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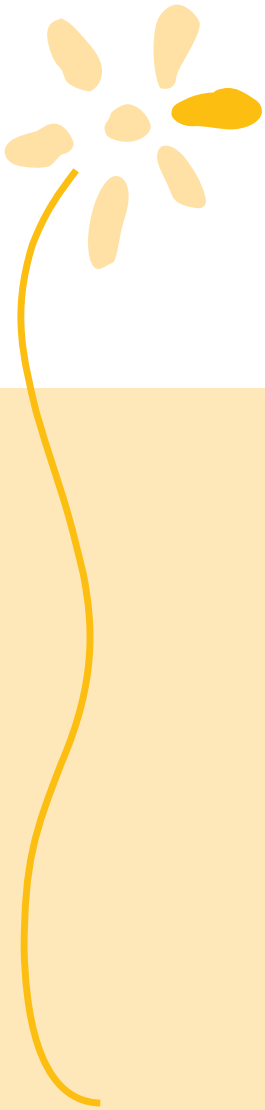

Preventing and Responding to Abuse in Long-Term Care Facilities

Lessons Learned from the Abuse Prevention in Long-Term Care (APLTC) Project

Canada

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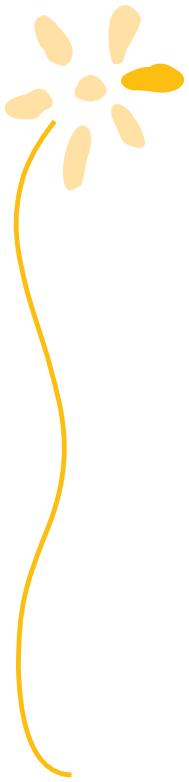

Introduction

This paper provides an overview of the lessons learned from the final evaluation of the Abuse Prevention in Long-Term Care Project (APLTC). The "template" of issues and questions identified in this paper will be useful for policy developers and analysts, program developers and administrators working to prevent abuse of older adults in long-term care facilities in Canada.

A Brief Overview of the Abuse Prevention in Long-Term Care (APLTC) Project

The APLTC project progressed through several phases during the period between 1995 and 2002. It was an innovative, cross-country effort to raise awareness and provide education on the prevention of abuse in long-term care facilities. Its focus was primarily abuse of residents living in such facilities, though the project recognized that abuse can be experienced by anyone living or working within long-term care.

The goals of the APLTC Project were to:

- sensitize persons (primarily older persons and those who had some form of association with them or with long-term care services) to the problem of abuse and neglect of older persons residing in institutional settings;
- generate discussion that could lead to further understanding and a commitment to finding solutions; and
- raise awareness of the need for a supportive and respectful environment for seniors in institutional settings and ways to foster such an environment.[1]

In 1995, investigators at the Research Department of Sisters of Charity of Ottawa Health Service Inc. received funding from the New Horizons – Partners in Aging Program, Health Canada, to develop an educational package on preventing abuse and neglect of residents in long-term care facilities.[2] A National Steering Committee – comprising researchers, practitioners and residents from across Canada – guided the project through its various phases.

During the research process, staff, residents and families at a network of five host sites across Canada participated in focus groups and provided their perspectives on this issue. The host sites were: St. Vincent's Hospital, Vancouver, British Columbia; Riverview Health Centre, Winnipeg, Manitoba; Sisters of Charity Health Service, Ottawa, Ontario; Regroupement de Trois Rives, Vaudreuil, Quebec; and the Hoyles-Escasoni Complex, St. John's, Newfoundland and Labrador. The APLTC project specifically sought to obtain residents' views and to reflect them in the resulting educational package.

The APLTC educational package is a modularized curriculum with supplements, including two videos that incorporate the voices and perspectives of residents. The videos capture the everyday realities of living in a long-term care facility. They also offer practical strategies by which to create more supportive and respectful environments in those facilities.[3]

In 1997/1998, Health Canada provided further funding to implement train-the-trainer sessions in urban, rural and northern communities across Canada.[4] "Train-the-trainer" is the designation for processes that begin with training workshops attended by a variety of professionals and volunteers who are not only introduced to the essential material on a topic but also coached as to how they may, in turn, teach this material to others. They are trained to become trainers themselves.

In the end, the APLTC host sites ran 46 workshops, attended by 665 people – primarily service providers working in long-term care facilities (institutional and non-institutional, urban and rural) across Canada. This surpassed the project's original training objective – to train 400 to 450 people – by over 30%. It seems reasonable to conclude that this is evidence of the demand for such information. In addition, by December 2001, the Sisters of Charity of Ottawa Health Service had processed 432 purchase orders for the educational package, and the organization reports continued requests. It appears that there is ongoing interest in – and demand for – this kind of training.

The APLTC project also developed and disseminated a set of guidelines for the development of policies and procedures to prevent abuse and neglect at the local facilities level.[5]

How was the APLTC Project Evaluated?

The APLTC Project was evaluated at several stages:

- an immediate, post-workshop participant feedback evaluation,
- one-month and six-month follow-up surveys of training participants, and
- a participatory, outcome evaluation, done five years after the initial training, that included a literature and policy review, key informant interviews and a site case study.[6]

What Were the Key Success Factors in the APLTC Project?

As listed in the left-hand column below, the evaluation study identified a number of key factors that contributed to the success of the project overall – as well as factors that contributed to the success of the project at one of the most effective host sites. The factors and benefits are presented in the following table.

Overall Success Factor	Benefit
The use of a participatory model	➔ Engaged a wide variety of stakeholders from different locations across Canada ➔ Fostered an inclusive, interactive process of communication and learning ➔ Was pivotal to many of the other success factors identified here
A focused and collaborative leadership style	➔ Facilitated and enhanced the engagement and participation of stakeholders
A commitment to shared principles and values, including ▶ inclusiveness ▶ cooperation ▶ coordination ▶ collaboration ▶ respect (and particularly respect for the residents' perspective)	➔ Provided the basis for establishing "common ground" and shared purpose

Overall Success Factor	Benefit
The emphasis on respect	➔ Yielded a curriculum design that respected the knowledge and skills of all those who participated in the project, including residents, while also reflecting the differing jurisdictional contexts across Canada, including different legislative frameworks and terminologies
The development of a flexible tool	➔ Provided a modularized curriculum that can be adapted to suit local conditions
Resident-, family-, and staff-focused research process	➔ Ensured that training materials reflected the multiple perspectives and experiences of all those involved ➔ Resulted in the development of ▶ shared definitions of the types and characteristics of abuse and neglect ▶ a shared definition of the characteristics of a supportive and respectful environment
The use of sound pedagogy	➔ Ensured that the project was based on the principles of adult learning: ▶ it began by listening to the experiences and realities of residents, families and staff, then ▶ solicited feedback from project participants on the draft materials, and ▶ incorporated their input into the final package ➔ Resulted in an educational package that service providers can relate to because it reflects the realities of long-term care environments
The creation and utilization of capacity	➔ Resulted in a network/infrastructure for implementation that included ▶ individuals with a diverse blend of knowledge, skills and practical experience – and a willingness to "go the extra mile" ▶ sufficient resources ▶ ongoing administrative support ➔ Resulted in a project that was able to ▶ be oriented to action and change ▶ coordinate and implement a cross-country, participatory process ▶ maintain high quality record-keeping to help document the process and results

Overall Success Factor	Benefit
The APLTC project's balanced perspective	➔ Enhanced the credibility of the product by taking into account both ▶ individual and systemic factors related to abuse, and ▶ positive aspects (caring and supportive environments) and negative aspects (abuse and neglect) of the realities of long-term care facilities
The development of effective teaching tools	➔ Provided good educational value because the tools (discussion guidelines, exercises and videos) ▶ demonstrate the impact of staff behaviour (positive and negative role modelling) ▶ provide insight into the residents' perspective ▶ deal with the positive and negative aspects of long-term care facilities (see above)
Ongoing monitoring and evaluation	➔ Provided valuable opportunities for reflection and review throughout the project. The final evaluation explored the legacy of the APLTC project and the lessons learned

Site Level Success Factor	Benefit
"Championship": the ongoing leadership and organizational support at this host site	➔ Facilitated implementation
Communication/promotion strategies	➔ Led to ▶ community dialogue ▶ community teaching opportunities ▶ the use of media (television, newspaper and radio presentations)
The flexible design and adaptability of the package	➔ Enabled the trainers to sustain delivery by ▶ providing the training in segments ▶ adapting delivery to a variety of audiences and training environments *Note: This adaptability is important because in-service training typically occurs in short, one-hour to four-hour segments.*

Site Level Success Factor	Benefit
The conducive environment produced by factors such as legislative change and increasing awareness of the need to protect residents and strengthen institutional adherence to, and compliance with, the principles behind client-centred, quality care approaches	➔ Sustained interest in APLTC training materials

What Has Been Learned from the APLTC Project?

The evaluation of the APLTC project identified important lessons learned about the implementation and impact of this project, including the overall value of awareness, education and training to prevent abuse in long-term care facilities. At the same time, the evaluation findings imply that awareness, education and training are not the only goals that need to be pursued in order to prevent abuse and create supportive and caring environments in these settings. A comprehensive approach that balances protection and prevention strategies, and fosters the creation of supportive, caring environments is important. This approach should be based on an open and respectful dialogue among all stakeholders, including those who live, work or volunteer in long-term care facilities and their families, as well as advocates and other community members.

The specific suggestions that emerged during the evaluation research process[7] indicate that a comprehensive approach to the prevention of abuse in long-term care facilities should encompass four components:

- monitoring and learning from existing *legislative and regulatory strategies* to address abuse in long-term care facilities
- evaluating and learning from *organizational-level practices and policies* to prevent abuse and develop supportive, caring environments
- continuing to implement *awareness, education and training* initiatives, and
- enhancing *knowledge development* to guide prevention and intervention strategies.

In the tables that follow, the suggested challenges and the strategies to address them are organized into the four components mentioned above.

Monitoring and learning from existing legislative and regulatory strategies to address abuse in long-term care facilities

Challenges	Ways to Address them
To develop supportive approaches to intervention that encourage positive change	➔ Avoid ageist assumptions ➔ Emphasize participation and empowerment of older adults ➔ Involve older adults in policy development and implementation, and in service delivery, e.g., as advisors, consultants, peer counsellors ➔ Educate service providers about the ageing process and rights of older adults
To put appropriate policies, standards and guidelines in place at the jurisdictional and facility level	➔ Facilitate inter-jurisdictional information-sharing about legislation and policy development ➔ Implement legislation to protect persons in care ➔ Ensure that all legislation "dovetails" within a coherent philosophical framework ➔ Retain focus on abuse in amended legislation and regulations, and facilitate an increased focus on the issue of abuse in long-term care ➔ Develop jurisdictional policies, standards and protocols that specify: ▶ a standardized definition of abuse ▶ risk identification strategies/tools ▶ specific reporting responsibilities, e.g., as part of incident management and reporting of unusual occurrences ➔ Address the issue of occupational health and safety regulations, and the rights of staff to refuse to provide care ➔ Explore the use of accreditation processes as an impetus for the development of policy and procedures at the facility level
To compile accurate information about what is in place at the facility level	➔ Conduct facility-level surveys across Canada ➔ Analyze results by jurisdiction

Monitoring and learning from existing legislative and regulatory strategies to address abuse in long-term care facilities *(continued)*

Challenges	Ways to Address them
To enforce existing policies and regulations	➔ Increase capacity for monitoring and inspecting facilities
To increase reporting of incidents	➔ Create an Ombudsman position ➔ Establish central complaints registries to which residents and others can report incidents safely ➔ Protect "whistle-blowers"

Evaluating and learning from organizational-level practices and policies to prevent abuse and develop supportive and caring environments

Challenges	Ways to address them
To improve working conditions in long-term care facilities	➔ Increase funding to improve staff-resident ratios ➔ Give staff more time to provide care and support to residents, e.g., ▶ increase staff at times of high demand for care, such as meal times (peak work hours) ▶ increase staff support for high-need residents entering long-term care ➔ Do not allow staff shortages and other problems to over-ride zero tolerance policies ➔ Address the issue of staff stress and "burnout", e.g., ▶ assign and rotate staff to avoid burnout in dealing with challenging residents but also, when possible, strive to assign one person to provide consistent care and develop a relationship with a high-need resident ▶ acknowledge extraordinary staff efforts to provide high-quality care

Evaluating and learning from organizational-level practices and policies to prevent abuse and develop supportive and caring environments

(continued)

Challenges	Ways to address them
To improve working conditions in long-term care facilities *(cont'd)*	➔ Encourage staff to air their concerns and provide mechanisms for them to express and cope with their frustrations, e.g., ▶ permit staff five-minute cool-down breaks ▶ hold regular multidisciplinary care planning meetings ▶ establish multidisciplinary safety committees to regularly review staff and resident safety issues, including abuse ➔ Ensure that administration is responsive to staff concerns ➔ Provide access to specialized mental health services (psychogeriatrics) and behaviour management services ➔ Improve the physical environment and capacity to deal with resident wandering ➔ Ensure that design standards for new facilities support the creation of more specialized care units ➔ Implement Protection of Persons in Care units (where mandated by legislation)
To increase the emphasis on prevention of abuse	➔ Develop and promote: ▶ resident-focused mission statements ▶ residents' bills of rights ▶ residents' councils ▶ zero tolerance policies ▶ care plans ▶ abuse prevention protocols ▶ tools to identify triggers to abusive behaviour ➔ Monitor quality of care (including nutrition)

Evaluating and learning from organizational-level practices and policies to prevent abuse and develop supportive and caring environments

(continued)

Challenges	Ways to address them
To increase reporting of abuse	➔ Encourage staff to be vigilant and report abuse promptly ➔ Establish reporting procedures to ensure that all reports are taken seriously and treated as legitimate concerns ➔ Provide trained multilingual support workers to serve as interpreters, health promoters and advocates
To put in place procedures and resources to investigate and resolve complaints	➔ Assess existing policies and procedures to evaluate what is working well ➔ Establish clear detection and intervention procedures that address: ▶ abuse of residents ▶ abuse of staff ▶ the use of restraints ▶ the handling of aggressive resident behaviours ▶ suspected financial abuse (this may include, for example, monitoring and/or requiring sign-off of residents' payments to family members) ▶ risk assessment ▶ follow-up ▶ advocacy ➔ Provide adequate staff resources for detection and intervention in abuse ➔ Determine whether initiatives to address abuse are being hampered by changing levels of health care resources

Continuing to implement awareness, education and training initiatives

Challenges	Ways to address them
To increase public awareness of this issue	➔ Use existing research findings to increase awareness of the issue ➔ Encourage media profiling of the issue
To improve professional education and training in this area	➔ Document the current status of professional education in this area ➔ Ensure that health care providers (nurses, physicians, special care aides and others) develop knowledge and skills in the following areas: ▶ gerontology ▶ dementia care ▶ communication ▶ conflict management ▶ seniors' abuse and violence issues regarding older adults ➔ Provide training for police to deal with incidents of abuse in long-term care facilities
To educate residents and family members	➔ Educate older adults and their families about: ▶ older adults' rights ▶ the issue of abuse in long-term care, and ▶ how to report abuse ➔ Address older adults' fears that, if they report abuse ▶ they will not be believed, or ▶ they will experience retaliation

Continuing to implement awareness, education and training initiatives

(continued)

Challenges	Ways to address them
To provide relevant training for staff in long-term care facilities	➔ Provide resources (human, financial and training tools) for regular, in-service staff training in the following areas: ▶ the ageing process ▶ cognitive impairment ▶ abuse in long-term care (including abuse of staff by residents) ▶ the link between abuse and the changing demographic profile of long-term care residents ▶ strategies to: ▷ prevent abuse ▷ cope with stress and behavioural problems ▷ communicate with and manage residents ▷ deal with aggression ▷ resolve conflicts, and ▷ report abuse ➔ Ensure that training addresses the issue of racism ➔ Provide ongoing training to take staff turnover levels into account ➔ Support training initiatives and educational strategies with policies and procedures to deal with resident and staff abuse ➔ Encourage the implementation of the following initiatives: ▶ include critical incident reporting in facility licensing workshops ▶ make training on how to handle abuse by residents a provision of collective agreements, and ▶ disseminate the APLTC training package widely

Enhancing knowledge development to guide prevention and intervention strategies

Challenges	Ways to address them
To develop theoretical models that describe, analyze and explain the nature of abuse in long-term care	➔ Recognize the need for theoretical models that are specific to abuse in long-term care ➔ Integrate a recognition of the relevance of gender and culture into those models ➔ Build on existing model development work
To address key knowledge gaps	➔ Conduct research on: ▶ nursing roles/tasks ▶ nature and environment of institutions ▶ characteristics of residents and staff ▶ cultural diversity issues ▶ feelings, concerns and experiences of residents, family and staff ▶ impact of changes in funding levels ▶ regulation of long-term care (including the methods by which mental or intellectual fitness of residents is determined) ▶ risk factors for abuse in long-term care ▶ long-term consequences of abuse in residential facilities ➔ Determine how many facilities are undertaking initiatives (protocols, training, etc.) in this area ➔ Evaluate existing initiatives to determine what works

Enhancing knowledge development to guide prevention and intervention strategies *(continued)*

Challenges	Ways to address them
To make the link between systemic and demographic changes on the one hand and the increased potential for abuse in long-term care on the other hand	➔ Increase understanding of the impact of the following: ▶ the changing demographic profile of residents (older, more frail, more often cognitively impaired) because of delayed entry into long-term care resulting from increased access to community-based and home care, and increased life/health span ▶ research on new medications to address dementia, which could further delay entry into long-term care ▶ the increase in (unregulated) assisted living/ supportive housing arrangements, which could further delay entry into long-term care and result in residents being even further advanced in dementia when they enter care ▶ the movement of aging residents of psychiatric facilities into long-term care settings ▶ the movement of younger people with disabilities into long-term care settings ▶ care provider shortages and turnover levels ▶ the aging of the nursing profession ▶ attitudinal and workplace changes, including ▷ changes in professional understanding of the roles and responsibilities in providing care ▷ the use of occupational health and safety regulations and collective agreements to allow care providers to refuse to provide care for specific residents. ▶ decentralization/regionalization of health care ▶ changes to funding levels

Enhancing knowledge development to guide prevention and intervention strategies *(continued)*

Challenges	Ways to address them
To develop standardized definitions of abuse in long-term care	➔ Develop standardized definitions of abuse in long-term care using a participatory, consensus-building process ➔ Ensure that definitions encompass: ▶ the interactional nature of abuse ▶ the power imbalance between staff and residents ▶ the specific forms of abuse in long-term care that relate to the often intimate processes of feeding, bathing, dressing, moving and providing medication and other treatment ▶ emerging issues such as the use of restraints (chemical and physical), the potential for abuse by medication, the issue of malnutrition, and the growing awareness of financial abuse and its impact ▶ the link between abuse and violation of individual rights ▶ the potential for systemic abuse in long-term care ▶ cultural differences in perceptions and definitions of abuse ▶ the role of circumstances, values, beliefs and the law in defining abuse ➔ Use standardized definitions of abuse in long-term care to: ▶ enhance screening and classification ▶ provide appropriate treatment, and ▶ facilitate cross-jurisdictional comparisons and analysis

Enhancing knowledge development to guide prevention and intervention strategies *(continued)*

Challenges	Ways to address them
To compile national data on the extent and scope of abuse in long-term care	➔ Collect national data on the incidence and prevalence of abuse in long-term care ➔ Use the data to: ▶ provide an evidence base for developing interventions ▶ increase public and professional awareness of the issue ▶ track trends over time ▶ assess the impact of interventions ▶ ensure maximal use of resources, and ▶ estimate future needs as the population continues to age

Final Thoughts

The APLTC project developed a unique body of knowledge about a complex issue. It did so by listening and responding to residents, their families, and the staff and volunteers who work in long-term care settings. The APLTC project demonstrated the valuable role of awareness-raising education and training in addressing these issues. It was an important and successful step, but much remains to be done.

The APLTC project was important for many reasons, as is reflected in all of the preceding summaries of the learnings it crystalized. But it was important in an overarching sense, in so far as it created, for long-term care facilities, a model of how to approach the issue of abuse in general and of doing that in a holistic and inclusive fashion, respectful of the views and interests of all parties concerned. It is important to realize that the many factors that go into implementing an effective approach to this issue are not isolated from one another. Readers who wish to learn from the APLTC experience should not try to pick and choose selected, individual components for replication. The APLTC experience has illustrated how they are all interdependent. The project's success relied on all of these components, one building on the other. The APLTC project exemplifies the best forms of collaborative leadership, sensitivity and genuine openness to a diversity of views as well as support for the goal of empowerment of all stakeholders.

The results of the experience also point to what remains to be done. The project underlines how important it is that consistent and appropriate policies and protocols be put in place at the level of the relevant jurisdiction (e.g., the provincial or territorial government) and the individual facility. The benefits of regularized data collection are also reflected in this experience, as are those of systematic information-sharing among jurisdictions and institutions; there is need for much more of both in the coming years, and for the establishment of universal standards to monitor and inspect facilities. As well, much still has to be done to improve working conditions and enhance professional training, increase the emphasis on prevention, and facilitate reporting of abuse and resolution of complaints.

It is hoped that future efforts to address the issue will build on this experience.

Endnotes

1. Kozak, Jean and Teresa Lukawiecki. *When Home is Not a Home: Abuse and Neglect in Long-Term Care – A Resident's Perspective*. (Health Canada, 2001).

2. Kozak, Jean and Teresa Lukawiecki. Abuse and Neglect in Long Term Care: Development of a resident directed educational package. (Health Canada, 1995).

3. The two videos are entitled*: Abuse and Neglect in Long Term Care – Intervention & Prevention*, and *Fostering a Supportive and Respectful Environment in Long Term Care*.

4. The second phase of the APLTC project—involving the cross-country train-the-trainer sessions and the development of policy/procedural guidelines— was funded through the Population Health Fund, Health Canada and managed by the Family Violence Prevention Unit.

5. Kozak, Jean, Teresa Lukawiecki, David Dalle and Judith Wahl (August 1998). *Policies and Procedures Guidelines for Responding to and Preventing Resident Abuse and Neglect in Long-Term Care.* Ottawa: Sisters of Charity of Ottawa Health Services, Inc.

6. Jamieson Consulting (2002) *Evaluation of the Abuse Prevention in Long-Term Care Project.* Ottawa: Health Canada, Family Violence Prevention Unit.

7. The challenges and suggestions identified in this paper are based on the findings of the evaluation study's literature review, policy review and key informant interviews.