CONNECTING ADULT PROTECTION AND HOSPITALS

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Agenda

1. Introduction and Background: The National Collaboratory to Address Elder Mistreatment
2. The Elder Mistreatment Emergency Department Care Model: Element and Approach
3. Community Connections Toolkit
4. Example and Discussion: Sharing strategies for connecting with health systems
1. Introduction & Background

The National Collaboratory to Address Elder Mistreatment
Key Facts: Elder Mistreatment in the US

Elder Mistreatment is any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

11% of older adults in the US are affected by elder mistreatment¹

Elder mistreatment is associated with a 300% increase in risk of death⁴

$5.3B is the annual cost of elder mistreatment-related health care expenditures³

Types of mistreatment include

- Caregiver neglect
- Financial exploitation
- Emotional/Psychological abuse
- Physical abuse
- Sexual abuse
- Self-neglect

Reporting suspected mistreatment is mandated in each of the United States except NY⁵

1 in 14 cases are reported to authorities²
Goals:

- Define opportunities and barriers to addressing elder mistreatment in clinical settings
- Design and prototype an effective pragmatic and sustainable model for addressing elder mistreatment
- Conduct a feasibility study to determine whether the model is ready and right for dissemination
The Emergency Department Is an Opportunity to Identify Elder Mistreatment

• Evaluation by a healthcare provider may be the only time an abused older adult leaves the home

• Abuse victims are less likely to see a primary care provider and more likely to present in the ED

• The ED may be an ideal opportunity to identify and intervene
  • Varied disciplines observing the patient
  • Evaluation typically prolonged
  • Resources available 24/7
But...

Health care providers *seldom identify or report* elder mistreatment

Why?
Barriers to Identifying and Reporting Elder Mistreatment

• Lack of awareness or inadequate training
• Difficulty distinguishing abuse from accidental trauma or illness
• Lack of time to conduct a thorough evaluation
• Denial by patient him/herself
• Ambiguities surrounding decision-making capacity in victimized older adults
• Absence of a protocol for a streamlined response
• Fear and distrust of the legal system
2. Elder Mistreatment Emergency Department Care Model

Core Elements and Approach
The Elder Mistreatment Emergency Department Care Model

• A suite of integrated tools to help emergency departments identify and respond to elder mistreatment.

• Offers streamlined protocols for training, screening, and response to facilitate efficient, effective, and empathic care for all older adults.
The EMED care model includes four core elements:

1. Elder Mistreatment Emergency Department Assessment Profile
2. Training
3. Screening & Response
4. Community Connections Toolkit
<table>
<thead>
<tr>
<th>Core Element</th>
<th>Description</th>
</tr>
</thead>
</table>
| Elder Mistreatment Emergency Department Assessment Profile | 20-question/10-minute online assessment tool  
This tool helps assess current practices, define areas of greatest challenge and opportunity, and drive practice and systems change.  
Who: All front line emergency department staff, and social work/case management staff as possible |
| Training                                         | Customized elder mistreatment training  
These modules are tailored to level of experience and train staff to identify and respond to elder mistreatment.  
Who: Administrators (~30 mins), clinical site champions/specialists (4-9 hours), and front line healthcare workers (60 mins) |
| Screening & Response                             | Algorithmic screening\(^7\) and response tools  
This tool, the Elder Mistreatment Screening and Response Tool (EM-SART) is designed to help clinicians identify patients at risk for mistreatment, make appropriate reports, and develop safety and discharge plans.  
Who: Front line emergency department staff and clinical site champion |
| Community Connections Toolkit                    | Recommendations for connecting with community resources  
This toolkit provides strategies for assessing needs and strengths related to community engagement, prioritizing community relationships, and evaluating successes and challenges.  
Who: Clinical site champion |
The **key objective** of the study is to determine whether the EMED care model is **ready and right for use** by hospital emergency departments. The study will examine the following questions:

- Can hospital emergency departments implement this model successfully with fidelity to its core components?
- Is the model acceptable to adopting hospitals, providers, and the older patients they serve?
- What short-term outcomes are hospitals able to achieve, in terms of practice improvements and services to clients, when they implement this model?
Feasibility Study Participating Sites

- Heywood Hospital
  - Gardner, MA
- Eastern Niagara Hospital
  - Lockport, NY
- Hillsborough Hospital
  - Hillsborough, NC
- LBJ Hospital
  - Houston, TX
- USC Verdugo Hills Hospital
  - Glendale, CA
- St. Joseph’s Medical Center
  - Patterson, NJ
- Hillsborough Hospital
  - Hillsborough, NC
3. Connecting APS and hospital EDs

The Community Connections Toolkit
This toolkit presents three starting points for engaging with community organizations to respond to and prevent elder mistreatment. The goal is to progress toward a collaborative effort to address elder mistreatment that includes the hospital and the community.
Engage with Adult Protection
Improve communication between hospital and adult protective services (APS)

Engage additional community resources
Engage additional community resources to support follow-up referrals and avoid repeat ED visits and readmissions

Formalize an elder mistreatment team
Develop or join an elder mistreatment community network/team for case review/consultation, systems change, and/or education.
Get started

- Assess opportunities and need
- Identify a starting place

Build connections

- Document progress toward goals, challenges, lessons learned
- Determine readiness to progress and next steps.
Engage with Adult Protection

**Goals**
Improve communication between hospital and adult protective services (APS)

**Hospital Staff roles:**
- ✓ Assess opportunities and needs
- ✓ Identify APS agencies in area
- ✓ Connect with APS agencies

**Engage additional community resources**
Engage additional community resources to support follow-up referrals and avoid repeat ED visits or readmits

**Hospital Staff roles:**
- ✓ Strategically identify community-based resources
- ✓ Maintain multiple relationships

**Formalize an elder mistreatment team**
Develop or join an elder mistreatment community network/team for:
- • case review/consultation
- • systems change
- • education

**Hospital Staff roles:**
- ✓ Participate regularly
- ✓ Provide meeting space
- ✓ Host meetings
- ✓ Provide leadership
<table>
<thead>
<tr>
<th>Aging Networks</th>
<th>Health Services</th>
<th>Safety &amp; Legal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Elder mistreatment multi-disciplinary teams</td>
<td>☐ Primary care providers, geriatricians, physicians, nurses, physicians’ assistants</td>
<td>☐ Police, fire, emergency medical services</td>
<td>☐ Housing services</td>
</tr>
<tr>
<td>☐ Financial Abuse Specialist Teams</td>
<td>☐ Neurology</td>
<td>☐ Victim witness advocates</td>
<td>☐ Municipal leaders</td>
</tr>
<tr>
<td>☐ Forensic Centers</td>
<td>☐ Psychology</td>
<td>☐ Elder law groups</td>
<td>☐ Faith-based representatives</td>
</tr>
<tr>
<td>☐ Aging Service Access Points (ASAP) and Area Agencies on Aging (AAA)</td>
<td>☐ Mental health</td>
<td>☐ Guardianship services</td>
<td>☐ Local community organizations and business leaders</td>
</tr>
<tr>
<td>☐ American Association of Retired People (AARP)</td>
<td>☐ Substance use</td>
<td>☐ Prosecutors, District Attorneys</td>
<td>☐ Financial institutions</td>
</tr>
<tr>
<td></td>
<td>☐ Pain clinics</td>
<td></td>
<td>☐ _________________</td>
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</tbody>
</table>

What other organizations in your community can you add here?

Click a section to learn more about each type of organization.
## Community Connections Tracker

This table is a space to track community partners that you may want to connect with to address elder mistreatment. The professions and organizations you list here may be found within your hospital system (e.g., social work department), in your immediate community, or in other communities in your region to find needed resources.

<table>
<thead>
<tr>
<th>Type of Partner</th>
<th>Organization(s)</th>
<th>Contact Person(s)</th>
<th>Contact Info</th>
<th>Date of Contact</th>
<th>Strength of relationship</th>
<th>Notes/Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Protective Services (APS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[0-5 with 0=none, 5=strong working relationship]</td>
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<tr>
<td>Existing multidisciplinary Teams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[0-5 with 0=none, 5=strong working relationship]</td>
<td></td>
</tr>
<tr>
<td>[Insert partners based on local needs]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[0-5 with 0=none, 5=strong working relationship]</td>
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Next Steps

• Implement toolkit as part of the Elder Mistreatment Emergency Department care model in six hospital sites
• Revise the toolkit based on feasibility study results
• Supplement the toolkit with specific examples from implementing sites
• Disseminate the model and toolkit as part of subsequent phase of work
QUESTIONS?
4. Example and Discussion

Sharing strategies for connecting with health systems
Massachusetts Elder Protective Service Agencies
Lessons Learned from “Road Show”

- Attended Grand Rounds
- Held trainings at Hospitals
- Variation in Practice
Centralized Reporting

1-800-922-2275
Elder Abuse Hotline

REPORT ELDER ABUSE

1-800-922-2275

Operating 7 days a week 24 hours a day.
Report Online

https://www.mass.gov/report-elder-abuse

Report Elder Abuse

Elder abuse includes physical, sexual, and emotional abuse, caretaker neglect, financial exploitation, and self neglect.
Communication with Collaterals

- PS may release information in effort to protect the safety of elders

- Limitations:
  - Balance privacy and safety of elders
  - Limited to what is necessary to satisfy the safety of elders.
Looking Forward

• Liaisons from APS in Emergency Departments
• Internal Meetings with Hospital staff
• IDA training with Medical Professionals
  • Decisional Ability Tool
Discussion
THANK YOU

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