



National Collaboratory to Address
Elder Mistreatment

EMERGENCY DEPARTMENT ELDER MISTREATMENT TOOLKIT: ELDER MISTREATMENT EMERGENCY DEPARTMENT ASSESSMENT PROFILE

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survey, email NCAEM@edc.org



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Elder Mistreatment Emergency Department Assessment Profile

Consent

You are invited to participate in a web-based online questionnaire that [SITE] is conducting to better understand emergency department practices to address elder mistreatment. It should take only 10 minutes to complete.

Completing the questionnaire is voluntary. You may refuse to take part or exit the questionnaire at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

Should you choose to participate, your responses will help us learn how we can improve care for older adults who have been or are at risk of being mistreated by others. However, you will receive no direct benefits from participating in this research study. Risks to participation are minimal, with the main foreseeable risk being breach of confidentiality. However, measures are in place to minimize that risk. Although this questionnaire does ask you to indicate your position (e.g., physician, nurse, social worker), it does not collect information on your name, email address, or IP address. Responses will be stored in a password protected, electronic format on the Qualtrics survey system. A research team at Education Development Center (EDC) will download and store data in password-protected and encrypted files. EDC will report all results in aggregate rather than by position. No one at [SITE] will be able to identify you or your answers based on your position, and no one will know whether or not you participated in the study.

If you have questions at any time about this assessment, you may contact [SITE CONTACT] at [EMAIL/PHONE]; and/or Kim Dash, PhD, MPH, via email or phone at KDash@edc.org or 617.618.2425.

If you have any questions, concerns, or complaints that you wish to address to someone other than [SITE CONTACT] or Kim Dash, you may contact the EDC Institutional Review Board at 43 Foundry Avenue, Waltham, MA, 02453 or humanprotections@edc.org.

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:

- **You have read the above information**
- **You voluntarily agree to participate**
- **You are 18 years of age or older**
 - Agree
 - Disagree



1. In what position do you spend the majority of your time?

- | | |
|--|---|
| <input type="checkbox"/> Attending Emergency Physician | <input type="checkbox"/> Clerk or Registration |
| <input type="checkbox"/> Resident Emergency Physician | <input type="checkbox"/> Patient Services |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Patient Escort |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> ED Pharmacist |
| <input type="checkbox"/> ED Nurse | <input type="checkbox"/> ED Radiology Technician |
| <input type="checkbox"/> ED Patient Care Technician | <input type="checkbox"/> ED Psychiatrist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Administration <i>[specify discipline]</i> |
| <input type="checkbox"/> Care Manager | <input type="checkbox"/> Other <i>[specify here]</i> |
| <input type="checkbox"/> Care Coordinator | |

2. How many years of experience do you have in this job role (after completing training)?

*Please enter a number (e.g., 6 years, 6 months = 6.5)

3. How many years have you been in this job role at this institution?

*Please enter a number (e.g., 9 months = 0.75)

4. How often do you work the overnight shift?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
0	1	2	3	4

5. Elder mistreatment may be physical, psychological, or sexual abuse; neglect, or financial exploitation. At your hospital's emergency department:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>No Opinion</i>
a. <u>Medical</u> staff (e.g., physician, nurse practitioner/physician assistant, resident physician) routinely, actively <u>screen</u> older patients for elder mistreatment.	0	1	2	3	N/O
b. <u>Medical</u> staff are trained to <u>recognize</u> suspected cases of elder mistreatment.	0	1	2	3	N/O
c. <u>Medical</u> staff are trained to <u>intervene</u> in suspected cases of elder mistreatment.	0	1	2	3	N/O
d. <u>Nursing</u> staff routinely, actively <u>screen</u> older patients for elder mistreatment.	0	1	2	3	N/O
e. <u>Nursing</u> staff are trained to <u>recognize</u> suspected cases of elder mistreatment.	0	1	2	3	N/O
f. <u>Nursing</u> staff are trained to <u>intervene</u> in suspected cases of elder mistreatment.	0	1	2	3	N/O



6. At your hospital's emergency department, appropriate staff routinely:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>No Opinion</i>
a. Photograph injuries and other physical findings potentially related to elder mistreatment and add the photographs to the medical chart.	0	1	2	3	N/O
b. Engage a multidisciplinary team of experts in assessing suspected elder mistreatment.	0	1	2	3	N/O
c. Develop safety plans with older adults who are at risk of or who have experienced mistreatment.	0	1	2	3	N/O
d. Report suspected cases of elder mistreatment to appropriate authorities.	0	1	2	3	N/O
e. Refer victims of elder mistreatment to appropriate community resources.	0	1	2	3	N/O
f. Refer alleged perpetrators of elder mistreatment to appropriate community resources.	0	1	2	3	N/O
g. Monitor victims of elder mistreatment after discharge for adherence to referral or care plans.	0	1	2	3	N/O
h. Admit victims of elder mistreatment for safety or social reasons despite the absence of a medical indication for hospitalization.	0	1	2	3	N/O
i. Hold potential victims of elder mistreatment, who present during the night shift, until morning when a social worker or case manager is on duty.	0	1	2	3	N/O

7. The following are barriers to identifying and managing care for older adults who have experienced mistreatment. To what extent does each interfere with care at your hospital?

None = No Interference and *High* = High Interference.

	<i>None</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>No Opinion</i>
a. ED team unaware of emergency medical service concerns about home environment	0	1	2	3	N/O
b. Lack of time to conduct a thorough evaluation given competing priorities with other patients	0	1	2	3	N/O
c. Difficulty distinguishing mistreatment from accidental trauma, illness, or quality of care issues.	0	1	2	3	N/O
d. Lack of (or inadequate) protocol for a streamlined response to elder mistreatment	0	1	2	3	N/O
e. Differences of opinion among staff (between disciplines) regarding how to intervene in cases of elder mistreatment	0	1	2	3	N/O
f. Reliance on family members or caregivers for medical and social historical information	0	1	2	3	N/O
g. Communication difficulties with older adults (e.g., due to cognitive or hearing impairment)	0	1	2	3	N/O
h. Lack of specialized community services for older adults vulnerable to mistreatment	0	1	2	3	N/O
i. Limited follow-up by protective services when cases are reported	0	1	2	3	N/O



j. Lack of basic training and knowledge of elder mistreatment	0	1	2	3	N/O
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8. How would you rate the job your hospital has done educating your discipline about handling cases of suspected elder mistreatment?

<i>Poor</i>		<i>Adequate</i>		<i>Excellent</i>
0	1	2	3	4

9. How knowledgeable do you consider yourself to be about best practices for identifying cases of suspected elder mistreatment?

<i>Not Very Knowledgeable</i>		<i>Somewhat Knowledgeable</i>		<i>Very Knowledgeable</i>
0	1	2	3	4

10. How knowledgeable do you consider yourself to be about best practices for managing cases of suspected elder mistreatment?

<i>Not Very Knowledgeable</i>		<i>Somewhat Knowledgeable</i>		<i>Very Knowledgeable</i>
0	1	2	3	4

11. When you suspect elder mistreatment, what do you do next? [please describe below]

12. Among potentially vulnerable older adults seen in the emergency department, how often do you think you:

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
a. Recognize a case of elder mistreatment?	0	1	2	3	4
b. Miss cases of elder mistreatment?	0	1	2	3	4

13. Among potentially vulnerable older adults seen in the emergency department, how confident do you feel in your ability to:

	<i>Not at All Confident</i>	<i>Not Confident</i>	<i>Unsure</i>	<i>Confident</i>	<i>Very Confident</i>
a. Recognize elder mistreatment?	0	1	2	3	4
b. Intervene for victims of elder mistreatment?	0	1	2	3	4
c. Report cases of elder mistreatment?	0	1	2	3	4



14. Indicate the extent to which you agree or disagree with the following general statements:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
a. Elder mistreatment is a common and serious public health problem.	0	1	2	3
b. <u>All</u> older adults (aged 60 and older) seen in the ED should be screened for elder mistreatment.	0	1	2	3
c. Elder mistreatment assessment cannot take place in hurried contexts like the ED.	0	1	2	3
d. <u>All</u> ED staff should report elder mistreatment to the proper authorities.	0	1	2	3
e. ED staff should monitor victims of elder mistreatment after they are discharged.	0	1	2	3

15. Indicate the extent to which you agree or disagree with the following statements about your hospital's emergency department:

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>No Opinion</i>
a. There are adequate community resources available to respond to older adults at risk of or experiencing mistreatment.	0	1	2	3	N/O
b. There are ample community resources available to prevent elder mistreatment.	0	1	2	3	N/O
c. ED staff work with multidisciplinary teams to assess and manage cases of elder mistreatment.	0	1	2	3	N/O
d. There are programs in my community to support overburdened caregivers who may inadvertently mistreat older adults.	0	1	2	3	N/O
e. Police personnel are receptive and helpful when ED staff report elder mistreatment to them.	0	1	2	3	N/O
f. Adult Protective Services is receptive and helpful when ED staff report elder mistreatment to them.	0	1	2	3	N/O

16. To whom do you report cases of suspected elder mistreatment at your hospital's emergency department? (Check all that apply.)

- Nurse Specialist (e.g., Sexual Assault Nurse Examiner, Forensic Nurse)
- Multidisciplinary Team for Elder Mistreatment
- Social Worker
- Police
- Protective Services Agency
- Local Council on Aging
- Local Area Agency on Aging
- Other *[specify here]*



17. Indicate the extent to which you agree or disagree with the following statements about you:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a. I know who to contact for reporting elder mistreatment.	0	1	2	3	N/A
b. When I report elder mistreatment, I feel my report is taken seriously.	0	1	2	3	N/A
c. I am aware of the laws surrounding confidentiality, anonymity, and personal liability for reporting cases of suspected elder mistreatment.	0	1	2	3	N/A
d. It is important for me to know the outcome of reported elder mistreatment investigations.	0	1	2	3	N/A
e. I am just as comfortable handling suspected cases of elder mistreatment that present at <u>night</u> as those that present during the <u>day</u> .	0	1	2	3	N/A

18. Have you received any formal education/training (such as lectures, seminars, simulated cases with debriefing, online educational modules) on elder mistreatment detection, management, or reporting? Yes No

[If YES] What kind of training have you received? *[please describe below]*

Do you feel that your training was adequate? Yes No

19. Would you like to receive *[additional]* training in elder mistreatment detection, management, or reporting? Yes No

[If YES] What would you like the training to focus on? *[please describe below]*

20. Finally, what are the most pressing issues you currently face in caring for older adults who have been mistreated? *[please describe below]*
