

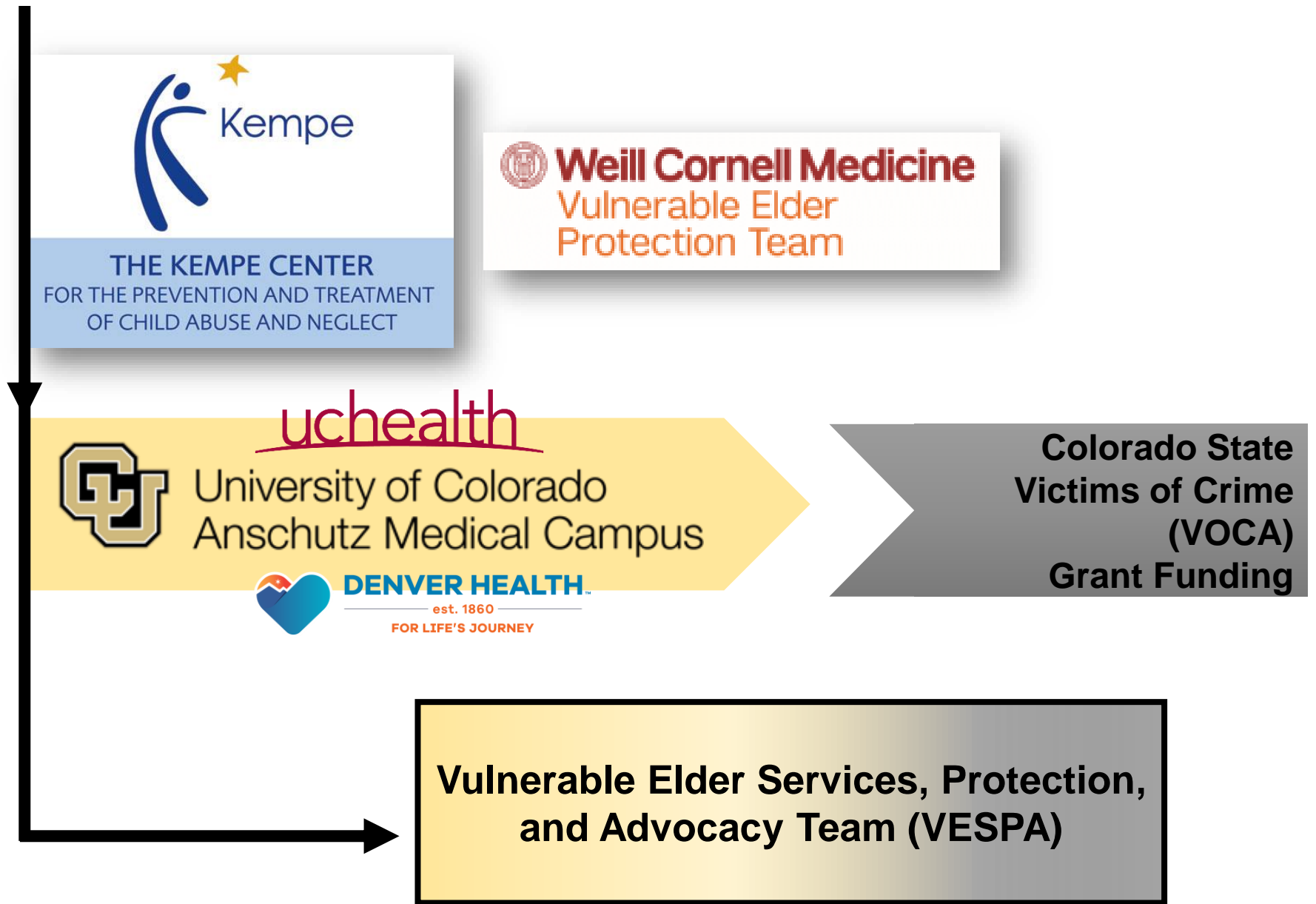
# VESPA:

## Vulnerable Elder Services, Protection & Advocacy

Robin Yasui, MD

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# VESPA Team Formation



# Goals of VESPA

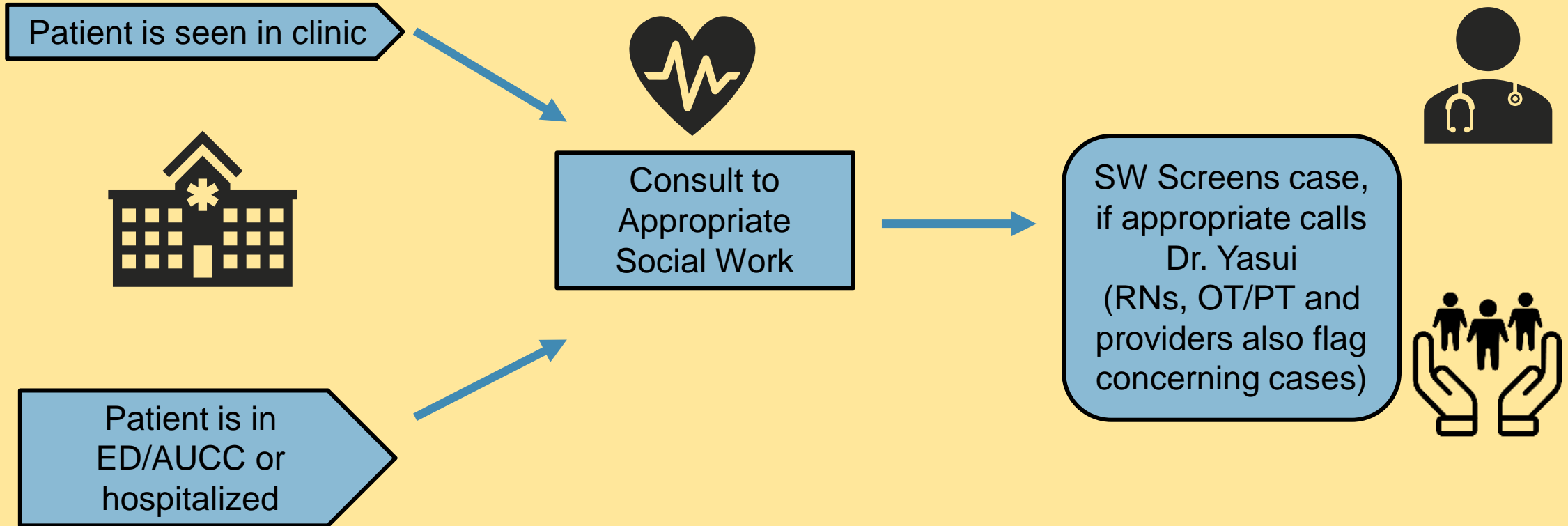
- Assist care teams by responding to and evaluating cases of elder abuse
  - Examples: Help evaluate and advise on unexpected physical findings; perform capacity assessments; assist in determination of appropriate placement when unclear; assist with collection of information from facilities and family members related to abuse concerns
- Improve identification of elder abuse and neglect
- Enhance follow up and care coordination with care teams, law enforcement, Adult Protective Services, and community services to improve patient outcomes

# VESPA Program Criteria

- All patients 60+ with identified or suspected concerns of abuse or neglect who present to the ED, inpatient or outpatient
- We are also now offering remote consultations to hospital systems across the state

\*Self neglect does not qualify at this time\*

# DH VESPA Consultation Pathway



# Outpatient Follow Up by VESPA

- Connection to a primary care medical home if not established while hospitalized
- Ensuring patients attend follow up appointment with existing PCP
- Provide education and help access victim advocacy services
- Coordination with community agencies, APS, law enforcement, CDPHE, victim advocates, and others involved in patient's care
- Development of community partnerships

# Overview of Elder Abuse



PHYSICAL



PSYCHOLOGICAL



FINANCIAL



SEXUAL



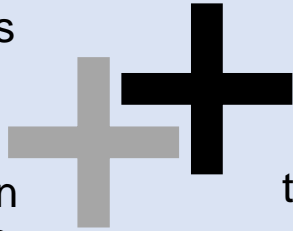
NEGLECT

*Multiple forms of abuse can occur at the same or different times.*

“Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving **an expectation of trust** that causes or creates a risk of harm to an older adult.” – The Centers for Disease Control and Prevention

# What you need to know

The number of Americans ages 65 and older is projected to **nearly double** from 52 million in 2018 to 95 million in 2060



By 2050, the number of older adults in Colorado is expected to double to 1.7 million

Survivors of mistreatment are at **much higher risk of:**



-mortality

-depression

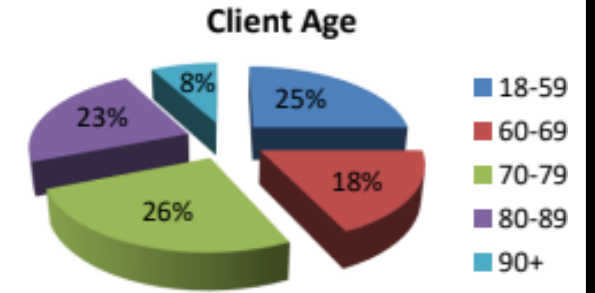
-nursing home placement

At least **10%**

of community-dwelling older adults experience elder abuse each year



**23,000** out of the **102,060 UCH ED patients** seen in the past year were age 60+



Colorado APS received **24,637** reports in 2020-2021, with **8,781** substantiated

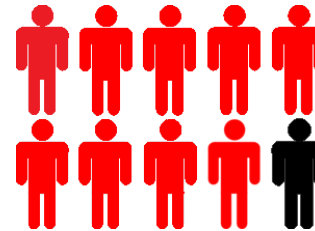


**1 in 4** community-dwelling adults age 65+ are socially isolated. Over **43%** of age 60+ report feeling lonely.

As few as **1 in 24** cases are identified and reported



Delays in detection and reporting increase the likelihood of poor outcomes.



**9 of 10** incidents involve family members as perpetrators



More than **20%** of long-term care residents experience elder abuse each year



# Example Case – Ms. R.

- 79 y.o. F Trauma Consult for fall, small SDH
- Hx: Tripped on rug in bathroom, hit face on sink, No LOC
- Initial exam: Bruising to left zygoma
- Imaging: CT shows zygoma fracture, parietal skull fx, SDH
- Questioned privately, Ms. R. reports verbal and physical abuse by daughter. Reports daughter controls all finances, argues with patient frequently, threatens to ‘put me away in a nursing home’, punches/slaps patient “when I make her mad”

# UCH: First Steps - FNE

- Thorough Exam
- Photo-documentation
- Evidence Collection
- Reporting to Adult Protective Services & Law Enforcement



# Next Steps – VESPA

- Interview reveals multiple episodes of abuse
- Further evaluation shows age-indeterminate ulna fracture, poor nutrition, poor hygiene, poor medication pick up/adherence although care giver reports she is managing for patient
- Chart review, interview of others involved in care (home health, primary care team, other family, etc)
- Continued communication with Adult Protective Services and law enforcement: may reveal a hx of investigations in the past, other concerning situations at the home address or regarding the care giver

# Multi-Disciplinary Team Meetings

- Service Coordination: Invite APS, law enforcement, radiology/specialists as appropriate (discuss mechanism of injury)
- Information Sharing
  - Abuse Likelihood
  - Medical Needs
  - Social Needs



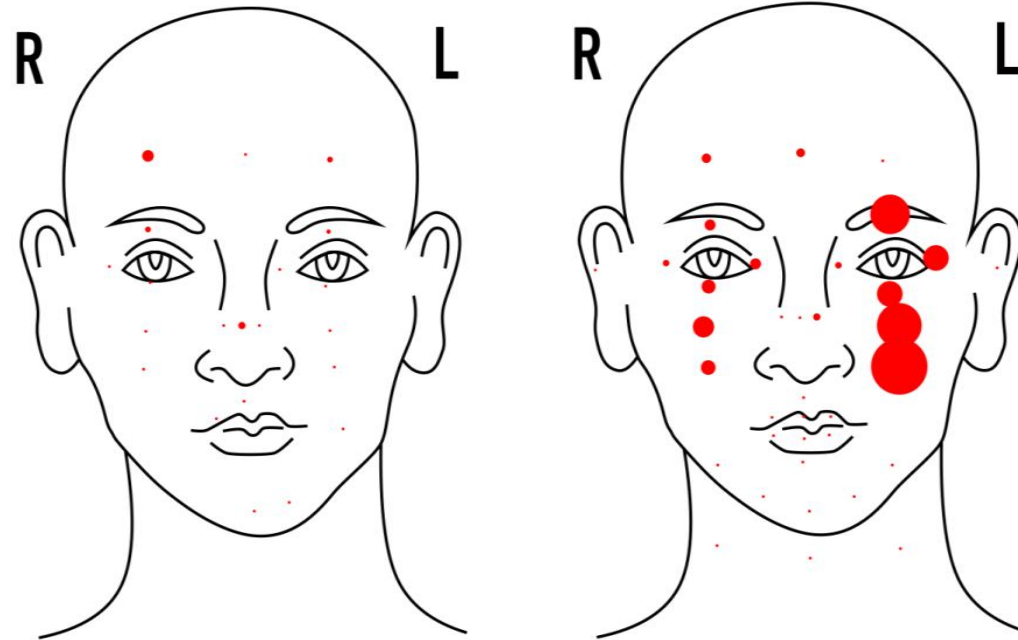
# What to look for

History & Forensics

# Red Flags: Medical History

- ❖ Unexplained injuries
- ❖ Past history of frequent injuries
- ❖ Delay between onset of medical illness or injury and seeking of medical attention
- ❖ Recurrent visits to the emergency department for similar injuries
- ❖ Doctor hopping
- ❖ Older adult and caregiver provide conflicting accounts of events
- ❖ Caregiver interrupts or answers
- ❖ Noncompliance with medications, appointments
- ❖ Caregiver appears to not understand the patient's care needs

# Physical Abuse



Accidental Falls

Abused older adults

# Red Flags: Exam- Physical abuse

## ❖ Atypical bruising

- Locations that are not typical
- Patterned injuries
- Multiple bruising

## ❖ Burns

- Particularly submersion

## ❖ Fractures

- Multiple
- Specific types

## ❖ Scalp injury

- Alopecia
- Hematoma

### Atypical Locations

- Not over bony prominences
- On ulnar arms, back, face, ears, or neck



Bruising on ear in abused elderly woman

Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.



Atypical bruising of the chest in a case of substantiated abuse

Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA



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## Patterned Injuries

- Bite Marks
- Consistent with a belt buckle, fingertip, other implement
- Consistent with use of restraints



Pattern bruising on lower leg from a ligature  
Photo courtesy of: L. Gibbs, MD, Orange, CA



Fingertip-patterned bruising on medial aspect of thigh  
Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.

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- ❖ Intraoral soft tissue injury

## Patterns

- Stocking/ Glove
- Consistent with submersion
- Consistent with Cigarettes



70-year-old burned by cigarette

Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.



Burn injuries on the back and buttocks from scalding water

Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA

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## Types

- Zygoma
- Ulna
- Upper and posterior ribs



Left: Zygoma fracture Right: Isolated mid-shaft ulnar fracture

Courtesy of Radiopedia

# Red Flags: Exam- Sexual abuse

- ❖ Bruising
- ❖ Bite marks
- ❖ Bleeding
- ❖ New STD



Bruises on bilateral inner thighs of nursing home resident suggestive of sexual abuse  
Photo courtesy of D.C. Homeier

# Red Flags: Exam- Physical abuse mimics

❖ Bruising: Senile purpura



© 2010 VisualDx

# Red Flags: Exam- Sexual abuse mimics

## ❖ Lichen Sclerosus



# Capacity Components (Applebaum)

- To have capacity, you must be able to show:
  - **Understanding** of your condition and the decision that needs to be made
  - **Express a consistent choice**
  - **Appreciation** – able to appreciate how this decision applies to you and affects you personally (consider a lack of insight)
  - **Reasoning** – understand risks/benefits of decision and express why you make the decision that you do
- ***People have a right to make “bad” decisions-or to make decisions that you don’t agree with.***

# Capacity

**The ability of a patient to understand the benefits and risks of, and the alternatives to, a proposed treatment or intervention.**

- Capacity is determined by medical providers & is decision dependent
  - You can have capacity to decide who your medical decision maker is, but not understand the risks and benefits of brain surgery
- Competency is determined by a court and is global
- Capacity can wax and wane over time



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- **CU Multidisciplinary Center on Aging** (VESPA page coming soon!)
  - <https://medschool.cuanschutz.edu/center-on-aging>
- **Weill Cornell Medicine Vulnerable Elder Protection Team**
  - <https://emed.weill.cornell.edu/divisions-programs/vulnerable-elder-protection-team-vept/about-vept>
  - <https://elderabuseemergency.org/ElderWP/>
- **Colorado Adult Protective Services**
  - <https://cdhs.colorado.gov/aps>
- **New York City Elder Abuse Center**
  - <https://nyceac.org/>
- **The Elder Justice Roadmap**
  - <https://www.justice.gov/file/852856/download>
- **National Center on Elder Abuse**
  - <https://ncea.acl.gov/>
    - Check out publications section