Improving Identification and Management of Elder Abuse and Neglect

Tony Rosen, MD, MPH
Assistant Professor of Emergency Medicine
Department of Emergency Medicine
Weill Cornell Medical College / NewYork-Presbyterian Hospital
DISCLOSURE OF COMMERCIAL RELATIONSHIP(S)

No financial conflicts of interest to disclose.

**Elder Abuse Research Supported By**

R01 AG060086 (2018-23)

K76 Beeson (2016-21)
Paul B. Beeson Emerging Leaders in Aging Career Development Award

R03 GEMSSTAR (2014-6)
Grants for Early Medical/Surgical Specialists' Transition to Aging Research

**Jahnigen Scholarship**
Supplemental career development award

**Foundation Support**

**Elder Abuse Clinical Programs Supported By**

C11113GG-1080200 2019-22)
Improving Identification and Management of Elder Abuse and Neglect:

A Training for Health Care Professionals

Thomas V. Caprio, MD, MPH
Associate Professor of Medical Genetics, Dentistry, Clinical Nursing, & Public Health
University of Rochester Medical Center

Arthur Mason, LMSW
Director, Elder Abuse Prevention
Lifespan of Greater Rochester

Tony Rosen, MD, MPH
Assistant Professor of Emergency Medicine
Department of Emergency Medicine
Wellman Cornell Medical College / NewYork-Presbyterian Hospital

September 18, 2018
Lifespan / University of Rochester PEGE Elder Abuse Presentation & Discussion
Pt tripped on a wet rug in the bathroom, striking her head and face on the edge of the sink. She did not lose consciousness, and the daughter reports that she was not assisting her mother but witnessed the fall from the hallway. EMS was called, and Ms. R was ambulatory onscene when they arrived.

- pt with recently-diagnosed mild cognitive impairment and lives with her adult daughter, who is primary caregiver

- history provided almost exclusively by daughter, who notably interrupts whenever Ms. R attempts to contribute
MS. R: 79F    FALL    VIA EMS

PHYSICAL EXAM

• mildly cachetic-appearing but well-groomed
• ecchymoses/bruising in the peri-orbital areas bi-laterally with the left eye nearly swollen shut
• tenderness in both maxillary sinuses
• bruising on her left cheek and on the external aspects of both upper arms

IMAGING

• acute left zygoma fracture
• acute displaced nasal bone fracture
• age-indeterminate right zygoma fracture
• acute right ulna fracture

NEXT STEPS?
On social work evaluation, Ms. R’s daughter continues to report that the injuries are due to a fall, and Ms. R agrees when asked directly.

When Ms. R is questioned alone in the radiology suite, however, she admits to frequent verbal and infrequent physical abuse by her daughter. Her new story is that her daughter was insisting that she sign papers to allow her to control all of her banking and finances. They argued, as they do frequently, and daughter struck her twice in the face with Ms. R’s cane.

After the decision is made to admit Ms. R to identify a safe discharge plan, additional testing is done, and she is found to have multiple old rib fractures, to be anemic, and to have low albumin suggesting poor nutrition.
Pt hasn’t been acting normally for a few days, hasn’t been getting out of bed as he usually does and eating less. No fever, cough, or other complaints. Also hasn’t been taking all of his medications.

- grandson, who lives with pt and is at bedside, called EMS
- pt has advanced dementing illness and is unable to contribute to history
MR. G: 84M  NOT HIMSELF  VIA EMS

VITAL SIGNS
HR: 81    RR: 18    SPO2: 93% on room air
Temp (oral): 35.7°C

PHYSICAL EXAM
in the hallway
• ?moaning, AOX0
• dirty clothing
• ?rhonchi at right lung base
• Trace ?edema in ankles b/l

IMAGING & LABS
• CXR: can’t rule out RLL pneumonia
• WBC, lactate not elevated
• Cr: 1.4, BUN: 35, Na: 146

NEXT STEPS?
Medical student brings ACR to team, which documents:

- apartment very messy, filled with boxes, vermin infestation, foul odor
- very cold – heat not on
- refrigerator empty
- multiple half-filled pill bottles, some prescribed years ago
- grandson yelled at pt to “be quiet” while EMS was loading onto stretcher
When providing personal care, nurse and tech identify additional physical findings:

- Elongated toenails in neglect victim. Photo courtesy of D.C. Homeier
- Poor dentition in a substantiated case of dependent adult neglect. Photo courtesy of L. Gibbs, MD, Orange, CA
- Pressure sores in neglected patient. Photo courtesy of D.C. Homeier
MR. G: 84M  NOT HIMSELF  VIA EMS

ADDITIONAL LABS

CK: 7,400

Dilantin level: 0
Digoxin level: 0
ELDER ABUSE

• mistreatment of an older adult (aged ≥60)
  • by a person in a position with an expectation of trust
    OR
  • when an older adult is targeted because of age or disability

• may include physical abuse, sexual abuse, neglect, psychological abuse, financial exploitation
  • many victims suffer from multiple types of abuse
ELDER ABUSE

• common and has serious consequences
  • 10% experience abuse or neglect each year
  • victimization increases risk of mortality, nursing home placement, dementia, depression

• under-recognized and under-reported
  as few as 1 in 24 cases identified
IDENTIFYING ELDER ABUSE

HEALTH CARE AN IMPORTANT OPPORTUNITY

- evaluation by health care provider may be only time abused older adult leaves the home

- many health care providers evaluate patients in their home

BUT

Health care providers seldom identify or report
IDENTIFYING ELDER ABUSE IN THE ED

BARRIERS/DISINCENTIVES

- lack of time to conduct a thorough evaluation
- lack of awareness or inadequate training
- fear and distrust of the legal system
- denial by patient him/herself
- ambiguities surrounding decision-making capacity in victimized older adults
- absence of a protocol for a streamlined response
- difficulty distinguishing abuse from accidental trauma or illness

CHALLENGES IN ELDER ABUSE FORENSICS
THE BATTERED-CHILD SYNDROME

C. Henry Kempe, M.D., Denver, Frederic N. Silverman, M.D., Cincinnati, Brandt F. Steele, M.D., William Droegemueller, M.D., and Henry K. Silver, M.D., Denver

Professor and Chairman (Dr. Kempe) and Professor of Pediatrics (Dr. Silver), Department of Pediatrics; Associate Professor of Psychiatry (Dr. Steele); and Assistant Resident in Obstetrics and Gynecology (Dr. Droegemueller), University of Colorado School of Medicine; and Director, Division of Roentgenology, Children’s Hospital (Dr. Silverman).

Abstract—The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to ensure a full evaluation of the problem and to guarantee that no expected repetition of trauma occurs.

- Bruising of ears, cheeks, buttocks, palms, soles, neck, genitals
- Bruising not over bony prominences
- Bruising in children too young to ambulate
- Metaphyseal fracture
- Multiple posterior rib fractures
- Spinous process fractures
- Burn with immersion pattern
- Subdural hematoma
- Retinal hemorrhages
# Elder Abuse vs. Child Abuse

## Confidently Identifying Elder Abuse is Harder

- physiologic changes in aging
- common medications
- varied functional status

## Much Less Evidence to Assist in Elder Abuse Forensics

*more than 1000* peer-reviewed articles systematically examining child abuse-related injuries

---

distinguishing abuse from accidental trauma or illness
To identify *injury patterns* associated with physical elder abuse
OUR RESEARCH

IMPROVING IDENTIFICATION OF PHYSICAL ABUSE

METHODOLOGIC CHALLENGE

Identifying definitive instances of elder abuse to study in detail

SOLUTION

comprehensive analysis of legal files from highly adjudicated physical elder abuse cases in which the presence of abuse is indisputable

focus on photographs of injuries, medical records

Brooklyn District Attorney
Elder Abuse Unit
IMPROVING IDENTIFICATION OF PHYSICAL ABUSE

METHODOLOGIC ADVANCES

• development and evaluation of a standardized protocol for photographing injuries in the acute care setting

• development of a comprehensive classification system / taxonomy to describe geriatric injuries

Table: Body Positioning to Photograph Injuries on the Arm

<table>
<thead>
<tr>
<th>Diagram</th>
<th>Region of the Arm</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td>Radial / Anterolateral Surface</td>
</tr>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td>Dorsal / Lateral Surface</td>
</tr>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td>Ulnar / Posteriorlateral Surface</td>
</tr>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td>Volar / Medial Surface</td>
</tr>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td>Elbow</td>
</tr>
</tbody>
</table>

Figure: Photos Required for Each Injury

INJURY TYPES
- Bruise
- Hematoma / Swelling
- Abrasion
- Laceration
- Fracture
- Dislocation
- Blunt
- Decubitus Ulceration
- Skin Tear
- Punchure/Stab Wound
- Bite
- Traumatic Alopecia
- Traumatic Tooth Loss
- Other

1. Determine type of injury

CHARACTERISTICS FOR ALL INJURIES
- Body region(s)
- Precise location(s)
- Mechanism (per patient)
- Implement (per patient)
- Mechanism (per caregiver/family/other)
- Interval between injury and evaluation (per patient)
- Interval between injury and evaluation (per caregiver/family/other)

2. Assign values to each of the characteristics common to all geriatric injuries

CRITICAL ADDITIONAL CHARACTERISTICS
- 8-12 characteristics relevant for description of specific injury type

3. Assign values to additional characteristics relevant for specific injuries

Skin Tear Additional Characteristics
- Maximum length (cm)
- Maximum width (cm)
- Flap tissue loss
- Flap color

Flap Tissue Loss Options for Skin Tear
- No skin loss
- Partial flap loss
- Total flap loss
- Not specified


Flap Color Options for Skin Tear
- Pale, dusky, or darkened
- Not pale, dusky, or darkened
- Not specified
IMPROVING IDENTIFICATION OF PHYSICAL ABUSE

COMPARING INJURY PATTERNS

Case-control study comparing injury patterns, physical findings, forensic biomarkers, and photographic evidence from

Physical elder abuse victims

to

Geriatric patients presenting to the Emergency Department after accidental fall
INJURY PATTERNS AND CLINICAL FINDINGS

Physical abuse victims more likely than unintentional fallers to have:

- maxillofacial, dental, or neck injuries combined with no upper and lower extremity injuries (50% vs. 8%)
- injuries to the left cheek or zygoma (22% vs. 3%)
- neck (15% versus 0%) or ear (6% versus 0%)

Plan to derive a clinical decision rule to assist health care providers
## IDENTIFYING ELDER ABUSE

**Physical Signs Suspicious for Potential Elder Abuse**

- PHYSICAL ABUSE
- SEXUAL ABUSE
- NEGLECT

---

*WARNING* GRAPHIC CONTENT

Knowing what to look for...
# POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

## PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- Multiple fractures or bruises of different ages
- Traumatic alopecia or scalp hematomas
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries

*some “falls” are actually abuse*
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

• Bruising in atypical locations
• Patterned injuries
• Wrist or ankle lesions or scars
• Burns
• Multiple fractures or bruises of different ages
• Traumatic alopecia or scalp hematomas
• Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
• Intraoral soft tissue injuries

• not over bony prominences
• on lateral arms, back, face, ears, or neck

Atypical bruising of the chest in a case of substantiated abuse
Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA

Bruising on ear in abused elderly woman
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

• Bruising in atypical locations
• Patterned injuries
• Wrist or ankle lesions or scars
• Burns
• Multiple fractures or bruises of different ages
• Traumatic alopecia or scalp hematomas
• Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
• Intraoral soft tissue injuries

• bite marks
• injury consistent with the shape of a belt buckle, fingertip, or other object

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- **Wrist or ankle lesions or scars**
- Burns
- Multiple fractures or bruises of different ages
- Traumatic alopecia or scalp hematomas
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries

*suggesting restraint*

Ligature mark created by wire used as restraint

Pattern bruising on lower leg from a ligature
Photo courtesy of: L. Gibbs, MD, Orange, CA

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
  - Multiple fractures or bruises of different ages
  - Traumatic alopecia or scalp hematomas
  - Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
  - Intraoral soft tissue injuries

particularly stocking / glove pattern suggesting forced immersion or cigarette pattern

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- **Multiple fractures or bruises of different ages**
- Traumatic alopecia or scalp hematomas
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries

Contusions at varying stages of healing on his chest and arms as well as a linear patterned injury across left anterior chest

Photo courtesy of D. C. Homeier

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- Multiple fractures or bruises of different ages
- **Traumatic alopecia or scalp hematomas**
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

• Bruising in atypical locations
• Patterned injuries
• Wrist or ankle lesions or scars
• Burns
• Multiple fractures or bruises of different ages
• Traumatic alopecia or scalp hematomas
• **Subconjunctival, vitreous, or retinal ophthalmic hemorrhages**
• Intraoral soft tissue injuries
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- Multiple fractures or bruises of different ages
- Traumatic alopecia or scalp hematomas
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries
# POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

## SEXUAL ABUSE

- Genital, rectal, or oral trauma
- Evidence of sexually-transmitted disease
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

SEXUAL ABUSE

- Genital, rectal, or oral trauma
- Evidence of sexually-transmitted disease

including erythema, bruising, lacerations

Bruises on bilateral inner thighs of nursing home resident suggestive of sexual abuse
Photo courtesy of D.C. Homier
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

SEXUAL ABUSE

- Genital, rectal, or oral trauma
- Evidence of sexually-transmitted disease

Elder Sexual Abuse: Preliminary Findings
Holly Ramsey-Klawnik, PhD

ABSTRACT. Twenty-eight cases of suspected elder sexual abuse were identified and described by elder protective service workers. All the victims were female, and 71% experienced significant limitations in capacity for independent functioning and self-protection.
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

muscle wasting, temporal wasting, sunken eyes

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia / malnutrition
- **Dehydration**
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

**dry mucous membranes, sunken eyes, skin tenting, severe constipation / fecal impaction**

knowing what to look for
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia / malnutrition
- Dehydration
- **Pressure sores / decubitus ulcers**
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

Knowing what to look for
## POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

### NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- **Poor body hygiene, unchanged diaper**
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

---

Sacral decubitus ulcer embedded with feces in a case of elder neglect.  
Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA
## POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

### NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- **Dirty, severely worn clothing**
- Elongated toenails
- Poor oral hygiene

Knowing what to look for
# POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

## NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- **Elongated toenails**
- Poor oral hygiene

---

![Elongated toenails in neglect victim. Photo courtesy of D.C. Homeier](image-url)
POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia / malnutrition
- Dehydration
- Pressure sores / decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

Poor dentition in a substantiated case of dependent adult neglect.
Photo courtesy of: L. Gibbs, MD, Orange, CA

knowing what to look for
Fractures at different stages of healing or a reported history of injury out of proportion to the observed injury are suspicious for elder abuse.

Provide the radiologist with a description of the clinical scenario to improve the identification of a mismatch between injury severity and the reported mechanism of injury.
imaging correlates of elder abuse likely exist

Radiographic Findings Potentially Suggestive of Elder Abuse, Per Radiologists

- Upper / posterior / multiple rib fractures
- Multiple subdural hematomas (particularly of different ages)
- Skull fracture
- Small bowel hematomas
- Injuries in multiple stages of healing
- Injuries inconsistent with mechanism
- Multiple fractures and head trauma
- Spiral fracture
- Brain volume loss secondary to malnutrition
- Decubitus ulcers

research ongoing
MEDICAL AND LABORATORY MARKERS

• No laboratory test to definitively detect abuse

• Lab tests may suggest potential malnutrition, dehydration, anemia, hypothermia/hyperthermia, rhabdomyolysis

• Older adult with suspicious bruising and normal coagulation studies may have abuse-related injuries

• Blood or urine tests for medication levels / drugs / toxins
  • Low or undetectable medication level may suggest intentional or neglectful withholding, diversion
  • Elevated medication level may suggest intentional or unintentional overdose
  • Presence of toxin or medication not prescribed may indicate poisoning
Potential for advanced algorithms using patterns of health care usage to identify potential victims and at-risk older adults
TEAM-BASED APPROACH

TO IDENTIFYING ELDER ABUSE IN CLINICAL SETTING

• EMS
• Triage
• Nursing
• Tech / Radiology Tech / Escort
• Radiologists
• Social Workers
• Care Coordinators / Patient Navigators

it’s hard, so everyone needs to be empowered to contribute!

IN MULTI-DISCIPLINARY GERIATRICS CLINIC

IDENTIFYING ELDER ABUSE

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)
### IDENTIFYING ELDER ABUSE

#### Concerns about Older Adult / Caregiver Interaction

- older adult and caregiver provide conflicting accounts of events
- caregiver interrupts / answers for the older adult
- older adult seems fearful of or hostile towards caregiver
- caregiver appears unengaged / inattentive in caring for the older adult
- caregiver appear frustrated, tired, angry, or burdened by the older adult
- caregiver appears overwhelmed by the older adult
- caregiver appears to lack knowledge of the patient’s care needs
- evidence that the caregiver and/or older adult may be abusing alcohol or illicit drugs
## Identifying Elder Abuse in the ED

### Concerns from Medical Hx

- Unexplained injuries
- Past history of frequent injuries
- Elderly patient referred to as “accident prone”
- Delay between onset of medical illness or injury and seeking of medical attention
- Recurrent visits to the emergency department for similar injuries
- Using multiple physicians and emergency departments for care rather than one primary care physician (“doctor hopping or shopping”)
- Noncompliance with medications, appointments, or physician directions
ELDER ABUSE AND COVID-19

- Increased risk factors for older adults and caregivers
- More limited response from community-based resources
- Less visibility into nursing homes

Likely more common but less frequently identified
MANAGEMENT

- Document completely, accurately
- Ensure patient safety
- Report to authorities as appropriate
MANAGEMENT

• Document completely, accurately
  • Detailed, specific documentation of all physical findings is important
  • consider using body maps and photographs
MANAGEMENT

- Ensure patient safety
  - consider transfer to emergency department
  - prevent contact with abuser if immediate danger
  - arrange alternate living arrangements or emergency shelter
  - involve hospital administration / legal if abuser is health care proxy / medical decision-maker

Immediate Danger: STOP and do not discharge to previous living situation if:
- Sexual assault with ongoing risk
- Threat: concern for or stated threat of physical injury
- No access: neglect with ongoing risk for insufficient access to shelter, food, medication, or medical care
- Physical abuse with injury and ongoing risk
• Ensure patient safety

  FOR PATIENT THAT REFUSES INTERVENTION

  • determine capacity to make this decision
    (psychiatric consultation may be helpful)

Wishes of older adult with decision-making capacity to return to an abusive situation must be

  • Educate about safety planning and potential for escalation
  • Provide appropriate referral materials

Aunt Bertha
https://www.findhelp.org
• Report to authorities as appropriate
  • call the police
  • report to Adult Protective Services
  • report concerns about a nursing facility to ombudsman / Department of Health

To find out how to report to APS in your community:
http://www.napsa-now.org/get-help/help-in-your-area/

Information on mandatory reporting laws:
COMPREHENSIVE APPROACH

Elder Mistreatment Care Model

Core Element Overview

1. Elder Mistreatment Emergency Department Assessment Profile
   - 60+ year-old patient enters emergency department

2. Training
   - Screening & Response

3. Screening & Response
   - Follow-up

4. Follow-up
   - Core Element Number
   - Older Adult Patient
   - Clinical Site Champion
   - Clinical ED Staff (MD, PA, NP, RN)
   - Adult Protection & Community Partners

pragmatic trial ongoing in multiple sites
Has the potential to significantly increase identification

- Single safety question unlikely adequate / appropriate
- Targeted screening is challenging because it is difficult to accurately identify high-risk patients and screening may miss victims
- No evidence yet indicating either improved outcomes or negative consequences with screening
INTERVENTION

Launched the 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
MEETING A NEED

April 1, 2017- March 31, 2019
~24 months / 104 weeks

Total ED Activations: 200 (1.9 per week)
also 55 In-patient activations
HAVING AN IMPACT: OUTCOMES

among patients with high or moderate concern for mistreatment after VEPT evaluation

- 58% change to living/housing situation
- 33% to elder abuse shelter
- 23% new / additional home services

81% with change to living/housing situation or with new/additional home services

only 4 of these patients have since returned to the ED for an mistreatment-related issue
EXPANSION

- Grow our ED-based program and team
- 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

Funding from:
information, protocols, & resources for clinical providers

Check it out if you have a case in clinical setting
QUESTIONS

Thank you!
Screening Tools

Elder Abuse Suspicion Index (EASI)


Validated for cognitively-intact patients in ambulatory care (sensitivity 47%, specificity 75%)

Elder Abuse Questions

1. Have you raised or played with any of the following: bathing, dressing, shopping, banking, or meals?
2. Have any of any newness, malnutrition, hygiene issues, care, bruises, inappropriate clothing, or medications?
3. Have you been a patient because someone has told you in a way that made you feel you asked to be injured?
4. Has anyone tried to force you to sign paper or to secure your money against your will?
5. Can anyone make you stand, touch you in ways that you did not want, or hurt you physically?
6. Doctor: Elder abuse may be associated with findings such as poor eye contact, withdrawn posture, malnutrition, hygiene issues, care, bruises, inappropriate clothing, or medications.

The patient can answer “yes,” “no,” or “unsure.” A response of “yes” on one or more of the questions 2 through 5 would prompt concerns for abuse or neglect.


Sensitivity 94.1%, specificity 88.3% in multi-site validation study (experimental conditions)
EM-SART
Two-Step Screen Including ED Senior AID Tool

SCREENING TOOLS

If caregiver is present they appear:
- To lack knowledge of the older adult’s medical needs
- Unengaged and inattentive in caring for the older adult
- Frustrated, tired, angry, or burdened by the older adult
- Overly concerned (e.g., anxious, hovering)

Additional observations of older adult and/or caregiver:
- Appear to lack access to resources
- Appear to have substance abuse issues
- Older adult
- Caregiver
- Appear to have mental health needs
- Older adult
- Caregiver

Adapted from: Detect Screening Tool.

Judgment of Patient’s Ability to Report Mistreatment

Check any positive response:
- Why is the patient unable to call anyone who can help with the patient’s needs?
- Why is the patient unable to care for the patient’s needs?
- Why is the patient unable to report the mistreatment?
- Why is the patient unable to get help from the ER?
- Why is the patient unable to go to the ER?

Elements highly suggestive of abuse:
- Brick wall or location
- Multiple bruises, or legal injuries
- Poor patient care of the patient’s needs
- Poor patient care of the patient’s needs
- Poor patient care of the patient’s needs
- Poor patient care of the patient’s needs

Elements which may suggest abuse:
- Redness of the patient
- Redness of the patient
- Redness of the patient
- Redness of the patient
- Redness of the patient

Specific circumstances:
- Near hospital or infection: evidence of sexual abuse
- Near hospital or infection: evidence of sexual abuse
- Near hospital or infection: evidence of sexual abuse
- Near hospital or infection: evidence of sexual abuse
- Near hospital or infection: evidence of sexual abuse

Adapted from: Detect Screening Tool.

Confident

Not Confident

Physical Assessment

Suspicious

Suspicious

ED Care as Usual

No suggestion but needs for additional services
BEST PRACTICES IN TRAUMA

recommendations for elder abuse assessment and management in trauma care

• Overview
• Assessment
• Teamwork
• Documentation
• Intervention
• Performance Improvement
How can you identify elder abuse or neglect?

- Risk Factors for Elder Abuse
- Concerns about the Home Environment
- Concerns about Older Adult / Caregiver Interaction
- Concerns from Medical History
- Physical Signs Suspicious for Abuse
### Risk Factors for Elder Abuse

#### FOR BECOMING A VICTIM
- Functional dependence or disability
- Poor physical health
- Cognitive impairment / dementia
- Poor mental health
- Low income / socio-economic status
- Social isolation / low social support
- Previous history of family violence
- Previous traumatic event exposure
- Substance abuse

#### FOR BECOMING A PERPETRATOR
- Mental illness
- Substance abuse
- Caregiver stress
- Previous history of family violence
- Financial dependence on older adult
EMPOWERING RADIOLOGISTS

play a critical role in the detection of child abuse in the ED

but imaging correlates of elder abuse have not been described

Qualitative Interview Research: Diagnostic Radiologist Perspectives

• few radiologists reported receiving any formal or informal training in elder abuse detection
• even experienced radiologists reported never having received a request from a referring physician to assess images for evidence suggestive of elder abuse
• believe imaging correlates exist

imaging correlates of elder abuse likely exist

Radiographic Findings Potentially Suggestive of Elder Abuse, Per Radiologists

- Upper / posterior / multiple rib fractures
- Multiple subdural hematomas (particularly of different ages)
- Skull fracture
- Small bowel hematomas
- Injuries in multiple stages of healing
- Injuries inconsistent with mechanism
- Multiple fractures and head trauma
- Spiral fracture
- Brain volume loss secondary to malnutrition
- Decubitus ulcers

reviewing case where victim reported being struck by cane and alleged abuser reported “he fell”

Ulna does not anatomically support the wrist, so you wouldn’t expect distal or mid-shaft ulnar fractures after a FOOSH