



National Collaboratory to Address
Elder Mistreatment

**STRENGTHENING COMMUNICATION AND
PARTNERSHIPS BETWEEN APS AND
EMERGENCY DEPARTMENTS**
NAPSA 2020



Education
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Center

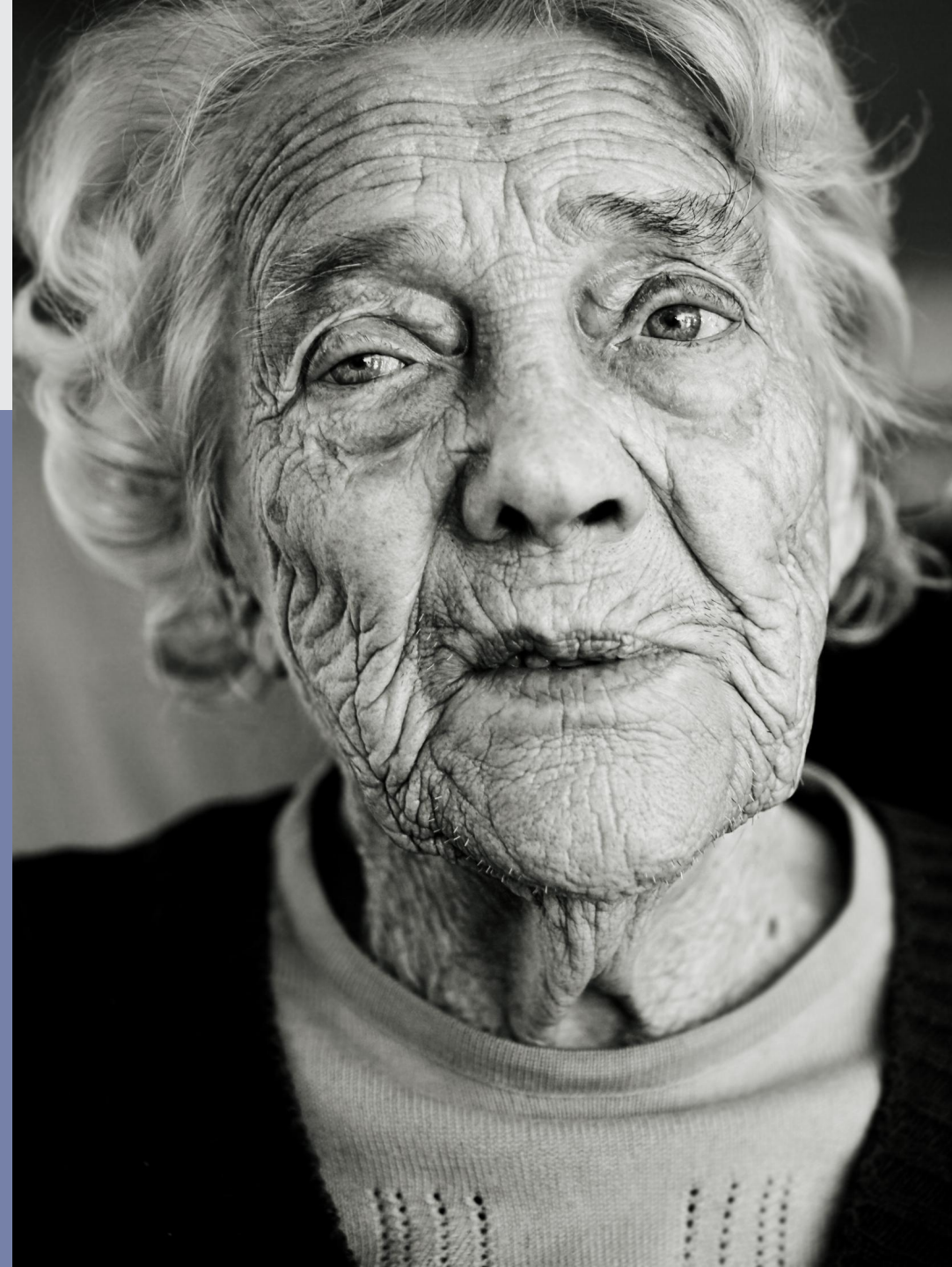


The
John A. Hartford
Foundation

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MOORE
FOUNDATION

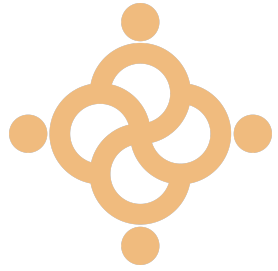


Health Foundation
for Western & Central New York



Agenda

- 1 Welcome and Introduction**
- 2 The National Collaboratory to Address Elder Mistreatment**
Kristin Lees Haggerty
- 3 Elder Mistreatment Community Connections Roadmap Implementation in Massachusetts**
Bree Cunningham and Debi Lang
- 4 Promising Practices**
Hilary Dalin
- 5 Discussion: Promising Practices**
All



1. WELCOME AND INTRODUCTION

Welcome and introduction

- Presenters
- Role Play: *“Are we on the same page?”*
- Goals of the session – an exploration of:
 1. Achieving mutual understanding of roles of APS in partnering with emergency department triage staff and/or hospital discharge planners
 2. Building strong operational partnerships
 3. Achieving seamless warm handoffs to community services

Restore agency and recover from losses experienced through abuse or neglect



2. THE NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT

The National Collaboratory to Address Elder Mistreatment: Founding Partners



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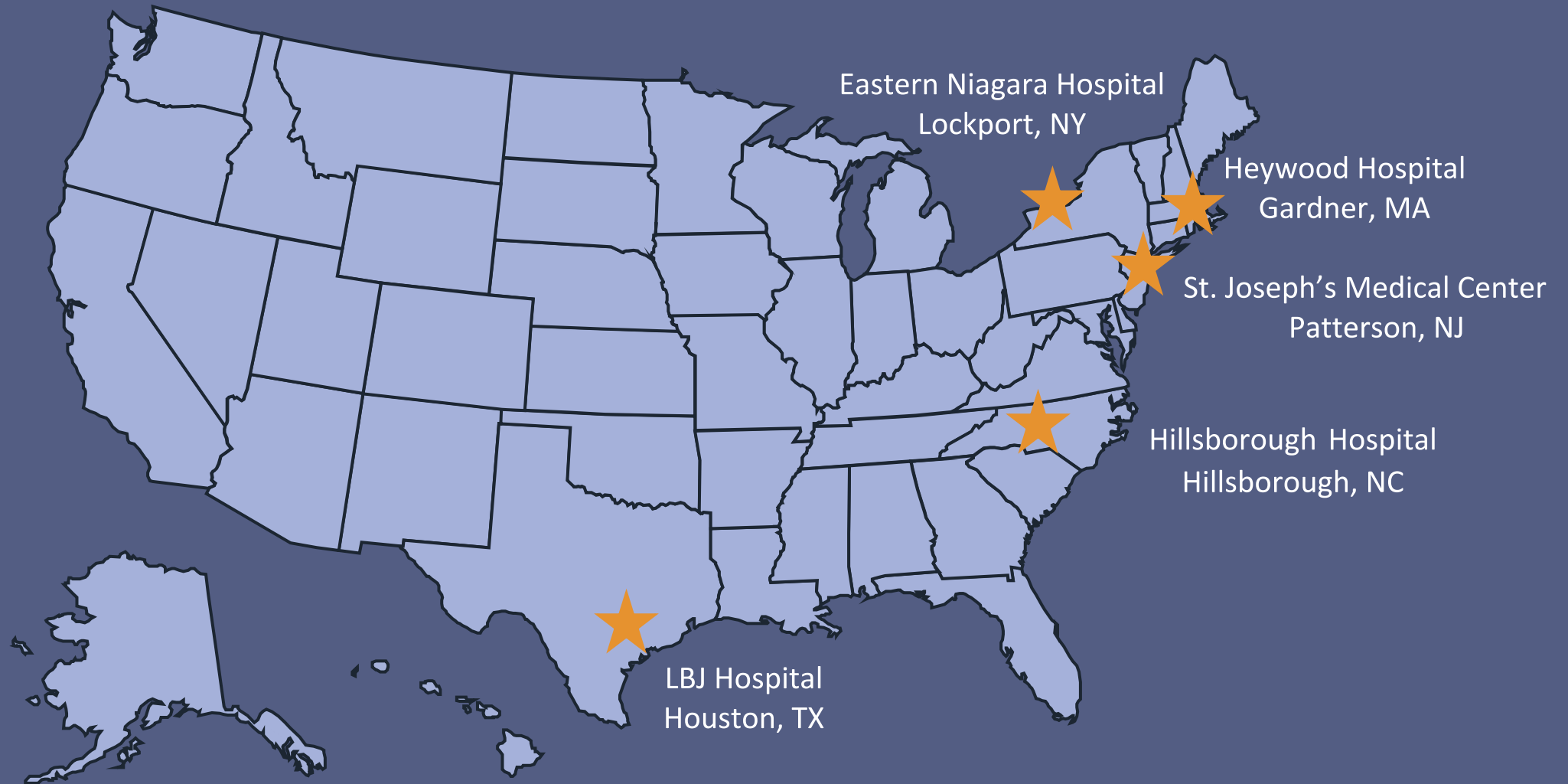


The National Collaboratory to Address Elder Mistreatment is supported by a grant to EDC from The John A. Hartford Foundation, The Gordon and Betty Moore Foundation, and The Health Foundation for Western and Central New York

The National Collaboratory to Address Elder Mistreatment: Partners



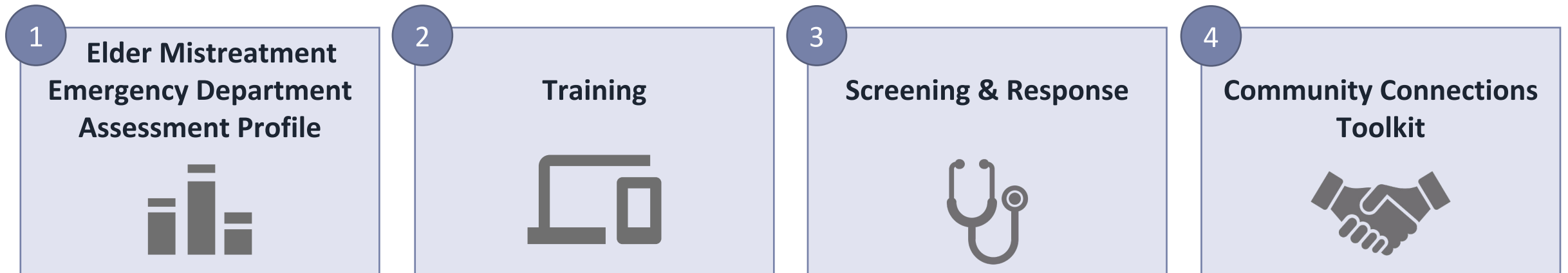
Feasibility Study Participating Sites

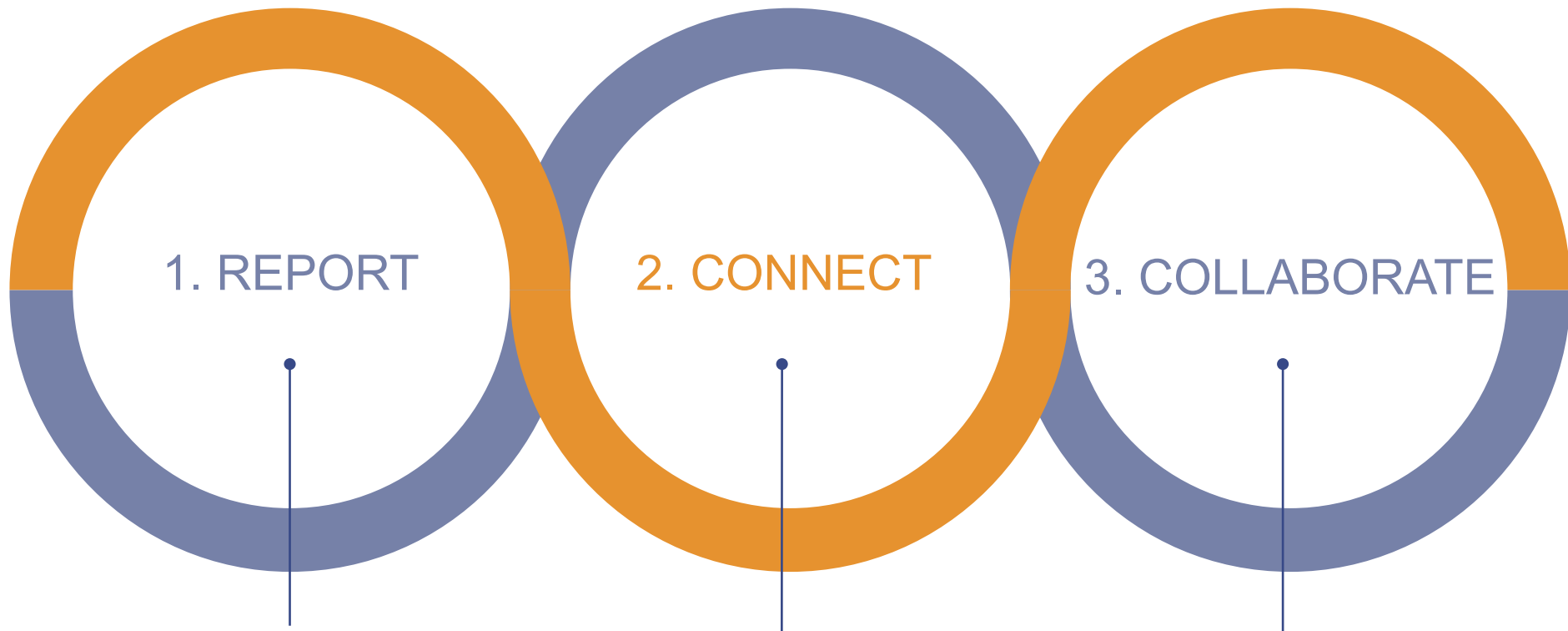


EMED Care Model

Core Element Overview

The EMED care model includes four core elements:





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.



3. ELDER MISTREATMENT CARE MODEL IMPLEMENTATION IN MASSACHUSETTS

Implementation Progress

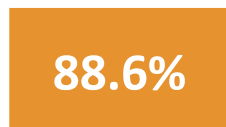
EM-EDAP Participation (% ED Staff)



Training Participation



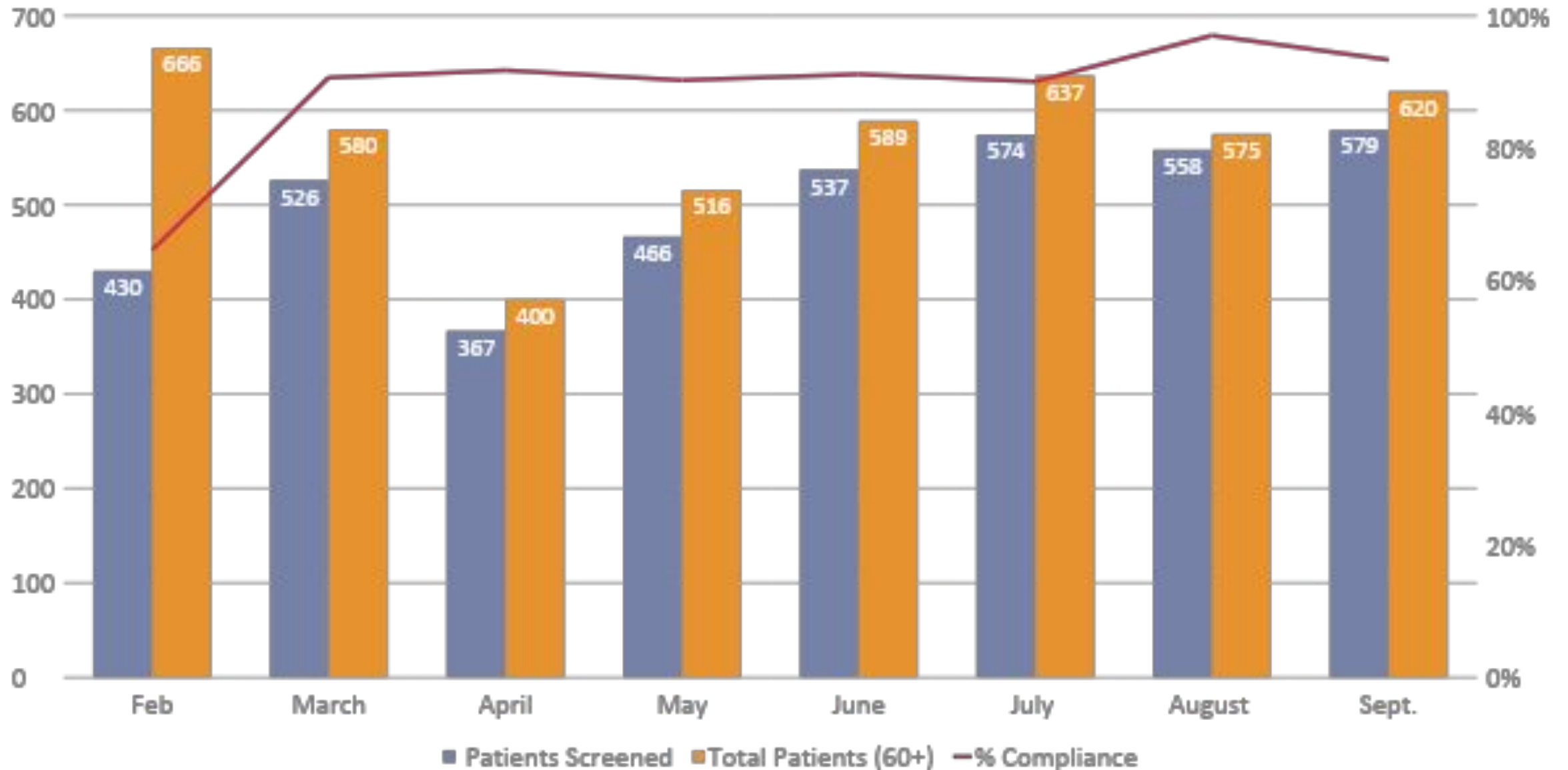
Avg. Monthly Screening Rate (% ED patients 60+)



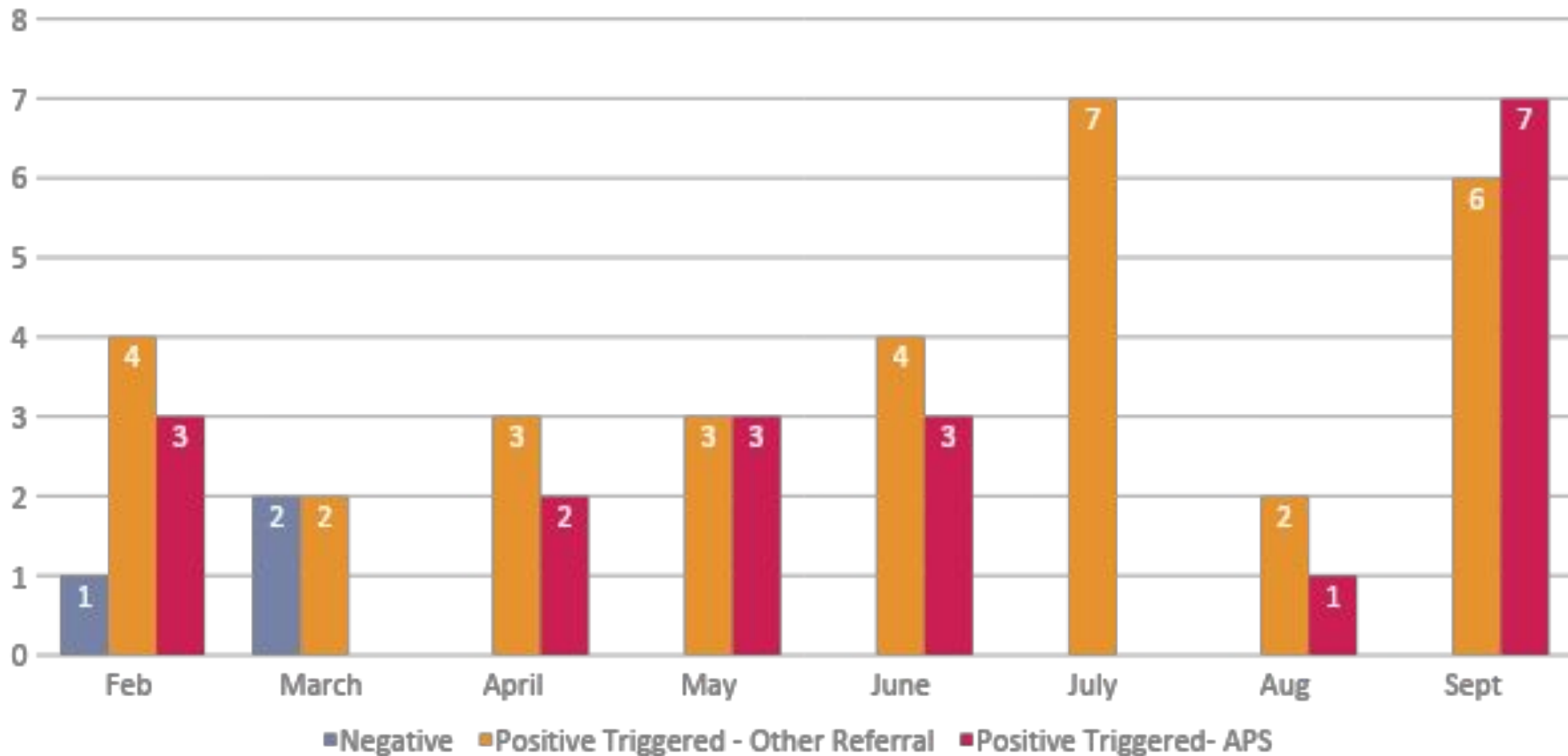
Number positive (“triggered”) screens



ED Patients & Patients Screened



Triggered Screen Outcomes





4. PROMISING PRACTICES

APS PROMISING PRACTICES - WHAT DO WE KNOW

- Relationship – building and maintenance
 - Knowing roles and partnering personnel ahead of crises
- Timing of APS involvement
- Patient-directed approaches
- How do we give meaning to these concepts?
- What else should we/can we do together?



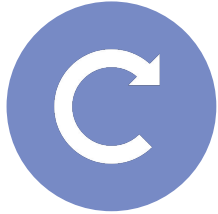
5. DISCUSSION & NEXT STEPS

Discussion

Takeaways to date...

- The Emergency Dept. Elder Mistreatment Care Model can improve the relationship between hospitals and APS
- Dialogue between hospitals and APS helps “level the playing field”
 - Identify misunderstandings about roles, rules – i.e. how each defines ‘emergency’
 - Identify opportunities to share information on cases reported by hospital staff to APS
 - Increases communication between hospital departments
- It’s critical that hospitals and APS are included in a community response to elder mistreatment

Next Steps



Make recommended updates
to the Elder Mistreatment
Community Connections
Roadmap



Share recommendations
in a white paper
publication and through
presentations at
conferences



Establish working group
to provide ongoing
feedback on revisions

Invitation for YOUR Feedback

To help us strengthen the Community Connections Toolkit, we welcome your responses to these questions:

What's needed to encourage collaboration and coordination between health care settings and community organizations (tools, resources, information)?

- What are the biggest barriers and biggest facilitators to addressing elder mistreatment in your community?
- What incentives and disincentives would encourage/discourage your participation in a community response to address elder abuse?

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THANK YOU

NATIONAL COLLABORATORY TO ADDRESS ELDER
MISTREATMENT

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