Weill Cornell Medicine
Geriatric Emergency Medicine

Vulnerable Elder Protection Team: A Collaborative Intervention

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Change AGEnts Action Award Grant

Fan Fox and Leslie R. Samuels Foundation

NewYork-Presbyterian

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*

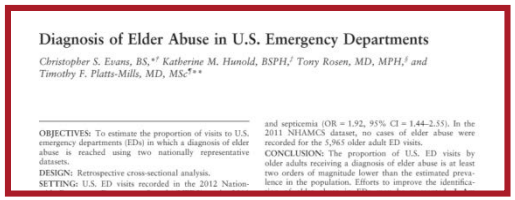
ED may be an ideal opportunity to identify and intervene

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

BUT...

IDENTIFYING ELDER ABUSE IN THE ED

CURRENT PRACTICE



Diagnosis of Elder Abuse in U.S. Emergency Departments

Christopher S. Evans, BS,*† Katherine M. Hunold, BSPH,‡ Tony Rosen, MD, MPH,§ and Timothy F. Platts-Mills, MD, MSc¶**

OBJECTIVES: To estimate the proportion of visits to U.S. emergency departments (EDs) in which a diagnosis of elder abuse is reached using two nationally representative datasets.

DESIGN: Retrospective cross-sectional analysis.

SETTING: U.S. ED visits recorded in the 2012 Nation-

and septicemia (OR = 1.92, 95% CI = 1.44-2.55). In the 2011 NHAMCS dataset, no cases of elder abuse were recorded for the 5,965 older adult ED visits.

CONCLUSION: The proportion of U.S. ED visits by older adults receiving a diagnosis of elder abuse is at least two orders of magnitude lower than the estimated prevalence in the population. Efforts to improve the identifica-

national research and evaluation of our practice at NYP/WCMC suggests that:

ED providers almost never identify or report elder abuse

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IDENTIFYING ELDER ABUSE IN THE ED

BARRIERS/DISINCENTIVES

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

IDENTIFYING ELDER ABUSE IN THE ED

BARRIERS / DISINCENTIVES

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

…As more potentially critically-ill patients arrive

DO WE REALLY WANT TO KNOW?

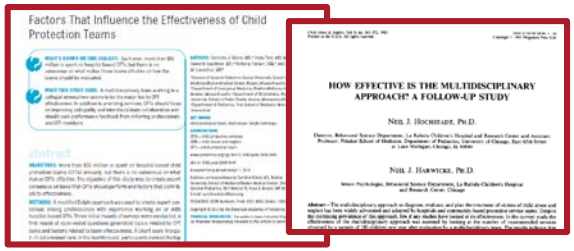
Provider is disincentivized with additional work and longer time to dispo if they suspect / take the time to evaluate for mistreatment

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

Morgan Stanley Children's Hospital of NewYork-Presbyterian
Columbia University Medical Center



Kistin CJ, Tien I, Bauchner H, Parker V, Leventhal JM. Factors that influence the effectiveness of child protection teams. Pediatrics 2010;126:94-100.

Hochstadt NJ, Harwicke NJ. How effective is the multidisciplinary approach? A follow-up study. Child Abuse Negl 1985;9:365-72.

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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

Consulting VEPT

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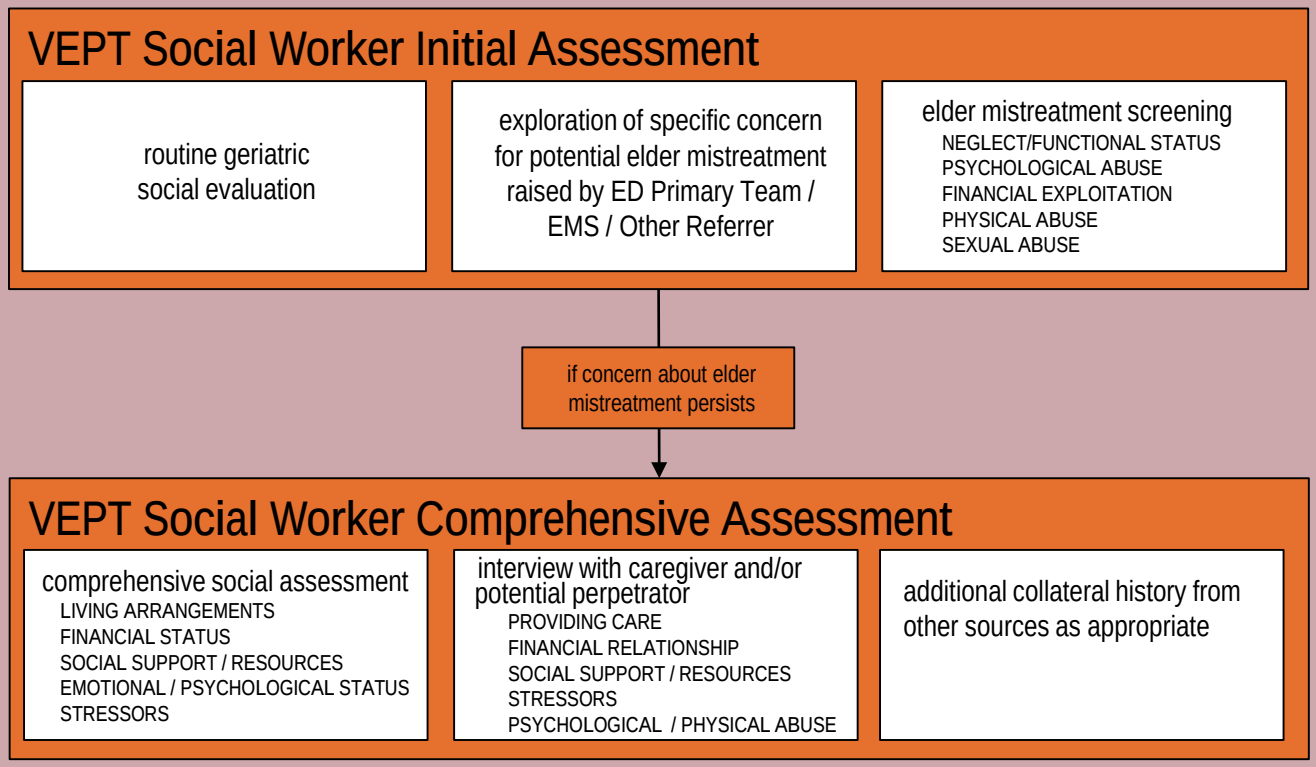
page will go to:
Geriatric Emergency Physician on call,
ED Social Worker

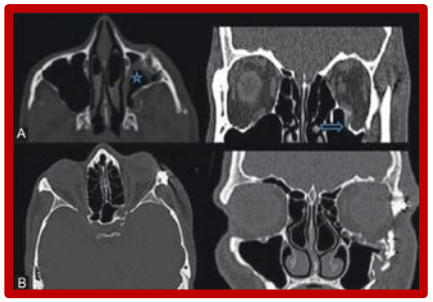
VEPT SOCIAL WORK EVALUATION



VEPT MEDICAL EVALUATION

VEPT FORENSIC EVALUATION

FORENSIC 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

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EMS PARTNERSHIP

Empowering EMS, who evaluate patients in their home, to bring patients preferentially to our ED and communicate their concerns

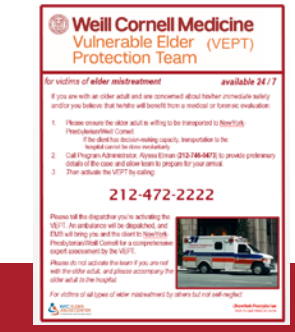
VEPT AS A RESOURCE

Weill Cornell Medicine
Vulnerable Elder
Protection Team

NYC
Human Resources Administration

- 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

NYPD Domestic Violence Officer All-In
May 9, 2017 – presentation to 450 DVOs



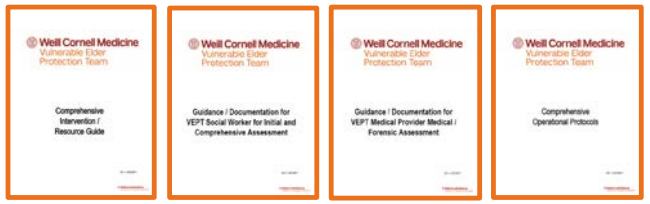
Weill Cornell Medicine
Vulnerable Elder Protection Team

NewYork-Presbyterian

PREPARATION & LAUNCH

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

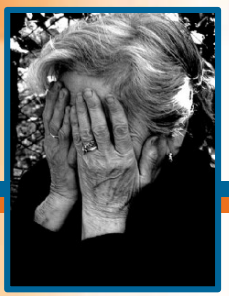
- Developed comprehensive written protocols, procedures, and guidelines



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

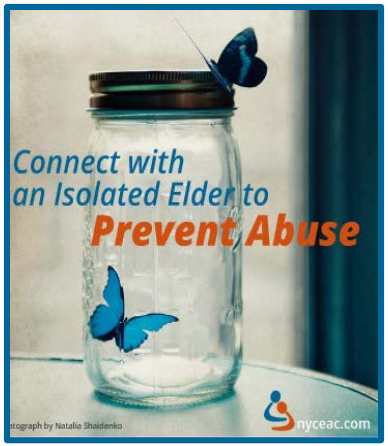
- *launched April 3, 2017* *but first case consultation 2 days before*

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

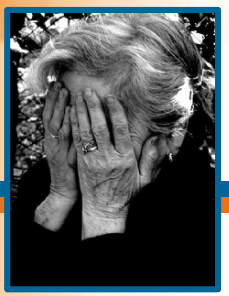
- Case consultation for professionals if unsure how to proceed
  - CAPACITY AND GEROPSYCHIATRY
  - GERIATRICS AND INJURY PATTERNS
  - FORENSIC ACCOUNTING
  - SAFETY PLANNING
  - SUPPORTIVE COUNSELING FOR CONCERNED PERSONS

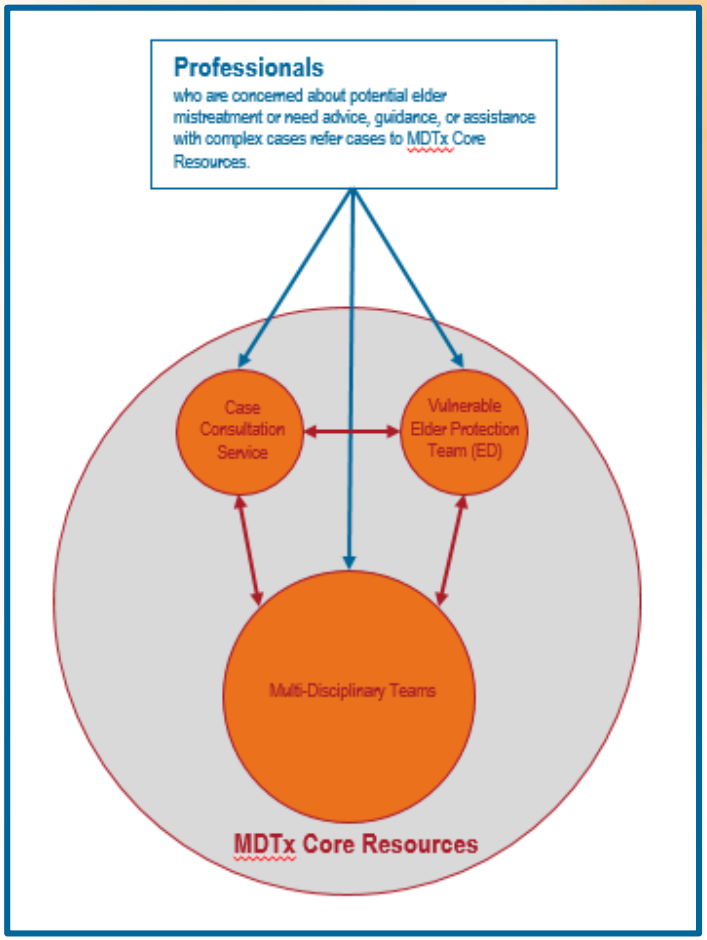


NYC ELDER ABUSE CENTER
Professionals serving older adults

www.nyceac.com

COLLABORATION WITH VEPT





MDT → VEPT

- Concern for older adult's immediate safety after discussing case

VEPT → MDT

- Challenges in securing optimal safe hospital discharge and long term plan for older adult

Photo courtesy of Mark Yoshiyama

NYC ELDER ABUSE CENTER
Professionals serving older adults

NYC ADULT PROTECTIVE SERVICES

Human Resources Administration

- 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

Human Resources Administration

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

Weill Cornell Medicine
Vulnerable Elder Protection Team (VEPT)

for victims of ***elder mistreatment*** ***available 24 / 7***

If you are with an older adult and are concerned about his/her *immediate* safety and/or you believe that he/she will benefit from a medical or forensic evaluation:

1. Please ensure the older adult is *willing* to be transported to NewYork-Presbyterian/Weill Cornell.
   If the client has decision-making capacity, transportation to the hospital cannot be done involuntarily
2. Call Program Administrator, Alyssa Elman (**212-746-0473**) to provide preliminary details of the case and allow team to prepare for your arrival.
3. *Then* activate the VEPT by calling:

212-472-2222

Please tell the dispatcher you're activating the VEPT. An ambulance will be dispatched, and EMS will bring you and the client to NewYork-Presbyterian/Weill Cornell for a comprehensive expert assessment by the VEPT.

Please do not activate the team if you are not with the older adult, and please accompany the older adult to the hospital.

For victims of all types of elder mistreatment by others but not self-neglect.

NYC ELDER ABUSE CENTER

NewYork-Presbyterian Weill Cornell Medical Center

Call VEPT rather than calling 911

COLLABORATION WITH VEPT

Human Resources Administration

- 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

CHALLENGING CASES

Human Resources Administration

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

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Vulnerable Elder Protection Team
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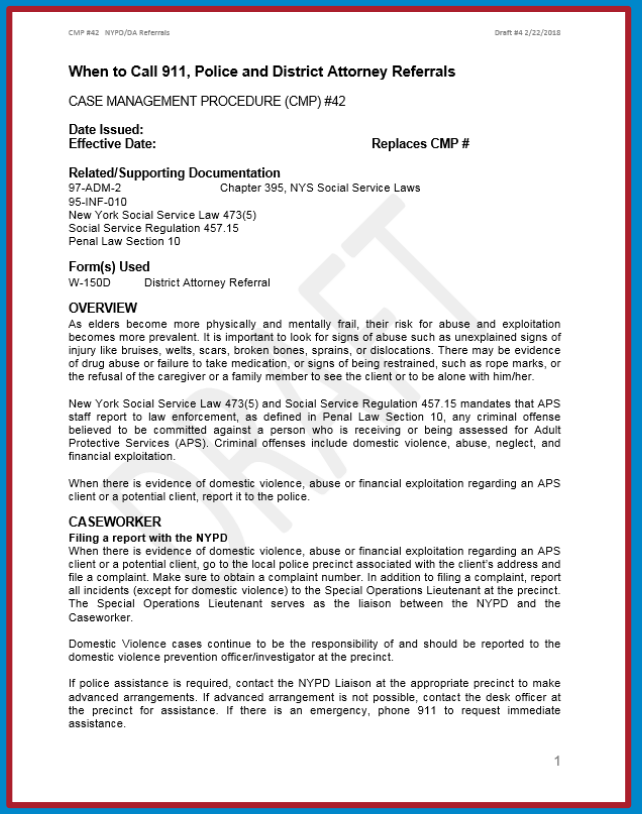
NYC ELDER ABUSE CENTER
Professionals serving older adults

Human Resources Administration

Developing new Case Management Procedure: When to Call 911



CMP #42 NYPD/DA Referrals Draft #4 2/22/2018

When to Call 911, Police and District Attorney Referrals

CASE MANAGEMENT PROCEDURE (CMP) #42

Date Issued:
Effective Date: **Replaces CMP #**

Related/Supporting Documentation
97-ADM-2 Chapter 395, NYS Social Service Laws
95-INF-010
New York Social Service Law 473(5)
Social Service Regulation 457.15
Penal Law Section 10

Form(s) Used
W-150D District Attorney Referral

OVERVIEW
As elders 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, scars, broken bones, sprains, or dislocations. There may be evidence of drug abuse or failure to take medication, or signs of being restrained, such as rope marks, or the refusal of the caregiver or a family member to see the client or to be alone with him/her.

New York Social Service Law 473(5) and Social Service Regulation 457.15 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 evidence of domestic violence, abuse or financial exploitation regarding an APS client or a 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 to filing 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 Caseworker.

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 advanced arrangements. If advanced arrangement is not possible, contact the desk officer at the precinct for assistance. If there is an emergency, phone 911 to request immediate assistance.

1

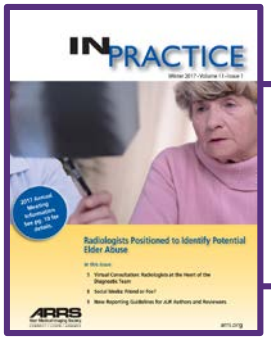
RECOGNITION FOR OUR WORK

Elder abuse: ERs learn how to protect a vulnerable population

Abuse often leads to depression and medical problems in older patients — even death within a year of an abusive incident.

Yet, those subjected to emotional, physical or financial abuse too often remain silent. Identifying victims and intervening poses challenges for doctors and nurses.

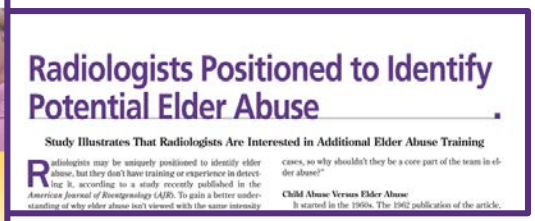
Because visits to the emergency room may be the only time an older adult leaves the house, staff in the ER can be a first line of defense, said Tony Rosen, founder and lead investigator of the Vulnerable Elder Protection



IN PRACTICE

Radiologists Positioned to Identify Potential Elder Abuse

ARRS



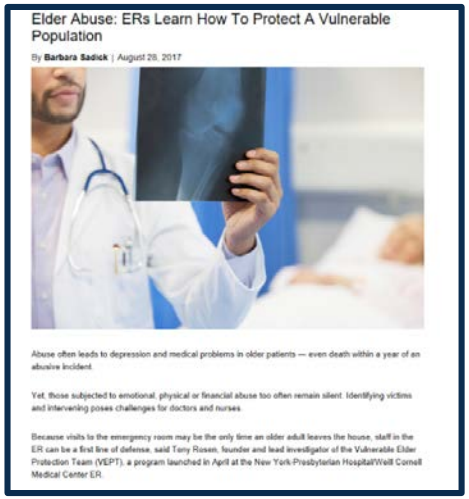
Radiologists Positioned to Identify Potential Elder Abuse

Study Illustrates That Radiologists Are Interested in Additional Elder Abuse Training

Radiologists may be uniquely positioned to identify elder abuse, but they don't have training or experience in detecting it, according to a study recently published in the *American Journal of Roentgenology (AJR)*. To gain a better understanding of why elder abuse isn't viewed with the same intensity cases, so why shouldn't they be a core part of the team in elder abuse?"

Child Abuse Versus Elder Abuse

It started in the 1960s. The 1962 publication of the article.



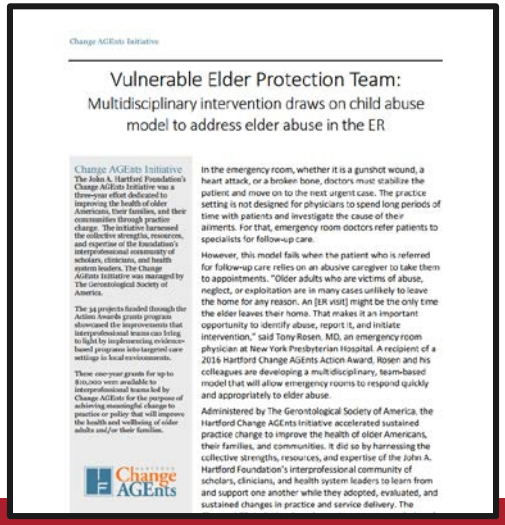
Elder Abuse: ERs Learn How To Protect A Vulnerable Population

By **Barbara Sadick** | August 28, 2017

Abuse often leads to depression and medical problems in older patients — even death within a year of an abusive incident.

Yet, those subjected to emotional, physical or financial abuse too often remain silent. Identifying victims and intervening poses challenges for doctors and nurses.

Because visits to the emergency room may be the only time an older adult leaves the house, staff in the ER can be a first line of defense, said Tony Rosen, founder and lead investigator of the Vulnerable Elder Protection Team (VEPT), a program launched in April at the New York-Presbyterian Hospital/Weill Cornell Medical Center ER.



Change AGEnts Initiative

Vulnerable Elder Protection Team:

Multidisciplinary intervention draws on child abuse model to address elder abuse in the ER

Change AGEnts Initiative

The John A. Hartford Foundation's Change AGEnts Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Change AGEnts Initiative was managed by The Gerontological Society of America.

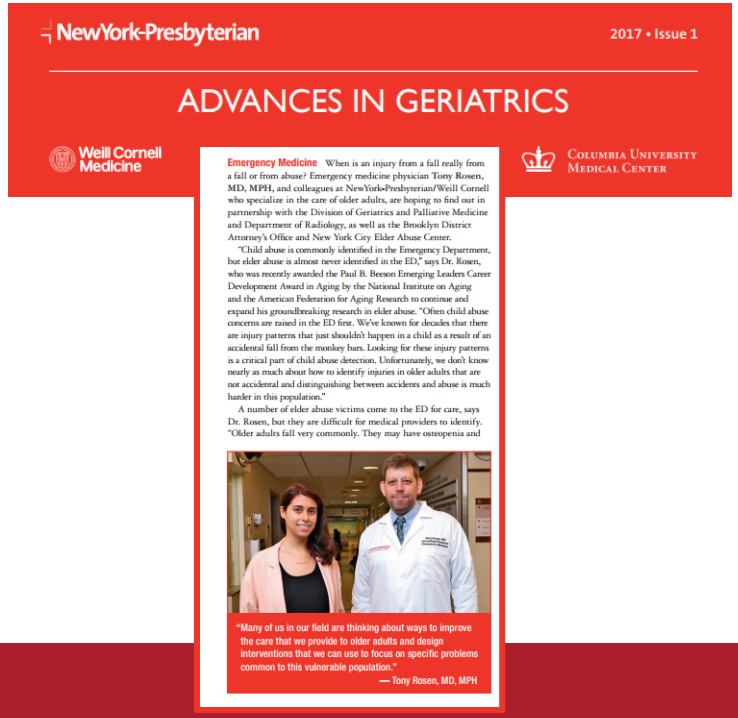
The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

These one-year grants for up to $10,000 were available to interprofessional teams led by Change AGEnts for the purpose of achieving meaningful change to practice or policy that will improve the health and wellbeing of older adults and/or their families.

In the emergency room, whether it is a gunshot wound, a heart attack, or a broken bone, doctors must stabilize the patient and move on to the next urgent case. The practice setting is not designed for physicians to spend long periods of time with patients and investigate the cause of their ailments. For that, emergency room doctors refer patients to specialists for follow-up care.

However, this model fails when the patient who is referred for follow-up care relies on an abusive caregiver to take them to appointments. "Older adults who are victims of abuse, neglect, or exploitation are in many cases unlikely to leave the home for any reason. An [ER visit] might be the only time the elder leaves their home. That makes it an important opportunity to identify abuse, report it, and initiate intervention," said Tony Rosen, MD, an emergency room physician at New York Presbyterian Hospital. A recipient of a 2016 Hartford Change AGEnts Action Award, Rosen and his colleagues are developing a multidisciplinary, team-based model that will allow emergency rooms to respond quickly and appropriately to elder abuse.

Administered by The Gerontological Society of America, the Hartford Change AGEnts Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. It did so by harnessing the collective strengths, resources, and expertise of the John A. Hartford Foundation's interprofessional community of scholars, clinicians, and health system leaders to learn from and support one another while they adopted, evaluated, and sustained changes in practice and service delivery. The



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2017 • Issue 1

ADVANCES IN GERIATRICS

Weill Cornell Medicine

Columbia University Medical Center

Emergency Medicine When is an injury from a fall really from a fall or from abuse? Emergency medicine physician Tony Rosen, MD, MPH, and colleagues at NewYork-Presbyterian/Weill Cornell who specialize in the care of older adults, are hoping to find out in partnership with the Division of Geriatrics and Palliative Medicine and Department of Radiology, as well as the Brooklyn District Attorney's Office and New York City Elder Abuse Center.

"Child abuse is commonly identified in the Emergency Department, but elder abuse is almost never identified in the ED," says Dr. Rosen, who was recently awarded the Paul B. Beeson Emerging Leaders Career Development Award in Aging by the National Institute on Aging and the American Federation for Aging Research to continue and expand his groundbreaking research in elder abuse. "Often child abuse concerns are raised in the ED first. We've known for decades that there are injury patterns that just shouldn't happen in a child as a result of an accidental fall from the monkey bars. Looking for these injury patterns is a critical part of child abuse detection. Unfortunately, we don't know nearly as much about how to identify injuries in older adults that are not accidental and distinguishing between accidents and abuse is much harder in this population."

A number of elder abuse victims come to the ED for care, says Dr. Rosen, but they are difficult for medical providers to identify. "Older adults fall very commonly. They may have osteopenia and

"Many of us in our field are thinking about ways to improve the care that we provide to older adults and design interventions that we can use to focus on specific problems common to this vulnerable population."

— Tony Rosen, MD, MPH

ACADEMIC MANUSCRIPTS & PRESENTATIONS

GERIATRICS/EDITORIAL

Identifying Elder Abuse in the Emergency Department: Toward a Multidisciplinary Team-Based Approach

Tony Rosen, MD, MPH*; Stephen Hargarten, MD, MPH; Neal E. Flomenbaum, MD; Timothy F. Platts-Mills, MD, MSc

*Corresponding Author. E-mail: aer2006@med.cornell.edu.

0196-0644/$-see front matter

http://dx.doi.org/10.1016/j.annemergmed.2016.01.037

A **podcast** for this article is available at www.annemergmed.com.

[Ann Emerg Med. 2016;68:378-382.]

Elder abuse and neglect are defined as action or negligence 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 older person is targeted based on age or disability. This

year.[24] This number likely underestimates the prevalence of elder abuse among ED patients because abuse rates are higher among those with cognitive impairment[25-27] 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

IAGG 2017

Symposium Lecture III:

Provider Perspectives on a Multi-Disciplinary Emergency Department Intervention for Elder Abuse

Tony Rosen MD MPH, Michael Stern MD, Mary Mulcare MD, Alyssa Elman, LMSW, Thomas McCarthy BA, Veronica LoFaso MD MS, Elizabeth Bloemen BS, Rahul Sharma MD MS, Risa Breckman LMSW, Mark Lachs MD MPH

Supported by The Fan Fox and Leslie R. Samuels Foundation, the John A. Hartford Foundation Change AGEnts Grant, NIH/NIA Paul Beeson Career Development Award, NIH/NIA GEMSSTAR Award, Jahnigen Career Development Award (John A. Hartford Foundation, American Geriatrics Society, Emergency Medicine Foundation, Society of Academic Emergency Medicine)

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; Nisha Mehta-Naik, MD; Alyssa Elman, LMSW; Mary R. Mulcare, MD; Michael E. Stern, MD; Sunday Clark, ScD, MPH; Rahul Sharma, MD; Veronica M. LoFaso, MD; Risa Breckman, LCSW; Mark Lachs, MD; Nancy Needell, 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 in-

Weill Cornell Medicine
Vulnerable Elder Protection Team

ANALYSIS OF OUTCOMES

based on one year of operation

Table 1. Outcomes to Examine and Anticipated Data Sources to Evaluate Impact of Vulnerable Elder Protection Team

Outcomes			
Type	Short-Term	Long-Term	Potential Data Sources
Medical	connection to primary care provider, medication adherence, pain control, management of chronic conditions	mortality, ED visits, hospitalizations, skilled nursing facility placement, connection to primary care provider, medication adherence, pain control, management of chronic conditions	hospital and outpatient medical records, collaboration with skilled nursing facilities, follow-up with patient/other reporters
Functional	independence in activities of daily living/instrumental activities of daily living, ambulation status	independence in activities of daily living/instrumental activities of daily living, ambulation status	hospital and outpatient medical records, collaboration with skilled nursing facilities, collaboration with community service providers through NYCEAC, follow-up with patient/other reporters
Psychosocial	depression, anxiety, social isolation, quality of life	depression, anxiety, social isolation, quality of life	hospital and outpatient medical records, collaboration with skilled nursing facilities, collaboration with community service providers through NYCEAC, follow-up with patient/other reporters
Legal	reporting to Adult Protective Services, reporting to police, complaint filing to Department of Health about skilled nursing facility, securing order of protection	case substantiation by Adult Protective Services, perpetrator prosecution	collaboration with police, district attorney's offices through NYCEAC, follow-up with patient/other reporters

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

Weill Cornell Medicine
Vulnerable Elder
Protection Team

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NYC
Human Resources Administration

NYC ELDER ABUSE CENTER
Professionals serving older adults

Any questions or comments?