

CSI Investigations in LTC

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Goals of the Program

Identify	Discuss	Identify	Delineate
Identify how a bruise can tell a story about potential abuse	Discuss three (3) interventions that SNF staff can implement to reduce abuse and neglect	Identify five (5) components of a newspaper article which can be used to generate a meaningful incident report	Delineate between an unavoidable and an avoidable pressure injury

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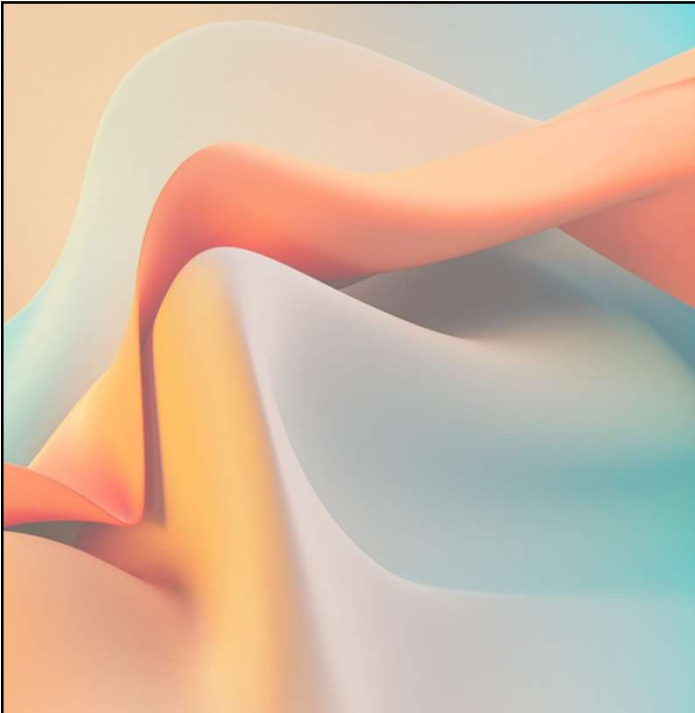


What is Forensic Science?

The application of health care sciences to public or legal proceedings

Applications for health, the education of health care providers and the science of investigations of trauma, death, victimization and violence and how it impacts the health care delivery system

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Why Should We Use Forensics in SNFs?

Administrative staff are increasingly required to investigate injuries, obtain witness statements, interview witnesses, generate reports and make determinations about the nature of injuries

Unless you received FBI training at Quantico, Virginia, you likely were not taught these interventions

There are multiple regulatory implications and civil suits which require an accurate assessment of the facts surrounding the injuries of a resident

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Demographic Changes

As the number of older adults increases, the number of abuse cases rises as well

The promise not to “put my mother away” may increase the risk, as does incontinence, dementia, wandering behaviors, resistance to care and combative behaviors

Older abused adults have significantly more mortality than younger adults

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The Cycle of Violence

Sociological theory that identifies a learned behavior handed down from generation to generation



The perpetrator chooses violence as a response to a learned stimulus that has been modeled, causing the person to react with violence because that was how s/he learned from parents, peers or in the community

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Incident Reports

- What? When?
- Who? How?
- Where? Why? (This may not be immediately apparent)

In writing a newspaper article, a journalist will attempt to gather facts and answer each of the questions.

In the SNF, we attempt to identify patterns (places, times, full moons, unmet needs)

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**Did the resident fall and
traumatically fracture their
hip?
or**

**Did the resident stand, fracture
their osteoporotic hip and then
fall?**

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Documentation- What Information is Missing?



YOU RECEIVED
AN INCIDENT
REPORT
IDENTIFYING
THAT A RESIDENT
WAS
DISCOVERED
WITH A BRUISE
ON HER ARM



INCLUDE A
DIAGRAM OF
THE BODY TO
INDICATE THE
LOCATION(S)
OF INJURY

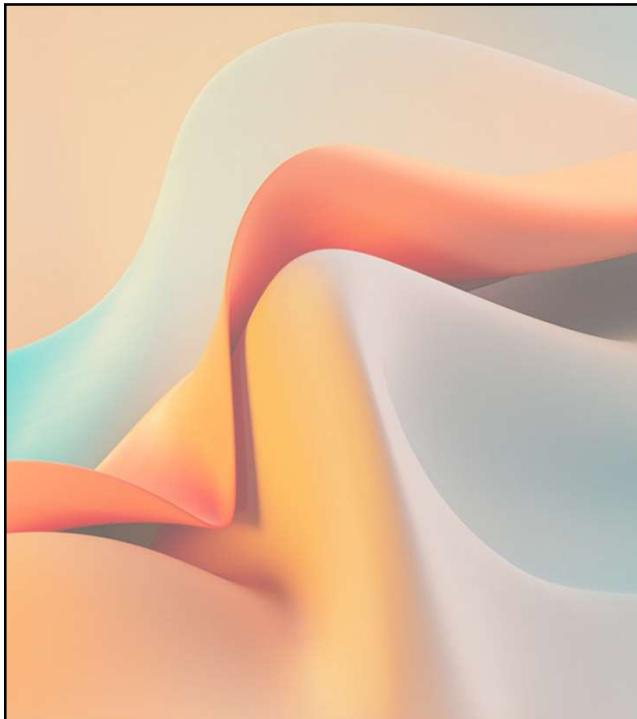


NOTE THE
COLOR OF THE
INJURY AS
WELL AS
SHAPE



WERE THERE
ANY OTHER
BRUISES ON
WOUNDS
PRESENT

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Forensic Assessment

1. Components of an assessment of injury in a LTC setting:
2. The Victim Interview
3. Witness/Potential Witness Interview
4. Physical Assessment
5. Documentation

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The Victim Interview



Elicit an account from the victim in as much detail as possible in his/her own words



Use “” to document whole thoughts offered



Assure privacy and security in the interview

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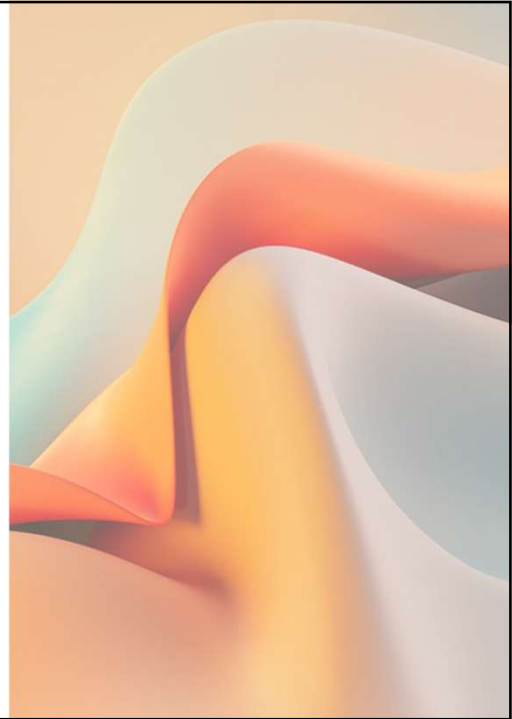
The Victim Interview

1. Consider holding the interview in another area of the facility
2. Consider whether the roommate or others will be interrupting the interview
 - Where would the resident feel the safest?
 - Which staff member would the resident feel most comfortable with during the interview?
 - How many people should be present?
 - How is the time of day of the interview likely to impact the quality of the responses?

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The Witness Interview

- Interview others who may have direct or indirect knowledge of events:
 - Roommate
 - Roommate's visitors
 - Victim's visitors
 - Nursing staff on duty (all levels)
 - Housekeepers providing services in that area
 - Ancillary staff



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Physical Assessment

- Injury occurs when a force is applied to an area of the body. The force may be applied to a tissue or by moving an object to impact the body.

- Types of Injuries

- | | |
|----------------------|------------|
| • Patterned Injuries | Stabbings |
| • Abrasions | Bite Marks |
| • Contusions/bruises | |
| • Strangulation | |
| • Erythema | Gunshots |
| • Lacerations | Cuts |

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Abrasions

- Superficial injuries to the dermis or epidermis of the skin; also referred to as brush burns, rope burns, carpet burns; may be called scratches when caused by a fingernail



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Patterned Wounds



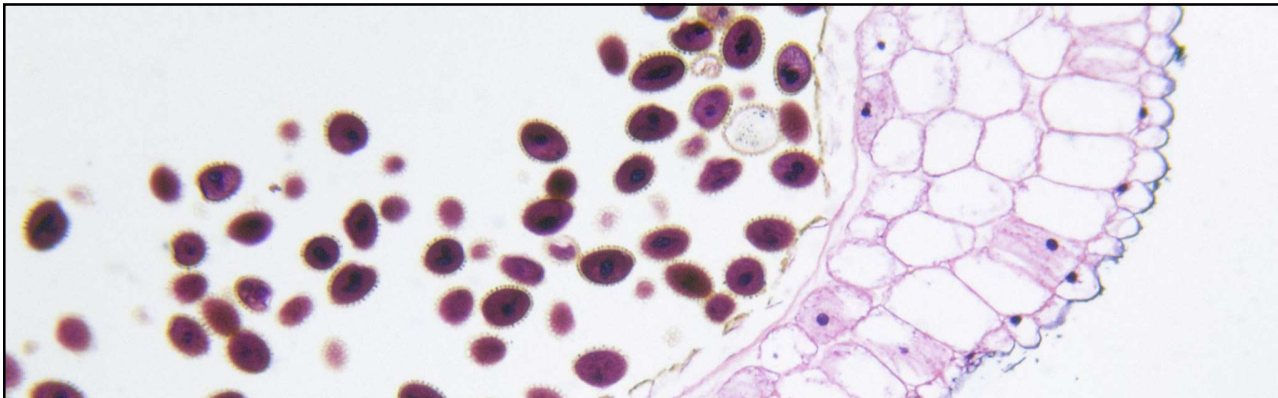
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Contusions and Bruises

- A contusion can occur in any tissue in which a blow with a blunt object that does not break the skin but results in damage to the underlying structures beneath the skin
- Synonymous with a bruise



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Bruises

- Bruises are beneath intact epidermis consisting of extravascular collections of blood that have leaked from a ruptured capillary or blood vessel; results from a blow or squeeze that crushes tissue and ruptures the blood vessel; dependent upon the quantity and quality of force applied
- Bruises are difficult to quantify in a person who is darkly pigmented

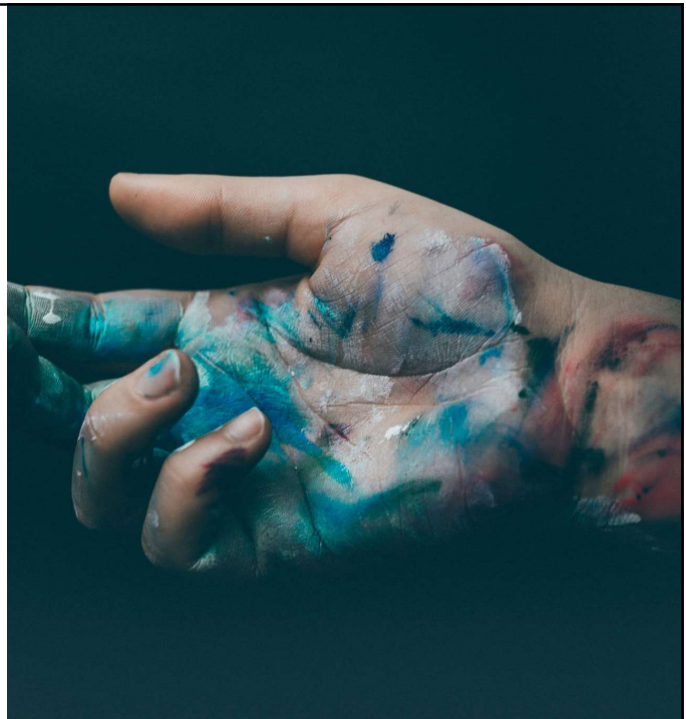
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Colors of Bruises

- Fresh injury: light blue to red to purple
- Green
- Yellow
- Brown
- Change proceeds from the periphery of the bruise inward; degree and color may be altered by pigment of the skin, anticoagulants, immuno-suppression, anemia, alcoholism, malnutrition, age



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Lacerations

- The continuity of the skin is interrupted by a blunt force, creating crushing or tearing of the tissue; they are not cut injuries, but rather breaks in the tissue from blunt force trauma



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Cut Wounds

- A sharp object is drawn over the skin with sufficient pressure to cause injury



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Bite Marks

- Human bites seldom cause tears in the skin; they usually resemble semi-circular or crescent shaped patterned abrasions with underlying hemorrhage



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Strangulation

- Hallmarks are fingertip bruises and fingernail marks on the neck which appear circular and oval with muscle bruising; areas of hemorrhage are seen in the conjunctiva and eyelids



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Avoidable versus Unavoidable Pressure Injuries

- Unavoidable wounds occur despite the staff providing appropriate treatment, support surfaces, nutrition, incontinence care, turning and repositioning and care planning

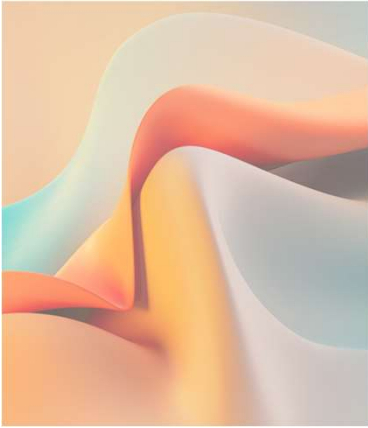


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How Does the Braden Scale Hurt SNFs?

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Violence in Health Care Settings

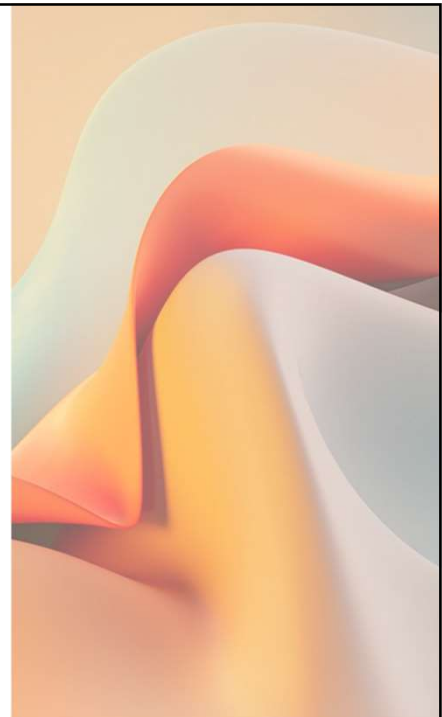


- Types of victim-perpetrator relationships:
- **Type I- (Criminal Intent)** occurs when the perpetrator has no legitimate relationship to the business
- **Type II-(Customer-Client)** The perpetrator is a customer or client of the workplace who becomes violent while being served (Crozer psychiatrist Dr. Lee Silverman)

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Violence in Health Care Settings

- Types of victim-perpetrator relationships:
- **Type III- (Worker on Worker):** The perpetrator is a current or former employee who is physically assaultive, bullying or harasses colleagues
- **Type IV-(Personal Relationship):** The perpetrator has a relationship with a health care provider such as an estranged husband comes to the NH to attack his wife while she is at work



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Occupational Safety and Health Administration (OSHA)



Has jurisdiction in NHs



General Duty Clause: requires employers to provide employees employment in an environment that is free from recognized hazards that cause or likely will cause death or serious bodily injury to employees.

Section 5(a)2 of the OSHA Act of 1970 mandates that employers comply with safety and health standards

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LTC Risk Factors for Workplace Violence

Prevalence of handguns among residents, family, friends, visitors

Inadequate mental health services in the community

Availability of drugs in the facility

Increased numbers of drug addicted people

Limited restrictions on public access

Lower staffing levels at times

Lack of security guard

Lack of staff education in recognizing and de-escalating problematic behaviors

Working directly with hostile, violence or impaired families

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LTC Interventions



- Educate health care workers on methods to reduce incidents of physical violence which focuses on de-escalation of behaviors
- Install an alarm system and establish a safe retreat area
- Safety committee expanding focus to workplace violence

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LTC Interventions



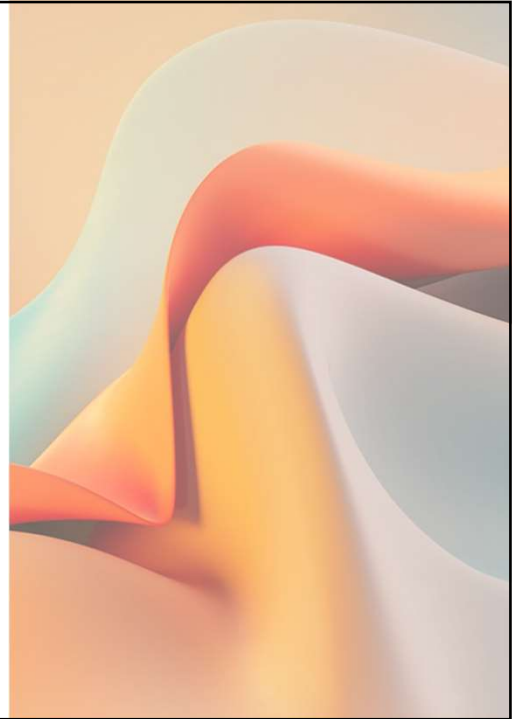
- **Perform a job hazard analysis to determine:**
 - Which positions have highest assault rates
 - May involve positions in which medications are administered
- **Conduct employee surveys to pinpoint:**
 - What activities make people feel most exposed to violence
 - What work activities make people feel most unprepared to respond to violence
- **Recommended changes**
 - Role play to help staff understand precautions

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LTC Interventions

- **Post-incident procedures and services:**

- Investigation of incidents of workplace violence used to prevent further incidents
- Root cause analysis performed
- Debriefing injured employee and witnesses
- Care of the injured employee
- Care of the potentially injured employees including psychological counseling
- Addressing guilt/shame of employees, managers



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Investigation



Report to all appropriate agencies, including OSHA



Involve workers in accident investigation



Identify root causes beyond “worker error”



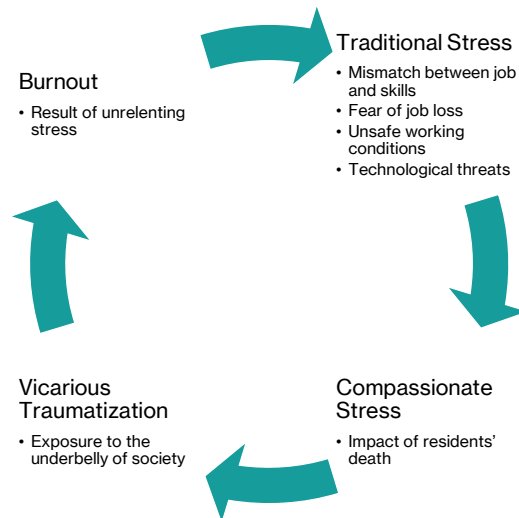
Collect and review supporting documentation



Investigate “near misses” and institute a climate in which staff will self-report issues

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Stress and Burnout



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Stephen Covey's 7 Habits of Highly Effective People

URGENT	NOT URGENT
I Crises, Pressing Problems, Deadlines	II Prevention, relationship building, recognizing new opportunities, planning, recreation
III Interruptions, some telephone calls, some mail, some reports, some meetings, pressing problems, popular activities	IV Trivia, busy work Some mail, telephone calls, time wasters, pleasant activities

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Evidence of Abuse

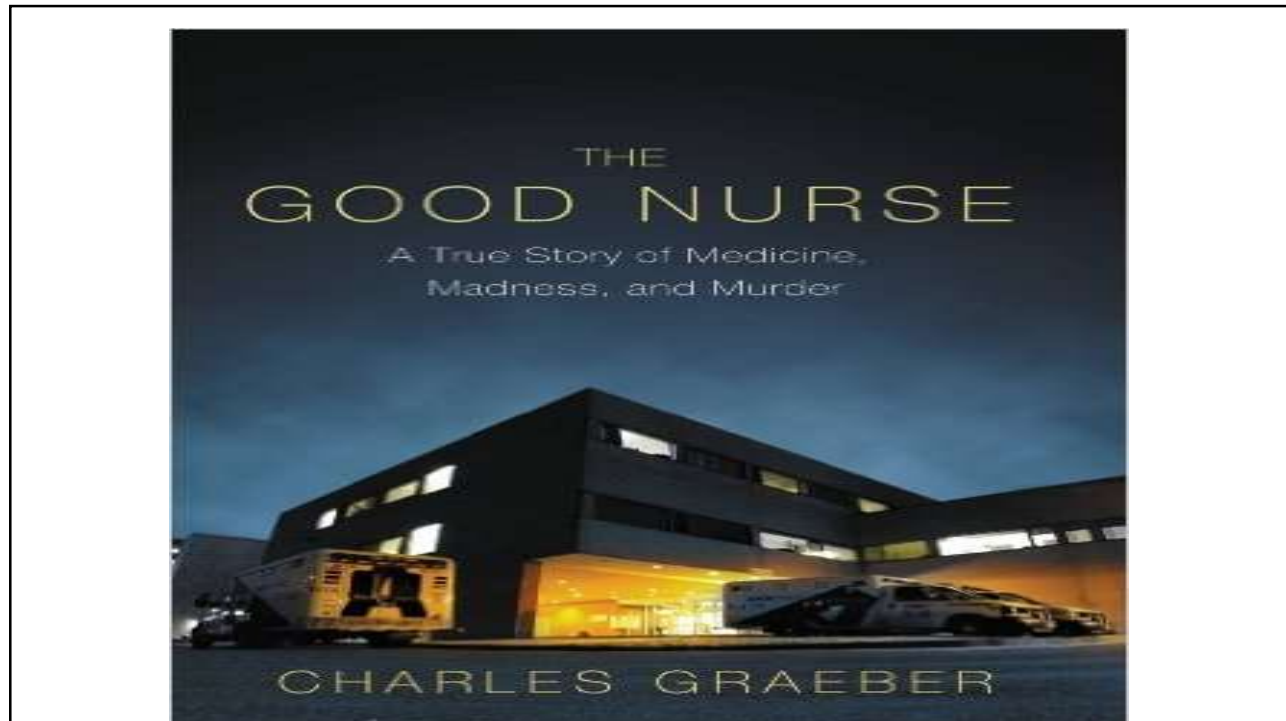
- Unexplained injuries
- Implausible explanations
- Discrepancies in injury history
- Older adult is brought to a variety of facilities for treatment
- Lag between injury and treatment
- Signs of traumatic hair or tooth loss
- Bilateral arm or thigh bruising
- Wrap around bruises
- Burns from cigarettes, appliance or hot water
- Broken glasses, frames
- Multi-colored bruises

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Abuse by Health Care Workers

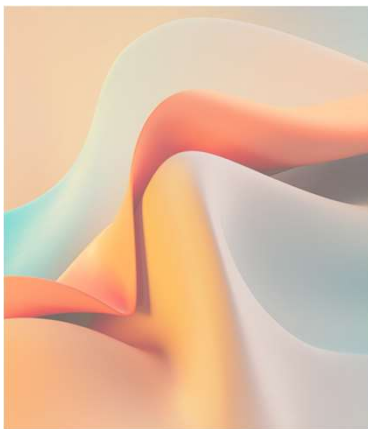
- Inappropriate use of physical/chemical restraints
- Inadequate food/fluid
- Over/under-medication
- Purposeful disregard of basic needs
- Failing to act when the resident has a change in condition
- Failure to change position for residents with dependent mobility in bed/chair
- Failing to use equipment appropriately
- Resident-resident, visitor-resident, staff-resident abuse/neglect

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Perpetrators of Elder Abuse



- **Ramsey-Klawnsnick's 5 types of offenders:**
 - Overwhelmed-the well-intentioned caregiver finds the amount of care or the number of people who need their attention overwhelming
 - Impaired-will intentioned person with his/her own problems with mental illness, substance abuse or disability fail to recognize their own limitations
 - Narcissistic-fail to empathize with the victim but do so for financial gain
 - Domineering-feel justified in their abuse of others and may blame the victim for their actions
 - Sadistic-enjoys humiliating or terrifying others

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QUESTIONS????

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Recommended Resources

1. Quick Reference to Adult and Older Adult Forensics
Kathleen M. Brown and Mary E. Muscari
#978-0826012422

2. PEACEFUL LEADERS ACADEMY-78 WORKPLACE VIOLENCE IN HEALTHCARE
STATISTICS TO KNOW IN 2024 AT PEACEFULLEADERSACADEMY.COM/

3. [HTTP://WWW.BLS.GOV/LIF/FACTSHEETS/WORKPLACE-VIOLENCE-HEALTHCARE-2018.HTM](http://www.bls.gov/lif/factsheets/workplace-violence-healthcare-2018.htm)

4. Sahebi, Ali et al. Prevalence of Workplace violence against health care workers in hospital and pre-hospital settings. Front Public health 2022 Aug 8; 10:895818.doi:10.3389.fpubh.2022.895818

5. www.cdc.gov/wpvhc/nurses/course/slide/unit_6

6. mcknights.com/news/more-than-half-of-nursing-home-workers-caught-in-vicious-cycle-of-workplace-violence-burnout/

7. health.state.mn.us/facilities/patientsafety/preventionof/violence

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