

ADDRESSING ABUSE OF OLDER ADULTS

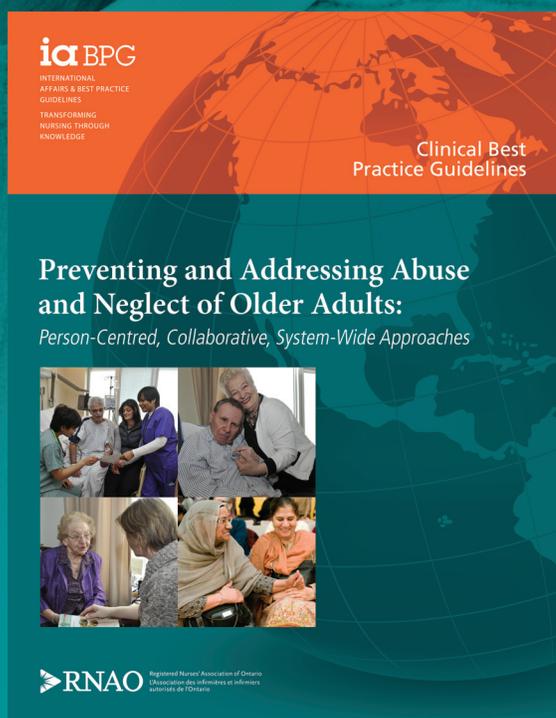
AN RNAO INITIATIVE

AN ORGANIZATIONAL SELF-ASSESSMENT TOOL

How Does Your Elder Abuse Prevention Program Measure Up?

While great efforts have been made to prevent and address the abuse and neglect of older adults by organizations in Canada, there remains variability in practice, and, in some cases, well-intentioned approaches may be inadequate, ineffective, or disrespectful. To address this gap, the Registered Nurses' Association of Ontario (RNAO) has developed an evidence-based Best Practice Guideline, *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*. This guideline includes recommendations that are specific to health-care organizations across the spectrum of care in Canada.

This self-assessment tool is designed to assist organizations to compare their practices and policies to the recommendations outlined in the Best Practice Guideline. Ultimately, this tool will help organizations ensure that they are following best practices, based on evidence, and promoting dignity, respect and safety for older adults.



Access more information and an array of additional free helpful tools—including a comprehensive eLearning course and a toolkit to assist with implementation of the Best Practice Guideline—at RNAO.ca/elder-abuse.

ABUSE AND NEGLECT OF OLDER ADULTS ORGANIZATIONAL SELF-ASSESSMENT TOOL

(Based on Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-wide Approaches— Recommendations 6.1—6.5)

Why this tool is important Because abuse and neglect are highly complex problems, organizational leadership is vital to establish collaboration, and to provide crucial support for nurses and other health-care providers striving to prevent and address harm to older adults. As well—organizations across the spectrum of health care—have a responsibility to adopt approaches that prevent abuse and neglect and to promote dignity, respect and safety for older adults.

How it works This organizational self-assessment tool allows for the evaluation of areas of strength in preventing and addressing abuse and neglect of older adults, and for identifying areas that may need improvement. Any type of health-care organization can use this tool.

BEST PRACTICE BENCHMARK ORGANIZATIONAL COLLABORATION **1**

Do we have a collaborative team to address abuse and neglect of older adults?

Yes In Progress No

Evidence shows that collaborative teams (e.g., formal teams) improve communication, promote staff development, engagement and confidence and improve overall quality of care. The choice of team members depends on the setting but may range from police to social workers.

NOTES _____

FIND IT IN THE GUIDELINE



A list of potential team members, page 49.

BEST PRACTICE BENCHMARK ORGANIZATIONAL POLICIES AND PROCEDURES

2

Do we provide direction to nurses and other health-care providers around which, if any, screening or assessment tools for abuse or neglect should be used in our setting? Is training provided to use the tools?

Yes In Progress No

Because there are both benefits and drawbacks to using screening and assessment tools, the RNAO guideline recommends that organizations weigh the pros and cons of using screening and assessment tools in their particular setting and provide direction to staff.

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Have we developed and implemented clear policies, procedures, roles and responsibilities for responding to abuse and neglect (this may include developing reporting procedures)? Are these compatible with the law and professional standards of our jurisdiction?

Yes In Progress No

Evidence shows that nurses and other health-care providers lack knowledge and clarity about their roles and responsibilities. These include legislative requirements and procedures for reporting abuse and neglect.

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Have we established no-blame policies for people who report abuse or neglect when reporting is mandated by policy or law?

Yes In Progress No

Even in places where mandatory reporting exists, there is hesitancy to speak up. A key reason is fear of negative outcomes, especially when abuse and neglect involves a colleague.

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Do we establish and maintain a culture that supports staff to improve quality care?

Yes In Progress No

Caring environments—where there is a supportive instead of a blaming stance, and where people are encouraged to talk about abuse issues and the needs of staff, families and older adults—help to bring abuse and neglect into the open rather than allowing it to be ignored or minimized.

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FIND IT IN THE GUIDELINE 

Further information on promoting quality care through transformational leadership practices and healthy work environments, pages 52 and 55.

Do we have mandatory and continuing education policies that provide employees with core content required to prevent, identify and respond to abuse and neglect of older adults?

Yes In Progress No

Education programs, included in employee orientation, annual follow-up or continuing education programs, promote the attitudes, knowledge and skills required for best practices to occur. Policies that make continuing education mandatory may help promote attendance and accountability.

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FIND IT IN THE GUIDELINE 

An education framework, for all employees across all health-care organizations, as well as more detailed education recommendations for nurses, other health-care providers and supervisors, pages 40-48. Also included are recommendations for education design (*Recommendation 5.4*).



BEST PRACTICE BENCHMARK
PREVENTION IN INSTITUTIONAL SETTINGS

3

Note: The research for this recommendation refers mainly to long-term care facilities but the Expert Panel that developed the guideline suggests that these recommendations are applicable to many other health-care settings across the spectrum of care.

Do we screen potential employees, hire the most qualified employees, and provide proper support, supervision and monitoring in the workplace?

Yes **In Progress** **No**

Pre-hire screening and only hiring the most qualified people helps to reduce the risk of abuse and neglect. Post-hire support and supervision should be provided to all staff.

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Are we securing appropriate staffing?

Yes **In Progress** **No**

The literature shows that appropriate direct-care staffing (staffing levels, qualified staff, appropriate nurse-patient ratios) addresses complex care needs, improves quality of care and is an important approach to reducing abuse and neglect.

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FIND IT IN THE GUIDELINE 
Factors and conditions that contribute to abuse and neglect in institutions, page 53.

Are we supporting the needs of older adults with cognitive impairment, including those with responsive behaviours?

Yes **In Progress** **No**

Emerging research in the area of aggressive behaviour between older adults (such as residents living in long-term care settings) highlights the need for staff training and adequate organizational supports. Some strategies to effectively manage responsive behaviours include modifying the environment (e.g., reducing crowding), providing person centred care, and ensuring adequate staffing.

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Are we upholding resident rights (rights of older adults/patient rights)?

Yes **In Progress** **No**

Organizations should establish an overall positive environment for older adults, including establishing and communicating their rights.

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Are we establishing and maintaining person-centred care and a healthy work environment?

Yes **In Progress** **No**

A person-centred approach, that recognizes and respects the uniqueness of each older adult, as well as a healthy work environment that recognizes the importance of the emotional

BEST PRACTICE BENCHMARK
HEALTH PROMOTION

Note: this benchmark is for organizations/institutions with prevention and health promotion mandates.

well-being of employees, are recommended to help prevent abuse and neglect. Also, organizations should develop a supportive culture, including capacity building for administrators and employees.

Do we have or are we developing public awareness and education programs?

Yes **In Progress** **No**

Better awareness is one of the most important changes needed to effectively address abuse and neglect.

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FIND IT IN THE GUIDELINE 
Links to resources focused on person-centred care and healthy work environments, page 55, pages 116-118.

Are we educating older adults and families on abuse and neglect, and their rights? Do we have established routes for expressing concerns and improving the quality of care?

Yes **In Progress** **No**

FIND IT IN THE GUIDELINE 
Links to existing education programs and services, page 57.

Education for older adults and families could include creating awareness about issues of abuse and neglect (*e.g., types, signs and contributing factors*), about their rights, and about strategies for managing responsive behaviours. Older adults and family members can be empowered to know who to call with concerns/questions and ways to support quality improvement (*e.g. family or resident councils in long-term care*).

Are we addressing the social determinants of health?

Yes **In Progress** **No**

Social determinants of health, including factors such as low income level and social exclusion, are associated with vulnerability and risk of abuse and neglect. While a comprehensive approach is required, organizations can contribute by supporting and developing health promotion strategies, such as strengthening community action, and creating supportive environments.

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Are we supporting “age-friendly” approaches?

Yes In Progress No

The age-friendly community/city movement is an example of an approach that addresses the social determinants of health and may help to prevent abuse and neglect of older adults who live in the community.

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FIND IT IN THE GUIDELINE



Links to information on age-friendly community/city movements, page 58.

Do we participate in a coordinated community response?

Yes In Progress No

Coordinated community responses involve groups and individuals working together toward a common goal to prevent and address abuse and neglect of older adults. This approach aims to strengthen networks, decrease duplication, fill gaps in services and address the needs of communities.

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**BEST PRACTICE BENCHMARK
ELIMINATING BARRIERS**

5

Do we identify and eliminate barriers that older adults and families may experience when accessing information and services related to abuse and neglect?

Yes In Progress No

Older adults may face barriers when seeking resources and interventions including cultural and language issues, literacy, stigma, lack of mobility, lack of funding, and insufficient familiarity with, or lack of access to, the internet. Organizations and institutions should also be sensitive to, and improve accessibility for, older adults who may experience discrimination or social exclusion.

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In any areas where you have answered “No”, refer to the *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-wide Approaches* for a framework to help your organization fill those gaps.

Additional assistance with developing a plan for implementing the recommendations can be found in *RNAO’s Toolkit: Implementation of Best Practice Guidelines*, available at RNAO.ca/elder-abuse.

