

## **Emergency Department Provider Perspectives on Elder Abuse and Development of a Novel ED-Based Intervention Team**

### **Focus Groups Topic Guide**

#### *Interviewer/Moderator Guide*

Note to Moderator: Please read the introduction and questions as written below. Please allow enough time between questions to gather the responses but limit the time such that you are able to get through all the questions. The length of session will be determined by the flow of conversation.

#### *Introduction:*

Welcome to this focus group. Thank you all for participating. Today, we have invited you here to discuss improving the emergency care for one of the most vulnerable populations - our elderly patients who may be victims of abuse and/or neglect. We are hoping to discuss how these victims can be identified and our proposed plans for a new multi-disciplinary intervention. We are conducting focus groups with 18 different disciplines who work with our patients, including social workers, attending and resident EM physicians, radiology technologists, patient escort, geriatricians, nurses, mid-level providers, psychiatrists, and scribes. We value all of your perspectives and hope to use them to optimize any intervention we develop. As in prior clinical protocols developed by the geriatric emergency medicine team for the ED (agitated delirium management and IUC use), the active participation by stakeholders such as you right from the beginning of development has been instrumental. We really appreciate it. These focus groups and the current initiative have been supported by a grant from the Hartford Change AGENTS grant.

Over the course of the next 30-45 minutes or so, I will be asking several questions of the group. There are no right or wrong answers. All input is helpful and much appreciated. I am interested in what each of you has to say, but participation is not mandatory. This is an IRB approved study, and all of your comments will be kept confidential once the audio-recorded session has been transcribed. I will ask you to each introduce yourself as the numbered name tag given for the sake of the recording and confidentiality. Only the research team will have access to the data. Given our limited time as a group, I may be redirecting the discussion as needed to get through the topics at hand.

Thank you again for taking the time to join us today.

Any questions before we start?

1. [opening] Let's go around the room and introduce ourselves. Please identify yourself as the given number, your clinical role, and number of years working in your current role.
2. [introductory] Do you think that you encounter elder abuse and/or neglect frequently in your practice?
  - a. What type(s) of abuse or neglect do you most commonly encounter?
3. Do you routinely assess for elder abuse or neglect as part of your evaluation?
  - a. If yes, how do you assess?
4. Do you think that you miss elder abuse and/or neglect in your patients?
  - a. If yes, why?
5. What do you think are the barriers to identifying cases of elder abuse? How about neglect?

We have proposed to develop a multi-disciplinary Vulnerable Elder Protection Team, similar to the child protection team in our pediatric ED. We envision that, if any member of the care team is concerned about potential elder abuse or neglect, they can consult this team to do an evaluation and assist with the management of the patient.

6. Do you think that a multi-disciplinary Vulnerable Elder Protection Team would be helpful?
  - a. If yes, why and how?
7. Do you think that you or the providers with whom you work would access this team frequently, infrequently, or never?
  - a. Are there things that would make you more or less likely to access the team?
  - b. Are there providers you think might be most likely to access the team?[question for nurses and physicians]
8. Are there disciplines that you think are critical to be members of this team?
9. How do you think your discipline can contribute to the detection of elder abuse or neglect?
10. How do you think multi-disciplinary Vulnerable Elder Protection Team can contribute most effectively in the ED patient care setting?
11. If you have experience working with the NYP or another child protection team, what issues / problems have you encountered that we should try to address in our design of the Vulnerable

Elder Protection Team?

12. Are there other issues/problems with a Vulnerable Elder Protection Team that you foresee?
13. Is there anything I did not ask regarding elder abuse and neglect assessment and management that you would like to tell me about?
  - a. Probe: Any final questions? (If there is someone you haven't heard much from during the course of the discussion, ask him or her directly to provide thoughts.)

That concludes the focus group. Thank you all again for participating. We will be using this data to inform the development of a protocol to hopefully improve identification and management of elder abuse and neglect and allow us to provide more patient centered care.

Thank you again for your time.