



National Collaboratory to Address  
**Elder Mistreatment**

# CONNECTING ADULT PROTECTION AND HOSPITALS

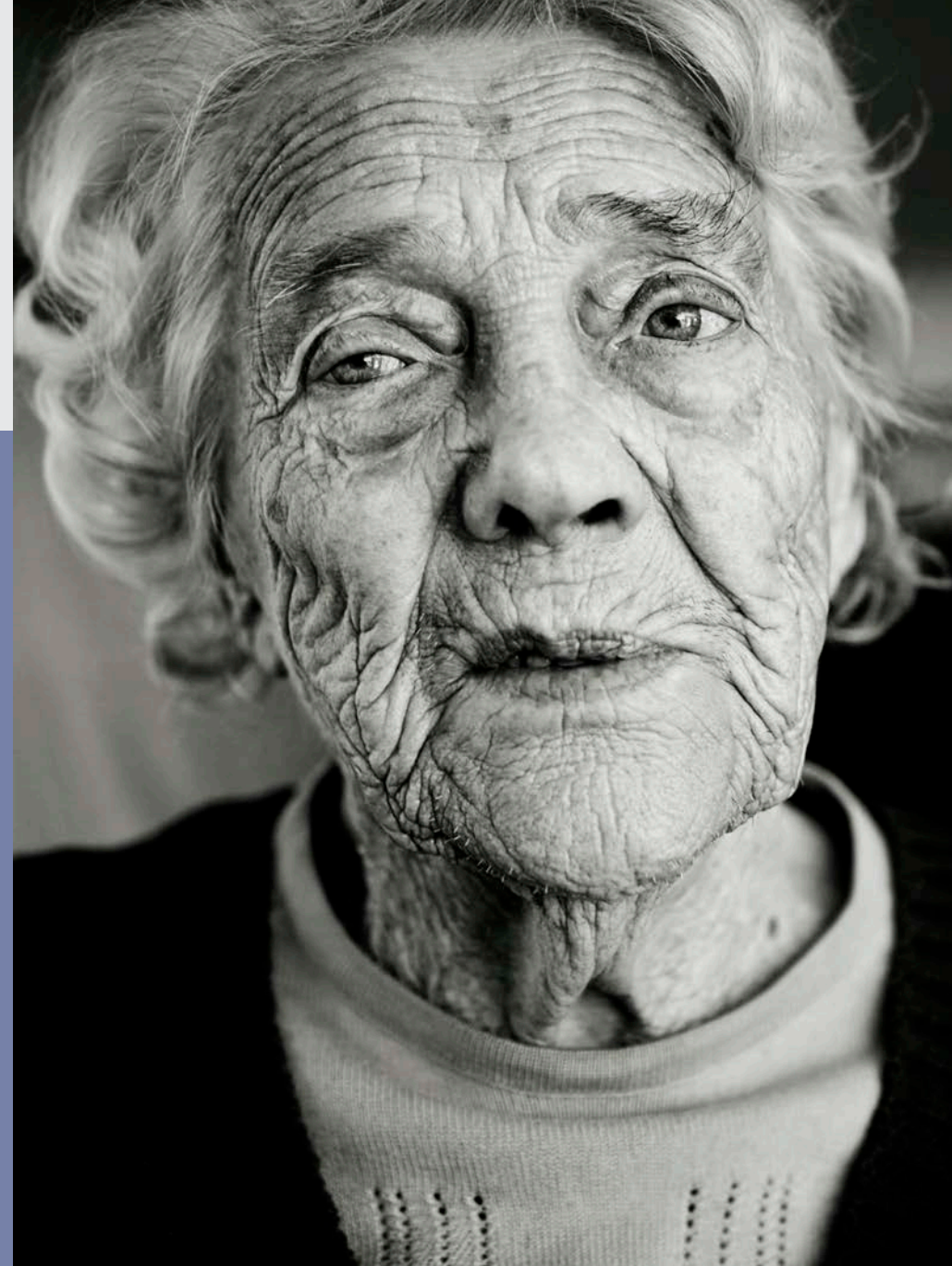
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# Agenda

- 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 mistreatment<sup>1</sup>



Elder mistreatment is associated with a **300%** increase in risk of death<sup>4</sup>

**\$5.3B**

is the annual cost of elder mistreatment-related health care expenditures<sup>3</sup>

## 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 NY<sup>5</sup>



**1 in 14** cases are reported to authorities<sup>2</sup>



# National Collaboratory to Address Elder Mistreatment

## Goals:

- ✓ Define opportunities and barriers to address elder mistreatment in clinical settings
- ✓ Design and prototype an effective pragmatic and sustainable model for addressing elder mistreatment
- Conduct a feasibility study to determine if the model is ready and right for dissemination



Education  
Development  
Center



**Weill Cornell  
Medicine**



**The John A. Hartford Foundation**  
Dedicated to Improving the Care of Older Adults

# 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<sup>1</sup>

## 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

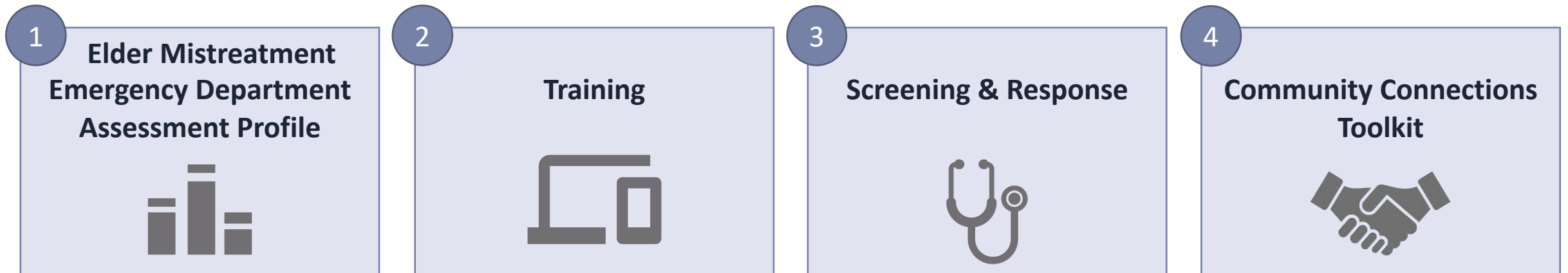
- A suite of integrated tools to help emergency departments identify and respond to elder mistreatment.
- Offers streamlined protocols for training, screening, and response to facilitate efficient, effective, and empathic care for all older adults.



# EMED Care Model

## Core Element Overview

The EMED care model includes four core elements:



Core Element	Description
<div>1</div> <div>Elder Mistreatment Emergency Department Assessment Profile</div>	<div>20-question/10-minute online assessment tool</div> <p>This tool helps assess current practices, define areas of greatest challenge and opportunity, and drive practice and systems change.</p> <p><b>Who:</b> All front line emergency department staff, and social work/case management staff as possible</p>
<div>2</div> <div>Training</div>	<div>Customized elder mistreatment training</div> <p>These modules are tailored to level of experience and train staff to identify and respond to elder mistreatment.</p> <p><b>Who:</b> Administrators (~30 mins), clinical site champions/specialists (4-9 hours), and front line healthcare workers (60 mins)</p>
<div>3</div> <div>Screening &amp; Response<sup>7</sup></div>	<div>Algorithmic screening<sup>7</sup> and response tools</div> <p>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.</p> <p><b>Who:</b> Front line emergency department staff and clinical site champion</p>
<div>4</div> <div>Community Connections Toolkit</div>	<div>Recommendations for connecting with community resources</div> <p>This toolkit provides strategies for assessing needs and strengths related to community engagement, prioritizing community relationships, and evaluating successes and challenges.</p> <p><b>Who:</b> Clinical site champion</p>



# EMED Care Model Evaluation Feasibility Study

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?



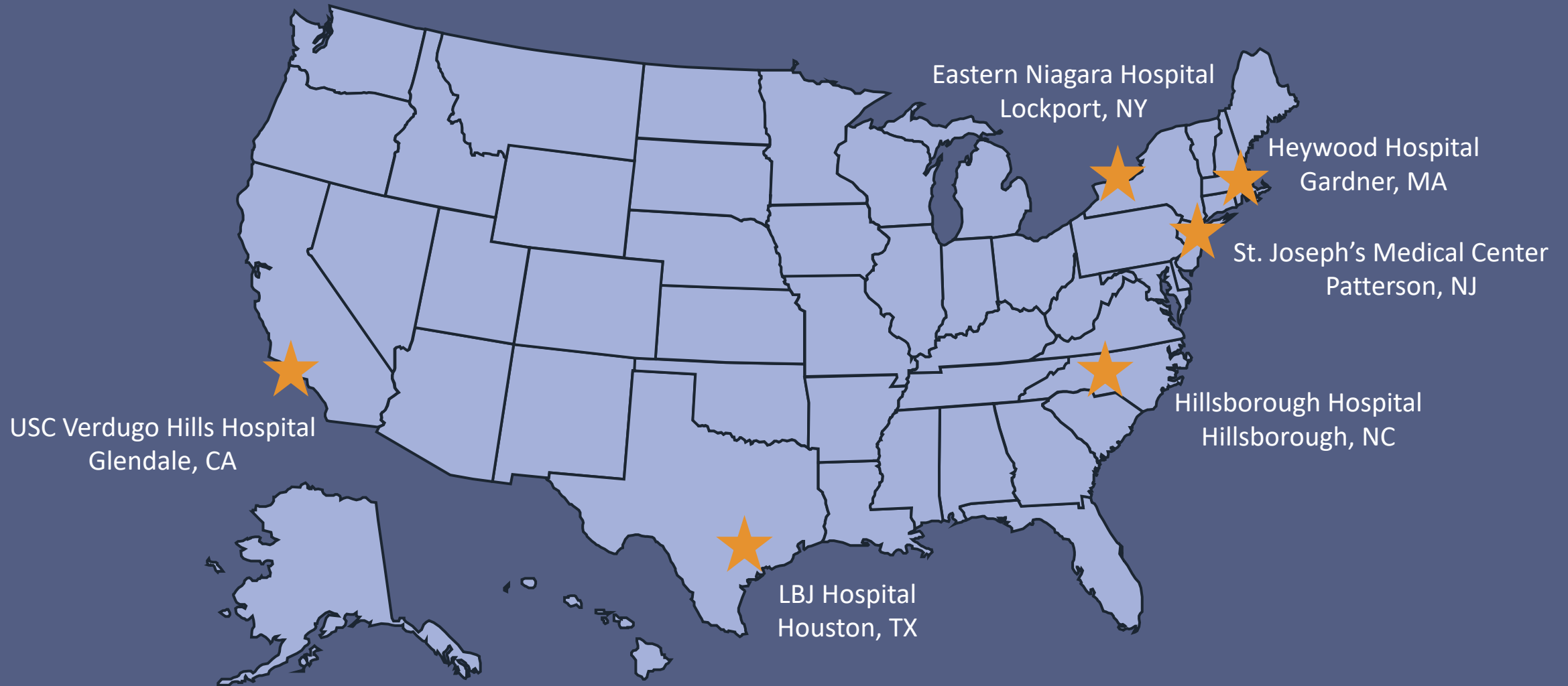
Is the model acceptable to adopting hospitals, providers, and the older patients they serve?



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



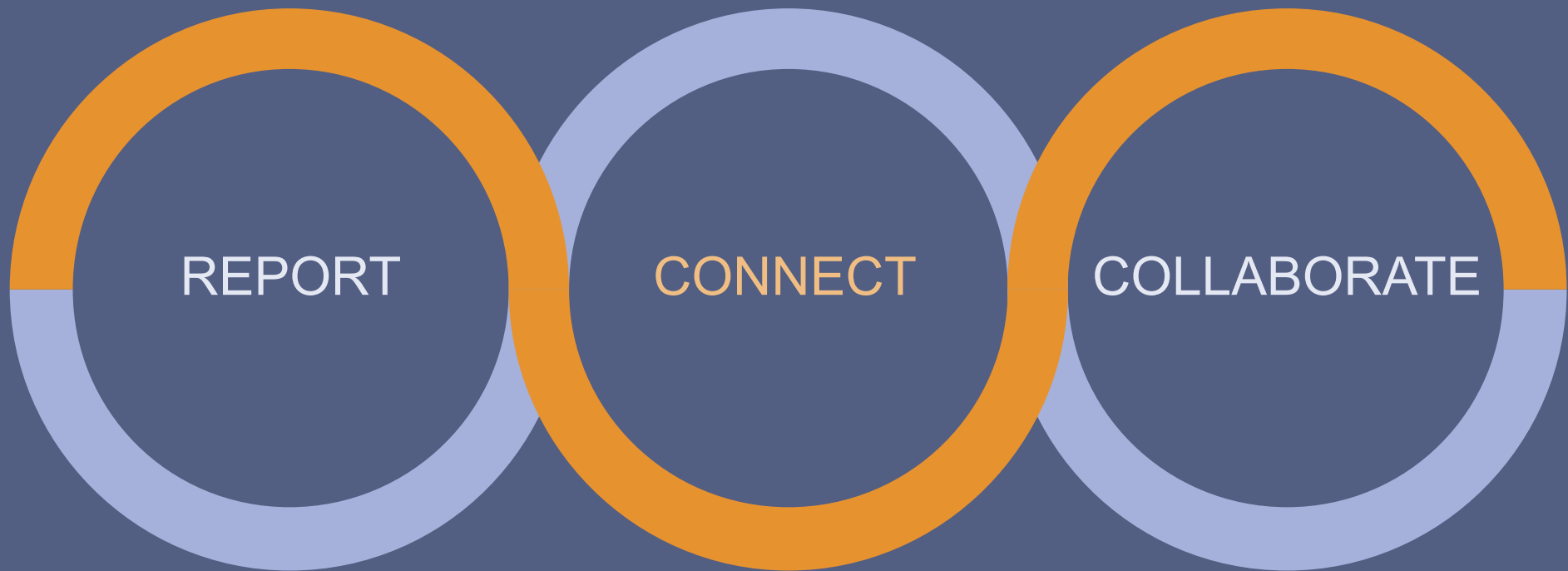


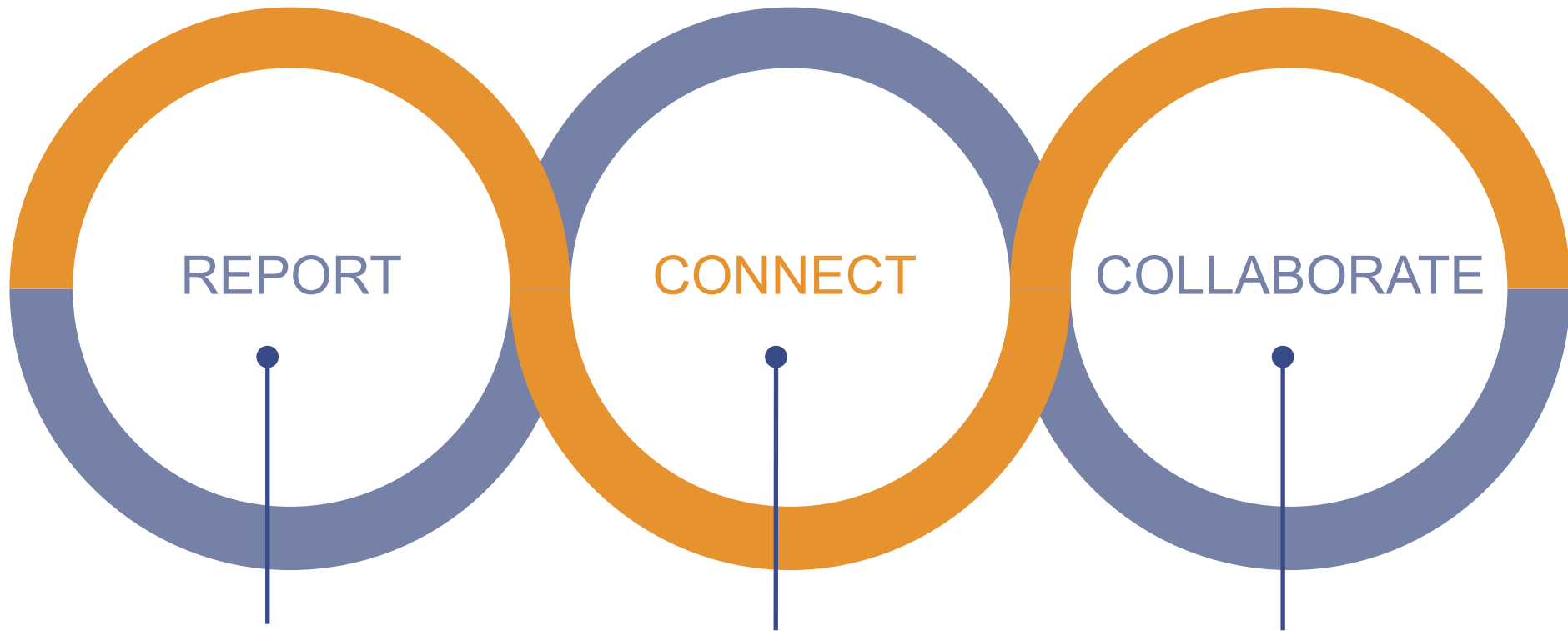
# **3. Connecting APS and hospital EDs**

## **➔ The Community Connections Toolkit**

# BUILDING COMMUNITY CONNECTIONS TO ASSIST OLDER ADULTS

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

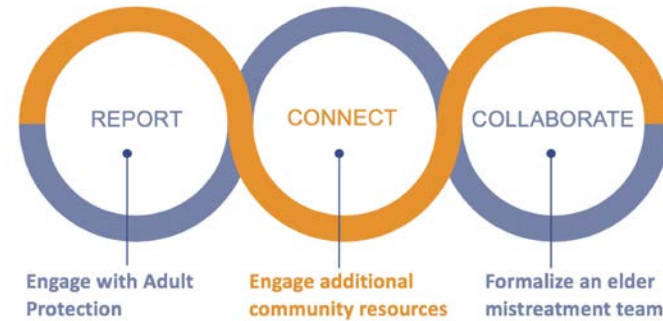
**Formalize an elder mistreatment team**

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



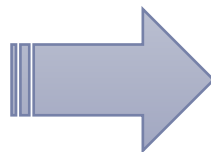
## Evaluate Progress

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

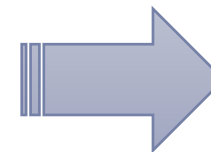


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## Engage with Adult Protection



## Engage additional community resources



## Formalize an elder mistreatment team



### Goals

Improve communication between hospital and adult protective services (APS)

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

Develop or join an elder mistreatment community network/team for:

- case review/consultation
- systems change
- education

### Hospital Staff roles:

- ✓ Assess opportunities and needs
- ✓ Identify APS agencies in area
- ✓ Connect with APS agencies

- AND:
- ✓ Strategically identify community-based resources
  - ✓ Maintain multiple relationships

- AND:
- ✓ Participate regularly
  - ✓ Provide meeting space
  - ✓ Host meetings
  - ✓ Provide leadership



# Types of Community Resources

## Aging Networks

- ☐ Elder mistreatment multi-disciplinary teams
- ☐ Financial Abuse Specialist Teams
- ☐ Forensic Centers
- ☐ Aging Service Access Points (ASAP) and Area Agencies on Aging (AAA)
- ☐ American Association of Retired People (AARP)

## Health Services

- ☐ Primary care providers, geriatricians, physicians, nurses, physicians' assistants
- ☐ Neurology
- ☐ Psychology
- ☐ Mental health
- ☐ Substance use
- ☐ Pain clinics


## Safety & Legal

- ☐ Police, fire, emergency medical services
- ☐ Victim witness advocates
- ☐ Elder law groups
- ☐ Guardianship services
- ☐ Prosecutors, District Attorneys

## Other

- ☐ Housing services
- ☐ Municipal leaders
- ☐ Faith-based representatives
- ☐ Local community organizations and business leaders
- ☐ Financial institutions
- ☐ \_\_\_\_\_

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.

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

# 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

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# QUESTIONS?

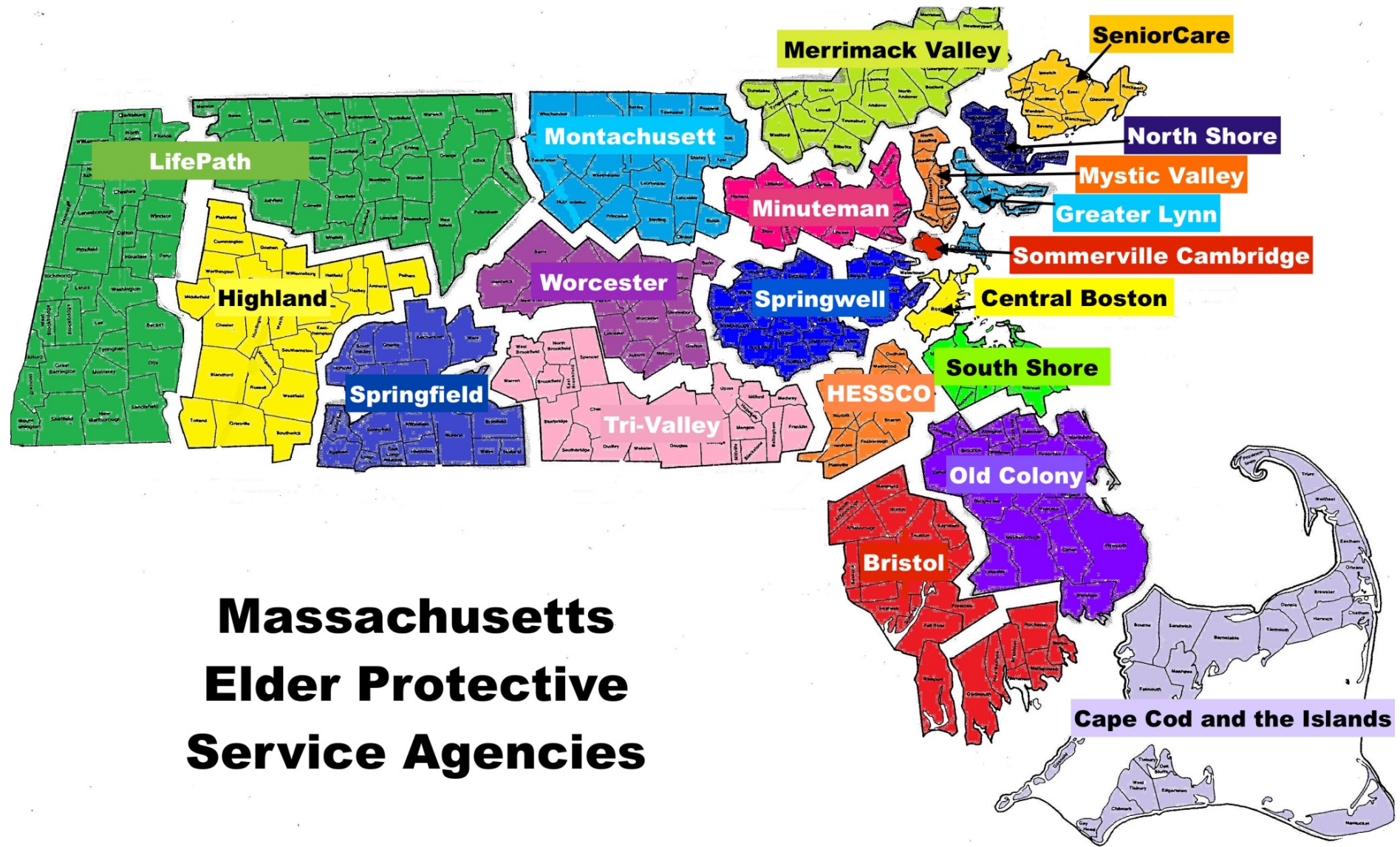




## 4. Example and Discussion

➡ **Sharing strategies for connecting with health systems**

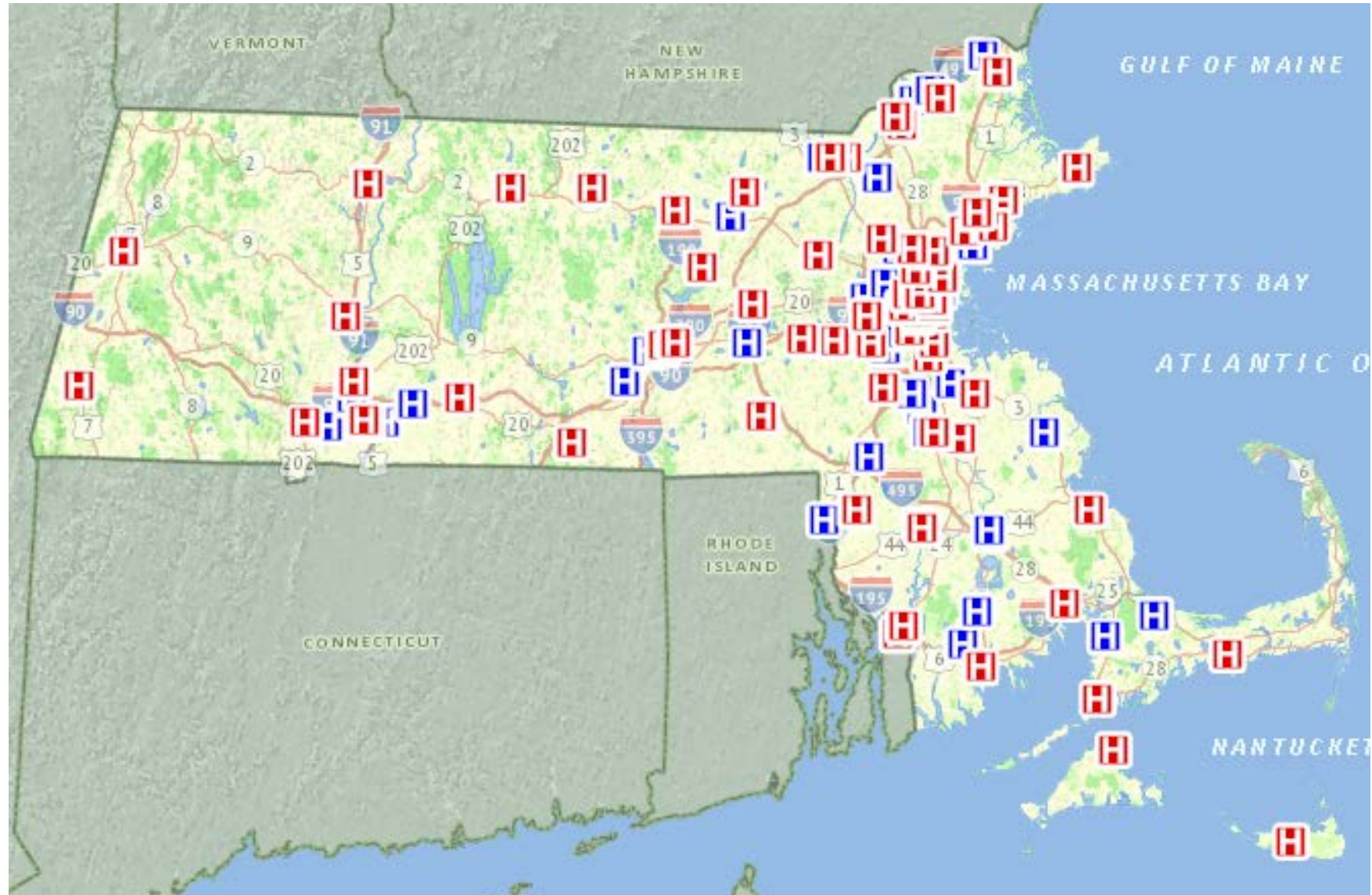
# Massachusetts Elder Protective Service Agencies



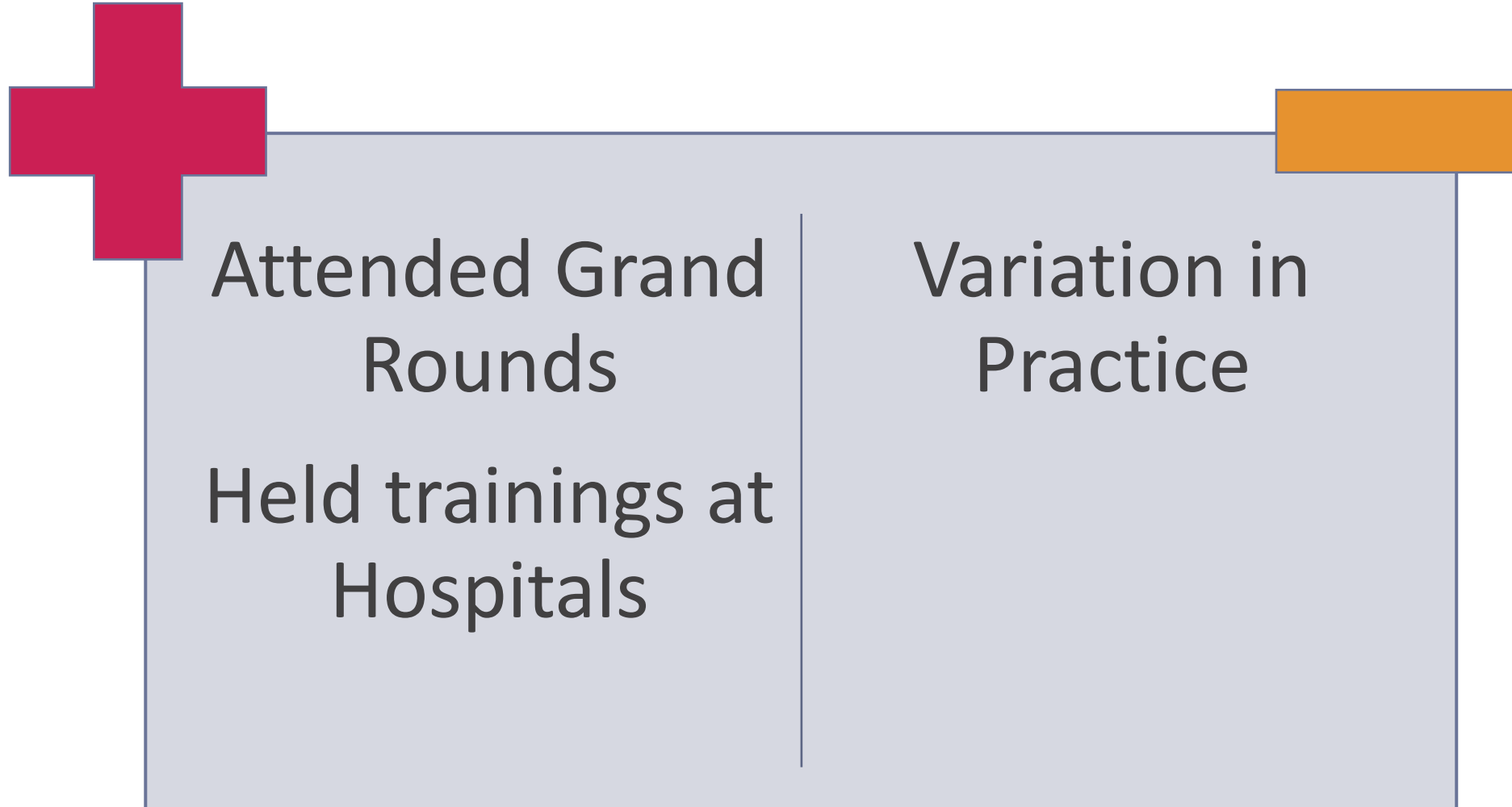
**Massachusetts  
Elder Protective  
Service Agencies**



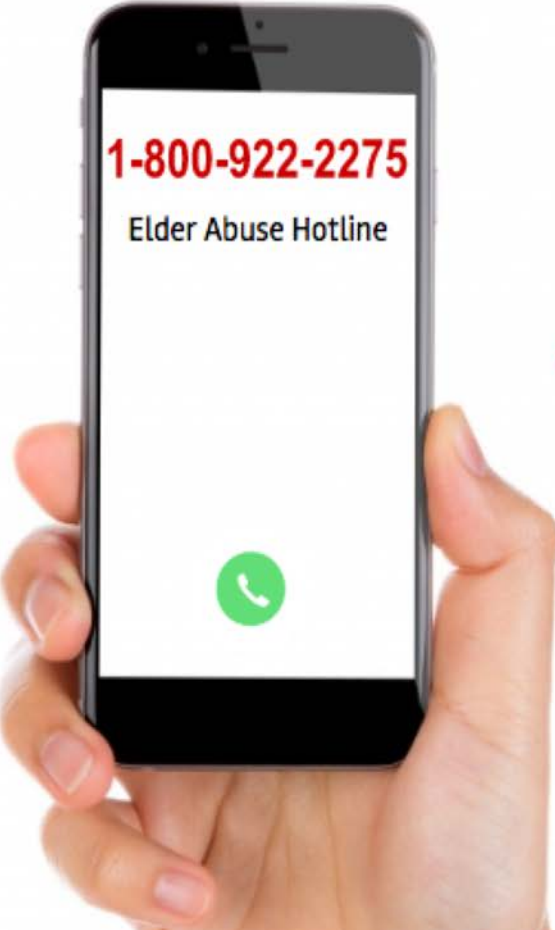
# Massachusetts Hospitals



# Lessons Learned from “Road Show”



# 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>

A graphic with a blue-tinted background showing the American flag and the Massachusetts state flag waving in front of a building with large windows. The text 'Report Elder Abuse' is overlaid in white.

## Report Elder Abuse

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

# 2017 Regulations Update

## 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



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# THANK YOU

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