Elder Abuse Intervention
Project

Building a Multidisciplinary Intersectoral Hospital-based Elder Abuse Intervention

Women’s College Research Institute

Time: 1:00-2:00
April 13, 2015
Welcome from Elder Abuse Ontario

Raeann Rideout
Regional Consultant, Elder Abuse Ontario

Maeve Paterson
Practicum Student, Master’s in Public Health, Women’s College Research Institute
• All attendees will be muted during the webinar.
• If you are experiencing issues, please type into the CHAT/QUESTION BOX and send message to Maeve Paterson/Raeann Rideout. There will be 10 minutes allocated at the end presentation for QUESTIONS AND ANSWERS.
• Following the webinar, you will receive an email linking you to a POST WEBINAR SURVEY. Please fill out this survey as your feedback will guide us for our future webinars.
• Speakers CONTACT INFORMATION will be provided at the end of the presentation to connect with them directly if you have further questions.
Webinar Presenters:

Dr. Janice Du Mont  
Principal Investigator  
Scientist, Women’s College Research Institute; Associate Professor, Dalla Lana School of Public Health

Daisy Kosa  
Project Coordinator  
MSc Health Research Methodology; PhD candidate
Project Information

Funding:
• Planning Grant from the Canadian Institutes of Health Research (Grant # SCI-131864)
• Grant from the Women’s Xchange 15K Challenge (Grant #MAR15L1)
• Dissemination Grant from the Canadian Institutes of Health Research (Grant # SCI-131864)

Research Team:

Principal Investigator: Dr. Janice Du Mont, Scientist at Women’s College Research Institute
Principal Knowledge User: Sheila Macdonald, Provincial coordinator of the Ontario Network of SA/DVTC
Co- Investigator: Dr. Mark Yaffe, Tenured Professor of Family Medicine at McGill University
Co- Investigator: Charmaine Spencer, lawyer and Research Associate in Vulnerable Populations
Knowledge User: Reann Rideout, Elder Abuse Consultant for central east Ontario
Research Staff: Stephanie Lanthier, Shannon Elliot, Shirley Solomon
Research Students: Maeve Paterson, Rebecca Yang, Jing Zhao; MPH Practicum Students
Today’s Agenda:

1. Background on Elder Abuse
2. The Ontario Network of Sexual Assault and Domestic Violence Treatment Centres
3. Phase I: Needs Assessment Survey
4. Phase II: Systematic Scoping Review and Expert Delphi Consensus Survey
5. Phase III: Elder Abuse Nurse Examiner Curriculum Development & Pilot
6. Phase IV: Knowledge Exchange, Translation, and Transfer
7. Phase V: Planned future pilot
8. Questions and comments
Problem of Elder Abuse

• **Use of multidisciplinary, intersectoral teams is the recommended gold standard for programs, policies, and practices**

• No single discipline or sector alone has the resources or expertise needed to address this complex issue

• A coordinated response comprised of medical, social, law enforcement and legal services is necessary

References: Anetzberger (2005); Blowers et al (2012); Nerenberg (2003); Ploeg, Fear, Hutchison, MacMillan, & Bolan (2009); Du Mont, Mirzaei, Macdonald, White, Kosa, & Reimer (2014)
Problem of Elder Abuse

- Elder abuse expected to increase **worldwide** with rapidly aging populations
- According to estimates a population based study, **4-7%** of Canadian older adults experience some serious form of elder abuse or maltreatment
- Elder abuse is a complex phenomenon
- *Few comprehensive health service responses to elder abuse have been developed globally*

References: Cooper, Selwood, & Livingston (2008); Dow & Joosten (2012); Podnieks (1992); World Health Organization (2014); Ramsey-Klawsnik, & Hesiler (2014); Statistics Canada (1999)
Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs)

• Initially funded in 1984 by Ministry of Health and Long-term Care to address **acute** sexual assault of women, men and children
  o 35 hospital-based programs across Ontario serving both urban and rural areas

• Mandate **expanded** to address domestic violence following:
  o Needs assessment survey (Du Mont, Macdonald & Badgley, 1997)
  o Independent pilot project (KPMG Consulting, 1997)

• Two large prospective multicentre research studies extended services to include:
  o **HIV counselling and post-exposure prophylaxis** (Du Mont, Macdonald et al, 2005)
  o **Drug-facilitated sexual assault care** (Du Mont, Macdonald et al, 2009, 2010)
Ontario Network of SA/DVTCs

• Staffed by specially trained nurses or, much less commonly, nurse/physician teams

• Specially trained nurses called **Sexual Assault Nurse Examiners** (SANE)s:
  • 24 hour online training
  • 30 hour in-class training
  • supervised clinical practica
Emergency services offered 24/7 include:

• Crisis intervention
• Medical assessment and treatment
• Testing and prophylactic treatment for pregnancy and sexually transmitted infections, including HIV
• Collection of forensic evidence
• Risk assessment and safety planning
• Referral to on-site follow-up care and short-term counselling (individual and/or group)
• Referral to various community agencies for other forms of support (e.g., housing)
Implications for Elder Abuse Care

Currently, no standard, province-wide provision of dedicated care for abused older adults at hospital-based violence treatment centres.

Most SA/DVTCs provide services to those aged 65+ only who have been recently sexually assaulted or a victim of physical assault by an intimate partner.
The Elder Abuse Intervention Project

Building on the existing infrastructure of Ontario’s SA/DVTCs, our goal has been to develop and implement a comprehensive, multidisciplinary hospital-based Elder Abuse Intervention with formalized links to allied health professionals and collaborators in the community and legal sectors.

Phase 1: Established the Perceived Need for and Feasibility of Elder Abuse Program of Care at Ontario’s SA/DVTCs

Phase 2: Gathered and Rated Recommendations from the Literature Relevant to a Hospital-based Elder Abuse Intervention

Phase 3: Developing, Piloting, and Evaluating Elder Abuse Training for Nurse Examiners

Phase 4: Sharing Findings on Elder Abuse Intervention Model with Intersectoral Collaborators and Policy Makers

Developing Template Intersectoral Protocol

Phase 5: Will Evaluate Elder Abuse Intervention Province-wide for Impact on Short and Longer-term Health, Psychosocial, Legal and Process-related Outcomes

Completed

Current

Future
PHASE I:
Established the Perceived Need for and Feasibility of Elder Abuse Program of Care at Ontario’s SA/DVTCs
Needs Assessment Survey

- **Objective:** To evaluate the perceived need for and feasibility of establishing a comprehensive elder abuse care program at Ontario SA/DVTCs

- In July 2012, a survey focused on elder abuse care was administered to all of Ontario’s SA/DVTC Program Leaders serving adults
Results

• More than 4 in 5 SA/DVTC Program Leaders **favored expansion** of their mandates to include a comprehensive elder abuse care program
  - “expertise is underutilized”
  - “demand for expertise [would increase]”
  - “[would] improve all services”

Reference: Du Mont et al. (2014)
## Results

<table>
<thead>
<tr>
<th>Resources necessary to establish a comprehensive elder abuse care program</th>
<th>N = 32 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased base funding</td>
<td>27 (84)</td>
</tr>
<tr>
<td>Increased staff</td>
<td>20 (63)</td>
</tr>
<tr>
<td>Enhanced institutional/organizational supports</td>
<td>26 (81)</td>
</tr>
<tr>
<td>Enhanced infrastructure supports</td>
<td>18 (56)</td>
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<tr>
<td><strong>Established coordinated community response</strong></td>
<td><strong>29 (91)</strong></td>
</tr>
<tr>
<td><strong>networks</strong></td>
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Reference: Du Mont et al. (2014)
Results

Specialized elder abuse nurse examiner training would be necessary

Reference: Du Mont et al. (2014)
Phase II: Gathered and Rated Recommendations from the Literature Relevant to a Hospital-based Elder Abuse Intervention

Funded By: CIHR IRSC
Objectives:

- To identify recommendations relevant to a comprehensive, multidisciplinary hospital-based Elder Abuse Intervention for:
  1) Components of care
  2) Participating professionals and their roles and responsibilities
  3) Guiding principles and determinants of health

Reference: Du Mont, Macdonald, Kosa, Elliot, Spencer, & Yaffe (2015b)
Systematic Scoping Review

Searched grey and scholarly literature for protocols, guidelines, consensus statements, etc. from any discipline/sector with recommendations that could be relevant to a hospital-based program of elder abuse care.
Only a small fraction of the recommendations were drawn from responses which had been pilot tested or evaluated.
Objective: To determine the importance of those recommendations related to other professionals and their respective roles and responsibilities

- 109 recommendations for professionals (18 items) and their associated roles and responsibilities (91 items) from systematic scoping review were evaluated by 26 intersectoral experts

Reference: Du Mont et al. (2015a)
### Multidisciplinary, intersectoral expert panel of 26 represented diverse professional expertise

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Academic/researcher (e.g., medicine, health services and policy, newcomer populations)</td>
<td>27%</td>
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<tr>
<td>Community health care manager</td>
<td>4%</td>
</tr>
<tr>
<td>Elder abuse consultant</td>
<td>15%</td>
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<tr>
<td>Financial manager</td>
<td>8%</td>
</tr>
<tr>
<td>Lawyer</td>
<td>12%</td>
</tr>
<tr>
<td>Nurse examiner</td>
<td>15%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>4%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>4%</td>
</tr>
<tr>
<td>Physician (family practice, geriatrician)</td>
<td>8%</td>
</tr>
<tr>
<td>Police officer</td>
<td>4%</td>
</tr>
<tr>
<td>Policy-maker</td>
<td>12%</td>
</tr>
<tr>
<td>Public guardian and trustee manager</td>
<td>4%</td>
</tr>
<tr>
<td>Retirement home and long-term care manager</td>
<td>4%</td>
</tr>
<tr>
<td>Social worker</td>
<td>4%</td>
</tr>
<tr>
<td>Older adult</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Categories were non-mutually exclusive*
Modified Delphi Consensus Survey I: Professionals and Roles and Responsibilities

In person meeting (June 16, 2014):
• Recommendations were reviewed by the experts, new items added for review, and rated/re-rated for their importance to the intervention on a 5-point Likert scale

Online survey
• Items that did not achieve consensus or were not yet rated were (re)-rated in an online survey

Reference: Du Mont et al. (2015a)
Professionals Included in a Hospital-Based Elder Abuse Intervention

****The dashed arrows represent professionals who were rated for roles and responsibilities that were sometimes the same or similar.

Reference: Du Mont et al. (2015 a)
Consensus Meeting

**Social Inclusion Framework**

**Objective:** To determine the importance of recommendations for **guiding principles** and **determinants of health** that could frame the Elder Abuse Intervention

**In person meeting** (May 27, 2015)
- 30 recommendations, 19 guiding principles and 11 determinants of health, were evaluated by an **expert panel of 12 Program Leaders of Ontario’s SA/DVTCs**
  - Items rated for their importance to the Elder Abuse Intervention on a 5-point Likert scale

Reference: Du Mont, Macdonald, Kosa, Elliot, Spencer, & Yaffe (in preparation)
### Consensus Meeting: Social Inclusion Framework, Guiding Principles

18 of 19 guiding principles were deemed important to the Elder Abuse Intervention. **Examples Include:**

| All older adults have the right to self-determination (e.g., accept/refuse services, make their own decisions) |
| All older adults have the right to be safe |
| All older adults have the right to privacy and confidentiality |
| All older adults are assumed competent unless determined otherwise |
| All older adults have the right to appropriate protection |
| All older adults have the right to dignity |

| Elder abuse is a complex issue |
| Any intervention should empower the older adult |
| All older adults have the right to clear education/information on elder abuse |
| The rights of older adult supersede the organization's/provider's personal interests |
| Do no harm |
| Older adults should never be held responsible for the abuse they have experienced |

Reference: Du Mont et al. (in preparation)
**Consensus Meeting: Determinants of Health**

11 of 11 determinants of health were deemed important to the Elder Abuse Intervention (+1 addition):
Modified Delphi Consensus Survey II: Components of Care

Objective: To determine the importance of the recommendations for components of care to the Elder Abuse Intervention

• 148 recommendations of 149 recommendation from systematic scoping review were evaluated by an expert panel comprised of 30 program leaders of Ontario’s SA/DVTCs with extensive clinical experience in delivering hospital-based violence and abuse services

• Two online surveys: Recommendations were rated/re-rated for their importance to the Intervention on a 5-point Likert scale
Modified Delphi Consensus Survey II: Components of Care

119 of 148 recommended components of care were rated as important to the Elder Abuse Intervention (examples)

Initial Contact
- “Determine the level and urgency of safety concerns.”
- “Determine if perpetrator still has access to the victim.”

Capacity & Consent
- “[Determine if] there [has] been a previous medical opinion that the client lacks capacity.”
- “[Determine the] client’s perspective on the questions raised about their capacity.”

Interview with older adult, suspected abuser, caregiver, and/or other relevant contacts
- “Ask the client about his or her expectations regarding care.”
- “Assess caregiving and social support.”

Assessment: Physical/forensic, mental, psychosocial, and environmental/functional
- “[E]valuate abused elders for evidence of infection, dehydration, electrolyte abnormalities, malnutrition, improper medication administration, and substance abuse.”

Care Plan
- “Educate the patient to recognize and use community resources such as emergency shelter, elder shelter, transportation, police intervention, and legal action.”
Program leader experts were *also* asked whether the recommended components of care would **fall within the scope of practice of an Elder Abuse Nurse Examiner**

• 101 of the 119 recommendations were deemed within the scope of practice of an Elder Abuse Nurse Examiner by the majority of experts

Reference: Du Mont, Kosa, Macdonald, Elliot, & Yaffe (2016)
PHASE III: Developing, Piloting, and Evaluating Elder Abuse Training for Nurse Examiners
These **101 components of care** were developed into **47 skills based competencies** which have been used to guide the drafting of an Elder Abuse Nurse Examiner curriculum. Includes:

- A manual
- A PowerPoint training aid
- A facilitator’s guide

Builds on existing Sexual Assault Nurse Examiner (SANE) training

Piloted on October 2, 2015
8 Hour in-person training; led by experienced SANEs

- Six sections
- Case studies
- PowerPoint
- Quizzes
- Printed manual
- Pre & Post Test Evaluation

Curriculum’s 5 Metacompetencies

Guiding Principles
- Case summary, discharge plan, and follow-up care
- Medical and forensic examination

Documentation, legal, and legislative issues

Determinants of Health
- Interview with the older adult, caregivers, and other relevant contacts
- Assessment

Social Inclusion
Pilot Pre- and Post-Test Results

Improvements in Perceived Competence following Elder Abuse Nurse Examiner Curriculum Training

- **Documentation, Legislative, & Legal Issues**
  - Pre-Test Mean: 3
  - Post-Test Mean: 4

- **Interview with the Older Adult, Caregiver, & Other Relevant Contacts**
  - Pre-Test Mean: 3
  - Post-Test Mean: 4

- **Assessment**
  - Pre-Test Mean: 3
  - Post-Test Mean: 4

- **Medical and Forensic Examination**
  - Pre-Test Mean: 3
  - Post-Test Mean: 4

- **Case Summary, Discharge Plan, & Follow Up Care**
  - Pre-Test Mean: 3
  - Post-Test Mean: 4

- “Good general overview and content geared towards people who are already SANE trained...”
- “Case studies and real life experience was very helpful.”
- “Thanks for addressing this important issue.”
PHASE IV:
Knowledge Exchange, Translation, and Transfer
Intersectoral Meeting: Knowledge Exchange, Translation, and Transfer

**Objective:** To share the development of the Elder Abuse Intervention to date and to discuss the development of a potential Intersectoral Protocol for collaborating with allied health care providers and the community and legal sectors

- **22 experts** from across multiple sectors met on October 1, 2015
Possible Components and Content of Template Intersectoral Protocol

• **Goals / Mission Statement** (e.g., to enhance the health, well-being and safety of older adults; needs to be driven by guiding principles and a framework of social inclusion)

• **Operating Principles** (e.g., support and maintain a working relationship between the participating organizations)

• **Collaboration & Service Provision** (level of commitment and range of services provided)

• **Sharing of Information** (e.g., procedures to obtain informed consent to share information; issues of privacy and confidentiality)

• **Conflict Resolution** (e.g., method of and expected engagement in resolving conflict)

• **Referral Processes** (e.g., referrals to SA/DVTC from within and outside of hospital; criteria for accepting referrals; referrals from SA/DVTC to other hospital professionals and professionals in the allied health, community, and legal sectors)
Recommendations from Intersectoral Experts for further Knowledge Sharing

• Host webinars (like this!) to share our findings more broadly
• Develop other Knowledge Translation tools and materials:
  • Video
  • Infographics
  • Executive Summaries and Briefs

**To be distributed and shared on a future date**
PHASE V: Will Evaluate Elder Abuse Intervention Province-wide for Impact on Short and Longer-term Health, Psychosocial and Process-related Outcomes
Evaluate Elder Abuse Intervention

The Plan: Pilot Elder Abuse Intervention at 4 sites for:

- acceptability
- feasibility
- satisfaction
- and fidelity of implementation

Potential pilot sites: Brantford, Thunder Bay, Waterloo, and Toronto (Women’s College Hospital/Mount Sinai)

Implement and evaluate the intervention province-wide for impact on short- and longer-term health, psychosocial, and legal outcomes

**Need to secure funding for these evaluations**
Concluding Remarks

Thank you for listening! We hope you will support and collaborate with us in this project going forward by:

• Completing our post-webinar survey
• Publications (see reference list) available by emailing sarahdaisy.kosa@wchospital.ca

Knowledge that is created locally, in the world of practice, is cutting edge. The larger questions of life are being addressed in daily practice, not in the academy. (Budd Hall, 2002)
Thank you for your time & support!

Questions?
References


