Comprehensive Operational Protocols
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Protocol for Adult Protective Services (APS) 
Initiation of VEPT Referral

Key: (color indicates team member primarily responsible for task)

- APS Worker
- NYP EMS Ambulance Dispatcher
- NYP Paramedic/EMT
- ED Social Worker

APS Worker conducting client visit concerned about immediate safety

APS Worker contacts 212-472-2222 and identifies that EMS Request is for: VEPT / elder abuse, neglect or mistreatment, in addition to other medical issues

Dispatcher requests:
- Client name
- APS worker name
- Contact phone number for APS worker

Ambulance dispatched with instructions to transport to NYP/WCMC or closest appropriate hospital (if life-threatening medical emergency) and to gather information as possible, including health care directives, medications, home circumstances

ED Social Worker paged by Dispatcher with:
- Client name
- APS worker name
- Contact phone number for APS worker
- Estimated time before ED presentation

ED Social Worker contacts APS Worker via phone to discuss case while client / APS under evaluation and transport by EMS

On arrival to NYP/WCMC ED:
APS Worker, EMS give in-person sign-out to ED Social Worker

ED Social Worker contacts other hospital ED Social Worker to discuss case

If life-threatening medical emergency, transported to nearest appropriate hospital
Protocol for NYP Emergency Medical Services (EMS)
Initiation of VEPT Referral

EMT/Paramedic concerned about potential elder abuse, neglect, or mistreatment when evaluating patient in response to 911 call

Is there life-threatening medical emergency?

Yes

EMT/Paramedic follows established protocols to bring patient to nearest appropriate hospital and communicates concerns about elder abuse, neglect, or mistreatment during transfer of care

No

EMT/Paramedic gathers information, as possible, including health care directives, medications, home circumstances, then transports patient to NYP/WCMC

On arrival to NYP/WCMC ED, EMS notifies triage of concerns and documents in ACR concern for elder mistreatment

Triage activates VEPT via page (10838)

Triage documents in ED Adult Pre-Assessment Note:
- VEPT activated due to EMS concern
- EMS preferred contact information for feedback

EMS gives face-to-face sign-out to ED Social Worker

Key:
(color indicates team member primarily responsible for task)

= NYP Paramedic/EMT
= Triage
Protocol for Wright Center Initiation of VEPT

Wright Center Medical Team or Social Worker have concern about immediate patient safety or patient resisted to returning home after office evaluation

Wright Center Medical Team and Social Worker collaboratively decide whether EMS should be activated and patient sent to WCMC ED

Wright Center Medical Team or Social Worker contacts 212-472-2222 and identifies that EMS Request is for: VEPT / elder abuse, neglect or mistreatment, in addition to other medical issues

Dispatcher requests:
- Wright Center Social Worker Name
- Contact phone number for Wright Center Social Worker
- Wright Center Medical Provider Name
- Contact phone number for Wright Center Medical Provider

Ambulance dispatched with instructions to transport to NYP/WCMC

VEPT activated (10838) from Dispatcher with:
- Patient name
- Wright Center Social Worker and Medical Provider Names
- Contact phone number for Wright Center Social Worker and Medical Provider
- Estimated time before ED presentation

ED Social Worker contacts Wright Center Social Worker via phone to discuss case while patient in transport by EMS

VEPT Medical Provider calls Wright Center Medical Team via phone to discuss case while patient in transport by EMS

Key:
- Wright Center Medical Team / Social Worker
- ED Social Worker
- NYP EMS Ambulance Dispatcher
Protocol for Emergency Department (ED) Provider Initiation of VEPT Referral

Primary Team concerned about potential elder abuse, neglect, or mistreatment when evaluating patient

Primary Team activates VEPT via page (10838)

ED Social Worker receives activation/consult page

VEPT Medical Provider receives activation/consult page and awaits evaluation from ED Social Worker

ED Social Worker discusses with Primary Team reason(s) for concern before evaluating patient

ED Social Worker discusses potential acute security needs with Primary Team (patient watch or removal of non-patient) and initiates if necessary

ED Social Worker initiates VEPT evaluation

COLLABORATIVE DECISIONS ABOUT ADDITIONAL TESTING, EVALUATION, INTERVENTION, & INVOLVEMENT OF ADDITIONAL TEAM MEMBERS

ED Social Worker reports back to Primary Team on plans, if any, for additional testing, evaluation, intervention, involvement of team members, and anticipated disposition

Contact Patient Services leadership via email at: alg9022@nyp.org with details of case and specific concerns

Key:
- Primary Team
- ED Social Worker
- VEPT Medical Provider

(color indicates team member primarily responsible for task)
Protocol for ED Social Worker Initiation of VEPT Referral

ED Social Worker performs routine evaluation of patient, identifies concern for potential elder abuse, neglect, or mistreatment

ED Social Worker performs comprehensive mistreatment / safety social assessment of patient

ED Social Worker formally activates VEPT via page (10838)
Protocol for VEPT Initial Evaluation:
Comprehensive Mistreatment / Safety Social Assessment

ED Social Worker performs initial screening, and if indicated, comprehensive mistreatment / safety social assessment of patient

ED Social Worker reviews patient history for indication of prior APS involvement

Monday- Friday, 9am-5pm:
ED Social Worker contacts APS via quick response email: apsrefer@hra.nyc.gov to determine whether open or previous APS referrals

ED Social Worker contacts VEPT Medical Provider on call (typically via cell phone) to discuss their assessment of case and consider whether additional evaluation, intervention necessary

COLLABORATIVE DECISIONS ABOUT ADDITIONAL TESTING, EVALUATION, INTERVENTION, & INVOLVEMENT OF ADDITIONAL TEAM MEMBERS

ED Social Worker reports back to Primary Team on plans for additional testing, evaluation, intervention, involvement of team members, and anticipated disposition

If appropriate, and patient willing, ED Social Worker contacts VIP team (or leaves message if 5pm-9am, or weekends, for follow-up)

Key:
=color indicates team member primarily responsible for task

= ED Social Worker
= VEPT Medical Provider
Medical or Forensic Assessment should be performed on all patients for whom mistreatment is being considered. While this assessment may typically be delayed for several hours or until the next morning if necessary, it MUST be done immediately if:

- Plan to immediately contact NYPD/ concern for immediate safety
- Time sensitive forensic findings may exist (sexual assault examination, though this will be performed by SAFE Team)
- Patient is medically cleared or likely to be cleared soon, with no alternate reason for admission and:
  - Patient has capacity and willing to have comprehensive VEPT Evaluation, but unwilling to wait
  - Patient has no capacity and waiting is impractical

VEPT Medical Provider performs additional medical/forensic history, physical exam

VEPT Medical Provider documents all findings and photographs any important injuries or other physical findings

Review and interpret laboratory results and radiologic reports in collaboration with ED Radiology

ED Social Worker notifies Primary Team that medical/forensic assessment is pending and requests that primary team place appropriate laboratory and radiologic orders (if not already ordered for other medical reason)

VEPT reports back to Primary Team to update on recommendations/ next steps

Contact Patient Services leadership via email at: alg9022@nyp.org with details of case and specific concerns

**Key:**
- ED Radiology
- ED Social Worker
- VEPT Medical Provider
- VEPT
Additional VEPT Process Protocols
Protocol for VEPT Involvement of Security
(For Patient Watch)

Reasons for involving Hospital Security for patient watch:
- Patient without decision-making capacity or with uncertain decision-making capacity* and:
  - refusing VEPT evaluation (either initially or while in process)
  - refusing admission/requesting discharge despite immediate danger/unsafe home environment
  - concern that patient may be harmed or removed from the ED/hospital by other person
  - concern that patient may walk out of ED/hospital

*If decision-making capacity related to refusal of VEPT evaluation or refusal of admission / request for discharge uncertain, ED psychiatry should be consulted.

VEPT notifies Charge Nurse/Primary Team that patient needs to be placed on watch (security or tech)

Is security officer required, or is tech watch adequate?

Charge Nurse contacts Security for security watch at 746-0911, notifying them that this is a VEPT case

Charge Nurse re-arranges staffing to facilitate tech watch

Primary Team places order for appropriate watch

VEPT documents reasons for watch and criteria for discontinuation

Key:
- = VEPT
- = Charge Nurse
- = Primary Team
Protocol for VEPT Involvement of Security
(For Removal of Non-Patient)

Reasons for involving Hospital Security to remove non-patient from ED or prevent contact with patient:
- Patient requesting that potential abuser be removed from ED or prevented from having contact with him/her
- Potential abuser at bedside interfering with care/ refusing to leave during patient interview* and patient has uncertain** or no decision-making capacity
- Concern that potential abuser will come to bedside and harm patient or try to remove patient from ED/Hospital

*If potential abuser is health care proxy, Patient Services should be involved.
**ED Psychiatry should be consulted to assess patient decision-making capacity if this impacts care.

For each, consider whether patient watch may also be necessary.

VEPT notifies Charge Nurse/Primary Team that non-patient needs to be removed

Charge Nurse notifies Security at 746-0911

Security removes non-patient and determines whether additional interventions are necessary to prevent future contact with patient, including potential patient watch

VEPT informs Primary Team and documents reasons for non-patient removal with guidance for any additional interventions

VEPT informs Patient Services of removal and discusses if further interventions necessary

Patient Services speaks with patient to discuss removal

Key:
- VEPT
- Charge Nurse
- Security
- Patient Services

(color indicates team member primarily responsible for task)
Protocol for VEPT Involvement of NYPD

Reasons for involving NYPD during ED VEPT evaluation:
- High suspicion for physical abuse, sexual abuse and patient consents
- High suspicion for violation of Order of Protection
- Patient reports homicidal threat
- VEPT or other ED Provider witnesses homicidal threat
- Patient requesting NYPD involvement

*For all cases where NYPD involved during ED VEPT evaluation, potential necessity for security involvement for patient watch or removal of non-patient from ED should be considered

ED Social Worker contacts NYPD and NY Presbyterian Hospital Security

ED Social Worker notifies ED Provider/Primary Team that NYPD will be involved in case

ED Social Worker will coordinate with NYPD and notify ED Provider/Primary Team of disposition of NYPD evaluation, additional necessary steps

ED Social Worker will document NYPD involvement, including badge numbers

Key:
(color indicates team member primarily responsible for task)

= ED Social Worker
Reasons for involving ED Psychiatry*:
- Decision making capacity unclear and
  - Refusing VEPT Evaluation (either initially or while in process)
  - Refusing admission/requesting discharge despite immediate danger/unsafe home environment
  - Refusing element of VEPT requiring consent (ie: SAFE Exam)

*Patient must be placed on security/tech watch while ED Psychiatry evaluation pending

VEPT notifies Primary Team of plans to consult ED Psychiatry and that patient should be placed on security/tech watch (see protocol for security-patient watch)

VEPT Medical Provider consults ED Psychiatry:
- Places order in EMR
- Discusses reason for consult in-person with ED Psychiatry team or calls 746-0711

ED Psychiatry Team evaluates patient for capacity to make decision (refusing VEPT evaluation, elements that require consent, or refusing admission), documents findings, and informs VEPT/Primary Team

Decision about whether patient should remain on watch made collaboratively by VEPT, ED Psychiatry, and Primary Team

ED Social Worker offers resources, counseling on safety planning, and reinforces patient’s ability to return at any time, if desired

Key:
- Red = VEPT
- Purple = ED Psychiatry
- Orange = ED Social Worker
- Blue = Primary Team
- Green = VEPT Medical Provider
Protocol for Involvement of Patient Services for Urgent Legal / Ethics Guidance

Reasons urgent legal / ethics guidance facilitated by Patient Services / Administrator On Call (AOC)*:

- Patient has no capacity, and concern about decision-making of health care proxy or surrogate
- If non-proxy who may be abuser is involved in case, at bedside, or trying to direct care

*Ethics should be contacted for all patients who are being admitted primarily for safety/concern about discharge.

*Consider whether patient watch, removal of non-patient may also be necessary

Key:
- ED Patient Services
- VEPT
- VEPT Medical Provider

Yes

Is it 9am – 5pm, M-F?

Contact Patient Services leadership via email at: alg9022@nyp.org with details of case and specific concerns

No

Page AOC (36778) to discuss details of case and specific concerns

Is ethics and/or legal involved?

Yes

Patient Services / AOC provides initial guidance on how to manage situation pending their full assessment and recommendations, including potential involvement of legal and ethics

No

VEPT notifies Primary Team and documents reasons for Patient Services involvement

Is patient being admitted?

Yes

Notify Patient Services leadership via email at: alg9022@nyp.org of contact with AOC, including specific concerns and case status

No

VEPT Medical Provider notifies ED Leadership via text/email of involvement and documents reasons for involvement

VEPT notifies Primary Team of involvement and documents reasons for involvement

If yes, ED Patient Services signs out case status to Inpatient Patient Services
Disputation / Hand-off / Follow-up / Billing Protocols
Protocol for VEPT Hand-Off to Inpatient Social Work, Medical Team, Geriatrics Consult

**Key:**
- **Orange** = ED Social Worker
- **Blue** = VEPT Medical Provider
- **Green** = Geriatric Consultant
- **Red** = ED Nurse
- **Pink** = VEPT

**If patient remains in “bed requested” status for prolonged period due to inpatient team availability:**

**VEPT discusses case with ED Primary Team including any active or emergent issues and reinforces continued availability if issues arise**

**When patient transferred from ED to inpatient floor:**

**ED Nurse gives verbal sign out to Inpatient Nurse, including case status**

**ED Patient Services signs out case status to Inpatient Patient Services**

**VEPT Medical Provider consults Geriatrics (17252), gives verbal sign out to Geriatrics fellow, including pending issues, necessary follow up**

**Geriatric Consultant evaluates patient, documents using Geriatric Consultant VEPT follow up template**

**ED Social Worker contacts Adult Protective Services using APS email address: apsrefer@hra.nyc.gov to make initial referral or update current case status**

**ED Social Worker gives verbal sign out to Inpatient Social Worker, including pending issues, necessary follow up, emphasizing availability if concerns arise – VIP Social Worker involved as appropriate**

**VEPT Medical Provider gives verbal sign out to Primary Team, including pending issues, necessary follow up, emphasizing availability if concerns arise**

**Patient admitted to Geriatrics Service or other medicine team/other service?**

**Other Medicine Team / Other Service**

**No additional handoff or Geriatrics consult necessary**

**Geriatrics Service**

**When patient transferred from ED to inpatient floor:**

**ED Nurse gives verbal sign out to Inpatient Nurse, including case status**

**Key:**
- Orange = ED Social Worker
- Blue = VEPT Medical Provider
- Green = Geriatric Consultant
- Red = ED Nurse
- Pink = VEPT
Protocol for Transfer to Weinberg Center / Elder Abuse Shelter

- For elder mistreatment victims without a safe home environment or alternative, Weinberg Center Elder Abuse Shelter is a transfer destination
  - Patient must meet Weinberg Center criteria

- Consider investigating possibility of transfer to Weinberg Center when patient medically cleared or timeline for medical clearance becomes apparent
  - Patient must also be psychiatrically cleared if any active psychiatric issues

Weinberg Center will consider transfer directly from the ED without hospital admission if patient appropriate and medically cleared

*Preliminary Incomplete Draft only, 2/2/17: for review by Weinberg Center Team*
Protocol for VEPT ED Discharge Process to Community/ Resources Offered

Circumstances:
- Patient has decision-making capacity, requesting discharge and/or cessation of VEPT evaluation
- Determination that no medical need or other social need for admission and no perceived immediate danger in home environment

Is patient in immediate danger?
- Yes
  - ED Social Worker provides information about elder mistreatment, referrals, and safety planning
  - Primary Team should contribute to this decision
- No
  - Patient or suspected abuser, w/ acute mental health issue that may benefit from Mobile Crisis
  - If ED Psychiatry has been involved in this case, should contribute to this decision

Primary Team should contribute to this decision

Patient would benefit from urgent Wright Center follow up appointment
- Yes
  - VEPT Medical Provider initiates Mobile Crisis referral: contact Dr. Needell’s Team
- No
  - VEPT Medical Provider schedules Wright Center appointment

Would patient benefit from EMS transport home?
- Yes
  - ED Social Worker offers all additional community resource referrals
  - VEPT notifies Primary Team of discharge plan and that patient is ready for discharge
- No
  - ED Social Worker coordinates with EMS to arrange ambulance transport

Key:
- Orange = ED Social Worker
- Teal = Primary Team
- Red = VEPT
- Purple = ED Psychiatry
- Blue = VEPT Medical Provider

(color indicates team member primarily responsible for task)
Protocol for VEPT ED Discharge Process Back to Nursing Home

Circumstances:
- Determination that no medical need or other social need for admission and nursing home is safe environment, with staff and/or co-residents not potentially contributing to mistreatment
  - If patient has decision-making capacity, must be willing to return to nursing home
  - Patient has decision-making capacity, requesting discharge back to nursing home and/or cessation of VEPT evaluation

If Nursing Home deemed unsafe, or perpetrator of abuse, call Attorney General’s Medical Fraud Control Unit: 866-697-3444

Key: (color indicates team member primarily responsible for task)
- ED Social Worker

Diagram:
- ED Social Worker contacts nursing home to coordinate transfer of patient, ensuring bed availability and discussing findings from evaluation, including appropriate measures to ensure patient safety
- ED Social Worker attempts to contact nursing home social worker to discuss findings from VEPT evaluation, including any necessary follow-up, suggested resources, appropriate measures to ensure patient safety
- Able to contact social worker?
  - Yes: ED Social Worker documents conversation with nursing home social worker
  - No: ED Social Worker leaves message indicating that VEPT Program Administrator will contact nursing home social worker and leaves contact information, documents attempt to contact nursing home social worker
- ED Social Worker informs Primary Team that patient is ready for discharge
- ED Social Worker arranges for ambulance transport back to nursing home
Protocol for VEPT Program Administrator Case Feedback (For Cases Admitted or Discharged to Community)

VEPT Program Administrator will:
- Review EMR documentation from each VEPT referral based on receipt of page (10838)
- Will contact VEPT team members who evaluated the case as necessary for clarification & additional information

Key:
- (color indicates team member primarily responsible for task)
  - = VEPT Program Administrator

Was VEPT Referral initiated by APS?
- VEPT Program Administrator contacts APS worker who initiated referral to give and receive feedback

Was patient brought to ED via NYP EMS?
- VEPT Program Administrator identifies EMS Providers who transported patient, follows up via email/telephone to give/receive feedback

VEPT Program Administrator goes to ED to give/receive feedback in-person, if possible (ED Providers, etc.)

If unable to meet in-person, VEPT Program Administrator will contact ED Providers, etc. by email/telephone

If referral not initiated by APS, VEPT Program Administrator contacts APS to follow-up and ensure continuity
Protocol for VEPT Program Administrator Case Follow-up (For Cases Discharged to Nursing Home)

VEPT Program Administrator will
- Review EMR documentation from each VEPT referral based on receipt of page (10838).
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information

Key:
(color indicates team member primarily responsible for task)

- VEPT Program Administrator

### Flowchart:
1. **Was ED Social Worker able to contact nursing home Social Worker?**
   - Yes: VEPT Program Administrator contacts ED Social Worker to see if additional follow-up would be beneficial
   - No: Program Administrator goes to ED to give/receive feedback in-person, if possible (ED Providers, etc.)

2. If unable to meet in-person, VEPT Program Administrator will contact ED Providers, etc. by email/telephone

3. VEPT Program Administrator will discuss with ED Social Worker whether role exists for APS, dependent on anticipated nursing home length of stay

4. VEPT Program Administrator contacts APS as appropriate
Protocol for VEPT Program Administrator
Inpatient Case Monitoring and Support

VEPT Program Administrator will:
- Review EMR documentation from each VEPT referral based on receipt of page (10838)
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information

Key:
- (color indicates team member primarily responsible for task)
  - =VEPT Program Administrator

VEPT Program Administrator will add case to tracking list within EMR

VEPT Program Administrator reviews documentation to understand current status, contact VEPT team members as necessary

VEPT Program Administrator identifies Inpatient Social Worker providing care to patient, contacts regularly to discuss case, provide resources and support

VEPT Program Administrator uses EMR to continue to follow medical and social case status daily, until disposition from hospital
Protocol for VEPT Case Billing

- VEPT involvement may only be billed if VEPT Medical Provider evaluated patient in-person
- If patient with decision-making capacity refuses VEPT Evaluation while VEPT Physician/ Geriatric EP Evaluation in process, patient should not be billed

VEPT Program Administrator will send secure e-mail notifying billing team of VEPT Evaluation with VEPT Physician involvement, including:
- MRN #
- Patient name
- Patient DOB
- Date of service
- Whether VEPT Physician has evaluated this patient before

Patient covered by Medicare or private insurance

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Key:
- (color indicates team member primarily responsible for task)
- Green = VEPT Program Administrator
- Brown = ED Billing Supervisor

VEPT service will not be billed

VEPT consultation will be billed per protocol using Medicare CPT Codes: 99201-99205, with level of care depending on complexity of problem and time spent with patient

VEPT Program Administrator and ED Billing Supervisor to discuss appropriate billing strategy
## Protocol Master Key

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