Vulnerable Elder Protection Team: A Collaborative Intervention

Tony Rosen, MD MPH  
Assistant Professor of Medicine  
Division of Emergency Medicine  
Weill Cornell Medical College

Deborah Holt-Knight, MSG  
Deputy Commissioner  
New York City Adult Protective Services

Peg Horan, LMSW  
Elder Abuse Prevention Specialist  
Multidisciplinary Team (MDT) Coordinator  
New York City Elder Abuse Center
IDENTIFYING ELDER ABUSE

ED & HOSPITAL AN IMPORTANT OPPORTUNITY

• evaluation by health care provider may be only time abused older adult leaves the home

• abuse victim less likely to see a primary care provider, more likely to present to an ED
  • *EDs / hospitals typically manage acute injuries and illnesses*

ED may be an ideal opportunity to identify and intervene

• varied disciplines observing a patient
• evaluation typically prolonged
• resources available 24/7

BUT...
ED providers almost never identify or report elder abuse
IDENTIFYING ELDER ABUSE IN THE ED

ED providers seldom identify or report

• lack of time to conduct a thorough evaluation
• lack of awareness or inadequate training
• fear and distrust of the legal system
• denial by patient him/herself
• ambiguities surrounding decision-making capacity in victimized older adults
• absence of a protocol for a streamlined response
• difficulty distinguishing abuse from accidental trauma or illness
ED providers care for multiple acutely ill or injured patients at the same time. Any time spent assessing/caring for one patient is time **not spent with others**.

If an ED provider completes a comprehensive evaluation and uncovers concern for potential elder abuse / neglect, this typically necessitates significant additional assessment and follow-up.

**DO WE REALLY WANT TO KNOW?**

Provider is disincentivized with additional work and longer time to dispo if they suspect / take the time to evaluate for mistreatment.

...As more potentially critically-ill patients arrive.
**A BETTER MODEL EXISTS**

**Child protection teams**

- ED-based, multi-disciplinary intervention for child abuse victims, typically activated by a single page or phone call
- Team members work collaboratively, involving other resources and the authorities when appropriate
- Allows ED providers to return to care of other patients, with team advising them about next steps in care
- Have existed for >50 years, present in most large US hospitals

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NOVEL INTERVENTION

Designing the first-of-its-kind, ED-based multi-disciplinary team

Weill Cornell Medicine

Vulnerable Elder Protection Team

consultation service available 24/7 to assess, treat, and ensure the safety of elder abuse / neglect victims while also collecting evidence when appropriate and working closely with the authorities

increase identification and reporting and decrease burden on ED providers

similar to existing child protection teams
# VEPT Consultation Team

## Core Members
- Emergency Department Social Worker
- Geriatric Emergency Physician

Involved in all consultations.

## Additional Members
- Geriatric In-Patient / Consultation Team
- Emergency Psychiatric Team
- Emergency Radiology Team
- Hospital Security
- Patient Services
- Hospital Administration / Legal

Involved as appropriate.
VEPT Social Worker Initial Assessment

- routine geriatric social evaluation
- exploration of specific concern for potential elder mistreatment raised by ED Primary Team / EMS / Other Referrer
- elder mistreatment screening
  - NEGLECT/FUNCTIONAL STATUS
  - PSYCHOLOGICAL ABUSE
  - FINANCIAL EXPLOITATION
  - PHYSICAL ABUSE
  - SEXUAL ABUSE

If concern about elder mistreatment persists:

VEPT Social Worker Comprehensive Assessment

- comprehensive social assessment
  - LIVING ARRANGEMENTS
  - FINANCIAL STATUS
  - SOCIAL SUPPORT / RESOURCES
  - EMOTIONAL / PSYCHOLOGICAL STATUS
  - STRESSORS
- interview with caregiver and/or potential perpetrator
  - PROVIDING CARE
  - FINANCIAL RELATIONSHIP
  - SOCIAL SUPPORT / RESOURCES
  - STRESSORS
  - PSYCHOLOGICAL / PHYSICAL ABUSE
- additional collateral history from other sources as appropriate
VEPT MEDICAL EVALUATION
VEPT EVALUATIONS / INTERVENTIONS

- Capacity Evaluation
- Determination of Acute Security Needs
- Comprehensive Social Evaluation
- Notification of Patient Services
- Reporting to Adult Protective Services & Police / Involving MDTS
- Coordination / Continuity with Geriatric Inpatient / Outpatient Providers
EMS PARTNERSHIP

Empowering EMS, who evaluate patients in their home, to bring patients preferentially to our ED and communicate their concerns.
VEPT AS A RESOURCE

- resource on nights and weekends if concerned about older adult’s immediate safety
- forensic data collection including comprehensive documentation and photography of injuries and other physical findings
PREPARATION & LAUNCH

• Trained 400+ ED and hospital providers
  • Social Work Grand Rounds
  • Hospital Ethics Committee Meeting
  • Online module for ED nursing, administrators

• Developed comprehensive written protocols, procedures, and guidelines

• Designed order set within Eclipsys, standardized documentation templates, on-call schedule

• launched April 3, 2017 but first case consultation 2 days before
NEW YORK CITY ELDER ABUSE CENTER

• Multi-disciplinary teams that meet several times each month to discuss most challenging cases
  • Currently in Brooklyn and Manhattan but expanding to all 5 boroughs
  • includes representatives from adult protective services, medicine, nursing, social work, civil law, victim advocacy, criminal justice, and law enforcement

• Case consultation for professionals if unsure how to proceed
  • CAPACITY AND GEROPSYCHIATRY
  • GERIATRICS AND INJURY PATTERNS
  • FORENSIC ACCOUNTING
  • SAFETY PLANNING
  • SUPPORTIVE COUNSELING FOR CONCERNED PERSONS

www.nyceac.com
COLLABORATION WITH VEPT

MDT \(\rightarrow\) VEPT
- Concern for older adult’s immediate safety after discussing case

VEPT \(\rightarrow\) MDT
- Challenges in securing optimal safe hospital discharge and long term plan for older adult
NYC ADULT PROTECTIVE SERVICES

• Help NYC’s most vulnerable adults (aged 18+)
  • Mentally and/or physically impaired; and
  • Unable to manage their own resources, carry out the activities of daily living or protect themselves from abuse, neglect, exploitation or other hazardous situations; and
  • Have no one available who is willing and able to assist them responsibly

• When referred person determined eligible for APS services, caseworker develops service plan to meet his/her needs

• New York State law mandates that APS employ the least restrictive intervention necessary to effectively protect the client
COLLABORATION WITH VEPT

When concerned about older adult’s **immediate safety** related to abuse or believe that he/she will benefit from a **medical or forensic examination**

**Call VEPT rather than calling 911**
COLLABORATION WITH VEPT

- APS caseworker accompanies client to ED
- VEPT team meets them on arrival to discuss case
- Work together to decide next steps, including whether Do Not Discharge letter appropriate
- VEPT social worker keeps in touch with APS about ED assessment and treatment plan
Conference call while patient in ED with:

- APS caseworker, nurse, social worker, manager
- VEPT physician, social worker
- NYCEAC elder abuse prevention specialist

to discuss optimal approach, next steps
Developing new Case Management Procedure:
When to Call 911

When to Call 911, Police and District Attorney Referrals

CASE MANAGEMENT PROCEDURE (CMP) #12

Date Issued: 
Effective Date: 

Replaces CMP #

Related/Supporting Documentation
97-A526-2
Chapter 395, NYS Social Service Laws
96-INF-310
Social Service Law 473(5)
Social Service Regulation 477.11

Form(s) Used
W-1500 District Attorney Referral

OVERVIEW
As abusers become more physically and mentally frail, their risk for abuse and exploitation becomes more prevalent. It is important to look for signs of abuse such as unexplained signs of injury like bruises, welts, and broken bones, or signs of neglect such as improper hygiene, malnutrition, or malnutrition. There may be evidence of drug abuse or failure to take medications or being restrained, such as rope marks, or the refusal of the caregiver or a family member to let the client or to be alone with them.

New York Social Service Law 473(5) and Social Service Regulation 477.11 mandates that APS staff report to law enforcement as defined in Penal Law Section 10, any criminal offense believed to be committed against a person who is receiving or being assessed for Adult Protective Services (APS). Criminal offenses include domestic violence, abuse, neglect, and financial exploitation.

When there is an instance of domestic violence, abuse, or financial exploitation regarding an APS client or potential client, report it to the police.

CASEWORKER

Filing a report with the NYPD
When there is evidence of domestic violence, abuse, or financial exploitation regarding an APS client or a potential client, go to the local police precinct associated with the client's address and file a complaint. Make sure to obtain a complaint number. In addition, file a complaint report all incidents (except for domestic violence) to the Special Operations Lieutenant at the precinct. The Special Operations Lieutenant serves as the liaison between the NYPD and the Case worker.

Domestic Violence cases continue to be the responsibility of and should be reported to the domestic violence prevention officer/investigator at the precinct.

If police assistance is required, contact the NYPD liaison at the appropriate precinct to make arrangements. If assistance arrangements are not possible, contact the police officer at the precinct for assistance. If there is an emergency, phone 911 to request immediate assistance.
RECOGNITION FOR OUR WORK

Elder Abuse: ERs learn how to protect a vulnerable population

By Barbara Socher | August 23, 2017

In the emergency room, whether it's a patient's actual, a recent attack, or a minor bruise at the site of an injury, the patient may express concern for a current or past injury. Patients often report symptoms of abuse in the emergency room, and many have been treated for abuse-related injuries and have been treated for abuse-related injuries. In the emergency room, patients may report symptoms of abuse, neglect, or injury. It is common for emergency room patients to report symptoms of abuse, neglect, or injury.

Vulnerable Elder Protection Team:
Multidisciplinary intervention draws on child abuse model to address elder abuse in the ER

In the emergency room, whether it's a patient's actual attack, a recent attack, or a minor bruise at the site of an injury, the patient may express concern for a current or past injury. Patients often report symptoms of abuse in the emergency room, and many have been treated for abuse-related injuries and have been treated for abuse-related injuries. In the emergency room, patients may report symptoms of abuse, neglect, or injury. It is common for emergency room patients to report symptoms of abuse, neglect, or injury.

Radiologists Positioned to Identify Potential Elder Abuse

Study Illustrates That Radiologists Are Positioned to Identify Elder Abuse Training

Radiologists may be uniquely positioned to identify elder abuse, and this new training is an important step in developing a proactive approach to identifying abuse.

Child Abuse: Women, Elder Abuse

New York Presbyterian/Weill Cornell Medicine

In this article, we explore the interdisciplinary approach to elder abuse and how it can be effectively implemented in the emergency room. We discuss the importance of recognizing elder abuse and the steps that can be taken to prevent and treat it. We also highlight the role of radiologists in identifying potential cases of elder abuse and the importance of ongoing training in this area.

Advances in Geriatrics

New York Presbyterian/Columbia University Medical Center

Emergency Medicine: When is an injury from a fall really from a fall? How can we identify a patient's true story? How can we prevent and treat elder abuse in the emergency room? These are critical questions in the management of elder abuse. In this article, we discuss the importance of recognizing elder abuse and the steps that can be taken to prevent and treat it.

Change AGerS

The management of elder abuse is complex and requires a multidisciplinary approach.

"Many of us are not even thinking about ways to improve the care we provide to older adults and design interventions that can protect our families, communities, and our culture in general. It is our responsibility to provide care that is safe, effective, and economically sound." — Tony Baume, MD, MPH
Identifying Elder Abuse in the Emergency Department: Toward a Multidisciplinary Team-Based Approach

Tony Rosen, MD, MPH; Stephen Hargarten, MD, MPH; Neal E. Fleischhauer, MD; Timothy P. Potts-Willis, MD, MSc
Corresponding Author. E-mail: ann3306@med.cornell.edu

A podcast for this article is available at www.aeen.com.

Elder abuse and neglect are defined as action or neglect against a vulnerable older adult that causes harm or risk of harm, either committed by a person in a relationship with an expectation of trust or when an elder person is targeted based on age or disability. This year, this number likely underestimates the prevalence of elder abuse among ED patients because abuse rates are higher among those with cognitive impairment and because this study did not assess neglect or financial abuse. The potential for identifying elder abuse in the ED may be higher than in other health care settings because ED visits are unplanned, leaving perpetrators and victims little or no time to align histories or suppress evidence of abuse. For example, a

The Joint Commission Journal on Quality and Patient Safety 2018; 44:164–171

INNOVATION REPORT

Improving Quality of Care in Hospitals for Victims of Elder Mistreatment: Development of the Vulnerable Elder Protection Team

Tony Rosen, MD, MPH; Neha Mehta-Naik, MD; Alyssa Elsaw, LMSW; Mary B. Malcarne, MD; Michael E. Sern, MD; Sunday Clark, ScD, MPH; Rahul Sharma, MD; Veronica M. LaFors, MD; Risa Breckman, LCSW; Mark Licbo, MD; Nancy Nerdell, MD

Problem Definition: Hospitals have an opportunity to improve the quality of care provided to a particularly vulnerable population, victims of elder mistreatment. Despite this, no programs to prevent or stop elder abuse in the acute care hospital have been reported. An innovative, multidisciplinary emergency department (ED)-based intervention for elder abuse victims, the Vulnerable Elder Protection Team (VEPT), was developed at NewYork-Presbyterian / Weill Cornell Medical Center (New York City).

Approach: The VEPT is a consultation service available 24 hours a day/7 days a week to improve identification, comprehensive assessment, and treatment for potential victims of elder abuse or neglect. All ED providers have been trained on how to recognize signs of elder mistreatment. Any provider can activate the VEPT via a single page/telephone call, which triggers the VEPT’s often time-consuming, complex assessment of the potential mistreatment victim. First, the ED social worker on duty performs the initial bedside assessment and separately interviews the potential perpetrator and/or caregiver. He or she then contacts the on-call VEPT medical provider to discuss next steps and other team members’ potential involvement. The consultation is then continued with the VEPT medical provider until medical or social services are engaged as needed.
## ANALYSIS OF OUTCOMES

based on one year of operation

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Short-Term</th>
<th>Long-Term</th>
<th>Potential Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>connection to primary care provider, medication adherence, pain control,</td>
<td>mortality, ED visits, hospitalizations, skilled nursing facility placement,</td>
<td>hospital and outpatient medical records, collaboration with skilled nursing facilities, follow-up with patient/other reporters</td>
</tr>
<tr>
<td></td>
<td>management of chronic conditions</td>
<td>connection to primary care provider, medication adherence, pain control,</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>management of chronic conditions</td>
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</tr>
<tr>
<td>Functional</td>
<td>independence in activities of daily living/instrumental activities of daily living, ambulation status</td>
<td>independence in activities of daily living/instrumental activities of daily living, ambulation status</td>
<td>hospital and outpatient medical records, collaboration with skilled nursing facilities, collaboration with community service providers through NYCEAC, follow-up with patient/other reporters</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>depression, anxiety, social isolation, quality of life</td>
<td>depression, anxiety, social isolation, quality of life</td>
<td>hospital and outpatient medical records, collaboration with skilled nursing facilities, collaboration with community service providers through NYCEAC, follow-up with patient/other reporters</td>
</tr>
<tr>
<td>Legal</td>
<td>reporting to Adult Protective Services, reporting to police, complaint filing to Department of Health about skilled nursing facility, securing order of protection</td>
<td>case substantiation by Adult Protective Services, perpetrator prosecution</td>
<td>collaboration with police, district attorney’s offices through NYCEAC, follow-up with patient/other reporters</td>
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ED, emergency department; NYCEAC, New York City Elder Abuse Center.
NEXT STEPS

- Expand APS partnership
- Continue outreach to community partners
- Scale program beyond our hospital
  - Telemedicine to support other EDs
  - Social work champions
THANK YOU

Any questions or comments?