Weill Cornell Medicine
Emergency Medicine

Leading Emergency Care
INNOVATION
SCHOLARSHIP
COMPASSION

NewYork-Presbyterian

Weill Cornell Medicine
Geriatrics & Palliative Medicine

NYC ELDER ABUSE CENTER
Professionals serving older adults

A Key Role for the ED/Hospital in Elder Abuse Identification and Response

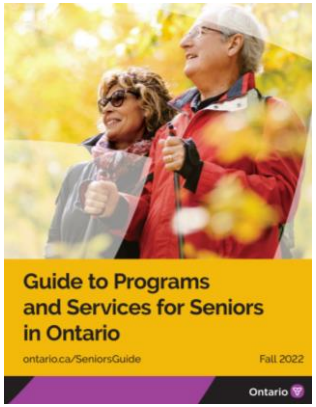
Vulnerable Elder Protection Team

Tony Rosen, MD, MPH
Program Director, Vulnerable Elder Protection Team
Associate Professor of Emergency Medicine
Associate Director of Research
Department of Emergency Medicine
Weill Cornell Medical College / NewYork-Presbyterian Hospital

CONNECTING TO EDS & HOSPITALS

TO PROTECT VULNERABLE OLDER ADULTS

Elder Abuse Prevention Ontario



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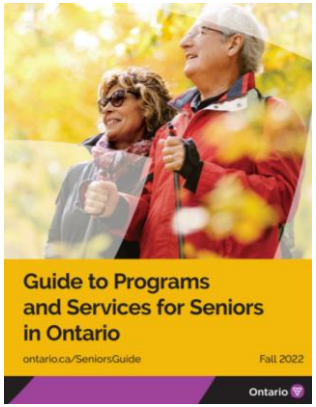


IDENTIFYING ELDER ABUSE

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/hospital providers almost never identify or report elder abuse

IDENTIFYING ELDER ABUSE IN THE ED

BARRIERS/DISINCENTIVES

ED providers seldom identify or report (for many reasons):

ENVIRONMENT / INSTITUTIONAL

- lack of time to conduct a thorough evaluation
- absence of a protocol for a streamlined response

PROVIDER

- lack of awareness or inadequate training
- fear and distrust of the legal system

DIFFICULTY / COMPLEXITY

- denial by patient him/herself
- ambiguities surrounding decision-making capacity in victimized older adults
- 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

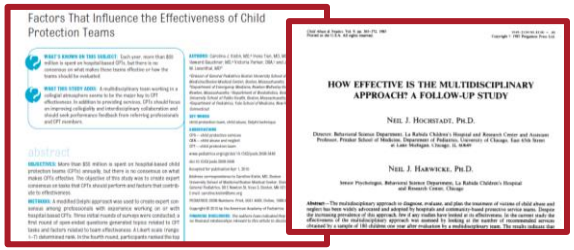
DO WE REALLY WANT TO KNOW?

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


Factors That Influence the Effectiveness of Child Protection Teams

HOW EFFECTIVE IS THE MULTIDISCIPLINARY APPROACH? A FOLLOW-UP STUDY

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.

Change AGEnts Action Award Grant
Fan Fox and Leslie R. Samuels Foundation

NOVEL INTERVENTION

Launched a 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

INSIGHT FROM FOCUS GROUPS

with the support of
Change AGEnts
Action Award Grant

conducted 16 focus groups of stakeholders at our hospital during preliminary design of process and protocol

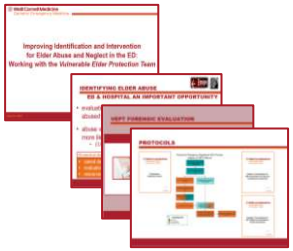
social workers, attending emergency physicians, geriatricians, nurses, technologists, security, radiologists, and psychiatrists

- believed ED-based consultation service would be frequently utilized and would increase elder abuse identification, improve care, and help ensure safety
- highlighted the importance of social workers in care coordination
- emphasized that coordinating with in-patient and out-patient medical and service providers would be critical
- identified challenges for the consultation service

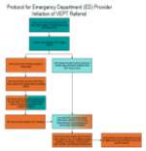
Weill Cornell Medicine
Vulnerable Elder
Protection Team

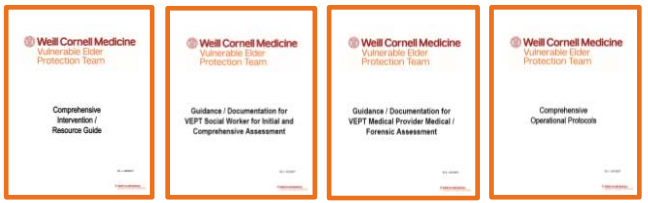
PREPARATION & LAUNCH

- 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 standardized documentation templates, on-call schedule

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

Weill Cornell Medicine
Vulnerable Elder
Protection Team

VEPT PROVIDER

specialized in the area of elder abuse/neglect

on-call to ED 24/7 to consult with physicians after an initial medical assessment of patient who is suspected victim of elder mistreatment

- offers advice via the telephone or in-person to the primary ED medical team
- depending on need, evaluates the older adult patient face-to-face

Weill Cornell Medicine
Vulnerable Elder
Protection Team

VEPT PROVIDER

specialized in the area of elder abuse/neglect

on-call to ED 24/7 to consult with physicians after an initial medical assessment of patient who is suspected victim of elder mistreatment

- assess the likelihood of victimization by each type of mistreatment
- conduct a forensic evaluation including for sexual assault/abuse, if appropriate, with comprehensive documentation and photographs
- evaluate whether the victim is in immediate danger and whether interventions to ensure safety are appropriate
- provide support to the victim during this crisis
- advise the primary ED/hospital medical team about appropriate next steps from the elder mistreatment perspective

Weill Cornell Medicine
Vulnerable Elder
Protection Team

VEPT SOCIAL WORKER

specialized in the area of elder abuse/neglect

- Provide supportive counseling to victim
- Obtain collateral from and work with family members, caregivers, primary care physician, and other concerned persons
- Involve NYPD, Adult Protective Services as appropriate
- Coordinate with primary medical team and resources from the hospital, including psychiatry, patient services, ethics committee, security
- Identify which community-based services may be appropriate to offer victim
- Collaborate with community-based organizations,
  New York City Elder Abuse Center on challenging cases

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

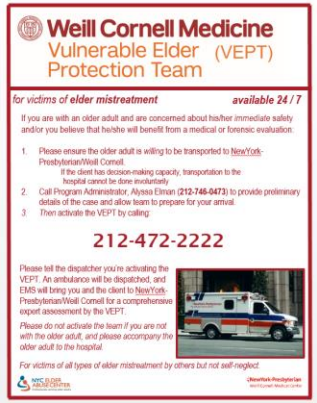
COORDINATION / CONTINUITY WITH GERIATRIC INPATIENT / OUTPATIENT PROVIDERS

PARTNERSHIPS

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

NYC Human Resources Administration

- Pilot program for Adult Protective Services workers (Manhattan-North) to activate the VEPT rather than calling 911 when concerned about client's immediate safety


Weill Cornell Medicine
Vulnerable Elder (VEPT) Protection Team

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.

EMS

perform initial assessments of acutely ill and injured patients *often in a patient's home*

- EMS providers believe they commonly encounter and are able to identify potential elder mistreatment victims but infrequently discuss their concerns with other health care providers or social workers or report them to the authorities
- Identified barriers and strategies for improvement

barriers

- absence of protocols or training challenges in communication
- time limitations
- lack of follow-up

strategies for improvement

- photographically documenting the home environment
- additional training
- improved direct communication with social workers
- A dedicated location on forms to document concerns
- reporting hotline
- a system to provide feedback to EMS
- community paramedicine

Rosen T, Lien C, Stern ME, Bloemen EM, Mysliwiec R, McCarthy TJ, Clark S, Mulcare MR, Ribaudo DS, Lachs MS, Pillemer K, Flomenbaum NE.
Emergency Medical Services Perspectives on Identifying and Reporting Victims of Elder Abuse, Neglect, and Self-Neglect. J Emerg Med. 2017 Oct;53(4):573-582.

EMS

Concerns about the Home Environment

- utilities not working correctly
  - heating or cooling
  - water
  - electricity
- fecal/urine odor
- empty refrigerator/no evidence of available food
- vermin infestation
- extreme clutter/hoarding
- absence of smoke detector
- presence of fire hazard
- expired or unmarked medication bottles, or multiple bottles of a single medication
- broken window(s)

FUNDING OUR TEAM

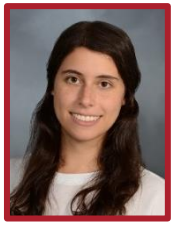
New York City Department for the Aging


Tony Rosen, MD MPH


Michael Stern, MD


Mary Mulcare, MD

VEPT Providers


Alyssa Elman, LMSW

VEPT Social Worker

- *Pilot funding to develop ED-based program*

Fan Fox and Leslie R. Samuels Foundation

- *VEPT Social Worker providing informal advice after hospital admission and following patients after initial evaluation*

NEW FUNDING & EXPANSION: 2019

- ***Grow our team and fully fund our ED-based program***
  - Respond to potential elder abuse cases throughout the hospital
  - Follow patients longitudinally after hospitalization / initial evaluation
  - Add in-patient provider to team
  - Expand partnership with APS
  - Develop service for other NYP EDs via telehealth

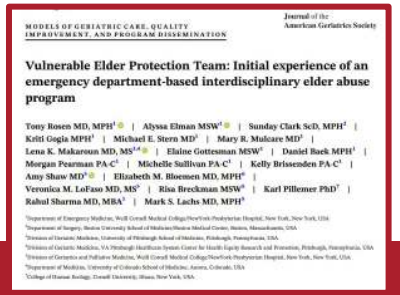
RE-FUNDING / NEW INITIATIVES: 2022

- expanding our innovative protocol for APS to activate VEPT for a victim rather than calling 911
- strengthening/protocolizing our post-discharge follow-up program
- offering consultation to outpatient geriatrics clinic

Funded 10/22-9/25

INITIAL EXPERIENCE / PROGRAM EVALUATION

- VEPT activated and provided consultation/care to 200 ED patients
- 62% of patients assessed were determined by VEPT to have high or moderate suspicion for elder abuse
- Among these, 75% had a change in living/housing situation or were discharged with new or additional home services
  - 14% discharged to an elder abuse shelter, 39% to a different living/housing situation, and 22% with new or additional home services
- ED providers reported that VEPT made them more likely to consider/assess for elder abuse and recognized the value of the expertise and guidance VEPT provided, with 94% believing there is merit in establishing a VEPT Program in other EDs



MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

Journal of the American Geriatrics Society

Vulnerable Elder Protection Team: Initial experience of an emergency department-based interdisciplinary elder abuse program

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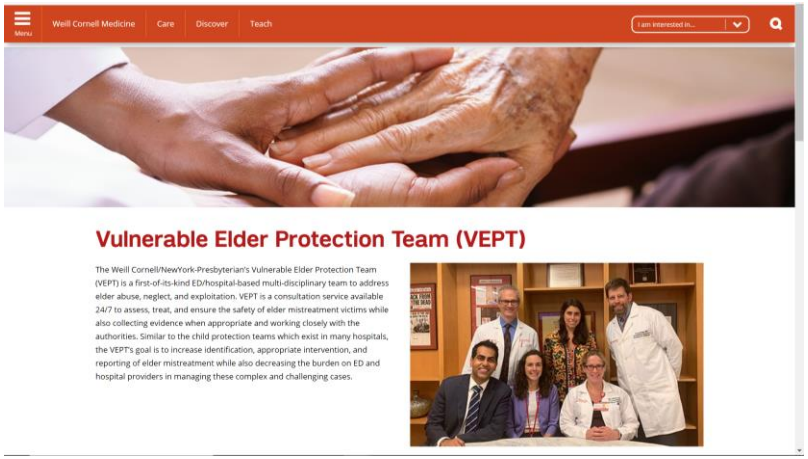
TELE-VEPT FOR OTHER EDS, HOSPITALS

Lower Manhattan Hospital
launched November 2020

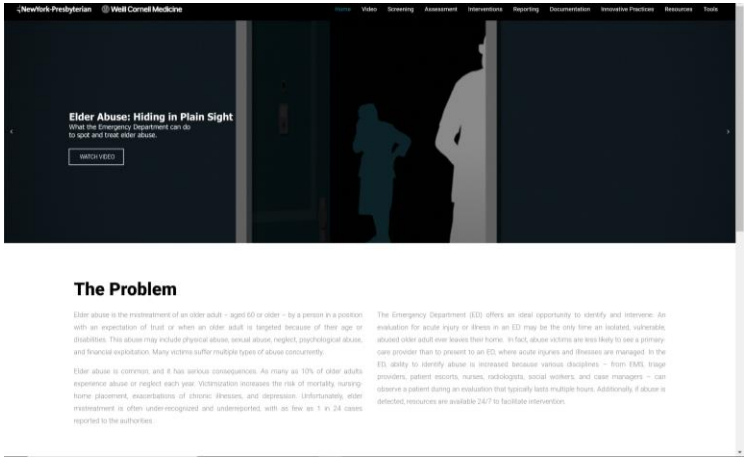
able to provide face-to-face tele-VEPT consultation during pandemic to minimize risk to providers

WEBSITES



http://vept.weill.cornell.edu

information about our program



http://elderabuseemergency.org

information, protocols, & resources for ED, EMS, hospital providers

ACADEMIC MANUSCRIPTS

Original article

Emergency department provider perspectives on elder abuse and development of a novel ED-based multidisciplinary intervention team

Tony Rosen,[1] Michael E Stern,[1] Mary R Mulcare,[1] Alyssa Elman,[1] Thomas J McCarthy,[2] Veronica M LoFaso,[3] Elizabeth M Bloemen,[4] Sunday Clark,[1] Rahul Sharma,[1] Risa Breckman,[3] Mark S Lachs[3]

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

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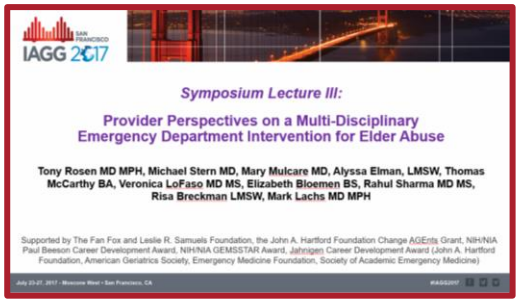
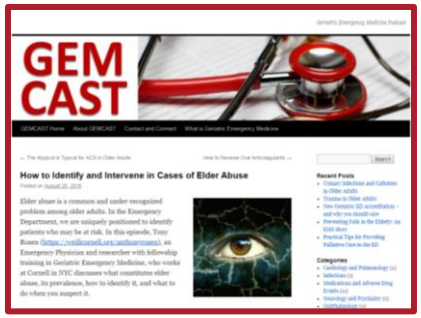
PRESENTATIONS





UNIVERSITY of ROCHESTER MEDICAL CENTER

CENTER FOR ELDER LAW & JUSTICE

VERA HOUSE INCORPORATED

Lifespan

NAPSA NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

12th Annual NYC Elder Abuse Conference: Planning and Prevention

GREATER NEW YORK HOSPITAL ASSOCIATION GNYHA

New York State OVS VICTIMS RIGHTS Office of Victim Services

RECOGNITION FOR OUR WORK

USA TODAY

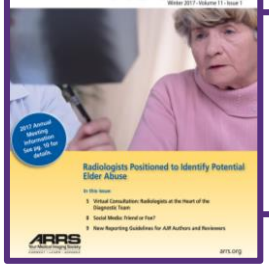
Elder abuse: ERs learn how to protect a vulnerable population

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 Team (VEPT), a program launched in April at the New York-Presbyterian Hospital/Weill Cornell Medical Center

IN PRACTICE



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,

KHN
KAISER HEALTH NEWS

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.

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HARTFORD Change AGEnts

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.

Change AGEnts

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

NewYork-Presbyterian 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

COLLABORATION / GROWTH

Kempe

THE KEMPE CENTER
FOR THE PREVENTION AND TREATMENT
OF CHILD ABUSE AND NEGLECT

University of Colorado **Anschutz Medical Campus**

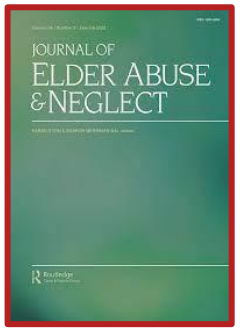
VESPA **Vulnerable Elder Services, Protection and Advocacy Team**

COLORADO
Division of Criminal Justice
Department of Public Safety

Office for Victims Programs

RECENT COLLABORATIVE MEETING

publishing special issue from meeting

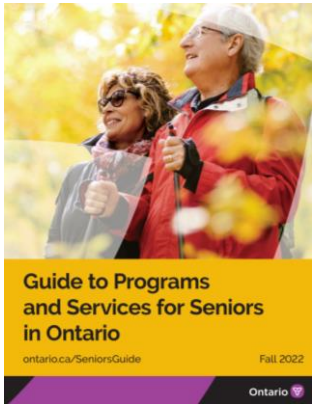


September 28-29, 2022

CONNECTING TO EDS & HOSPITALS

TO PROTECT VULNERABLE OLDER ADULTS

Elder Abuse Prevention Ontario



ENGAGING EDS/HOSPITALS

CONNECTION TO EXISTING PROGRAMS

Ontario
Office For Victims of Crime

elder abuse response program may be expansion of existing ED/hospital-based victim intervention program

Child abuse, intimate partner violence, sexual abuse

ENGAGING EDS/HOSPITALS

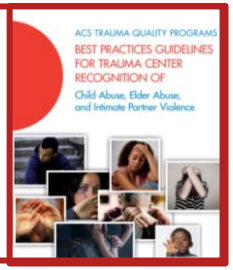
ALIGNMENT WITH CURRENT GOALS

Geriatric ED accreditation

ACEP Geriatric Emergency Department Accreditation

ACCREDITED GERIATRIC Gold - Level 1 | ACCREDITED GERIATRIC Silver - Level 2 | ACCREDITED GERIATRIC Bronze - Level 3

Recently released trauma quality guidelines



ENGAGING EDS/HOSPITALS

WE'RE HERE TO HELP!

- Technical assistance (including in-person meetings / workshops)

Medicine
Social Work
Nursing

National Collaboratory to Address Elder Mistreatment

ENGAGING EDS/HOSPITALS

WE'RE HERE TO HELP!

- Developing "toolkit" for interested institutions with:

Protocols
Curricula
EHR Documentation Templates
Advice about Building a Team
Strategies to Overcome Issues

THANK YOU / QUESTIONS

Thank you!