

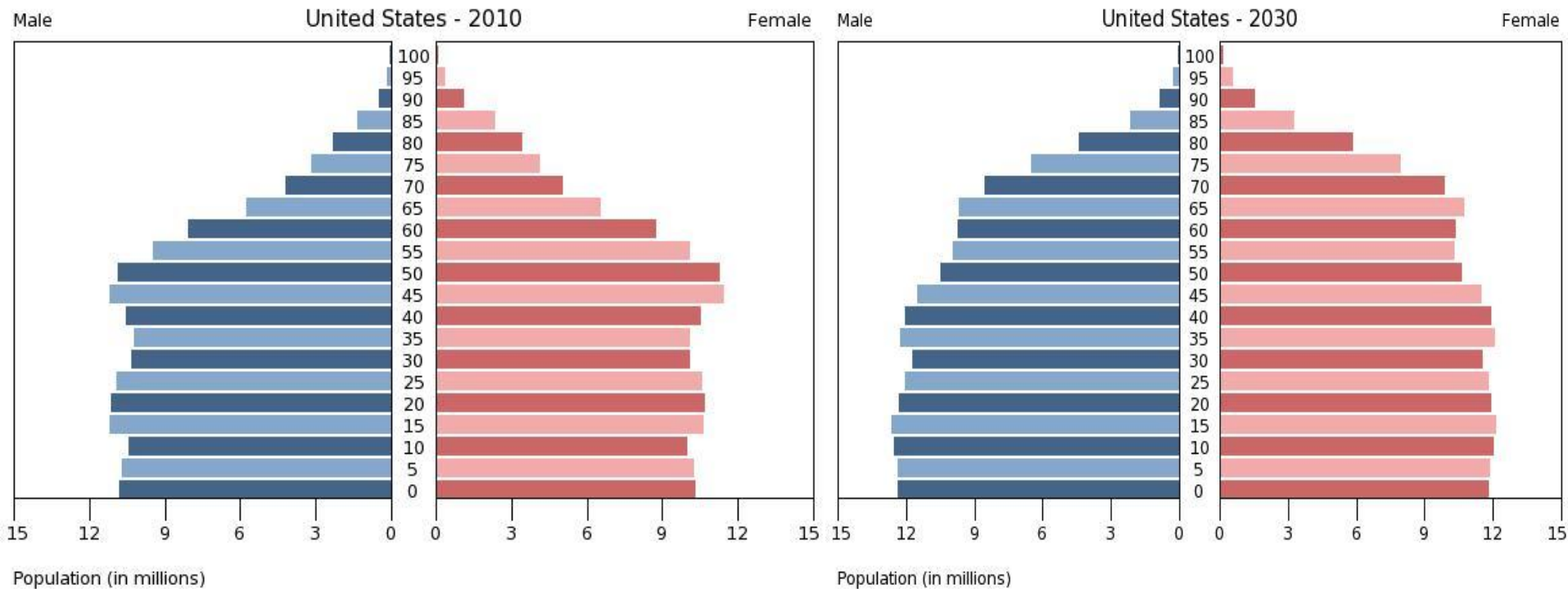


# Investigating the Deaths of Older Adults

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# National Impact of Aging



- The projected total population will slowly increase over the next 20 years.
- The population ages 0-59 will stay relatively the same, but there will be a dramatic increase in the number of people sixty and older.

Information obtained from 2009 U.S. Census Bureau



# Impact of Aging in Iowa

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- Iowa ranks 3<sup>rd</sup> in the nation in the percentage of persons aged 85 and older.
- Iowa ranks 5<sup>th</sup> in the nation in the percentage of persons aged 65 and older.
- Over 15% of the total state population is over the age of 65.

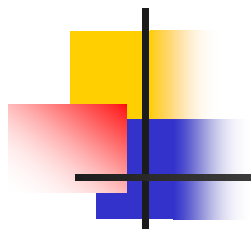


# Incidence of Elder Abuse

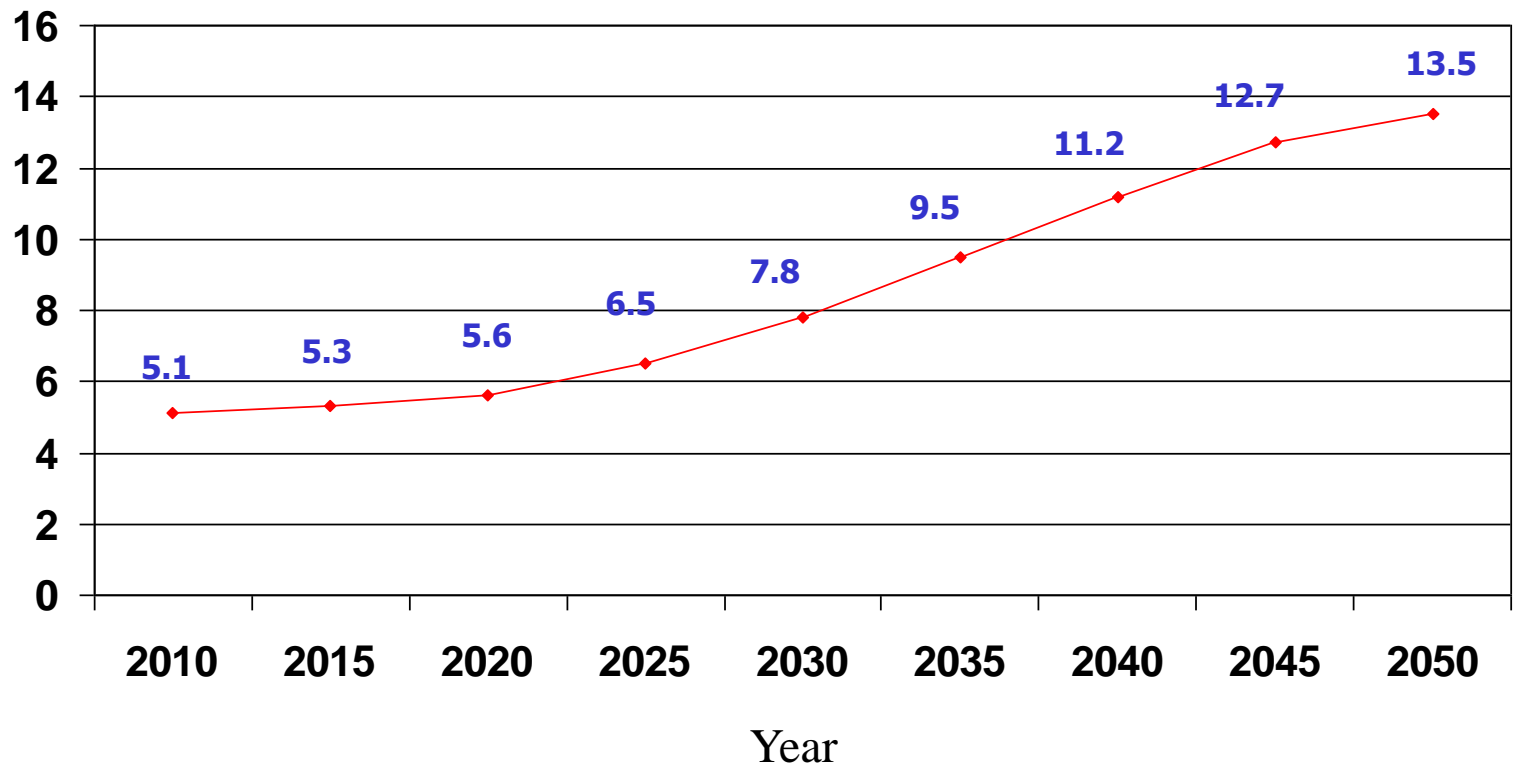
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- According to the National Elder Mistreatment Study, 6.5% of older adults experience emotional, physical, and sexual mistreatment each year.
- A recent New York Prevalence Study suggests 6.7% (1 in 13) people are victims of elder abuse, neglect, or exploitation each year (Lachs, et al)
- 84% of elder abuse cases go unreported.
- Persons with disabilities are 4-10 times more likely to be victims of abuse or neglect.
- Elder mistreatment (including neglect) occurs twice as frequently as previously thought, making it slightly more prevalent than intimate partner violence and twice as common as child mistreatment.

# Millions of Americans Aged 65+ with Alzheimer's Disease



Number of  
Americans in  
Millions





# Dementia and Elder Abuse

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- Recent studies show that people with dementia are subject to high rates of abuse and neglect by family members (Mosqueda, et al., JAGS 2010).
- A recent California study shows that 47% of people with dementia cared for by their family members are abused.



# The Function of the Medical Examiner

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- The primary functions of the Medical Examiner:
  - Determine cause and manner of death
  - Determine need for autopsy (required, recommended, other)
  - Identify deceased
  - Notify next-of-kin
  - Coordinate organ, tissue, eye donation
  - Death certification
- Investigate deaths which affect the “public interest” as listed in the Iowa Administrative Code chapter 641-127.1-11 and the Code of Iowa 331.801-805



# Deaths Affecting the “Public Interest”

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This includes but is not limited to the following:

- Violent death including homicidal, suicidal or accidental death.
- Death caused by thermal, chemical, electrical or radiation injury.
- Death related to disease thought to be virulent or contagious which may constitute a public hazard.
- Death that has occurred unexpectedly or from unexplained cause.
  - Unattended death
- Death of a person confined in a prison, jail, or correctional institution
- Death of a person who was pre-diagnosed as a terminal or bedfast case who did not have a physician in attendance within the preceding thirty days; or death of a person who was admitted to and had received services from a hospice program as defined in 135J.1, if a physician or registered nurse employed by the program was not in attendance within thirty days preceding death.
  - Can still be an ME case if suicide, homicide or accident
- Death of a person if the body is not claimed by a relative or friend
- Death of a person if the identity of the deceased is unknown



# Why Does the Medical Examiner Care about the Death of Older Adults?

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- It is their statutory responsibility to care and investigate
- We need to determine what older adults are actually dying from
- Collaboration with community providers
  - Awareness
  - Communication
- “Just because someone is old, it does not mean that there should not be a community response to their death.”



# Investigative Process of an Older Adult Death

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- Objective: Be alert to the possibility that abuse or neglect contributed to this death.
  - Definition: Abuse and neglect is commonly used to describe acts of commission or omission that result in harm to the health and welfare of the older adult.
- Thorough scene investigation
  - Photographs
  - Interviews (including support service providers)
  - Medication counts
- Review of medical records
- Autopsy



# Investigating Procedure of an Older Adult Death

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- Preliminary Report of Older Adult (Age 60+) Death Scene Investigation
  - Basic demographic information
  - Caregiver information
  - Environment and location of death
  - Physical health history
  - Mental health history
  - Involvement of formal/informal supports
- Investigators need to know:
  - What questions to ask
  - What they are looking for at death scenes
  - That memory loss is not a normal part of aging



# Recognizing a Concern

## Through Interview and Observation

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Investigators should assess the following elements at a death scene:

- Environmental safety and housing conditions
  - Are there tripping hazards, unsafe structural concerns, unsanitary conditions, excessive clutter, homelessness?
- Degree of isolation
  - Did the decedent lack someone to assist them when they became ill? Did the decedent infrequently come into contact with others? Did the decedent lack assistance with critical care needs?
- Mental health status
  - Is there a history of current or past mental health problems?
- Medication management
  - Is there a recent history of hospitalization? Did the decedent not have a primary care physician? Did the decedent have a history of missing medical appointments? Are medications properly stored in the decedent's home? Were medications misused?
- Personal hygiene
  - Did the decedent lack of awareness of personal hygiene and grooming? Did the decedent lacks the ability or access to bathe, dress, manage toileting needs, and/or complete laundry?

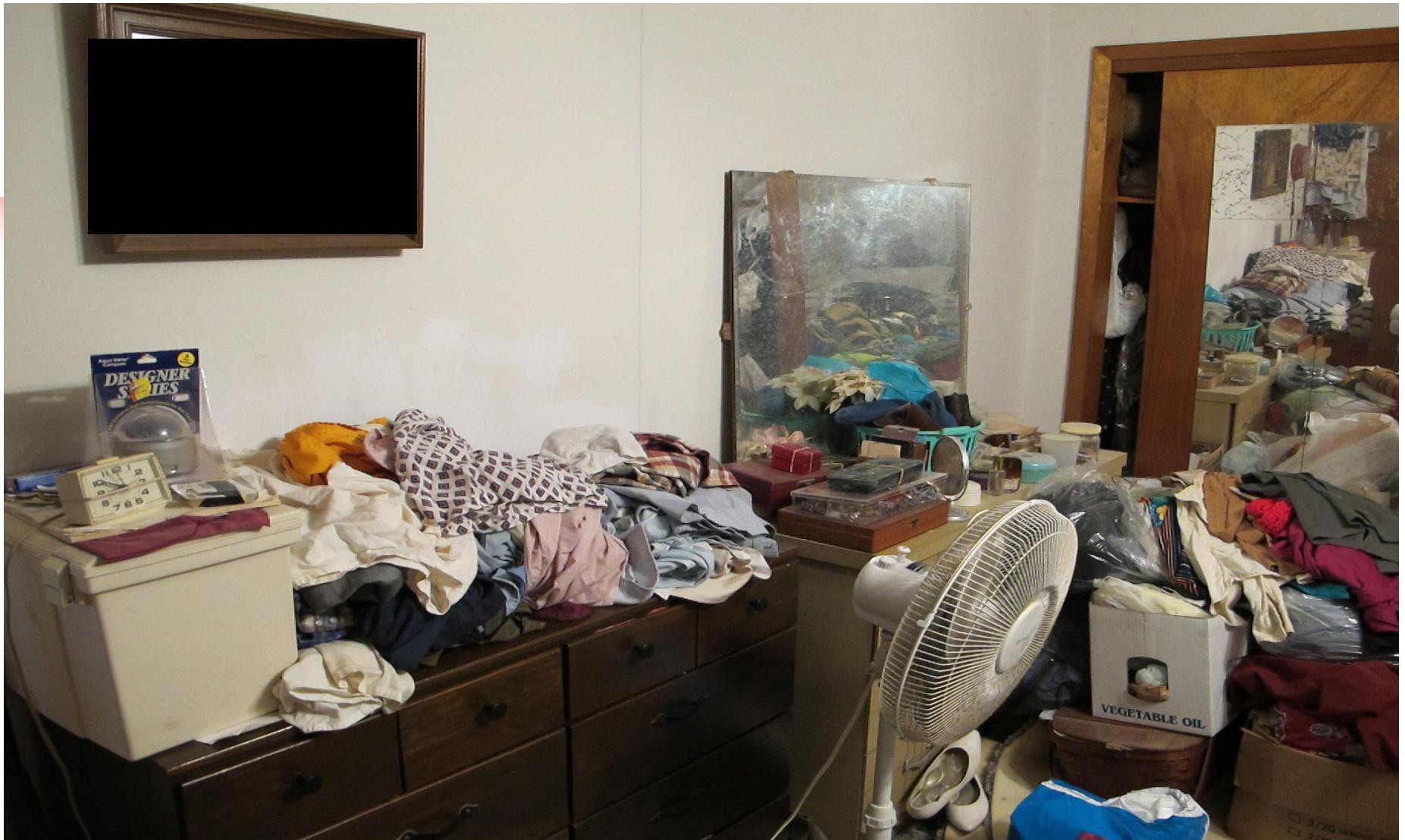


# Recognizing a Concern

## Through Interview and Observation

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- Personal behavior
  - Did the decedent fail to use adaptive devices, refuse medications, uses illegal drugs, threaten to or act upon violent urges, drive against the advice of others, have a history of getting lost, and/or refuse medical attention or recommendations?
- Ambulation
  - Did the decedent have a history of falls? Was the decedent able to get up and down the stairs safely?
- Substance abuse management
  - Does the decedent have a past of abusing drugs or alcohol which may have affected the ability to provide critical needs for themselves?
- Nutrition management
  - Did the decedent have a poor appetite, inadequate food supply, eat food that was not safe, lack the ability to prepare meals, and/or not follow a medically necessary diet?
- Indicators of abuse
  - Have there been prior dependent adult abuse reports filed? Is there a history of abuse in the family? Was the family is resistant to services and support to address unmet needs of the decedent?



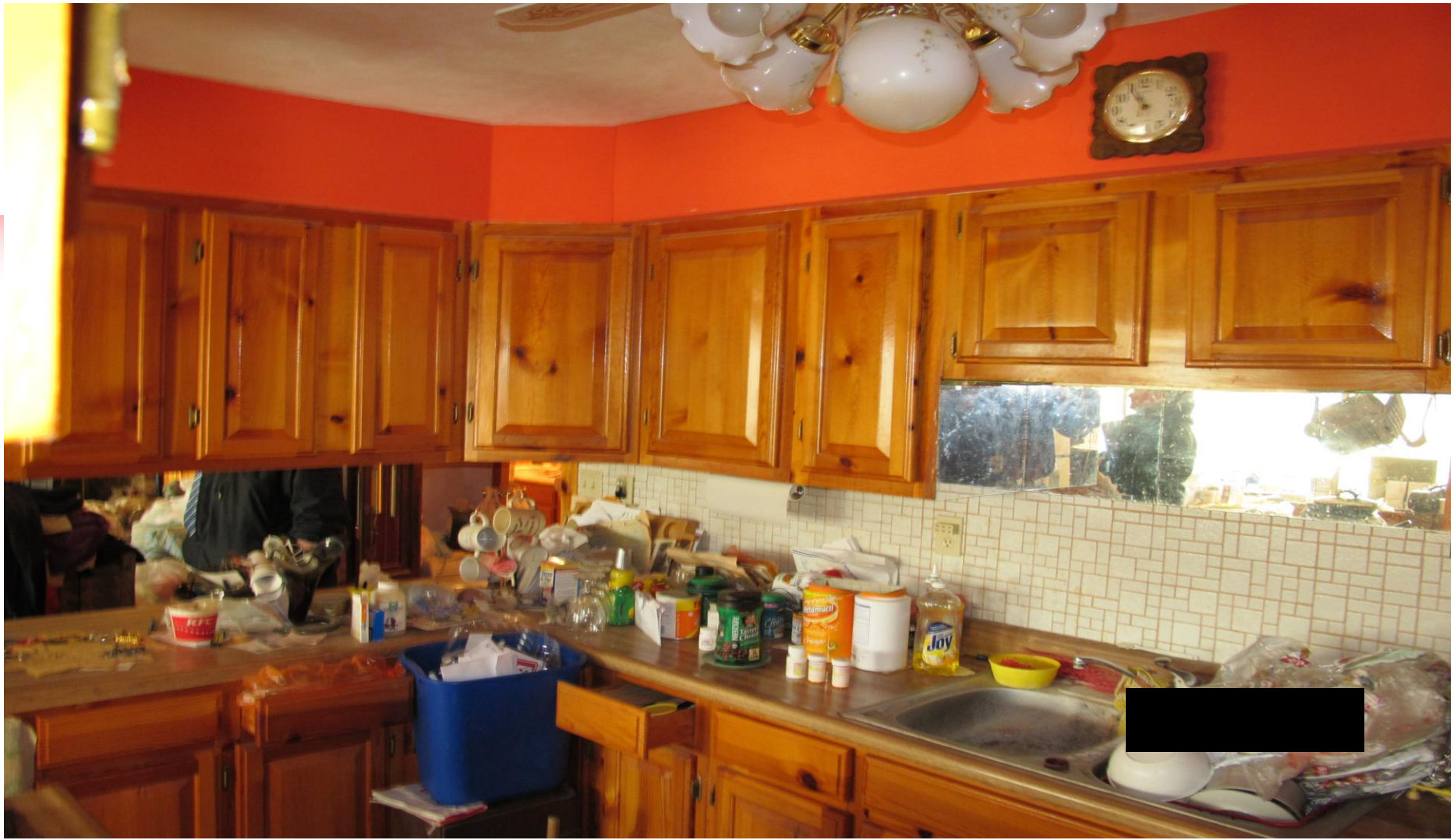
Piles of clothes and other items on all surface areas and walkways



Bathtub used for storage

Feces in the toilet





Clutter in the kitchen and medication on counter not belonging to decedent



Unclean sheets on bed



# Behavioral Indicators of Abuse

Interviewing: agencies, family, and witnesses

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## Victim Behavior:

- Fear
- Helplessness or resignation
- Confusion or disorientation
- Non-responsiveness
- Withdrawal
- Hesitation to talk openly
- Ambivalence/contradictory statements
- Agitation or anxiety
- Depression
- Implausible stories
- Anger

## Abuser Behavior:

- The victim is not allowed to speak for him/herself
- Obvious absence of assistance
- Attitudes of indifference or anger toward a victim
- Caretaker blames the victim
- Aggressive behavior
- Previous history of abuse to others
- Problems with alcohol or drugs
- Flirtations, coyness, etc.
- Conflicting accounts of incidents by family, supporters, victim
- Non-compliance with service providers
- Withholding security and affection
- Perpetrators frequently groom their targets



# Clues to the Possibility of Elder Abuse

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- Behavioral changes in presence of caregiver
- Delays between occurrences of injury and sought treatment
- Inconsistencies between observed injury and associated explanation
- Lack of appropriate clothing or hygiene.
- Not filling prescriptions
- Neglected medical problems
- Malnutrition
- Failure to thrive
- Dehydration
- Depression
- Over sedation



# Possible Locations of Elder Abuse

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- Isolated locations where a person has little control of their environment
- Institutional facilities
- Private living situations



# Profile of Elder Abuse

## Victim and Perpetrator

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### Victim

- White
- Female
- 75 or older
- Frail
- Physical or mental impairment
- Lives with a relative

### Perpetrator

- Adult child of victim
- Some form of mental illness
- Substance abuse problem
- Lives with victim
- Dependent on victim for housing or financial support



# Autopsy Decisions

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- Required:

- Homicide or suspected homicide
- When manner of death is undetermined
- Work and farm related deaths
- Drowning deaths
- Commercial vehicle drivers
- Deaths due to poisoning
- Deaths of airplane pilots
- Deaths due to natural disaster
- Deaths in prison, jail, correctional institution or under police custody where there is not a natural disease process that accounts for the death

- Other:

- A county medical examiner shall determine whether the public interest requires an autopsy and may order that an autopsy be performed.

- Recommended:

- Deaths from motor vehicle collisions
- Deaths from suicide
- All pedestrian, bicycle, motorcycle, snowmobile, boating watercraft three- or four- wheeler or all-terrain vehicle fatalities
- Deaths due to failure of a consumer product
- Deaths due to a possible public health hazard
- Deaths due to drug or alcohol abuse
- Electrical and lightening related deaths
- Deaths from burns, smoke, or soot inhalation
- Deaths related to environmental exposure
- All sport related deaths



# Example of a Real-Life Case

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- Nettie, age 72
- Ralph, age 78
- Ralph experienced symptoms of dementia and he wandered in his neighborhood
  - Alzheimer's Association estimates 60% of those with Alzheimer's disease will become lost during the course of their disease.
  - 50% of people who are not found within 24 hours will suffer serious injury or death.
  - The most common cause of death while being lost is exposure to the elements.
- Nettie is the primary caregiver for Ralph despite being diagnosed with Alzheimer's disease
- Ralph is found dead in the snow outside his home and Nettie did not notice him missing
- After Ralph's death, Nettie's children visit her periodically, but refuse assistance from an outside provider despite doctors orders to do so
- After not visiting for two days, Nettie's son finds her dead at the bottom of the basement stairs on the floor. Nettie had appeared to have fallen down the stairs and suffered a broken hip. It appeared Nettie had been dead for 10-12 hours before Todd found her.



# Consulting Agencies in an Older Adult Death Investigation

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- Law enforcement
  - Criminal
- Elder Abuse Initiative
  - Prevention, detection, and reporting of elder abuse
- Elder Services
  - Resource and referral
- Heritage Area Agency on Aging
  - Resource, advocacy, education
- Department of Human Services
  - Protection
- Department of Inspections and Appeals
  - Regulates and protects the health and safety of community agencies
- Older Adult Death Review Team
  - Community prevention of older adult deaths



# Johnson County Older Adult Death Review Team (JCOADRT)

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- Multi-disciplinary team that seeks to identify and understand the factors associated with the deaths of older adults
- Initiated by JCME in response to an awareness of the deaths of older adults that appear to have been caused by some form of neglect, either purposeful or inadvertent, as well as suicides among older adults



# Johnson County Older Adult Death Review Team (JCOADRT)

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## Goals:

- Enhance interagency/organization collaboration in all activities associated with the investigation of an older adult death under our jurisdiction.
- To end preventable deaths in Johnson County.



# Johnson County Older Adult Death Review Team (JCOADRT)

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## Objectives:

- Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every older adult death under our jurisdiction.
  - Multiple studies have found that approximately 40% of death certificates are incorrect
  - The most common error on a death certificate is the listing of mechanism of death
  - 65% of physicians failed to list the injury the person sustained on the death certificate of the elderly.
- Develop strategies for increased communication and coordination of agencies in response to older adult deaths in the investigation and delivery of services to remaining family members.
- Identify specific barriers and system issues involved in the deaths of older adults.
- Identify significant risk factors and trends in older adults' deaths for future education and prevention efforts.
- Identify needed changes in legislation, policy and practice in order to enhance older adult health and safety.



# Composition of Team Members

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- Community based nurse
- Forensic pathologist
- Medical Examiner Department
- Geriatrician
- Law enforcement
- County attorney
- Department of Human Services
- Community service providers for the elderly
- Emergency medicine physician
- Gerontological social worker



# Case Review

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- 1) Share, question and clarify all case information
- 2) Discuss the investigation
- 3) Discuss the delivery of services
- 4) Identify risk factors
- 5) Recommend system improvements
- 6) Identify and take action to implement prevention recommendations
- 7) Determine final steps for concluding current case review



# Was the Death Preventable?

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- A death is deemed preventable if the community or an individual could reasonably have done something that would have changed the circumstances that led to the death
- While this is not the case for many older adults with a variety of health conditions, it is the case for others



# Implementation of action steps

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- 1) Determine if the death was preventable
- 2) Identify modifiable risk factors
- 3) Determine the best strategy for prevention
  - Strengthening individual knowledge and skills
  - Promoting community education
  - Training providers
  - Fostering coalitions and networks
  - Changing organization practices
  - Mobilizing neighborhoods and communities
  - Influence policy and legislation
- 4) Identify specific prevention activities



# Summary

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- The death of an older adult deserves the same investigative intensity as that of any other death
- What are we going to do with our information besides create a nice, tidy report and properly certify the death?
- Share the information with the Older Adult Death Review Team in an effort to improve the lives of the living