

## An Elder Abuse Prevention Primer

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### What is Elder Abuse?

- "Elder abuse is a term referring to any **knowing, intentional, or negligent** act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult." – National Center on Elder Abuse, AoA

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### What are the types of Elder Abuse?

- **Physical Abuse** - *Inflicting, or threatening to inflict*, physical pain or injury on a vulnerable elder
- **Emotional Abuse** - *Inflicting* mental pain, anguish, or distress on an elder person through **verbal or nonverbal** acts
- **Sexual Abuse** - *Non-consensual* sexual contact of any kind
- **Exploitation** - Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder
- **Neglect** - *Refusal or failure* by those responsible to provide *food, shelter, health care or protection* for a vulnerable elder

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## What are the consequences of Elder Abuse?

- ER visits ↑
- Hospitalization ↑
  - 30 day hospital readmission ↑
- Mortality ↑
- Institutionalization ↑

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## How common is Elder Abuse?

“Never has an issue that affected so many people received so little attention.”

— Marie Therese Connolly

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## How common is Elder Abuse?

- 2009 National Elder Mistreatment Study-- **11%** reported at least one form of mistreatment
- 2011 NY State Elder Abuse Prevalence Study-- **1:23.5 cases** reported
- 1 in 2** patients with dementia

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## What is our **Medical-Legal** Obligation?

- Per California law, following individuals are mandated reporters if elder abuse is known or suspected:
  - Physicians and medical professionals
  - Clergy
  - All employees of health care facilities (hospitals, SNF, adult day care, RCFs)
  - All individuals who assume responsibility for care/custody of an elder
  - All employees at banks, savings associations, and credit unions (for suspected financial abuse)

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## Why are we missing Elder Abuse?

- **Ageism**
  - “That’s old age...”
- **Education**
  - Being “aware”...
- **Screening**
  - No widely agreed upon screening tools

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## A Patient-Centered **Proactive** Approach...



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### What are **Patient Risk Factors** for Elder Abuse?

- Age
- Poverty
- **Cognitive impairment** (10% vs 47%)
- ADL needs
- Functional disability
- Frailty

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### What are **Caregiver Risk Factors** for Elder Abuse?

- History of abusive behavior
- History of alcohol/drug misuse
- Cognitive impairment
- Mental illness
- Family history of conflict
- Excessive dependence on patient
- Financial stress
- Isolation
- Inadequate living arrangements
- Family stress

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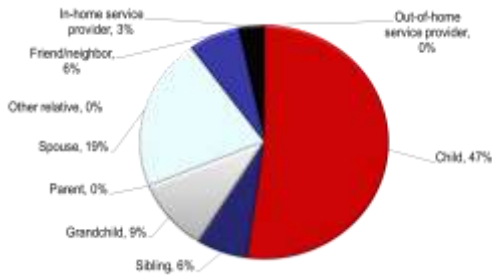
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### How are Abusers Related?



U.S. Department of Health and Human Services, Administration on Aging

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## Approach to Elder Abuse

Recognize	Ask and Assess	Report and Refer
<ul style="list-style-type: none"> <li>Recognize the clues and red flags on history and exam</li> </ul>	<ul style="list-style-type: none"> <li>Ask the questions to further evaluate situation</li> <li>Assess the social situation</li> <li>Assess physical exam</li> <li>Assess capacity</li> </ul>	<ul style="list-style-type: none"> <li>Follow the Escalation Protocol</li> </ul>

## Elder Abuse Checklist

WELL-PLACED CHECKLIST	APS SCREENING CHECKLIST	LONG-TERM CARE FACILITIES
<ul style="list-style-type: none"> <li><b>Appearance:</b> <ul style="list-style-type: none"> <li>1. Distinct jaundice</li> <li>2. Cachexia</li> <li>3. Anorexia</li> <li>4. Unexplained weight loss</li> <li>5. Bruising/contusions</li> <li>6. Hematomas</li> <li>7. Hair loss</li> <li>8. Poor skin integrity</li> </ul> </li> <li><b>Weight:</b> <ul style="list-style-type: none"> <li>9. Unexplained weight loss</li> <li>10. Cachexia</li> <li>11. Edema</li> <li>12. Swelling</li> <li>13. Poor skin integrity</li> <li>14. Poor nutrition</li> <li>15. Dehydration</li> <li>16. Poor hygiene</li> <li>17. Poor oral care</li> <li>18. Poor grooming</li> <li>19. Poor hygiene</li> <li>20. Poor oral care</li> <li>21. Poor grooming</li> <li>22. Poor hygiene</li> <li>23. Poor oral care</li> <li>24. Poor grooming</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Behavior:</b> <ul style="list-style-type: none"> <li>1. Does your behavior seem just that?</li> <li>2. Are you afraid of someone who lives with you?</li> <li>3. Do you have any physical injuries?</li> <li>4. Have you ever been hospitalized for injuries?</li> <li>5. Have you ever been hospitalized for injuries?</li> <li>6. Have you ever been hospitalized for injuries?</li> </ul> </li> <li><b>Physical Abuse:</b> <ul style="list-style-type: none"> <li>7. Have you been bruised or injured?</li> <li>8. Have you been bruised or injured?</li> <li>9. Have you been bruised or injured?</li> </ul> </li> <li><b>Neglect:</b> <ul style="list-style-type: none"> <li>10. Have you been neglected or mistreated?</li> <li>11. Have you been neglected or mistreated?</li> <li>12. Have you been neglected or mistreated?</li> </ul> </li> <li><b>Financial Abuse:</b> <ul style="list-style-type: none"> <li>13. Have you been financially abused?</li> <li>14. Have you been financially abused?</li> <li>15. Have you been financially abused?</li> </ul> </li> <li><b>Sexual Abuse:</b> <ul style="list-style-type: none"> <li>16. Have you been sexually abused?</li> <li>17. Have you been sexually abused?</li> <li>18. Have you been sexually abused?</li> </ul> </li> <li><b>Emotional Abuse:</b> <ul style="list-style-type: none"> <li>19. Have you been emotionally abused?</li> <li>20. Have you been emotionally abused?</li> <li>21. Have you been emotionally abused?</li> </ul> </li> <li><b>Self-neglect:</b> <ul style="list-style-type: none"> <li>22. Have you been self-neglected?</li> <li>23. Have you been self-neglected?</li> <li>24. Have you been self-neglected?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Residential Settings:</b> <ul style="list-style-type: none"> <li>1. Unexplained changes in behavior</li> <li>2. Unexplained changes in behavior</li> <li>3. Unexplained changes in behavior</li> <li>4. Unexplained changes in behavior</li> <li>5. Unexplained changes in behavior</li> <li>6. Unexplained changes in behavior</li> <li>7. Unexplained changes in behavior</li> <li>8. Unexplained changes in behavior</li> <li>9. Unexplained changes in behavior</li> <li>10. Unexplained changes in behavior</li> <li>11. Unexplained changes in behavior</li> <li>12. Unexplained changes in behavior</li> <li>13. Unexplained changes in behavior</li> <li>14. Unexplained changes in behavior</li> <li>15. Unexplained changes in behavior</li> <li>16. Unexplained changes in behavior</li> <li>17. Unexplained changes in behavior</li> <li>18. Unexplained changes in behavior</li> <li>19. Unexplained changes in behavior</li> <li>20. Unexplained changes in behavior</li> <li>21. Unexplained changes in behavior</li> <li>22. Unexplained changes in behavior</li> <li>23. Unexplained changes in behavior</li> <li>24. Unexplained changes in behavior</li> <li>25. Unexplained changes in behavior</li> <li>26. Unexplained changes in behavior</li> <li>27. Unexplained changes in behavior</li> <li>28. Unexplained changes in behavior</li> <li>29. Unexplained changes in behavior</li> <li>30. Unexplained changes in behavior</li> <li>31. Unexplained changes in behavior</li> <li>32. Unexplained changes in behavior</li> <li>33. Unexplained changes in behavior</li> <li>34. Unexplained changes in behavior</li> <li>35. Unexplained changes in behavior</li> <li>36. Unexplained changes in behavior</li> <li>37. Unexplained changes in behavior</li> <li>38. Unexplained changes in behavior</li> <li>39. Unexplained changes in behavior</li> <li>40. Unexplained changes in behavior</li> <li>41. Unexplained changes in behavior</li> <li>42. Unexplained changes in behavior</li> <li>43. Unexplained changes in behavior</li> <li>44. Unexplained changes in behavior</li> <li>45. Unexplained changes in behavior</li> <li>46. Unexplained changes in behavior</li> <li>47. Unexplained changes in behavior</li> <li>48. Unexplained changes in behavior</li> <li>49. Unexplained changes in behavior</li> <li>50. Unexplained changes in behavior</li> </ul> </li> </ul>

## Report and Refer

### Follow Escalation Protocol

#### Outpatient Setting:

- Alert Social Work
- If immediate danger OR if sexual abuse suspected → Refer to emergency services → refer to APS
- If no immediate danger AND patient has capacity → Refer to APS → arrange primary care/social work follow up
- If no immediate danger AND patient with diminished capacity → Refer to APS → identify health care proxy or DPOA if available → arrange primary care/social work follow up

#### SNF/LTC Setting:

- Alert LTC Social Worker
- If immediate danger OR if sexual abuse suspected → Refer to local law enforcement
- If NO immediate danger → Long-Term Care Ombudsman

#### APS Reporting Protocol:

- Fill out and send APS report (either submit online or FAX)
- Place "Mandatory" code on HC
- Send report to "local case collector" for regional data collection

### KP Checklist

- Report to APS or Ombudsman as per Escalation Protocol
- Refer to Social Medicine through Tapestry or phone call (depending on local process)
- Place "Mandatory" suspected elder abuse code on HC:
  - 64630 Suspected Sexual Elder Abuse Mandatory Report
  - 64637 Suspected Neglect Elder Abuse Mandatory Report
  - 64638 Suspected Emotional Elder Abuse Mandatory Report
  - 64639 Suspected Physical Elder Abuse Mandatory Report
  - 64640 Suspected Elder Abuse Mandatory Report Events Outside of KP

- <http://kpnet.kp.org/scal/violenceprevention/elder.html>



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## AB 611

- This bill would authorize a mandated reporter of suspected financial abuse of an elder or dependent adult to **not honor a power of attorney as to an attorney-in-fact about whom he or she made a report to an adult protective services agency or a local law enforcement agency** of any state that the natural person who executed the power of attorney may be an elder or dependent adult subject to financial abuse by that attorney-in-fact.

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## Contact Information

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## Ask and Assess

- Victim Safety is Utmost Priority
  - Determine acuity of situation
  - Determine if patient is decisional
- Speak to patient alone
- Normalize the situation
- Remain objective in front of patient and suspected abuser

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## Ask and Assess

### Capacity

- Assessing a patient's capacity is **necessary** in order to determine the proper escalation of an abuse case.
- 4 components of capacity: 1) Understand, 2) Appreciate, 3) Reason/Rationalize, 4) Communicate choice
- Cognition may be evaluated by MINI-COG or SLUMS test
- Consider Geriatrics or Psychiatry consult if further expertise needed



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