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 Change AGEnts Action Awards grants program was designed to support Change AGEnts in implementing promising ideas in practice change.

The situation

In a given year, more than 250,000 older adults in the state of New York may be victims of elder abuse, including physical and sexual assault, financial exploitation, neglect, and emotional abuse. A testament to the challenges of identifying and reporting these cases, a recent study found that for every documented case of elder abuse, some 24 cases remain undocumented.

A number of barriers prevent victims from reporting abuse and prevent others from recognizing it. For starters, Rosen said, “many of these older adults who are victimized do not have well-established primary care relationships.” In fact, they may not have well-established relationships with anyone besides the abuser. “Part of the abuse, we think, is preventing contact with the outside world.”

It may take a broken bone or other injury to push abusive caregivers to seek medical help for an elder in their care—but that does not mean the problem is solved. If a health care provider in the emergency room identifies a possible case of elder abuse, the clinician must spend time reporting the case to the authorities and referring the patient to the appropriate resources.

“Now you’ve got to spend 45 minutes to an hour with this patient while your emergency department is continuing to fill with heart attacks, strokes, and trauma patients. It really slows down the ER in a way that is probably dangerous for other patients,” Rosen said. “In some ways, there’s a disincentive in the ER to evaluate carefully for elder abuse.”

The solution

Rosen and a team of his colleagues—which includes social workers, physicians, emergency medical services workers, hospital security personnel, and public health professionals—are drawing from an older solution to a similar problem: child abuse. Most large emergency departments have a child protection team.

When an emergency room physician identifies a child who might be a victim of abuse, the physician needs to make only one call. At that point, a multidisciplinary team comes to the bedside to evaluate the child. The team knows which services and resources the child needs and how to get them, whether the child should be admitted to the hospital, and how to refer the child to a specialized pediatrician for follow-up. “Meanwhile, the ER doctor can turn attention back to the heart attacks and strokes,” Rosen said.

Rosen and his colleagues are developing the Vulnerable Elder Protection Team (VEPT), a multidisciplinary team that will address elder abuse in a similar way. The VEPT will include an emergency room physician with additional geriatrics training who will do a more complete medical assessment than might typically take place in the ER. The forensic evaluation might include photographs, X-rays, and lab tests to assess nutrition and drug levels.

The team social worker will provide counseling and help identify the resources and services the patient needs. “We want to determine the best way to help this person move forward and achieve a life without mistreatment,” said Risa Breckman, LCSW, director of the New York City Elder Abuse Center and assistant professor of gerontological social work in medicine at Weill Cornell Medical College. Breckman served on the steering committee for the project and will continue to serve on its core leadership team.

In addition, the team will have access to an emergency psychiatrist, who could help determine whether the patient has the capacity to refuse help. Radiologists could help decide, for example, whether a particular pattern of fractures might indicate abuse. Members of the hospital's legal and ethics team could advise on how to handle abusers who are also the patient's health care proxy. Emergency medical services personnel could describe red flags they might have seen in the home when they picked up the patient.

If an emergency room clinician suspects elder abuse, all it will take to activate the team is a single page that will go out to the social worker and the geriatric emergency room physician on call.

How the grant improved outcomes

The Hartford Change AGEnts Action Award allowed Rosen and his colleagues to conduct 16 focus groups with practitioners in various disciplines at New York Presbyterian, such as radiology, psychiatry, emergency medical services, and nursing. "We asked them about their experiences with elder abuse, whether they thought they would use a team like this, what features would make the team better, and what we should try to avoid," said Rosen.

The focus groups answered these questions and also identified champions of the program from around the hospital. "People came up to me afterwards and said 'This is awesome. I really want to be a part of this'," Rosen said.

The grant also made possible the creation of training materials for clinicians who might one day need to call on VEPT. "We're trying to establish a program with a workforce that has not necessarily been trained at all in how to detect abuse," said Breckman. The training materials will teach hospital personnel to recognize signs of elder abuse and when and how to engage VEPT.

Because of the work that the grant made possible, VEPT will be ready to launch in April 2017. The program has now secured funding for its first 2 years of operations from The Fan Fox and Leslie R. Samuels Foundation, Inc. Those first 2 years could provide the outcomes needed to replicate the program elsewhere.

"Elder abuse exists in every community, and there are hospital emergency rooms everywhere," said Breckman. "I think the program has real potential for replication."