Death of Elders Due to Resident-to-Resident Incidents in Dementia in Long-Term Care Homes
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Overview

- Resident-to-resident incidents (RRI) in long-term care (LTC) homes are a prevalent, concerning but underrecognized phenomenon (Lachs et al. 2016).

- A growing number of studies examined various aspects of RRI in LTC homes, including prevalence, characteristics, and causes (McDonald et al. 2015).

- One groundbreaking study examined physical injuries caused by RRI in nursing homes (Shinoda-Tagawa et al. 2004).

- Only one study examined fatal RRI in LTC homes in Australia (Murphy et al. 2017).

- No studies have been conducted on fatal RRI in North America.

Findings

- Identification of 105 deaths of elders (> 60 y/o) as a result of RRI in dementia (at least one of the residents involved in the incident had dementia)

- Time period: Deaths occurred between 1988 - 2017

- Type of LTC home (n=50): Majority in nursing homes; 26% in assisted living

- Countries: Canada (n=51); USA (n=42); Australia & New Zealand (n=6 & n=2); UK (n=5); Singapore (n=1)

Characteristics of Residents

- Age targets (n=103): 84.5 years old (average)

- Age exhibitors (n=76): 75.2 years old (average)

- Gender targets (n=100): Men 52%; Women 48%

- Gender exhibitors (n=99): Men 74%

- Newly admitted residents (< 3 months): 23 deaths

The Circumstances Surrounding the Deaths:

- Location (n=84): Inside bedrooms (59%)

- Time of day (n=63): Evening (44%) and Night (14%)

- Weekend (n=94): 38%

- Roommates (n=77): 43%

- Not witnessed by staff (n=84): 62%

- Nature of physical contact (n=99): “Push-Fall” incidents (44%); Head and/or face beating (22%)

- Object used against target (n=88): 31%

- Nature of physical injury (n=79): Head/face or brain injuries (50%); Hip fractures (33%)

- Cause of death (n=69): Blunt head trauma (29%); Complications from fractures (20%); Pneumonia (11%); Strangulation/Suffocation (10%)

- Time until death (n=95): 16 days (average); 24% died on same day

Practical Implications

- The patterns, gaps in supervision, and vulnerability areas identified could inform efforts to prevent deaths in similar circumstances.

- This could be accomplished through:
  - Staff training programs (e.g. recognition, prevention, de-escalation).
  - Increase staffing levels/supervision during vulnerability time periods.
  - Strengthen residents’ meaningful engagement (“activities”) program.
  - Policies and procedures (e.g. admission; roommates’ assignment).
  - Physical environment (shift to private bedrooms; floor plan/layout).
  - Develop and use assistive technology (e.g., to alert staff in real time).

Future Directions

- Develop a centralized surveillance / medico-legal dataset (CDC).

- Conduct the first national study on injurious and fatal RRI (such as using coroner records and police records).

- Bridge gap in MDS 3.0 Section E Behaviors (Caspi, 2013).

- Develop a survey deficiency citation (F-Tag) for RRI in CMS-certified nursing homes (for 20 reasons why, see Caspi, 2017).

- Conduct research in assisted living (Caspi, 2015) & VA LTC homes.

- Evaluate staff training program to demonstrate reduction in RRI.

Limitations

- Incomplete data; Limited ability to verify accuracy of data (such as diagnosis of dementia); small sample limiting generalizability

Objectives

- Examine the circumstances surrounding the death of elders as a result of RRI in dementia in LTC homes.

- Identify practically useful patterns to inform prevention.

- The study is Not meant to identify the incidence of fatal RRI.

Qualitative Research Methods

Source of data (All publically available information):
- Newspaper articles published online (over 150)
- Death Review Reports (GTLCRC to CCO, 1990-2016)

Comprehensive Internet search: Spring 2012 – Fall 2017

Data Analysis: Time period: Summer – Fall 2017
- Miles & Huberman (1994) approach
- Qualitative review and abstraction of narratives
- Complemented with tabulation by aggregation / counts
- Simple descriptive statistics

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