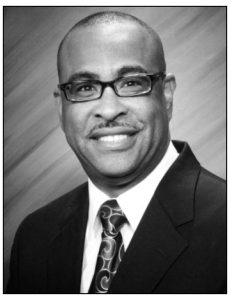

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Care of the Frail Elderly, the Mentally Ill, and the Disabled in Nursing Homes: A Clarion Call to Arms

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Dedicated to the Memory of William L. Wykle

I have elected to forgo the normal editorials for this edition. I have asked Dr. Joyce Newman Giger, Dr. May Wykle, Former Dean at Case Western Reserve University, Christine Brannon, Copy and Guest Editor, and our new friend, Dr. Michael Blanchard, former police officer, Indianapolis, Indiana, and current Investigator, Adult Protective Services, Saint Joseph County, South Bend, Indiana, to assist in writing this editorial. The five of us join to signal a clarion call to arms about the care and frequent mistreatment of the frail elderly, the mentally ill, and the disabled who are placed in the nation's nursing homes for palliative, hospice, memory care, or extended care. Every state has its own regulations. A great number of people, regardless of race, are being impacted by the care they receive in nursing homes and other extended care facilities. Many of these individuals are vulnerable such as the frail elderly, the mentally ill, and the disabled.

History of Nursing Homes: Defined

In 1965, Medicare, the national social insurance program, was established. Medicare guaranteed access to medical insurance for people 65 of years of age and older (Biklen & Knoll, 1987). With Medicare guaranteeing payment for care of the elderly, new nursing homes began to spring up. This new action occurred in concert with private nursing homes that were already being built or were under construction as a result of the Great Depression and the Social Security Act of 1935 (Biklen & Knoll, 1987). In addition to Medicare came Medicaid, which is the Nation's poverty program. Medicaid funds programs at facilities such as nursing homes to provide beds for residents who are impoverished (Biklen & Knoll, 1987). It is plausible to assume that along with the advent of both Medicare and Medicaid, came a need to examine the care being provided at that time to residents in nursing homes.

In 1987, a study was conducted in Wisconsin with 4,000 people, of whom more than 80% were 65 years of age and older, and of whom 5% had a developmental disability. This study examined nursing homes in Wisconsin to determine the efficacy of providing safe care to patients unable to voice concern over the type care rendered (Biklen & Knoll, 1987). Findings from this study suggested that among the 13 large institutions certified as SNFs (skilled nursing facilities), all were found to be "absolutely inappropriate" placements for the clients with developmental disabilities. This study found that there was a need to upgrade services in the homes (including day services), and that these facilities that resembled the very institutions that resulted in the national exposés of facilities such as Willowbrook in other fields to be closed (Biklen & Knoll, 1987; Government Accountability Office, 1987).

Nursing Homes Reformed

For decades, at both the state and national levels, nursing homes have been the subject of intense debate in an effort to reform health and residential care for the frail elderly, particularly those with lower incomes (National Academy of Sciences, 2019). Even though over the years regulations have been added to assure that basic

good care is rendered in these facilities (e.g., personnel, education, activities and services, ancillary and professional services), nevertheless, the lack of uniform polices and reviews at the federal level, make this process disjointed state by state (National Academy of Sciences, 2019). Each state has its own health care laws within the health department (Blanchard, 2019, Personal Communication). These state health departments are often overburdened and challenged with meeting the many health care needs of the state leaving nursing home reviews and reforms under evaluated (Blanchard, Personal Communication, 2019). In 1966, the Centers for Medicare & Medicaid Services in the Department of Health and Human Services started publishing the Nursing Home Data Compendium annually. This annual compendium illuminated statistics related to nursing homes and their residents along with the deficiencies and substandard care that were discovered (National Academy of Sciences, 2019).

Gross Incidents in Nursing Homes

There have been far too many gross incidents in nursing homes throughout the United States. These gross incidents include the many falls, medication mistakes, aspiration pneumonia, and cases of sexual assault that have occured.

Sexual Assaults. It is hard to believe that sexual assaults occur in nursing homes among the elderly, the mentally ill, and the disabled, but they do. Many individuals in nursing homes cannot speak and they rely on walkers and wheelchairs to get in and out of bed and to enable them move around (Ellis & Hicken, 2017). Still others have no memory to relate to others what happened to them. Ellis and Hicken, investigators for CNN, reviewed a number of cases and found that all too often in the case of sexual assaults, nursing homes were slow to investigate and report such allegations. In 2015, George Kpingbah, a nursing assistant, was convicted and sentenced to 8 years in prison for raping 83-year-old Sonja Fischer. The CNN investigators found in reviewing earlier court documents that it was not the first time he was investigated for such behavior. In addition, Ellis and Hicken (2017) noted that Kpingbah was suspended three times by Walker Methodist Health Center. The investigators for CNN (2017) also found that the earliest documented case of Kpingbah engaging in sexual intercourse against the elderly occurred in 2008 with a 65-year-old who suffered from multiple sclerosis. Kpingbah also had been accused of assaulting an 83-year-old blind and deaf woman who resided on same wing as Sonja Fischer. Kpingbah worked at Walker Methodist for eight years on the overnight shift. Kpingbah might never have been brought to justice had he not been caught in the act in December 2014. The fact that sustained and continuous sexual assaults by Kpingbah had been detected and yet remained unpunished until 2015 is incomprehensible. Recently a male nurse was charged after a DNA test revealed that he was the father of a baby boy born to a woman who had been in a vegetative state for 20 years (Hanna & Allen, 2019). Unfortunately, this is not the first case in which a rape led to a live birth. There are other documented cases of the disabled giving birth after a sexual assault in a nursing home.

Medication Errors. Approximately 1.5 million Americans reside in the nearly 16,000 nursing homes across the United States (Jones, Dwyer, Bercovitz, & Strahan, 2009). In 2008, 2.8 million Americans, or 7.2% of the population aged 65 and older, had a nursing home stay (Centers for Medicare & Medicaid Services, 2019). Given these statistics, it is easy to postulate that a great number of medication errors occur in nursing homes because of defenseless situations among the frail elderly, the mentally ill, and the disabled. The most common types of medication errors found by Pierson et al. (2007) included dose omission (203, 32%), overdose (91, 14%), underdose (43, 7%), wrong patient (38, 6%), wrong product (38, 6%), and wrong strength (38, 6%). According to Pierson and colleagues (2007), medication errors most commonly occurred during administration (296, 47%) and these errors were attributed to basic human errors (402, 48%). Seven drugs were implicated in a third (175, 28%) of all errors: lorazepam, oxycodone, warfarin, furosemide, hydrocodone, insulin, and fentanyl (Pierson et al., 2007). Although the following error did not occur in a nursing home, it can be likened to similar errors that happen in nursing homes: a Tennessee nurse was charged with reckless homicide after a medication error killed a patient. The error happened at Vanderbilt University Medical Center in December 2017 when a nurse injected a 75-year-old woman with the paralytic Vecuronium instead of the sedative Versed (Kelman, 2019). The nurse could not find Versed in an automatic dispensing cabinet, so an override mechanism was used to type in "VE." She then picked the first drug that came up, according to court documents and a report from the Centers for Medicare & Medicaid Services. It has been postulated that when medication errors occur, those administering the drug should be held accountable.

Aspiration Pneumonia. This is a type of lung infection that is due to a relatively large amount of material from the stomach or mouth entering the lungs (DiBardino & Wunderink, 2015). Risk factors include decreased level of consciousness, problems with swallowing, alcoholism, tube feeding, and poor oral health (DiBardino & Wunderink, 2015). Aspiration pneumonia is of grave concern. It is often found late and treatment must then be very aggressive among patients that are way too frail to treat. Many individuals placed in nursing homes have diminished swallowing abilities or their ability to swallow is completely absent. Thus, they are often tube fed. In such cases checking for residuals from feeding and positioning after the feeding is essential (DiBardino & Wunderink, 2015).

Falls. It is postulated that falls occur at least twice as often in nursing homes than among the elderly living in the community. Nursing homes with 100 beds typically report 100 to 200 falls a year, but many more falls go unreported, according to the CDC (2017). As many as half of the nation's 1.5 million nursing-home residents fall at least once every year and many patients in nursing homes fall

more than once each year (Brenoff, 2019). The patients in these facilities are frailer than elderly people living at home. In addition, conditions at the facilities also contribute to the problem. Topping the list are medications that affect coordination and cause confusion, such as antipsychotics that many nursing homes prescribe to make patients more compliant. The Nursing Home Reform Act of 1987 expressly forbids the use of chemical restraints, however, more than one in five nursing-home patients receive these restraining drugs. Nursing homes are required by law to perform a fall-risk assessment on every patient. This would include checking for gait disorders and other problems that predispose patients to falling as well as implementing a fall-prevention plan. Oftentimes, the plan consists of a preprinted form that fails to address each individual's issues and needs. All too often nursing homes do not provide adequate staff for those entrusted to their care. Between 1985 and 2009, nearly 500 hospital and nursing-home patients died from suffocation or strangulation after becoming caught between the bed rails and the mattress. No preventable deaths should occur in a nursing home, but that number is dwarfed by the 1,800 deaths that occur every year that are caused by falls (Brenoff, 2019).

A Clarion Call to Arms

Families place their loved ones in nursing homes for protective care. Judge Elizabeth Cutter said when sentencing Kpingbah, that Kpingbah violated a position of authority and of trust (Ellis & Hicken, 2019). When a patient is sexually assaulted, it must be reported regardless of the harm and outcome to the nursing home. Sexual predators should not be allowed to pray on the defenseless. Falls and medication errors must be prevented in nursing homes. Falls and medication errors can be prevented by safe guards such as bed alarms and adding more staff who are skilled in taking care of vulnerable patients. Medication errors and those who commit them must be addressed. Ongoing continuous education is a must to avoid such errors. In addition, staff who handle patients who receive tube feedings should have ongoing continuing education to update the procedure protocol. Staff who receive on-going in-service on proper tube feedings protocol and positioning should be able to help reduce the incidence of aspiration pneumonia. We asking each of you to rise up and insist that national laws be imposed to reform nursing home care in the United States. National laws would uniform practice and protocols throughout each state. Gross incidences, whether from neglect or abuse, have to be stopped in nursing homes throughout this country. From birth through death, every individual has a right to expect safe and practical care in every health care environment. Certainly, nursing homes would not be an exception to this expectation.

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