National Collaboratory to Address Elder Mistreatment

2022 USC JUDITH D. TAMKIN INTERNATIONAL SYMPOSIUM ON ELDER ABUSE

EDC Education Development Center

The John A. Hartford Foundation

Gordon and Betty Moore Foundation

Health Foundation for Western & Central New York

Agenda

- Welcome and Introductions
- The National Collaboratory to Address Elder Mistreatment
- Emergency Department Elder Mistreatment Toolkit Feasibility Study
- Are we on the same page?
- Small Group Challenge
- What's Next

1

WELCOME & INTRODUCTIONS

The John A. Hartford Foundation

GORDON AND BETTY MOORE FOUNDATION

Health Foundation for Western & Central New York

The National Collaboratory to Address Elder Mistreatment: Founding Partners

The National Collaboratory to Address Elder Mistreatment is supported by a grant to EDC from The John A. Hartford Foundation, The Gordon and Betty Moore Foundation, and The Health Foundation for Western and Central New York

The National Collaboratory to Address Elder Mistreatment: Partners

ENHS Eastern Niagara Health System

HARRISHEALTH SYSTEM

Heywood Hospital
Member of the Heywood Healthcare Family

UNC HEALTH CARE

St. Joseph's Health

Commonwealth of Massachusetts

Department of Justice

Department of Veterans Affairs

ACL*
Administration for Community Living
*ex-officio technical assistance advisor

NIH National Institute on Aging

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

greenlee global

2

THE NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT

NCAEM Goals

- Reduce number of missed opportunities to identify cases of elder mistreatment in the emergency department (ED).
- Increase referrals to appropriate authorities and community-based services.
- Reduce repeat victimization and, possibly, return to hospital ED.

"Getting trapped in this environment that you can't get out of."……. In a position of going to the emergency room for that kind of abuse I can guarantee you the reason they're there. That's not the first time they've been abused. It's the worst time they've been abused."

– Participant Statement

Elder Mistreatment: An urgent and under-addressed problem

10%

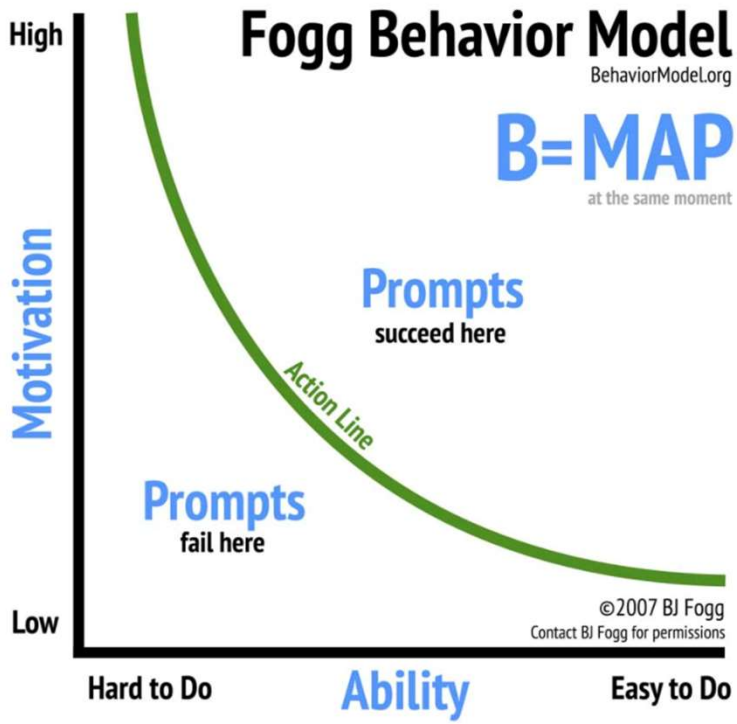
Of older adults experience elder mistreatment[1]

0.1%

Of older adults presenting in the emergency department diagnosed with elder mistreatment[2]

[1] Rosen et al 2019 [2] Evans 2017

Making it easier to do the right thing

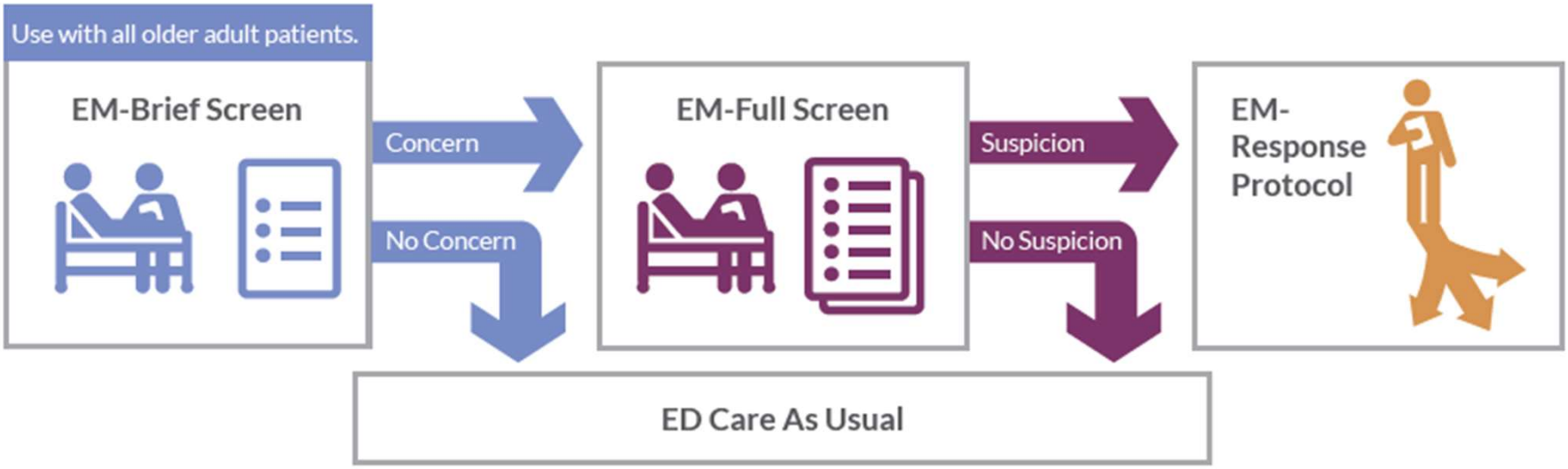


The Emergency Department Elder Mistreatment Toolkit

The toolkit has four key elements.

ED Staff Survey	Online Training Modules	Screening and Response Tool	Community Connections Roadmap
20 question/10 minute online tool for ED staff assessed current practices and defines priorities for practice and systems change.	Interactive online training in how to identify and respond to elder mistreatment.	Brief screening and response tools to identify at-risk patients and develop safety and discharge plans.	A guide for identifying and connecting with community partners that can support patient safety and follow up.

The Emergency Department Elder Mistreatment Toolkit Workflow



3

EMERGENCY DEPARTMENT ELDER MISTREATMENT TOOLKIT FEASIBILITY STUDY

Feasibility Study

Research Questions

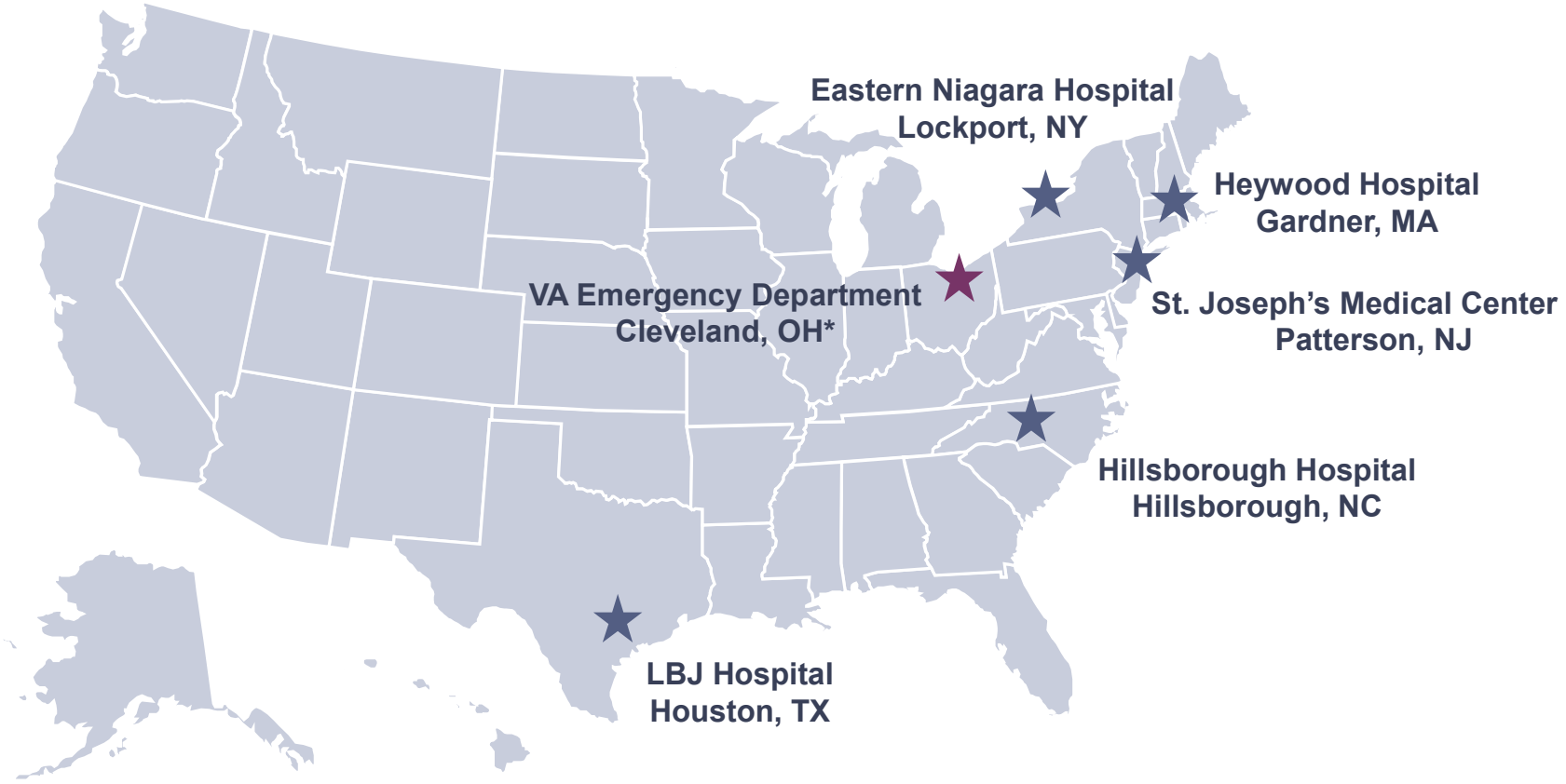
1. Is the **Toolkit feasible** to implement in the emergency department (ED)?
2. Can EDs better **identify and manage elder mistreatment** when they implement the Toolkit?
3. How does implementation of the Toolkit affect **ED functioning**?

Feasibility Study

Small-Scale, Mixed Methods Evaluation Design

Instrument	Administered	Measured
EM-EDAP	At baseline and 9 – 12 months later with ED staff	ED functioning and identifying and managing EM cases
TA Conference Call Protocol	Weekly, then bi-monthly with site leaders	Toolkit feasibility, ED functioning, and identifying EM cases
Interviews and Focus Group Protocols	2x during implementation with ED staff and administrators	Toolkit feasibility and ED functioning
Training Assessment Forms	Immediately before and after training	Identifying and managing EM cases, and ED functioning
Medical Record Data Abstraction Guidance Document	Monthly (patient-level data) and annually (hospital-level data)	Identifying and managing EM cases and ED functioning

Clinical Test Sites



Clinical Sites

HIGH RESOURCES

St. Joseph's Health
ST. JOSEPH'S UNIVERSITY MEDICAL CENTER

Large, urban ED in Paterson, NJ

» 650-bed hospital

» 168,000 annual ED visits

Level 1 accredited Geriatric ED

- 20-bed devoted treatment area
- Specialized protocols, geriatric nurse navigators, care coordination

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS ACCREDITED GERIATRIC EMERGENCY DEPARTMENT

LOW RESOURCES

Heywood Hospital
Member of the Heywood Healthcare Family

Regional ED in north central MA

» 134-bed hospital

- Social work available to ED
- In-patient Geriatrics, Psych

ENHS EASTERN NIAGARA Health System

Small, regional ED in Upstate NY

» 91-bed hospital

- Limited resources
- No social worker in hospital

Initial Institutional Readiness Assessment

Developing a tool to assess and monitor institutional readiness to address elder mistreatment in hospital emergency departments

Kim Dash[a], Risa Breckman[b], Kristin Lees-Haggerty[a], Alyssa Elman[c], Mark Lachs[b], Rebecca Jackson Stoeckle[a], Terry Fulmer[d], and Tony Rosen[c]

Gaps

- **limited knowledge** about best practices for identifying and managing cases of suspected elder mistreatment
- **lack of confidence** in recognizing cases of elder mistreatment
- **limited formal training** on elder mistreatment detection, management, and reporting
- **lack of protocol** for a streamlined response to elder mistreatment
- **reliance on family members or caregivers** for medical and social historical information
- **lack of specialized community services** for older adults vulnerable to mistreatment

differed by clinical site

Training

St. Joseph's Health
ST. JOSEPH'S UNIVERSITY MEDICAL CENTER

83% of bedside nurses took brief, 30-minute training
2 geriatric nurse navigators took 4-hour comprehensive training

existing Geriatric ED personnel clinical champions for this program

Heywood Hospital
Member of the Heywood Healthcare Family

95% of nursing staff took hour-long training
2 clinical champions took 4-hour comprehensive training

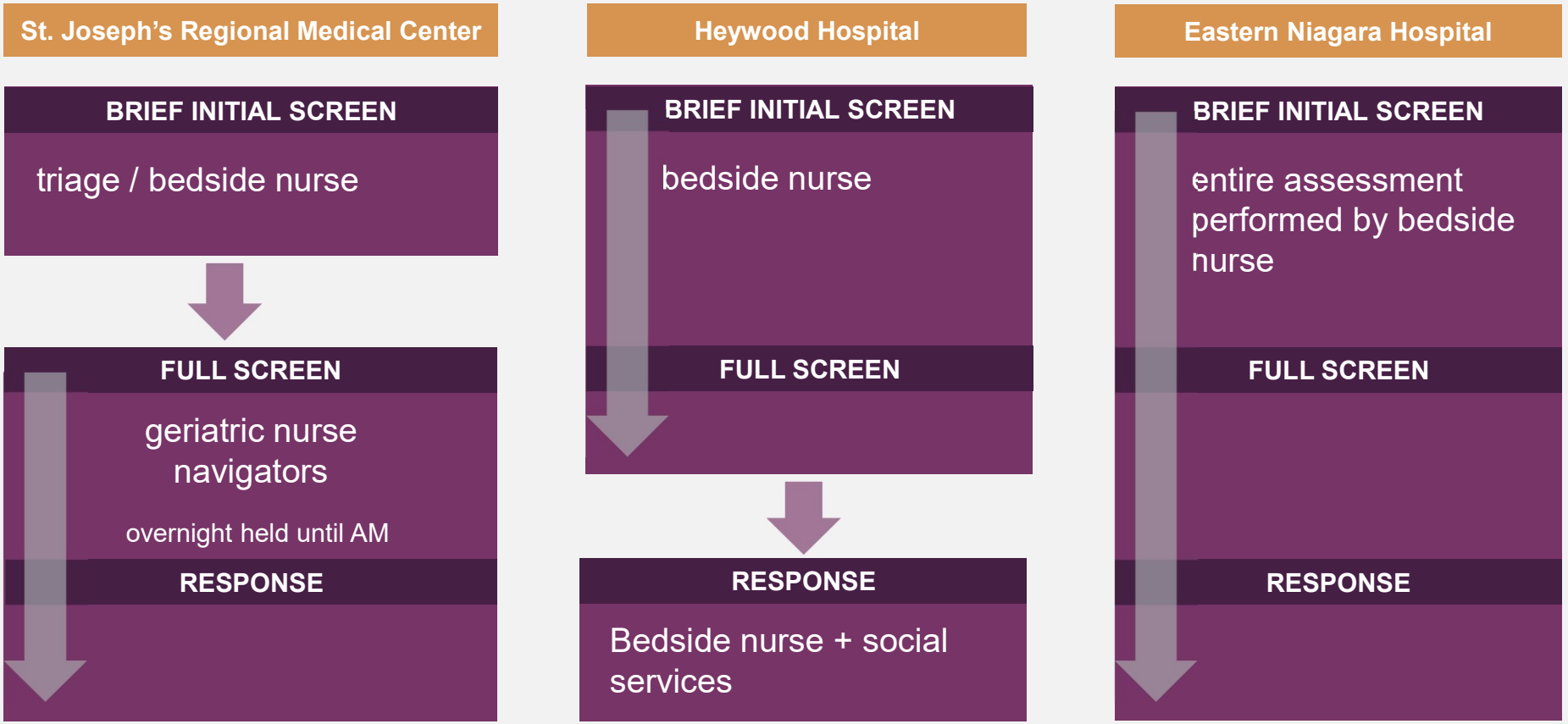
ENHS
EASTERN NIAGARA Health System

83% of nursing staff took hour-long training
clinical champion took 4-hour comprehensive training

Learning

- higher levels of confidence in elder mistreatment recognition and intervention after training
- training significantly increases knowledge and efficacy, though persistent gaps
- requiring training necessary for completion
- Unionized staff will need to be paid if completing training outside of scheduled work hours

Implementation Workflow



Supporting Factors

HIGH RESOURCES

- Geriatric ED resources
- **Geriatric nurse navigators**

  clinical champions, coordinators, educators, resources, follow-up specialists

LOW RESOURCES

- Clinical champion to ensure model implemented
- Social work / care management with experience / connections to community more closely connected to ED
- Sexual assault forensic nurse to offer expertise / advocacy
- Support from hospital leadership

Impact of COVID-19

- deeply impacted during initial COVID surge
  - » ED resources overwhelmed
  - » Very high acuity, fewer older adults presenting
  - » Care provided to residents of several large nursing homes
  - » Staff, leadership illness and isolation/quarantine challenging

- volume of older adult ED patients decreased dramatically
- more cases of self-neglect because patients can't get needed services
- re-deployment of resources / changes in workflow

pioneered curbside triage, included elder mistreatment assessment

Improved Community Connections

- Adult Protective Services
- community-based MDTs
- Area Agency on Aging
- Private providers of aging services
- Department of Health
- Accountable Care Organizations (ACOs)

Cross-Site Results

QUESTION 1

Is the Toolkit feasible to implement in the emergency department?

- Some internal modifications to screening tool made and tested.
- Training and screening resources regarded as most useful.
- Training participation rate ranged from 58 –93% of eligible staff.
- All sites began screening for elder mistreatment, average rates by ED ranged from 18 – 87% of eligible patients.
- Over 15,000 older adults screened for elder mistreatment in ~ 9 months.
- **Variation in toolkit implementation across sites pointed to needed modifications to elements.**

Cross-Site Results

QUESTION 2

Can emergency departments better identify and manage elder mistreatment when they implement the Toolkit?

- Staff knowledge about identifying and managing cases of elder mistreatment significantly improved after training.
- **Staff less clear on how to work with APS, and patients that have cognitive impairments, and/or are experiencing psychological trauma.**
- Greater proportion of ED staff perceived as prepared to recognize and intervene in suspected cases of elder mistreatment.
- Screening rates increased over time at most sites.
- Positive pre-screening rates ranged from 1% -4%, triggered screening rates from .04% –1%.

Cross-Site Results

QUESTION 3

How does implementation of the Toolkit affect emergency department functioning?

- Toolkit aligned with workflow and care, but prior practices difficult to supplant.
- **Sites with screening tools embedded in medical health record experienced fewer disruptions to workflow.**
- Hospital-level indicators suggest that new model is minimally disruptive.
- Improved EM-EDAP scores on implementation of best practices for addressing elder mistreatment in the emergency department.
- EDs transitioned to more networked forms of community connections for addressing elder mistreatment.

Lessons Learned

- model possible to deploy in large, high-resource and small, low resource EDs
- different EDs will implement with varied workflows
- clinical champion essential, and hand-off to team member with expertise helpful
- including elements of screening within EMR helpful to ensure performed
- strengthening connections to community critical
- opportunities exist to provide services to other vulnerable adults identified by screening process

4

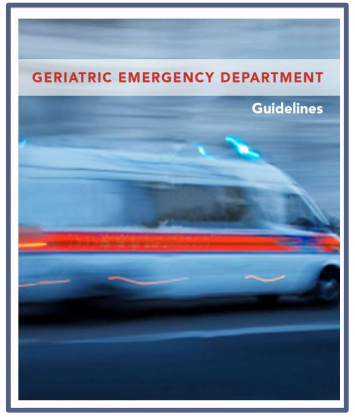
ARE WE ON THE SAME PAGE?

Tony Rosen

Kristin Lees Haggerty

Geriatric Emergency Departments

Critical to identify opportunities / partnerships to ensure that tools and strategies for elder mistreatment assessment and treatment can be shared and implemented widely



5

SMALL GROUP CHALLENGE

Small Group Challenge

- Each table has a sheet with a challenge topic and room to record your solutions
- Please choose a recorder/reporter
- Take 10 minutes to brainstorm realistic solutions to your challenge and choose one to be shared with the whole group when we reconvene

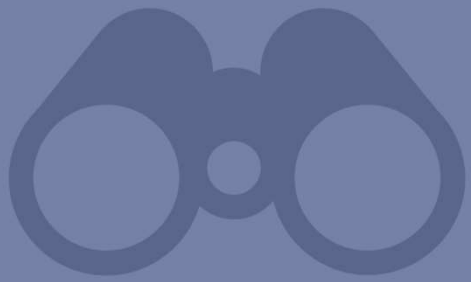
CHALLENGE 1	BREAKOUT GROUP 2	CHALLENGE 3
Topic: Developing improved connections between ED staff, APS, and other community-based resources	**Topic:** Ensuring cultural competency in addressing elder mistreatment	**Topic:** Identifying elder mistreatment in patients with dementia and finding appropriate resources

Small Group Solution Report

CHALLENGE 1	CHALLENGE 2	CHALLENGE 3
Topic: Developing improved connections between ED staff, APS, and other community-based resources	**Topic:** Ensuring cultural competency in addressing elder mistreatment	**Topic:** Identifying elder mistreatment in patients with dementia and finding appropriate resources

6

WHAT'S NEXT?



Dissemination Activities

- Collaboration with Geriatric Emergency Department Collaborative
- Geriatric Workforce Enhancement Program ECHO initiative
- Organic spread within test site systems
- Tamkin Symposium: toolkit and mentoring program launch

NCAEM Mentorship Program

- Improving care for older adults at risk for elder mistreatment will require a robust pipeline of **clinicians** *from multiple disciplines* and **researchers** to champion this work
- Identifying and supporting these clinicians and researchers is critical
- Mentorship can be integral to all aspects of career development

- Approaches to implement and measure the impact of clinical initiatives
- Leadership / advancement strategies
- Connection with collaborators
- Access to exiting/secondary data
- Identifying funding opportunities
- Grant-writing
- Career development advice

NCAEM Mentorship Program

ONE YEAR PROGRAM

Mentees will:

- Be paired with an expert mentor with shared interests, experience
- meet with their mentor at least monthly via telephone/virtual or in person
- design and complete a clinical or research project with the assistance of their mentor
- attend and present project at special 2-day convening focused on opportunities at the intersection of elder mistreatment, dementia, and other risk factors

NCAEM Mentorship Program

ELIGIBILITY AND APPLICATION PROCESS

- Clinical and research professionals from any discipline at any career stage
- Not currently at NCAEM core institution

ELEMENTS OF APPLICATION

- **Statement of Interest:** *(500 words max)* describing interest in elder mistreatment, overall career goals, and what hope to get out of mentorship program
- **Project Proposal:** *(500 words max)* describing clinical or research project hope to work on with the assistance of their mentor as part of the program
- **Curriculum Vitae / Biosketch / Resume:** no specific formatting requirements

Send completed applications or questions / inquiries to NCAEM@edc.org

May conduct video interviews with applicants

NCAEM Mentorship Program

MENTEE SELECTION CRTIERIA

- Level of demonstrated interest in elder mistreatment
- Likelihood that will have impactful career in elder mistreatment
- Potential for mentorship program to accelerate / support career development
- Promise / potential impact of proposed project

NCAEM Mentorship Program

BREAKFAST TOMORROW!

for anyone interested in learning more about potentially becoming a mentee or mentor in the program

and sign up for e-mail announcements re: program

will be available to discuss from 7AM-8AM at table in back corner

National Collaboratory to Address
Elder Mistreatment

Offered with loving gratitude to the memory our friend and colleague, Dr. Carmel Dyer

EDC Education Development Center

The John A. Hartford Foundation

Gordon and Betty Moore Foundation

Health Foundation for Western & Central New York