Elder Abuse: Physician Perspective

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Objectives

- Learn the different types of elder abuse
- Identify signs/symptoms of elder abuse
- Develop plan to address concern for elder abuse
- Understand obligation to report elder abuse

Case Presentation

- 81 year old presents to PCP for Annual Medicare Wellness
- Accompanied by her friend/caregiver who is in his 70s. He lives in the house with her and smells of alcohol
- Past Medical History
  - Congestive Heart Failure
  - Moderate Dementia
  - Depression
- Social History
  - Single
  - No children
  - Only sibling lives in Texas

Case Presentation Continued

- 6 hospitalizations in the past year
  - CHF exacerbations, falls
- Utilizes a walker
- Requires assistance with all iADLs and some assistance with ADLs (toileting/showering)
- She denies any acute concerns
- When asked about medications caregiver states "Whatever you have in the system is what she is taking."

Case Presentation Continued

- Physical Exam
  - Vital signs notable for 5 lb weight loss in the past 3 months
  - Disheveled appearing
  - Withdrawn
  - No evidence of any bruising or bed sores

Any concern for elder abuse?

Types of Elder Abuse

Physical	Emotional	Neglect
Abandonment	Sexual	Financial

Prevalence

- **10% of community-dwelling older adults** suffer from abuse, neglect, or exploitation each year
- Rates among **nursing-home residents** are even higher, with research suggesting **>20%**
- **Neglect, psychological abuse, and financial exploitation occur more frequently**, while physical and sexual abuse are less common

Impact

- Exacerbations of chronic illness, depression, and significantly higher mortality
- More likely to present to the emergency department, be hospitalized, and need nursing-home placement
- Increased healthcare costs

Victim Risk Factors

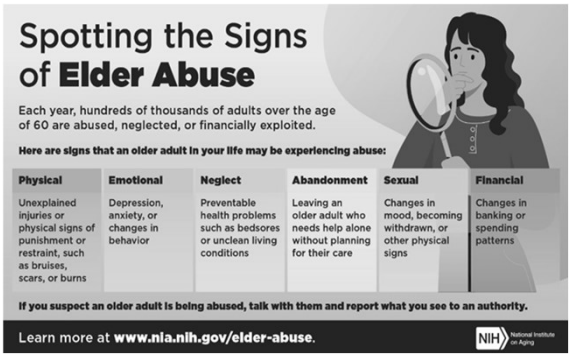
- Chronic medical and mental health conditions
- Cognitive impairment
- Physical, financial, and emotional dependence
- History of poor family relationship between older adult and caregiver
- Caregiver burden
- Social isolation
- Lack of access to support and resources

Screening

- USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for abuse and neglect in all older or vulnerable adults
- Joint Commission, National Center on Elder Abuse, National Academy of Sciences, and American Academy of Neurology recommend routine screening
- American Medical Association recommends routine inquiry

Screening Tool: Elder Abuse Suspicion Index

- Validated for cognitively intact patients in primary care settings
- 5 yes/ no questions answered by patient
- 1 observation question answered by physician
- Positive screen = 1 or more "yes" answers



Case Discussion

Patient Risk Factors	Concerning History	Concerning Physical Exam
• History of dementia • Minimal social support • Reliance on caregiver for iADLs	• Caregiver smells of alcohol • Caregiver living with patient • Multiple hospitalizations for ADHF • Overburdened or disengaged caregiver	• Weight loss • Withdrawn • Disheleved

Concern for Elder Abuse Next Steps

- Interview care partner and patient separately
- Concern for cognitive impairment?
- Assess safety
- Assess capacity
- Assess supports
- Develop safety plan
- Involve multidisciplinary team (case manager, social work)
- Contact Adult Protective Services

Adult Protective Service

- Mandated Reporters to report abuse or evidence of abuse
  - Medical professionals
  - Social Workers
  - Police Officers and EMS
  - Employees of Nursing Home or Residential Care Facilities
  - Employees of Financial Institutions
- To report suspected abuse, call the statewide
  - Call toll-free help line at 1-855-644-6277
  - Contact your county Department of Job and Family Services
  - Use the Ohio Adult Protective Services Online Referral too

Resources

- Lachs M, Rosen T. Mistreatment Chapter. Geriatric Review Syllabus 12th Edition
- Hoover RM, Polson M. Detecting elder abuse and neglect: assessment and intervention. Am Fam Physician. 2014 Mar 15;89(6):453-60. PMID: 24695564

Elder Abuse: Nurse Case Manager's Perspective

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Nurse's Role

- Identifying and reporting suspected cases of elder abuse are an essential part of the patient-centered care that nurses provide.
- Nurses intervene in situations where elder abuse is suspected from many aspects. Nurses may be involved in elder abuse cases at bedside or as a part of a multidisciplinary team like Case Management.
- Nurse Case Managers incorporate their nursing skills along with their care coordination and discharge planning skills to address the needs of their elderly patients that exhibit signs of abuse.
- Nurse Case Managers can not only report suspected cases of abuse,but incorporate alternative discharge plans for those suspected of being victims of abuse.
- Nurses are legally obligated to report cases of elder abuse when suspected even if the abuse has not been verified.

Assessing Patient Needs

- Nurse Case Managers begin discharge planning with the assessment they complete with the patient shorty after admission. Questions surrounding home structure and access, living conditions, medical equiment the patient uses to assist them at home, family members or teachable caregivers who assisted the patient prior to admssion,and those who will be there to assist after discharge.
- Questions about support systems, community resources or services the patient uses are another way Nurse Case Managers can determine what resources or services are needed, and if the patient has anyone to assist with their care.
- Nurses work with family and caregivers to implement discharge plans and provide resources and support systems with the goal of alleviating the risk for elder abuse and neglect.

Coordination of Care With Other Professionals

- If elder abuse or neglect is suspected in an inpatient setting, a referral is made to Social Work to assist with contacting APS, initiating a report, and assisting with alternative placement/guardianship. Nurse Case Managers are then able to work on coordination of alternative discharge plans, contacting family, working with members of the medical team to determine what additional services might be needed at discharge
- Geriatrics is often consulted inpatient when elder abuse or neglect is suspected. Geriatricians are an essential part of the care team that plays a very important role in evaluating and identifying elder abuse and neglect. The have specialized training and expertise in dealing with the elderly and are able to provide education and recommendations to the other members of the medical team, and assist with determining the best treatment plan for the patient based on their individual needs

Coordination of Care With Other Professionals

- Psychologists are often consulted when elder abuse or neglect is suspected. The fear, shame, and mental trauma associated with abuse or neglect is evaluated and treatment reccomended by this facet of the Medical Care Team
- Wound Care Nurses are often consulted in incidences of abuse or neglect for staging and treatment of wounds.

Nursing Intervention and Strategies

- Identify factors during patient assessment that increase the risks of abuse or neglect
- Establish a trusting relationship with the patient
- Encourage caregivers to take regular respite
- Observe family interactions and body language
- Interview caregivers and informants separately when abuse or neglect is suspected
- Provide caregiver support group information and resources
- Interview the patient separately

Discharge Planning

- Assist with establishing a safe discharge plan and support system for the patient.
- Provide community resources and respite information for family members/caregivers.
- Provide linkage with local agencies that offer services to the elderly like Meals on Wheels, Transportation to appointments, and emergency alert buttons/necklaces.
- Assist the patient with creating a safety plan that includes emergency contacts, what to do if they don't feel safe, etc.

Case Study

- 85 y.o. male presents to the hospital as a trauma after an unwitnessed fall. Patient was found down by neighbors,and was unconscious with obvious head strike. Patient awakens and moans but is unable to speak. Neighbors report a caregiver, however caregiver couldn't be found. Caregiver presented as patient was being taken away in ambulance. Skin assessment in the Emergency Department reveals several bruises in various stages of healing. Once interviewed by ED Nurse, Caregiver states she wasn't gone very long and had stepped out to go to the local grocery store. Caregiver states she's private pay and was hired by the family to care for the patient from 8am to 4 pm every day. Caregiver states that either the patient's daughter or son comes to relieve her and care for the patient overnight. Caregiver reports the daughter seems to be frustrated with the patient in the interaction that she's witnessed, and doesn't really seem to understand how to communicate with the patient. Caregiver states she's witnessed the son forcefully sit the patient in a chair after the patient didn't respond to the son asking him several times to have seat at the table. Interview with son and daughter reveal that caregiver is helpful and seems to be great with the patient, but will leave the patient alone from time to time after being asked repeatedly not to do so. "Dad really likes her, she's great with him "

Case Study cont'd

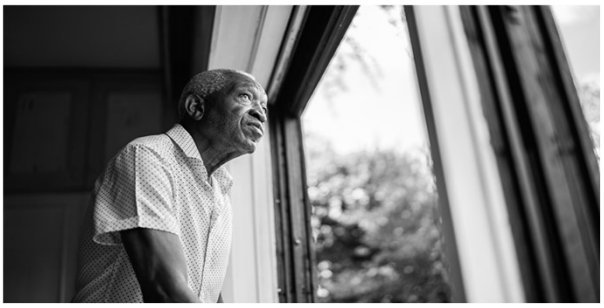
- ED Social Worker contacts APS to initiate a report of suspected abuse
- Patient admitted and transferred to inpatient unit where the Nurse Case Manager works with unit Social Work and APS to create an alternative plan for the patient while the investigation is taking place
- Nurse Case Manager reviews therapy evaluation and reccomendations for the patient to discharge to a Skilled Nursing Facility once medically able to do
- Nurse Case Manager works with unit Social Worker to follow APS determination and to assist with placement in facility

Barriers to Identifying Elder Abuse

- No visible, physical signs of abuse/neglect
- Patient is unable to report/communicate that abuse /neglect is taking place
- Lack of trust in the reporting system/process
- Lack of adequate training/knowledge by medical professionals to identify the signs of abuse/neglect
- The victim fears losing their caregiver even if the caregiver is the abuser-"they will have no one"

Care Transition for Abused or Neglected Elders

- Social Work and Nurse Case Managers work together to determine alternative discharge dispositions for the patient
- Should guardianship be warranted, Social Work assists with initiation of this process
- Work with family to establish a care schedule that prevents gaps in care /support for the patient when possible
- Recommend referrals to behavioral health or counseling services at discharge



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Ohio's Adult Protective Services Hotline

If you believe that an adult age 60 or older has suffered abuse, neglect, or exploitation, you may file a report by phone, mail, fax, or in person during agency hours – or you can **call 855-OHIO-APS** (**1-855-644-6277**) toll-free 24/7.

Social Worker Perspective

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Elder Abuse/Neglect:

Social Work Perspective

It is estimated that 10% of adults aged 65 or older experience some form of abuse each year in home setting and >20% in facilities.

Types:

- Self Neglect vs Caregiver Neglect
- Emotional/Psychological/Verbal
- Financial
- Physical
- Sexual
- Abandonment

Case Study

- 68 yr old male presented to the ED via EMS
  - Found by EMS in bed no food for 2 days & incontinent = significant pressure ulcers
- Past/Current Medical History
  - Spinal issues resulting in functional mobility concerns leading to inability to complete ADLs and IADLs
  - Type II Diabetes
  - Depression and Anxiety
- Social History/Family Dynamics
  - Mobile home with wife & adult son
  - Concerns of hoarding
  - Wife physically disabled & can't care for patient
  - Adult son employed full-time & apathetic
  - Parents deceased & no siblings
  - No other supports

Case Study Cont.

- 3 hospitalizations in past year
  - Prior recs for SNF – out of paid Medicare days, can't self-pay
  - Recent DC from inpatient hospital setting w/ HHC & family assisting
    - HHC Agency refused d/t condition of home
- DME at home: walker & BSC but unable to use due to mobility issues
  - No hospital bed – can't get in mobile home
- No family or other supports at bedside or able to reached by phone.
- Physical and Emotional Appearance
  - Disheveled
  - Significant bed sores
  - Withdrawn
  - Appeared despondant to current situation
  - Statements of passive suicidality

Neglect vs. Self-Neglect

- Neglect: Refusal or failure by those responsible to provide food, shelter, health care, or protection for a vulnerable adult
  - Indicators of Neglect:
    - Untreated bedsores and/or skin rashes due to not changing bedding or clothing with urine or feces present
    - Medication mismanagement
    - Non-organic failure to thrive (example: dehydration or malnourishment
    - Not seeking medical care for illness or injury
- Self-Neglect: behavior that threatens own health or safety and manifests itself by failure to provide own adequate nutrition, clothing, shelter, personal hygiene, medication, and safety precautions.
  - Indicators of Self-Neglect:
    - Poor personal hygiene, improper use/non-compliance with medications
    - Cluttered and/or hoarded home environment
    - Missing medical appointments and/or lack of follow-through for medical care
    - Not paying bills or having utilities shut off

Adults with capacity have the right to self-neglect and "make poor decisions."

Medical Social Worker Role

- Psychosocial Assessment
  - Addresses basic needs, financial resources, access to transportation, interpersonal safety
  - Family Dynamics
  - Caregiver Stress
  - Community Involvement
- Safe Discharge Planning
  - Care Coordination Team Meetings
  - Mandatory Report
  - Assist with Guardianship filing **(Always the last resort!!)**

Mandatory Reporting

- Required by Ohio law for certain professions to report suspicions of abuse and neglect
  - Medical professionals
  - Social Workers
  - Police Officers and EMS
  - Employees of Nursing Home or Residential Care Facilities
  - Employees of Financial Institutions

How To Make A Referral

- To report concerns of abuse/neglect in the home or community an Adult Protective Services (APS) referral can be made by:
  - Calling 1-855-664-6277 or, if individual is a resident of Franklin County, call 614-525-4348
  - Contacting County Department of Job and Family Services
  - Submitting Online Referral (www.aps.jfs.ohio.gov)
- For concerns of abuse/neglect in long-term care (home care, assisted living, or nursing home) can also:
  - Call Ohio Long-Term Care Ombudsman at 1-800-282-1206
  - Email them at OhioOmbudsman@age.ohio.gov

APS Investigative Timeline

- APS makes initial decision on whether reported concerns meet criteria for APS investigation/intervention
- APS must initiate investigation within 72 hours
- Decision on investigation within 30 days
- May extend investigation beyond 30 days if necessary

  - ➢ APS is short-term case management.
  - ➢ Purpose is to connect clients to on-going services, resources, and community partners.
  - ➢ Can assist with Guardianship filings as a last resort
    - ✓ All less restrictive options are considered first.

Information To Include In APS Referrals

- Name of adult w/ correct spelling – APS reviews for previous and/or active cases
- DOB – Ensured adult meets county-specific criteria (example: for Franklin Co. adults must be over the age of 60).
- Address – Ensures correct county responds & APS needs a location to complete home visit within 72 hours per ORC.
- Referral source contact info
  - Internal use for f/u purposes by the APS Case Managers
  - **ALWAYS** kept confidential
- Details of Allegation(s) –
  - Concerns;
  - Who lives with adult;
  - Pets, weapons, other safety concerns;
  - Any infestations;
  - Barriers – doors/entrances to the home blocked, etc
- Status of adult
  - Home/community;
  - Hospital/rehab facility; or
  - Discharging home

ALWAYS ASSUME NO ONE ELSE HAS MADE A REFERRAL TO APS

Community Resources

- Referral to County Area Agency on Aging
  - PASSPORT (waiver through Medicaid as alternative to nursing home care)
  - Senior Options (meal delivery, adult day programs, transportation, etc.)
  - Caregiver Support (counseling, adult day services, respite, DME, etc.)
  - Home Modifications/Repair
  - A Place For Mom – no cost help with finding senior living & home care options
- Other Community Resources
  - Housing/Shelters/Food Pantries
  - County Department of Jobs & Family Services
  - Mental Health/Substance Abuse

How To Prevent Elder Abuse

- Awareness/Education (Patient, Family, Caregiver, Staff)
- Respite Care, Adult Day Care, Community Centers
- Social Contact and Support to Combat Isolation
- Counseling and Support Groups
- Report Suspected Abuse

Case Study:

Social Work Intervention

- Complete Initial & Psychosocial Assessments
- Referral to Adult Protective Services
- Consult with OSUMC Financial Counselor = apply for Medicaid
- Submit any placement referrals
- Continued collaboration with patient, family, & med team to coordinate a safe dispo/discharge plan

Resources

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