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Violence: Recognition, Management and Prevention

EMERGENCY MEDICAL SERVICES PERSPECTIVES ON IDENTIFYING AND REPORTING VICTIMS OF ELDER ABUSE, NEGLECT, AND SELF-NEGLECT

Tony Rosen, MD, MPH,* Cynthia Lien, MD,† Michael E. Stern, MD,* Elizabeth M. Bloemen, MPH,‡ Regina Mysliwiec, MD, MS,§ Thomas J. McCarthy, BA,* Sunday Clark, SCD, MPH,* Mary R. Mulcare, MD,* Daniel S. Ribaudo, EMT-P,‖ Mark S. Lachs, MD, MPH,† Karl Pillemer, PHD,¶ and Neal E. Flomenbaum, MD*‖

*Division of Emergency Medicine, †Division of Geriatric and Palliative Medicine, Weill Cornell Medical College, New York, New York, ‡University of Colorado Medical School, Aurora, Colorado, §Department of Emergency Medicine, Oregon Health Sciences University, Astoria, Oregon, ‖Emergency Medical Services, New York-Presbyterian Hospital, New York, New York, and ¶Department of Human Development, Cornell University, Ithaca, New York

Reprint Address: Tony Rosen, MD, MPH, Division of Emergency Medicine, Weill Cornell Medical College, 525 East 68th Street, New York, NY 10065

☐ **Abstract—Background: Emergency Medical Services (EMS) providers, who perform initial assessments of ill and injured patients, often in a patient's home, are uniquely positioned to identify potential victims of elder abuse, neglect, or self-neglect. Despite this, few organized programs exist to ensure that EMS concerns are communicated to or further investigated by other health care providers, social workers, or the authorities. Objective: To explore attitudes and self-reported practices of EMS providers surrounding identification and reporting of elder mistreatment. Methods: Five semi-structured focus groups with 27 EMS providers. Results: Participants reported believing they frequently encountered and were able to identify potential elder mistreatment victims. Many reported infrequently discussing their concerns with other health care providers or social workers and not reporting them to the authorities due to barriers: 1) lack of EMS protocols or training specific to vulnerable elders; 2) challenges in communication with emergency department providers, including social workers, who are often unavailable or not receptive; 3) time limitations; and 4) lack of follow-up when EMS providers do report concerns. Many participants reported interest in adopting protocols to assist in elder protection. Additional strategies included photographically documenting the home environment, additional training, improved direct communication with social workers, a dedicated location on existing forms or new form to document concerns, a reporting hotline, a system to provide feedback to EMS, and community paramedicine. Conclusions: EMS providers frequently identify potential victims of elder abuse, neglect, and self-neglect, but significant barriers to reporting exist. Strategies to empower EMS providers and improve reporting were identified.**

☐ **Keywords—elder abuse; elder neglect; self-neglect; emergency medical services**

Preliminary results from this work were presented at the Society of Academic Emergency Medicine Annual Meeting in San Diego, May 2015 and at the Annual Scientific Meeting, American Geriatrics Society, National Harbor, MD, May 2015.

INTRODUCTION

Focusing on optimizing care provided to geriatric patients is important for Emergency Medical Services (EMS) providers. Older adults (aged ≥ 65 years) are four times more likely than younger patients to utilize EMS services and represent 38% of total EMS responses with transport to the emergency department (ED) (1). With anticipated increases in the geriatric population,

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providing care for older adults will likely become an even larger proportion of EMS practice (1,2).

Cases of elder abuse, neglect, and self-neglect are common in geriatric patients and may have serious medical consequences but are rarely identified. An estimated 5–10% of older adults experience elder mistreatment each year. This mistreatment may include: physical abuse, sexual abuse, emotional/psychological abuse, financial exploitation, or neglect (3–8). In addition, many older adults self-neglect, threatening their own health and safety by failing to perform or refusing assistance with essential self-care (9,10). Elder mistreatment victims have significantly increased mortality and are at higher risk for adverse health outcomes including depression, disability, hospitalization, and nursing home placement (8,11–17). Unfortunately, fewer than one in 24 cases of elder mistreatment are identified and reported to the authorities (5). Evaluation by health care providers for acute injury or illness represents an important potential opportunity to identify elder mistreatment, as this may be the only time these vulnerable and isolated older adults leave their home (18–20).

EMS providers, who perform initial assessments of ill and injured patients after activation of the 911 system, often in a patient's home, are uniquely positioned to identify vulnerable older adults who may be mistreatment victims. While providing acute care and transporting, EMS may observe unusual or inappropriate interactions between the caregiver or family and the patient. They may also observe or investigate the safety of the home environment for the older adult, including cleanliness and upkeep as well as the availability of food, medications, and heat. Despite this potential, few organized programs exist to ensure that EMS observations and concerns are communicated to or further investigated by ED and other health care providers, social workers, or authorities, including Adult Protective Services. In addition, little is known regarding EMS providers' attitudes toward their role in elder mistreatment detection and subsequent communication, as well as their current practice and need for additional resources or support. Our goal was to qualitatively explore attitudes and self-reported practices of EMS providers surrounding identification and reporting of vulnerable older adults.

MATERIALS AND METHODS

Study Design

We conducted a qualitative study utilizing focus groups with practicing EMS providers to better understand their views on elder mistreatment, as these have not been previously described. Qualitative approaches are particularly useful to investigate topics about which little is known and to answer research questions not amenable to quantitative techniques (21–23). Focus groups have become a widely accepted health research methodology and are ideal to closely examine the complexity of a group's perspective on a topic and to identify shared opinions and experiences (24,25).

To conduct these focus groups, we developed a semi-structured questionnaire based partly on an existing instrument that included questions such as: Do you think that you encounter elder abuse and neglect frequently in your practice (26)? Do you routinely assess for self-neglect as part of your evaluation? Do you think that you are able to identify elder abuse or neglect in your patients when it is occurring? What risks or potential consequences of self-neglect concern you when you encounter a situation of self-neglect? What do you think are the barriers to identifying cases of elder abuse? How about neglect? Do you see any potential solutions to these barriers or changes that might be beneficial? Do you think that more patients should be screened for self-neglect? The interview guide was piloted for content and comprehension and modified based on suggestions made during this preliminary phase. The complete guide is available as an online supplement and on http://nyceac.com/wp-content/uploads/2017/05/Interview-Guide-for-Elder-Mistreatment-Focus-Groups-of-Emergency-Medical-Services-Providers.pdf. This study was approved by the Weill Cornell Medical College Institutional Review Board. We used the Consolidated Criteria for Reporting Qualitative Research to guide collection, analysis, and reporting of the data (27).

Setting and Participants

We conducted focus groups comprised of EMS providers employed by a single large, private, hospital-based ambulance service in the New York City area. This EMS service employs 350 paramedics and emergency medical technicians (EMTs) and has 44 ambulances. It is part of a large health care network with five campuses and seven affiliated acute care hospitals. Participants were recruited at regular continuing education sessions.

Data Collection

Focus groups were conducted from October 2014 to February 2015. Each focus group was moderated by either one or two of the authors. Moderators included TR, MS, and RM, emergency physicians with additional geriatrics training; EB, a public health gerontologist with experience working in elder justice; and CL, an internal