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ICON

UNIT VIII CARE OF ELDERLY

ABUSE

Introduction

Elder abuse is a general term used to describe certain types of harm to older adults. Other terms commonly used include: "elder mistreatment", "senior abuse", "abuse in later life", "abuse of older adults", "abuse of older women", and "abuse of older men"

Key facts

- Around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.

- Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.

- Elder abuse can lead to serious physical injuries and long-term psychological consequences.

- Elder abuse is predicted to increase as many countries are experiencing rapidly ageing populations

Scope of the problem

Elder abuse is an important public health problem. A 2017 study based on the best available evidence from 52 studies in 28 countries from diverse regions, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse

TYPES

- Physical abuse: (hitting, slapping, burning, pushing, restraining or giving too much medication or the wrong medication)

- Psychological abuse: (shouting, swearing, frightening, blaming, ignoring or humiliating a person)

◉ Financial abuse: (the illegal or unauthorized use of a person's property, money, pension book or other valuables)

◉ Sexual abuse: (forcing a person to take part in any sexual activity without his or her consent - this can occur in any relationship)

◉ Neglect: (where a person is deprived of food, heat, clothing or comfort or essential medication)

◉ An older person may either suffer from only one form of abuse, or different types of abuses at the same time

Risk factors

Risk factors that may increase the potential for abuse of an older person can be identified at individual, relationship, community, and socio-cultural levels.

Individual

- Risks at the individual level include poor physical and mental health of the victim, and mental disorders and alcohol and substance abuse in the abuser.
- Other individual-level factors which may increase the risk of abuse include the gender of victim and a shared living situation.
- While older men have the same risk of abuse as women, in some cultures where women have inferior social status, elderly women are at higher risk of neglect and financial abuse (such as seizing their property) when they are widowed.
- Women may also be at higher risk of more persistent and severe forms of abuse and injury.

Relationship

- A shared living situation is a risk factor for elder abuse. It is not yet clear whether spouses or adult children of older people are more likely to perpetrate abuse.
- An abuser's dependency on the older person (often financial) also increases the risk of abuse.
- In some cases, a long history of poor family relationships may worsen as a result of stress when the older person becomes more care dependent.
- Finally, as more women enter the workforce and have less spare time, caring for older relatives becomes a greater burden, increasing the risk of abuse.

Community

Social isolation of caregivers and older persons, and the ensuing lack of social support, is a significant risk factor for elder abuse by caregivers. Many elderly people are isolated because of loss of physical or mental capacity, or through the loss of friends and family members.

Socio-cultural

Socio-cultural factors that may affect the risk of elder abuse include:

• ageist stereotypes where older adults are depicted as frail, weak and dependent;

• erosion of the bonds between generations of a family;

• systems of inheritance and land rights, affecting the distribution of power and material goods within families;

• migration of young couples, leaving older parents alone in societies where older people were traditionally cared for by their offspring; and

• lack of funds to pay for care.

Within institutions, abuse is more likely to occur where:

- standards for health care, welfare services, and care facilities for elder persons are low
- staff are poorly trained, remunerated, and overworked;
- the physical environment is deficient; and
- policies operate in the interests of the institution rather than the residents.

Prevention

- public and professional awareness campaigns
- screening (of potential victims and abusers)
- school-based intergenerational programmes
- caregiver support interventions (including stress management and respite care
- residential care policies to define and improve standards of care
- caregiver training on dementia.

Efforts to respond to and prevent further abuse include interventions such as:

• mandatory reporting of abuse to authorities

• self-help groups

• safe-houses and emergency shelters

• psychological programmes for abusers

• helplines to provide information and referrals

• caregiver support interventions.

ROLE OF NURSE FOR CAREGIVERS OF ELDERLY

◉ Caregiver assessment

◉ Providing information

◉ Linking caregivers to resources

◉ Intervention to reduce burden and distress

◉ Interventions to improve competence and confidence

◉ Potential for harm

CAREGIVER ASSESSMENT

• Identify key caregiver

• Assess caregivers roles and relationship to patient

• Identify need of caregivers

• Include caregiver in planning discharge and providing care to person at home

PROVIDING INFORMATION

• Teach the caregiver along with the patient

• Explain and provide information in a clear and understandable way

• Caregiver may need assistance to learn physical and technical requirements of care.

• Communicate effectively to develop cost effective plans of care and achieve positive
   client outcomes

LINKING CAREGIVERS TO RESOURCES

• Supportive resources in their natural network as well as formal services

• Support groups help by sharing experiences and information offering understanding and
   acceptance and suggesting solutions to common problems and concerns.

• Formal social support system provides housing health coverages, finances and respite care

• Respite care include adult day care, in-home care, assisted living services

INTERVENTION TO REDUCE BURDEN AND DISTRESS

• Multicomponent interventions like support groups , education

- Comprehensive counselling session
- Home visit and enhance social supports

INTERVENTIONS TO IMPROVE COMPETENCE AND CONFIDENCE
- Teaches caregiver how to design and carryout plans that focus on medical and psychosocial problems
- Teaching how to manage specific patient problem

POTENTIAL FOR HARM
- Risk of elder abuse – counselling and support
- Problem solving skill and coping skill
- Medication errors
- Educate about drugs possible side effects

CARE GIVERS
- ⊙ Formal Caregivers
- ⊙ Informal Caregivers

FORMAL CAREGIVERS
- Formal givers are paid care givers providing care to the person
- It refers to a range of home care and community support services provided to older persons by a mix of providers including nurses, personal support workers, occupational therapists, physiotherapists, dietician or community support services.
- Formal caregivers are located in the home of the patient if it make senses to give home care.

⊙ INFORMAL CAREGIVERS

• Informal care givers are care providers without receiving money that include family, friends.

• It refers to a range of emotional and instrumental support provided by social network, neighbours, friends and family members.

• Informal caregivers needs training in doing certain functions such as administering medications, injections, lifting, turning etc.

ROLE OF CAREGIVER

Advisor/ Consultant

•Teacher

•Sponsor

 •Organizer/ Co-ordinator

RESPONSIBILITIES OF CAREGIVER

◉ Maintain a safe, clean and healthful environment for the patient

◉ Care of the patient welfare socially, intellectually, spiritually, physically and emotionally.

◉ Guide and assist the patient in their personal hygiene

◉ Prepare meals as directed

◉ Medicine preparation and administration

◉ Inform when rehabilitation is needed caregiver must be a good listener

LEGAL AND ETHICAL ISSUES

Introduction

Nurses play an important role in supporting and informing patients and families when making treatment decisions. The nursing role becomes even more important in the care of aged patients who are facing life altering and possible end of life decisions. As advocates, nurses should encourage end of life discussions and educate older people to prepare advance directives before incapacitation.

Ethical principles and decision making

◉ **Ethical principles** assist patients and health care providers to make appropriate decisions based on the needs and wishes of the patient.

◉ **Legal decision-making** also includes the use of ethical principles when conflicts cannot be resolved through discussion or mediation

Advance directive

Advance directive is a formal, legally endorsed document that provides instructions for care (living will) or proxy decision maker (durable power of attorney)

◉ The written document must be signed by the person and by a witness, and a copy should be given to the physician and placed in the medical record.

◉ The person must understand that the advance directive is not meant to be used only when certain type of medical treatment is withhold, rather , it allows for a detailed description of all health care preferences, including full use of all available medical interventions.

Living will

A living will is a directive that permits an individual to his or her health care in the event of a terminal or irreversible condition. Most living wills direct that in the event of a terminal illness, extraordinary medical care should not be initiated or should be withdrawn so that the process of dying will not be artificially prolonged. A living will is directive but not legally binding

Durable power of attorney

A durable power of attorney for health is another form of advance directive that designates another person to voice health care decisions when the patient is unable to do so personally.

A durable power of attorney for health is directive and legally binding.

Nursing care

The nurse who works with the older adult identifies areas of ethical concern that influence practice.

The nurse identifies these issues in the following

- To restrain or not restrain
- To evaluate the patient's ability to make decisions
- Resuscitation
- Treatment of infections
- Issues of nutrition and hydration
- Transfer to more intensive treatment units are all a part of long term care.

PROVISIONS AND PROGRAMME FOR ELDERLY

Constitutional provisions Legislations Various policies and programmes of Central Government for elderly people Some important activities

CONSTITUTIONAL PROVISIONS

- Article 41 of the constitution - Assistance to elderly
- Article 47 of the constitution - Nutrition , standard of living and public health
- Other constitutional provisions - Entry 24 in list III of schedule VII
- Labour welfare - Item 9 of state list and 24 of concurrent list
- Old age pension, social security, social insurance, social and economic planning.

LEGISLATIONS

Code of criminal procedures, 1973

•Hindu adoption and maintenance act, 1956 •Muslim Law

 •Older persons (Maintenance , care and protection) Bill, 2005

•Maintenance and welfare of parents and senior citizens act, 2007

Code of criminal procedures, 1973

Section 125

• Rights of parents without any means for maintenance to be supported by the children having sufficient means

• If refuses or neglects , Rs.500/ month

HINDU ADOPTION AND MAINTENANCE ACT, 1956

Children to look after their parents, if parents are unable to maintain themselves out of their own earnings or other property. • Hindus only • Provision of food, clothing, residence, medical attendance and treatment.

MUSLIM LAW

• Children are required to maintain parents and paternal and maternal grand parents, if they are poor and cannot take care of themselves

OLDER PERSONS (MAINTENANCE , CARE AND PROTECTION) BILL, 2005

- Maintenance financial
- housing requirement
- protection of life and property
- recreational and spiritual needs
- grievance redressals Care a) financial b) housing requirement c) clothing requirement d) health requirement e) companionship requirement Families and/or the state government in the case of persons without family support or living below the poverty line. Protection

 of life and property of the old against exploitation including physical and mental abuse.

MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007

Major objectives

• Revocation of transfer of property by senior citizens in case of negligence by relatives

•Maintenance of parents/ senior citizens by children/ relatives made obligatory and justifiable • Pension provisions

•Adequate medical facilities and security • Establishment of old age homes

VARIOUS POLICIES AND PROGRAMMES OF CENTRAL GOVERNMENT FOR ELDERLY NATIONAL POLICY ON OLDER PERSONS (NPOP), 1999

•Major components

• Support for financial security

•Health care

 • Shelter

 • Welfare and other needs of older persons

• Protection against abuse and exploitation •Oppurtunities for development of the potential of older persons

 •Improving quality of life

MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007

NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY (NPHCE), 2010

Vision

To provide accessible, affordable√ and high quality long term comprehensive and dedicated care services to an ageing population To promote concept of active and healthy aging

Services at Subcentre

 •Health education related to healthy aging •Domiciliary visit to home based bedridden elderly person

• Arrange for suitable calipers and supportive devices

 • Linkage with other support groups and day care centres

Services at PHC

•Weekly geriatric clinic by a trained medical officer

• Conducting a routine health assessment (EYE, BP, Sugar)

 • Provision of medicines and proper advice on chronic ailments

 • Public awareness on promotional, preventive and rehabilitative aspects of geriatrics

 • Referral services

 Services at CHC

 • First referral unit for the elderly from PHC and below

•Geriatric clinic for the elderly persons twice a week

 • Rehabilitation unit for physiotherapy and counseling

- Domiciliary visit by rehabilitation worker for the bedridden of elderly.

- Health promotion and prevention

- Referral service

Services at District hospital

- Geriatric clinic for regular OPD services

- 10 bedded geriatric ward

- Provide services referred by PHC/CHC

- Referral services to tertiary level hospitals

Services at regional Geriatric centre

- 20 bedded geriatric ward

- Laboratory investigation

- Tertiary health care services

National social assistance programme (NSAP)

3 schemes

a. National Old age Pension Scheme monthly pension of rs. 75

b. National Family Benefit scheme Death of primary bread winner, benefit of rs.5000/- for death due to natural courses and rs. 10,000 for accidental death

c. National maternity benefit scheme Rs. 300 / pregnancy to women of BPL households upto 2 live birth.

NATIONAL COUNCIL FOR OLDER PERSONS

- Chairpersonship of ministry of social justice and empowerment

- Advice the government in the formulation and implementation of policy and programmes for the elderly

CENTRAL SECTOR SCHEME OF INTEGRATED PROGRAMME FOR OLDER PERSONS(IPOP), 1992

- Improving quality of life of senior citizens by providing basic amenities like food, shelter, medical care and entertainment

NATIONAL POLICY ON SENIOR CITIZENS, 2014

Development of a formal and informal social support system, so that capacity of family to take care senior citizens is strengthened and they continue to live in the family

Important activities

•International day of older persons - World geriatric day "Stepping into the Future: Tapping the Talents, Contributions and Participation of Older Persons in Society."

• World elder abuse awareness day – June 15 "Understand and End Financial Abuse of Older

NONGOVERNMENTAL ORGANISATIONS

Help Age India 1978 – Mr. Cecil Jackson Cole , UK Head office : India

- construction and maintenance of old age homes in India
- 800 old age home all over India
- Day care center

Multi service centres

• Action for Social Help Assistance (ASHA)

• Centre for the welfare of Aged

• Cheru Resmi centre

• Geriatric Society of India

• Meals on wheels

• Adopt a granny programme

• Agewell foundation,1999

Geriatric Society of India

   Geriatric Society of India is enlightening the new insights in the care of elderly by improvising methods in controlling epidemics, infections, improving medical facilities, nutrition, spreading health awareness among elderly population.

Community and institutional health care services
1. Home care
2. Hospice and palliative care
3. Respite care
4. Day care
5. Senior centers
6. Check - In   services
7. Long term care
8. Emergency response system

Home health care

 Introduction

        Home care consists of multiple health and social services delivered by recovering chronically ill, disabled individuals of all ages in their place of residence. There are three main

categories of home care providers known as home care organizations, Medicare certified agencies include hospice and free standing and facility based home health agencies.

Home care is a range of health and supportive services provided in the home for people who require assistance in meeting their health care needs. These agencies may be governmental, private or voluntary.

Home health care is covered by medicine and health insurance. Services include skilled nursing, physical therapy, occupational therapy, speech therapy, social work, nutritional counseling and provision of some medical supplies and equipment

Home health Agency
- The most familiar provider of home care is the home health agency. Home health agencies have as their primary function the treatment or rehabilitation of the clients through the intervention of skilled nurses and therapists.
- Clients admitted to a home health agency must be under a physician supervision and services must be provided accordance with a physician's signed order.

Proprietary agencies
A propriety or for profit, home care agency is designed to make money for its owners. Proprietary home care agencies were not allow to participate in Medicare until 1982, because of demand in home health services, in1982 the omnibus budget reconciliation act allowed Proprietary home care agencies to become Medicare certified, but they were not allowed to make for the profit.

Facility based agencies
- It is a part of rehabilitation center or it can be a hospital based. The first hospital based agency was established in 1947. The vast majority of agencies are hospital based, that they function as a department of the hospital.
- With the enactment of Medicare and Medicaid in 1966, nurses were able to offer more home care to the sick and disabled people.
- With shorter length of stay, hospitals established home care agencies to provide options for clients who were going home with existing health care needs.

Benefits of home care
- Home care is less expensive than hospitalization in most cases.
- Older adults who can be benefit from home care services are individuals who have chronic medical conditions such as CCF, COPD, diabetes, liver and kidney diseases
- Chronic mental conditions such as depression, schizophrenia, and other psychoses.
- Need continued treatment after discharged from the hospital or nursing facility.
- Require short – term assistance at home after same day or out patient surgery and terminally ill patients.

HOSPICE AND PALLIATIVE CARE

Hospice care

- A hospice is a special kind of medically directed compassionate care for dying individuals and their families.

- A hospice is a resource for the terminally illnesses such as cancer and AIDS.

- Many chronically ill persons choose to remain in their homes during the last phase of their illness to prepare for their death in familiar surroundings, together with family and friends.

- Individuals with incurable or irreversible diseases that do not respond to treatment may choose hospice care.

- It is designed to address the physical, emotional, psychological and spiritual needs of dying persons and to provide support services for their families.

Palliative care

- Palliative care is the active total care of clients whose disease is not responsive to curative treatment.

- The goal of palliative care is achievement of the best possible quality of life for clients and families.

- it emphasizes relief of pain and other distressing symptoms, integrates the physical, psychological and spiritual aspects of client care and to help the families during the clients illness.

Respite care

- Respite care provides caregiver relief for a brief, time limited period. It can be offered in the home through a day care programme or within a facility or institution.

- An advantage of care in the home is that the patient is familiar with physical environment.

- The continual demand for care of a seriously ill or dependent family member can create the emotional and physical stress.

Day care

- Adult day care programme provide daily supervision and social activities

- Persons with problem of ADL s offer health monitoring, therapeutic activities, individualized care planning and social care services.

- Cognitive impaired persons offer therapeutic recreation, support for family and family counseling

- Day care provides an alternative to institutionalization, day care center clients are usually not seriously ill, although they may have chronic conditions or disabilities that limits independence

- These individuals cannot left alone during the day when the family members are at work or unavailable.

- They come to day care programme and return home in the evening.

Senior centers

- Senior centers offer a variety of social, health and nutritional , educational and recreational services.

- They give the older people the opportunities to gather for social activity.

- Besides being meeting places, senior centers offer counseling , special trips, legal services, and advice on financial matters.

Check in services

- Some senior centers, churches and other community agencies offer telephone check in services in which a volunteer phone a client at a certain time each day to ascertain his status and to provide social contact.

Long term care

- **Long-term care** is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods.

- It is common for long-term care to provide custodial and non-skilled care, such as assisting with normal daily tasks like dressing, feeding, using the bathroom.

- It can be provided at home, in the community, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more common need for senior citizens.

Long term care

Formal and Informal long term care

✔ Long-term care provided formally in the home, also known as home health care, can incorporate a wide range of clinical services (e.g. Nursing, drug therapy, physical therapy) and other activities. These services are usually ordered by a physician or other professional.

✔ Informal long-term home care is care and support provided by family members, friends and other unpaid volunteers. It is estimated that 90% of all home care is provided informally by a loved one without compensation

Emergency Response Systems

✔ Emergency response systems automatically respond to medical and other emergencies via electronic monitors. The user wears a necklace or bracelet with a button to push in an emergency. Pushing the button summons emergency help to the home. This type of service is especially useful for people who live alone or are at risk of falling. A monthly fee is charged.

Role of the Nurse

- The nurse assesses the clients physical, functional, emotional socioeconomic and environmental well being during the initial visit.

- Initiates the care plan and make revisions as appropriate through out the length of stay in home care.

- Health and self care teaching

- Medication administration

- Wound and decubitus care

- Urinary catheter care and teaching

- Ostomy care and teaching

- Post surgical care

- Care of the terminally ill patient

- Case management

- Intravenous therapy, enteral and parenteral nutrition and chemotherapy

- Psychiatric nursing care