resolution of complaints for all 119 complaint types as NORS does not currently track reporter or resolution by complaint type. NORS data was accessed from the Aging Integrated Database, available online at: <http://www.agid.acl.gov/>.

While data are available in NORS before 2006, an Office of the Inspector General report in 2003 identified significant issues in standardization of reporting among state and local ombudsmen.⁵ As a result of this report, comprehensive standardization training was developed and implemented in all localities and states, with significantly increased data standardization and reliability by 2006. Therefore, we used data from 2006 to 2013.

To standardize the frequency of complaints and allow for comparison across years, we used total number of available nursing home beds during each year from NORS and report abuse-related complaint data as complaints per 1000 beds. We evaluated trends over time using simple linear regression and displayed them graphically. A *P* value of <0.05 was considered statistically significant.

This study was considered exempt by the Weill Cornell Institutional Review Board.

Results

Nationally, long-term care ombudsmen received an annual average of 11,749 abuse and neglect-related complaints in nursing facilities from 2006 to 2013. Physical abuse by a non-resident was the most common type of abuse/neglect reported in each year evaluated, representing an average of 28% of total abuse/neglect complaints over the 8-year period. Overall, abuse/neglect complaints decreased significantly during this period, from 7.5 to 5.6 reports per 1000 beds ($P < 0.0001$). This reduction in reporting was observed for all types of abuse/neglect complaints ($P < 0.05$) with the exception of financial exploitation (Fig. 1).

Complaints were most commonly initiated by the resident (average of 38%), a relative or friend (average of 20%), or a facility administrator or staff member (average of 17%). Of all complaints during this period, an average of 60% reportedly reached a satisfactory resolution, an average of 17% reached partial resolution, an average of 6% reached an unsatisfactory resolution, and an average of 5% were referred onto another agency.

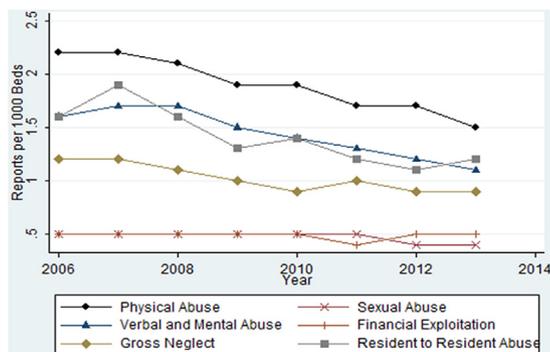


Fig. 1. National Reports of Abuse & Neglect in Nursing Facilities made to the Long Term Care Ombudsman from 2006 to 2013.

Discussion

The Long-Term Care Ombudsman program remains an important mechanism for identification of and response to abuse and neglect in nursing homes. Of all types of abuse, neglect, and exploitation, the program is currently utilized primarily to report physical abuse by non-residents. This is concerning, given that evidence suggests other types of abuse and neglect, including resident-to-resident elder mistreatment and verbal and mental abuse, may be much more common.^{6–9} This lack of reporting may be partially due to a lack of recognition among nursing home residents, relatives/friends, and staff that these types of abuse are unacceptable. Research has suggested that these types of abuse are ignored or viewed as normal by many within a nursing home.⁶ This identifies a potential area of future focus for education and advocacy for long-term care ombudsmen.

That overall reporting of abuse and neglect has significantly decreased is also concerning and requires further investigation. One explanation for a reduction in reporting is that the rate of abuse and neglect in nursing facilities has been reduced. While possible, other reports suggest that rates of abuse and neglect have remained constant⁹ despite increased intervention efforts.¹⁰ In addition, changes in ombudsman staffing could lead to fewer reports as the program may not have the capacity to be present in every facility as frequently as is needed. However, there was no statistically significant change in hours of staff or volunteer ombudsman activities over the time period studied. While previous negative experiences of nursing home residents, relatives/friends, and staff with ombudsmen's inability to satisfactorily resolve abuse and neglect cases may also be a factor in reduced reporting, we could find no evaluation of the program's efficacy or satisfaction rate among complainants to support this.

Another possible explanation for the reduction in reporting is that alternate reporting pathways inside and outside the nursing facility have reduced the need for involvement of the ombudsman.¹¹ The Elder Justice Act, passed in 2010, required that facility administrators report all known abuse to law enforcement.¹² In addition, many states have changed their laws to require reporting of abuse in facilities to law enforcement, state survey agencies, and/or adult protective services. While each of these proposed causes may play a role in the reduction of abuse complaints, the decline is remarkably steady and requires further investigation.

It is notable that while residents comprise the largest proportion of complainants, they still account for less than half of all complainants. Given that the long-term care ombudsman program was developed specifically to respond to resident complaints, this suggests a need to ensure that residents understand their rights and processes for reporting abuse and neglect.¹ Fear of retaliation may cause residents to remain silent, and the high prevalence of dementing illness may inhibit some residents from reporting.^{13,14} In addition, nursing facilities are increasingly used for short term rehab, reducing the amount of time a resident may come into contact with an ombudsman.¹⁵ The ombudsman program should be re-examined to ensure that residents are aware of the program's existence, are able to report given their impairments, and are given every available opportunity to report.

Perhaps the most significant change to elder abuse reporting during the time period studied was the passage of the Elder Justice Act in 2010.¹² Through increased funding for elder abuse programs, changed reporting requirements of abuse both in facilities and in the community, a more coordinated federal response to elder abuse, and increased focus on research, this act has, and will likely continue to, dramatically change the response to elder abuse nationwide.^{12,16} The Act also provides increased funding and resources for the LTCO program, which may greatly impact this

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