"WHEN ELDER ABUSE IS SUSPECTED IN HOSPITALS... The Importance of Policies and Procedures

Elder Abuse Ontario

Stop Abuse - Restore Respect

Speakers:

Susan Steels, Clinical Educator with the Geriatric Outreach Teams and Professional Practice Leader for Social Work, Southlake Regional Health Centre.

Annie Hayward, Geriatric Emergency Management (GEM) Nurse, Southlake Regional Health Centre.

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Welcome to EAO's Webinar!

- All attendees will be muted during the webinar.
- If you are experiencing issues, please type into the **CHAT/QUESTION BOX** and send message to Mary Mead/Raeann Rideout.
- There will be 20-30 minutes allocated at the end presentation for **QUESTIONS AND ANSWERS.**
- You will be prompted to fill out an **EVALUATION FORM** once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speakers **CONTACT INFORMATION** will be provided at the end of the presentation to connect with them directly if you have further questions.

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Elder Abuse Ontario (EAO)

Vision: **We envision an Ontario where seniors are safe and respected.**

Mission: **To create an Ontario that is free from abuse for all seniors, through awareness, education, training, collaboration, service coordination and advocacy.**

EAO oversees the implementation of

Ontario's Strategy to Combat Elder Abuse

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Community Coordination

This webinar is an example of supporting our stakeholders and networks to build partnerships as we enhance our response to elder abuse across Ontario.

Elder Abuse Ontario has supported many organizations with funding applications and partnerships pertaining to the prevention and intervention of Elder Abuse.

EAO has leveraged partnerships between hospitals and community agencies to create policies and procedures to assist older adults who are at-risk or experiencing abuse.

EAO would like to thank Susan Steels and Annie Hayward for sharing their expertise in this field with you today.

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Our Presenters

Susan Steels is the Clinical Educator with the Geriatric Outreach Teams and the Professional Practice Leader for Social Work.

Annie Hayward is the Geriatric Emergency Management or GEM Nurse at Southlake Regional Health Centre.

Both have worked for many years with seniors in acute care, and are actively involved with the local network of elder abuse, known as the **Prevention of Elder Abuse Committee York Region.**

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SOUTHLAKE REGIONAL HEALTH CENTRE

Establish a Policy and Procedure for Elder Abuse Prevention in Acute Care

Annie Hayward, BScN, RN
Susan Steels, MSW , RSW

Objectives

- To describe our journey towards Establishing a Policy and Procedure to respond to Elder Abuse in Acute Care
- Address some of the barriers to getting a Policy and Procedure in the Administrative Manual.
- Walk through the Policy and Procedure.

The Journey

- 2007-09 Expansion SGS Services in the CLHIN to Create GEM Nurses and Geriatric Outreach Teams
  - Capacity Building Mandate resulted in building Internal Organizational Leadership and Community Engagement – ie. Prevention of Elder Abuse Network.
- 2010 – Linking With the Prevention of Elder Abuse Committee of York Region
- 2011 – Gathering Evidence: PPNO Environmental Scan, SHIRTN Literature Review, Professional Colleges, Expert Opinion.
- 2012 – Growing Public Awareness and New Legislation

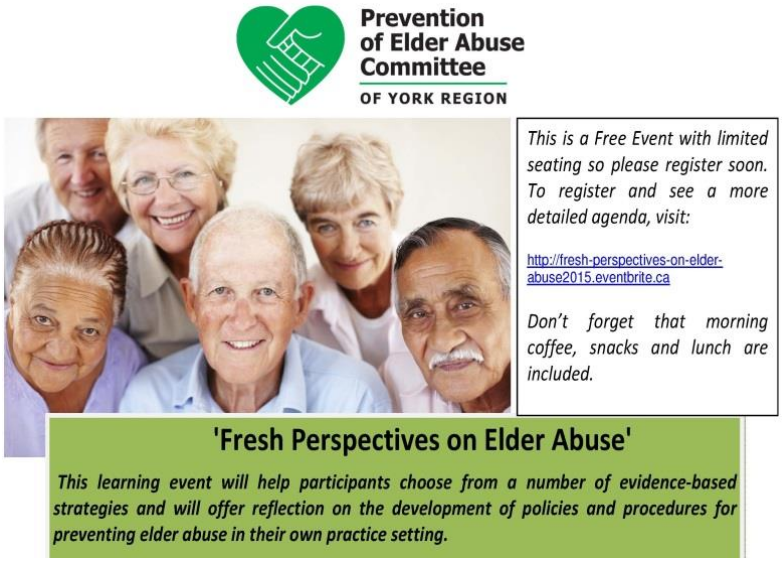
Creating Action Within:

- Senior Friendly Hospital Committee: provide expert knowledge and build support for a P and P.
- We Created A Common Message – "Why Southlake Needs a Policy and Procedure on Elder Abuse "

Engaging Seniors and Our Community

- January 2015 – First Draft Developed with Senior Friendly Hospital Advisory Committee

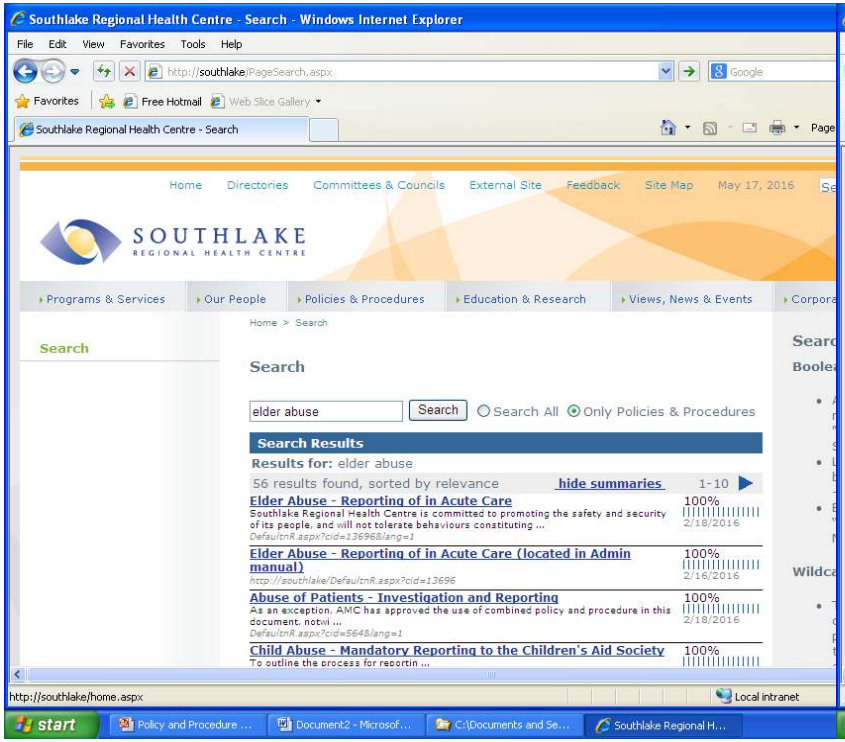
- January 2015 – Used this first Draft to Co-Lead a Policy and Procedure Workshop with community partners/CHATS as part of a PEACYR Event.

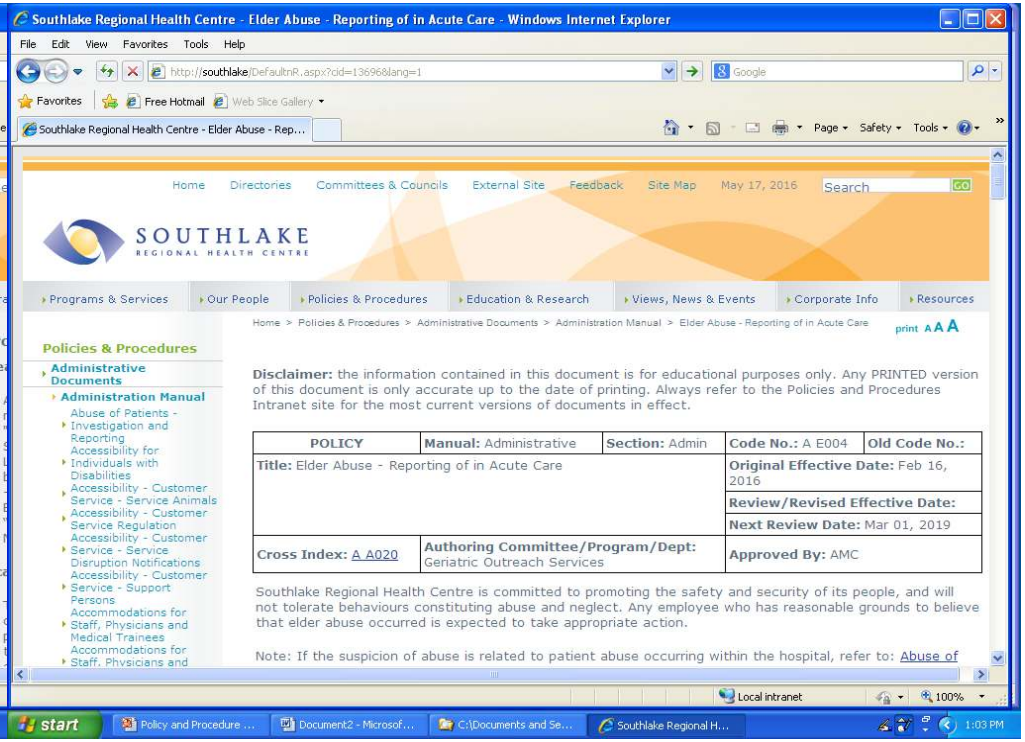


Moving Internal

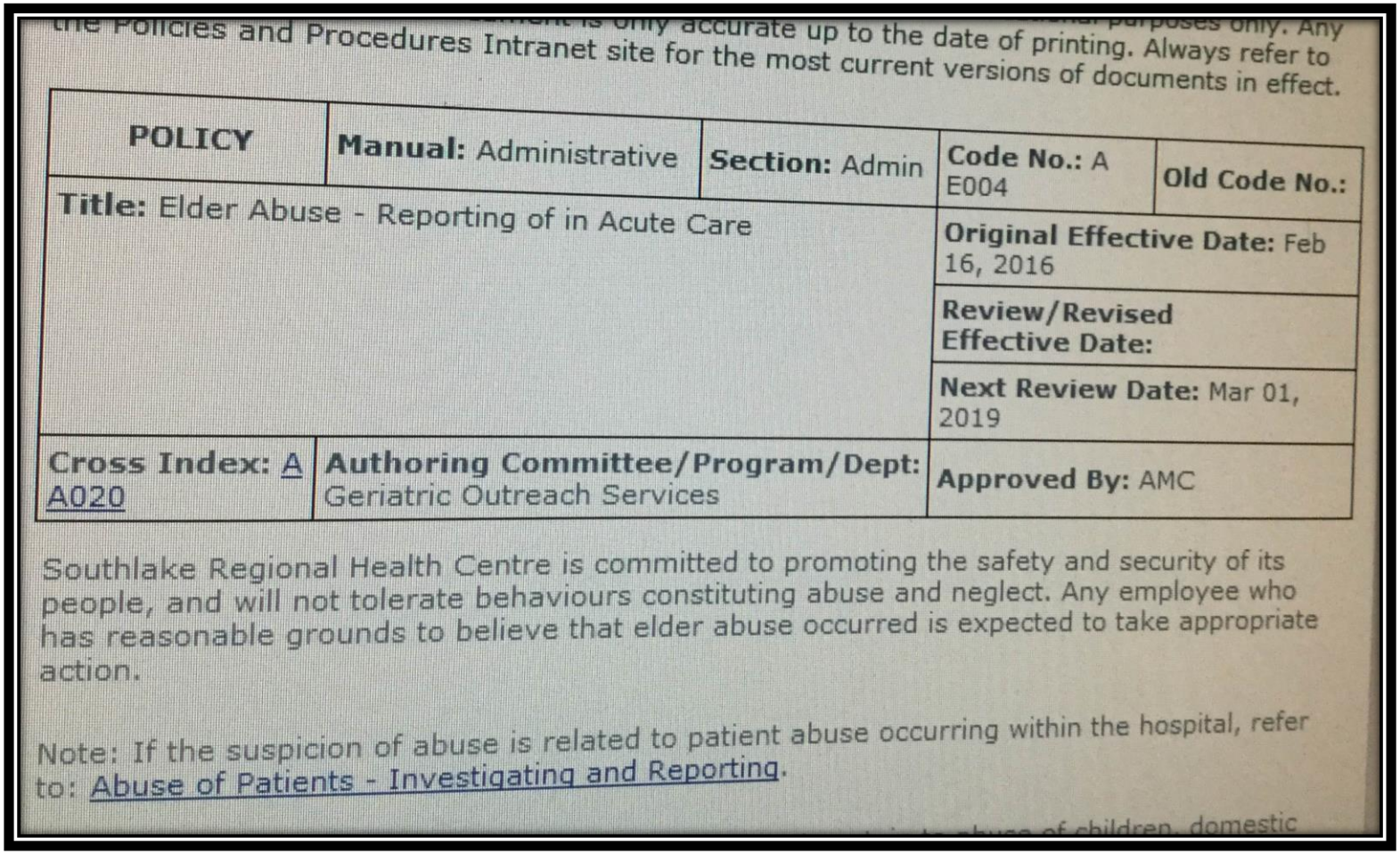
- Recruiting A Sponsor from the Management Team
- Moving through Committees: MAC, AMC, JHSC, and IPEC
- Rewrite based on recommendations of the reviewers.
- Achieving Final Approval
  - As it moved through these committees there was recognition that the Policy and Procedure was well written and there was a strong linkage between Violence Prevention and Staff Safety P and Ps which were required for Accreditation. The Elder Abuse Policy and Procedure was championed as a template for these.

The Policy and Procedure





Policy



the Policies and Procedures Intranet site for the most current versions of documents in effect.

POLICY	Manual: Administrative	Section: Admin	Code No.: A E004	Old Code No.:
Title: Elder Abuse - Reporting of in Acute Care			Original Effective Date: Feb 16, 2016	
			Review/Revised Effective Date:	
			Next Review Date: Mar 01, 2019	
Cross Index: A A020	Authoring Committee/Program/Dept: Geriatric Outreach Services		Approved By: AMC	

Southlake Regional Health Centre is committed to promoting the safety and security of its people, and will not tolerate behaviours constituting abuse and neglect. Any employee who has reasonable grounds to believe that elder abuse occurred is expected to take appropriate action.

Note: If the suspicion of abuse is related to patient abuse occurring within the hospital, refer to: Abuse of Patients - Investigating and Reporting.

Cross References

This policy is specific to elderly patients and does not pertain to abuse of children, domestic assault, workplace violence, and staff abuse of patients. Information on these situations can be found in the following documents:

- Child Abuse Mandatory Reporting policy and procedure
- Police Investigations – Guidelines for Staff
- Violence Prevention policy and procedure
- Violence Risk Assessment and Identification of Patients at Risk for Violence in the Emergency Department and Inpatient Units
- Mandatory Reporting of Regulated Health Professionals Under the Regulated Health Professionals Act
- Harassment and Bullying Complaint Process

Definitions

- **Elder Abuse:** any action or inaction by a person in a position of trust which causes harm to an older person (World Health Organization, 2004).

  Elder abuse can take many forms including physical, emotional, or financial abuse, and neglect. The person causing the abuse could be a family member, friend, neighbour, paid caregiver, financial advisor, or healthcare provider.

- **Older Person:** age 60+ or an adult who is dependent on another adult to provide physical, emotional, and/or financial support to maintain wellness.

- **Staff** - for the purpose of this procedure, "staff" includes employees, medical staff, volunteers, students and all others who have a working relationship with the hospital to provide services.

Rationale

- Abuse and neglect of vulnerable seniors negatively impacts health status. Abuse and/or neglect can be associated with the need for urgent medical and or psychosocial interventions. When seniors come to the hospital, elder abuse may be disclosed or suspected by any member or members of the interprofessional team providing care.
- Acute care hospitals can be where abuse and neglect are identified for the first time or suspected of being inadequately addressed prior to admission. Pre-existing cognitive impairment and acute onset cognitive changes (i.e. delirium) can negatively impact the person's ability to self-disclose abuse or neglect, therefore the healthcare professional must identify, document, and act where there is suspicion of abuse or neglect. Admission to hospital may be required to optimize health, provide a comprehensive assessment and develop a sustainable discharge plan in collaboration with our community partners.
- In accordance with Long-Term Care Home Act (S. 24 (1)) and the Retirement Home Act (S. 75.1), it is mandatory to investigate and report elder abuse for patients residing in these facilities.

PROCEDURE:

Purpose:

- To provide staff with guidelines to provide an effective response to actual or suspected incidents of elder abuse.

Responsibility:

- Healthcare professionals

Equipment:

- Health record

Method:

There is no general duty to report crime to the police. Unless there is an imminent risk, it would be a breach of the patient's confidentiality to report crime learned while providing health care if patient consent was not obtained (see Guidelines for Providing Information to the Police).

However, certain Acts call for mandatory reporting of elder abuse for patients living in long-term care homes and retirement homes, regardless of consent (Long-Term Care Home S. 24.1, Retirement Home Act S. 75.1).

Professionals are also responsible to Colleges and Codes of Ethics. Furthermore, the Office of the Public Guardian and Trustee has responsibility to investigate abuse involving adults whom you believe to be mentally incapable and at risk or suffering from serious harm (Substitute Decisions Act (83 (1)).

1. Any staff member who suspects elder abuse or is told of an incident of elder abuse of a patient will:

- Inform the unit specific manager/designate as soon as possible
- If the staff member is a healthcare professional:

a) They will use the Elder Abuse Screening Instrument (EASI - see Appendix 1) when elder abuse is suspected and document findings in the medical chart.

b) If the patient resides in a Long Term Care or Retirement Home, file a mandatory report to the appropriate external authority as follows:

Mandatory reporting for patients residing in long-term care homes:

» Allegations and suspicion of elder abuse must be investigated and reported to the Director, Ministry of Health and Long-term Care (1-866-434-0144).

Mandatory reporting for patients residing in retirement homes:

» Allegations and suspicion of elder abuse must be investigated and reported to the Registrar, Retirement Home Regulatory Authority (1-800-361-7254).

Note: If the staff member is NOT a healthcare professional, **the unit specific manager/designate will be responsible for ensuring steps a) and b) above occur**.

2) The manager/designate will identify the appropriate healthcare professional to work collaboratively with the patient to assess, plan, and implement a response to elder abuse. In the Emergency Department, a referral will be made to the GEM nurse. Admitted patients will be referred to the social worker/designate as identified by the Manager.

3) The unit specific nursing manager/designate will inform Risk Management, Security, the Director of the Unit, and Patient Relations as appropriate.

4) For patients deemed to be **mentally capable** of making decisions around safety planning**:**

- The social worker/GEM (Geriatric Emergency Management) nurse/designated healthcare professional will work with the patient to identify the priorities, needs and preferences with regard to lifestyle and care decisions before determining intervention and supports.

- The healthcare professional will inquire whether the patient wishes their family/significant others to be informed.

- If requested by the patient, the social worker/GEM nurse/designated health professional will meet with the patient and the patient's family/significant other as soon as possible as appropriate to the situation.

- Prior to discharge, information and support will be provided and safety planning will be established. With patient's/Substitute Decision Maker's consent, this may include a referral to the York Region Police Seniors Safety Officer 905-881-1221 ext. 6697.

- For patients not from LTC or a Retirement Home, with patient's consent, information will be shared with community care providers for the purpose of safety planning. This includes a referral to CCAC.

5) For patients deemed to be **mentally incapable** of making decisions around safety planning:

- The physician in collaboration with the interprofessional healthcare team will assess for and address reversible causes of mental incapacity.
- Where there is benefit to the patient and minimal risk to the healthcare professional, the healthcare professional/manager/delegate/social worker will engage the patient's Power of Attorney/SDM to assess the suspicions of elder abuse.
- If the Power of Attorney/Substitute Decision Maker is suspected of being the abuser and/or there is concern that the individual(s) is not acting in the patient's best interest, the manager/designate/social worker will contact the Public Guardian and Trustee.

6) Elder abuse assessment and response involves an interprofessional team approach. Support may include ethics consultation.

Contacting the Office of the Public Guardian and Trustee:

- The **Office of the Public Guardian and Trustee** is entitled to have access, for the purpose of investigating serious adverse effects (loss of a significant part of a person's property, or a person's failure to provide necessities of life for himself or herself or for dependants), to any record relating to the person who is alleged to be incapable [refer to Substitute Decisions s. 83(1) and Personal Health Information (PHI) - Disclosure of procedure].

- To report a situation involving an adult whom you believe to be mentally incapable and suffering, or at risk of suffering, serious harm, contact:
  - Guardianship Investigations
    595 Bay Street, Suite 800, Toronto, ON, M5G 2M6
    Tel: (416) 327-6348
    Toll-free: 1-800-366 0335
    Fax: (416) 314 -2642

Planning Emergency Shelter:

- Patients who do not require acute care and are at risk of serious harm will be supported to relocate to a safe shelter upon discharge.
- The discharge planner/patient flow navigator/social worker/GEM nurse/healthcare designate will work with the patient and community partners to identify emergency shelter.
- For patients requiring supportive care, CCAC will determine eligibility and coordinate emergency shelter in a long-term care home.
- For patients who are capable and making an informed decision to return to a situation where serious harm is suspected, the healthcare professional will document the details including resources provided and discharge destination.

Documentation:

1) Healthcare professionals must document what was witnessed, reported and/or suspected in the patient's health record if they have access to the patient health record. If the healthcare professional suspecting the abuse does not have access to the patient's health record the individual will notify the supervisor in the area where elder abuse was witnessed, reported and/or suspected, so that the supervisor can complete documentation in the patient's health record.

2) If the patient is capable and care does not fall under the LTC or RH Acts, permission to share information with other healthcare providers* will be established. Patients have the right to refuse to share information.

3) Disclosure of patient information without consent or except as required by law is defined as an act of professional misconduct under the regulated health professionals acts. See the Professional Misconduct Regulations under the Medicine Act, O. Reg. 856/93m section 1(1)(10), and under the Nursing Act, O. Reg. 799/93, section 1(10) (Police Investigations – Guidelines for Staff policy).

4) If a civil suit is brought forward, the person who made the report will be protected unless he/she acted maliciously or without reasonable grounds for his or her suspicion. Reasonable grounds have been interpreted to mean what an average person, given his or her training, background and experience, exercising normal and honest judgment, would have reason to suspect.

References:

- Government of Ontario (2007), Long-term Care Homes Act, 2007, Ontario Regulation 79/10.
- Government of Ontario (2010), *Retirement Home Act*, 2010, S.O. 2010, c. 11.
- Halton Healthcare Services, Elder Abuse Management, Policy and Procedure, September 2007.
- Nova Scotia Association of Health Organizations. Developing Abuse Prevention Policies and Procedures to Investigate Complaints, August 2001
- Ontario Association of Social Workers (2009) Elder *Abuse: A Practical Handbook for Service Providers, 2nd Edition,* Toronto ON: Ontario Association of Social Workers.
- Prevention of Elder Abuse Working Group, The Prevention of Elder Abuse Policy and Procedure LENS, Ontario, 2008.
- Prevention of Elder Abuse Committee of York Region (2014) *What To Do If You See or Suspect Elder Abuse: Response Guidelines.* Newmarket ON: http://www.elderabuse-yorkregion.ca/.
- Registered Nurses' Association of Ontario (2014), *Addressing and Preventing Abuse and Neglect of Older Adults: Person-Centered, Collaborative, System Wide Approaches*, Toronto, ON: Registered Nurses Association of Ontario.
- Wahl, Judith (2012), Advocacy Centre for the Elderly, "*The Duty (or Not) to Report: Options in Elder Abuse Response"* Ontario Telemedicine Presentation: July 2012.
- Wang, Xuyi Mimi, Brisbin, Sarah, Loo, Tenneille, Straus, Sharon, "Elder abuse: an approach to identification, assessment and intervention", Canadian Medical Association Journal April 2015.
- Yaffe, M.J., Wolfson, C., Lithwick, M., Weiss, D. (2006). Elder Abuse Suspicion Index (EASI), http://www.mcgill.ca/files/familymed/EASI_Web.pdf.

Elder Abuse Suspicion Index (EASI)

www.nicenet.ca

The **EASI** was developed to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of the questions 2 to 6 may establish concern. The EASI was validated for use by family practitioners of cognitively intact seniors seen in ambulatory settings.

Yaffe, Wlofson, Lithwick, Weiss, Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI)' Journal of Elder Abuse and Neglect 2008; 20(3) 276-300.

EASI QUESTIONS

Q 1-5 ask of patient: Q 6 answered by doctor.

Within the last 12 months:

1. **Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?**
   Yes ○ No ○ Did not answer ○
2. **Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?**
   Yes ○ No ○ Did not answer ○
3. **Have you been upset because someone talked to you in a way that made you feel shamed or threatened?**
   Yes ○ No ○ Did not answer ○
4. **Has anyone tried to force you to sign papers or to use your money against your will?**
   Yes ○ No ○ Did not answer ○
5. **Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?**
   Yes ○ No ○ Did not answer ○
6. **Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?**
   Yes ○ No ○ Did not answer ○

The Policy and Procedure Targets Common Hospital Questions

- How Do You Start The Conversation?
- Can I Talk To Police?
- What Is Mandatory And How Do I Act?
- Who Takes The Lead In The Absence Of Social Work?
- When Does The Office Of The Public Guardian And Trustee Get Involved?
- How Do I Document?
- Do We Need To Admit?

Standardizing A Response and Spelling Out Accountability

- EASI Tool (Yaffe Lithwich, Weiss 2008) established as Best Practice to Starting the Conversation. (CMAJ 2015)
- Legislation: No Duty to Report Crime and a breach of confidentiality to report without consent through the course of providing healthcare.
- Legislation: There is a duty to report EA and these acts provide specific procedures. (RHA 75.1, LTCH 24.1)
- Procedure identifies inter-professional responsibility with the Social Worker /GEM Nurse/Designate to negotiate lead.
- Procedure spells out when and how to contact OPG&T
- It clearly states that planning emergency shelter is an inter-organizational responsibility and the acute care hospital has a role.
- It protects the healthcare worker by giving direction around intervention and documentation.

Addressing Gaps

- Working With What You Have: Social Welfare is typically in the domain of Social Work which is under-represented across the Organization in Acute Medicine.

- Capacity is much more complex for seniors who are in acute crisis.

- What is Legal is not always viewed as Ethical or Just – there will always be distress, gray areas, and conflict – A P and P does not replace clinical judgment and the need to negotiate change.

Ingredients For Success

- Share Your Energy and Knowledge – Community, Hospital, Seniors, Primary Care - to come up with something that reflects legislation, professional obligations, existing resources, and patient/caregiver experience.
- Find your Internal Champions
- Leverage: Build on Needs that are Important to Your Organization, Find Opportunities to Collaborate on Success

Questions?

Thank You

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AGING WELL: PRICELESS

Bien Vieillir: Ça n'a pas de prix

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For Resources & Materials, visit:
www.elderabuseontario.com

ElderAbuseOntario

To find help call from anywhere in Ontario:

ElderAbuseOnt

1.866.299.1011

Seniors Safety Line

Arrêtez les mauvais traitements - Restaurez le respect

Maltraitance des personnes âgées Ontario

Arrêtez les mauvais traitements - Restaurez le respect

Pour plus de renseignements, consultez le site
www.elderabuseontario.com

ElderAbuseOntario

Composez la ligne téléphonique Aînés-Sécurité de partout en Ontario et obtenez de l'aide maintenant.

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