



# **Weill Cornell Medicine**

## Vulnerable Elder Protection Team

# Comprehensive Operational Protocols

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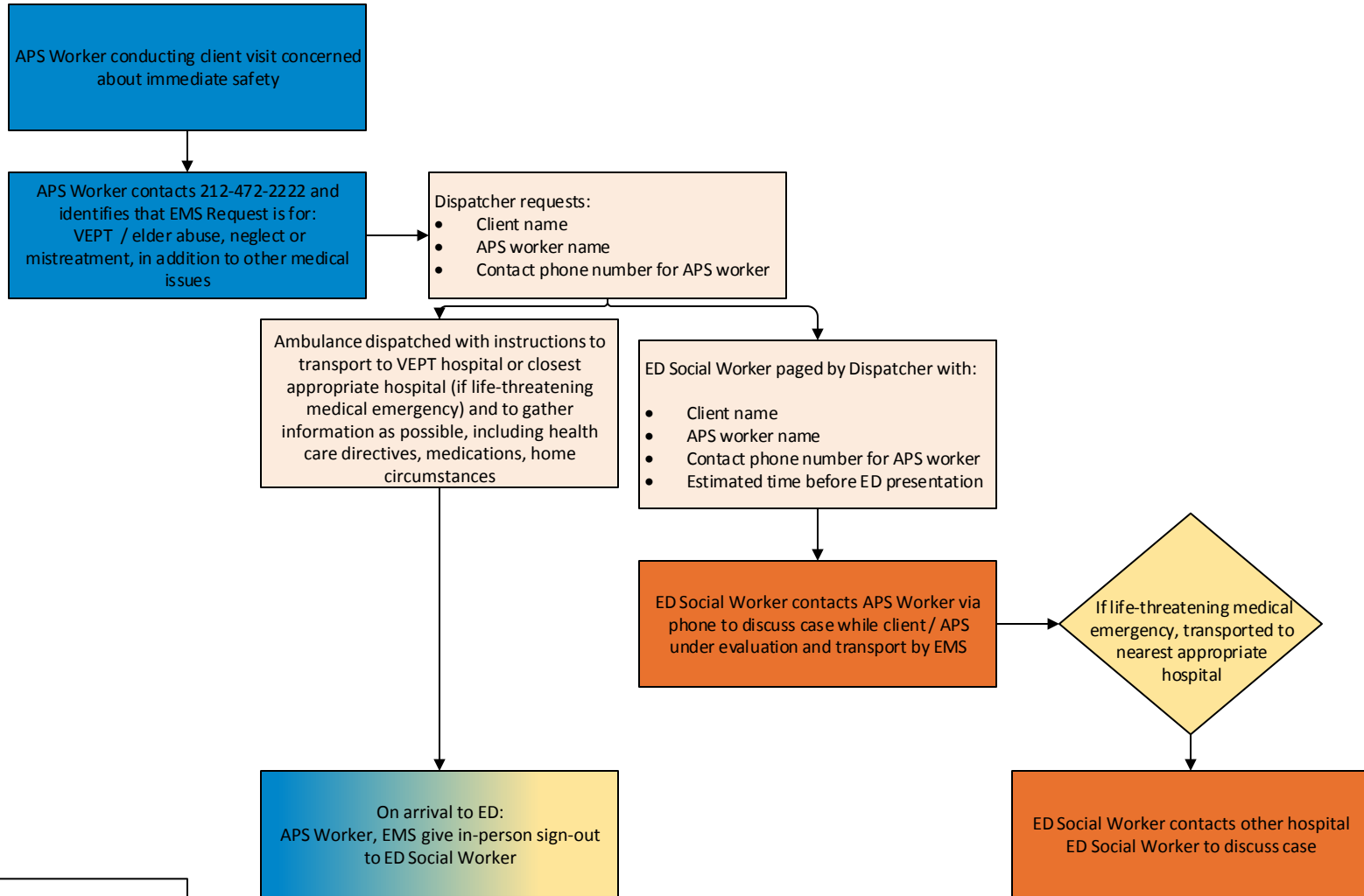


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## Vulnerable Elder Protection Team

### **VEPT Referral Initiation Protocols**

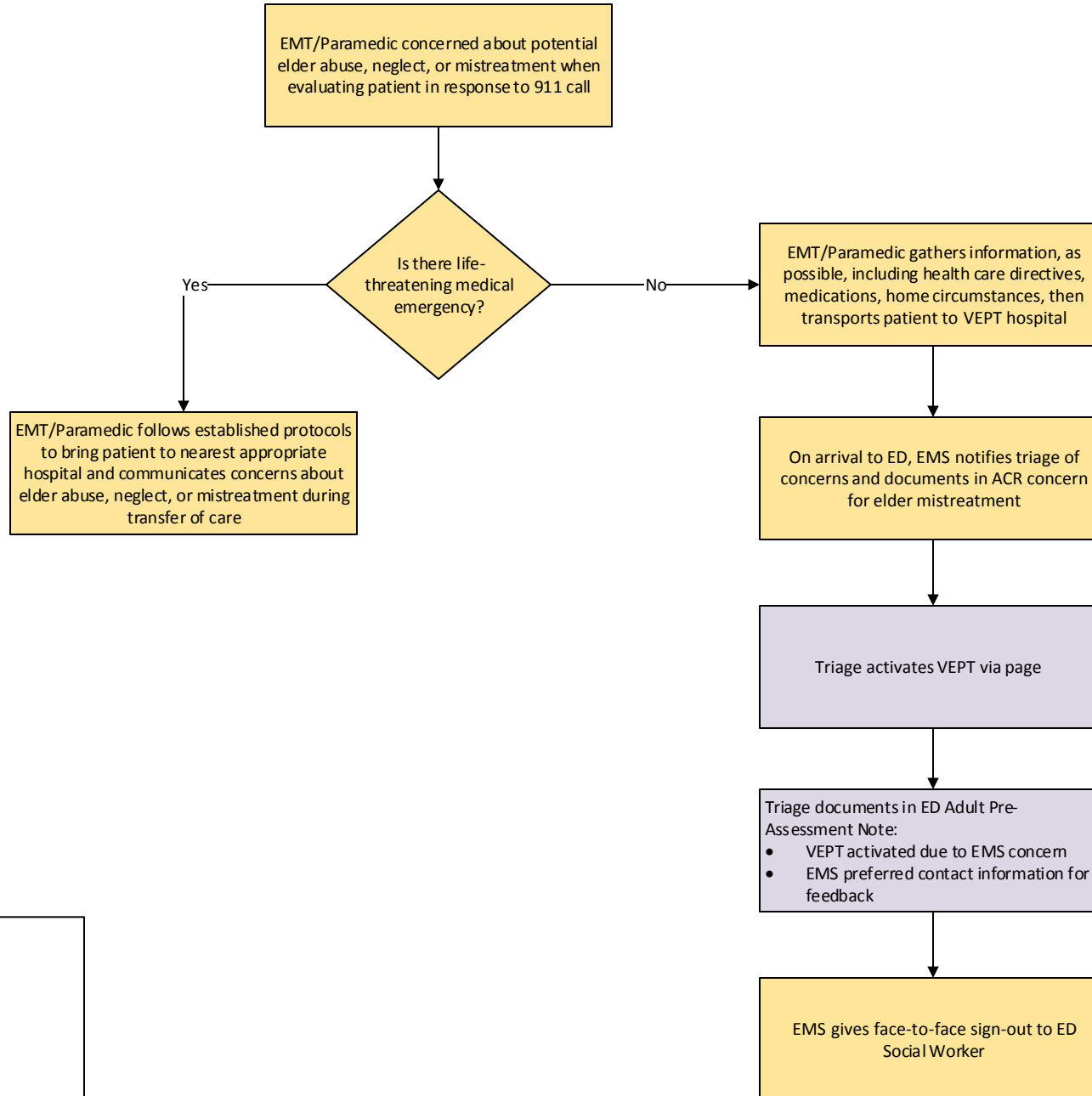
# Protocol for Adult Protective Services (APS) Initiation of VEPT Referral



**Key:** (color indicates team member primarily responsible for task)

- = APS Worker
- = EMS Ambulance Dispatcher
- = Paramedic/EMT
- = ED Social Worker

# Protocol for Emergency Medical Services (EMS) Initiation of VEPT Referral

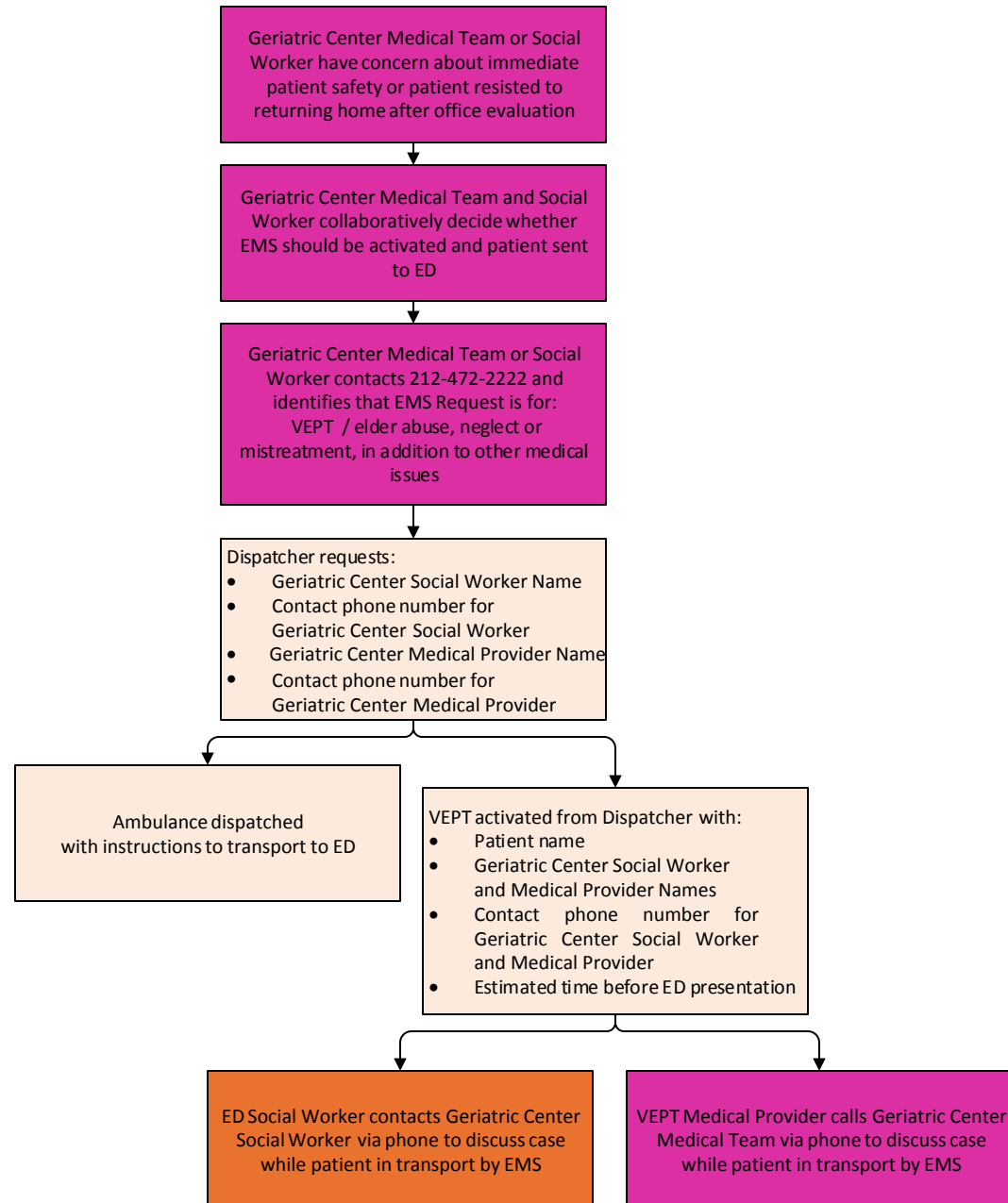


**Key:** (color indicates team member primarily responsible for task)

= Paramedic/ EMT

= Triage

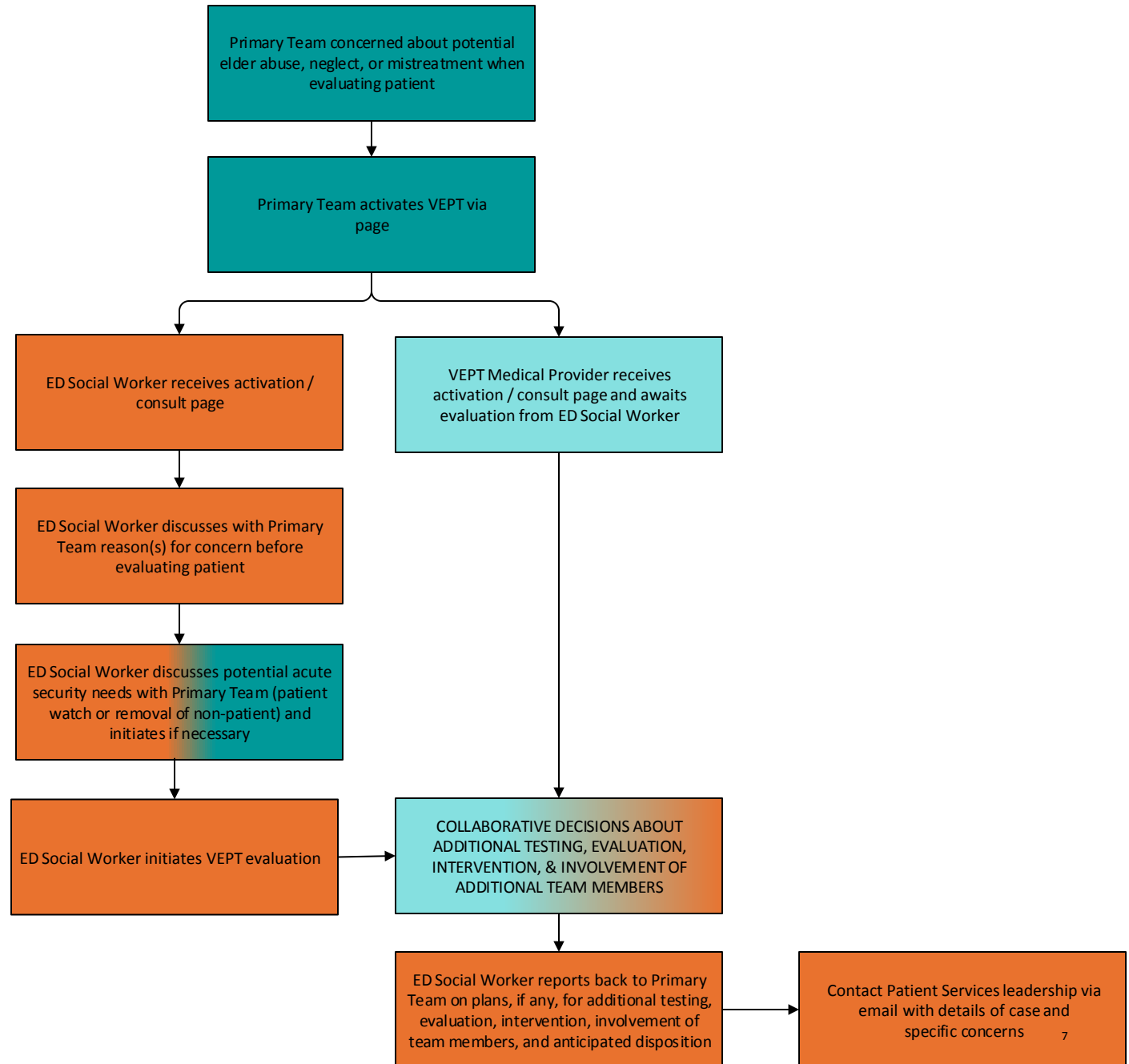
# Protocol for Geriatric Center Initiation of VEPT



**Key:** (color indicates team member primarily responsible for task)

- = Geriatric Center Medical Team / Social Worker
- = ED Social Worker
- = EMS Ambulance Dispatcher

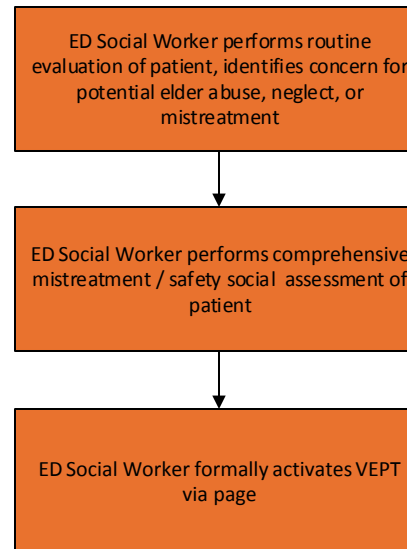
# Protocol for Emergency Department (ED) Provider Initiation of VEPT Referral



**Key:** (color indicates team member primarily responsible for task)

- = Primary Team
- = ED Social Worker
- = VEPT Medical Provider

## Protocol for ED Social Worker Initiation of VEPT Referral



**Key:** (color indicates team member primarily responsible for task)

 = ED Social Worker



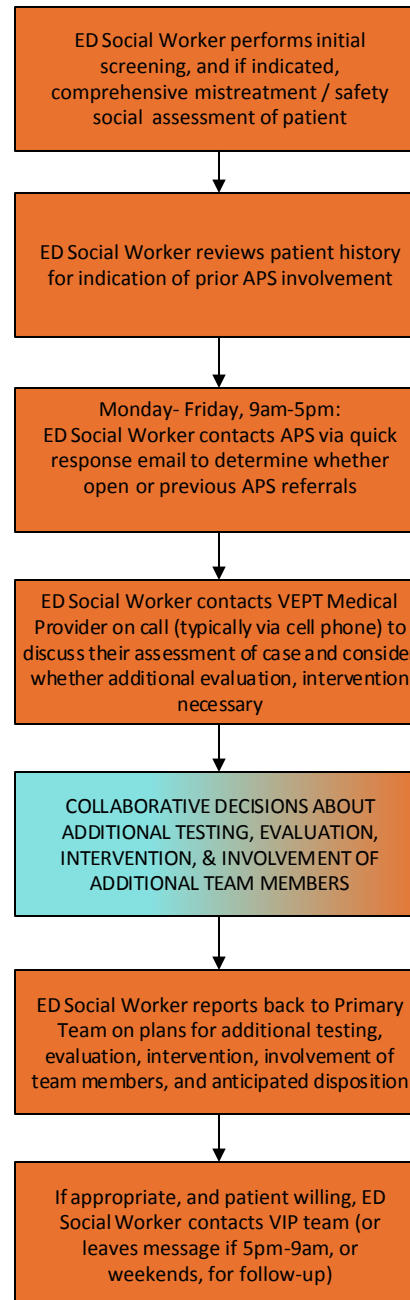


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## Vulnerable Elder Protection Team

### **Core VEPT Process Protocols**

## Protocol for VEPT Initial Evaluation: Comprehensive Mistreatment / Safety Social Assessment



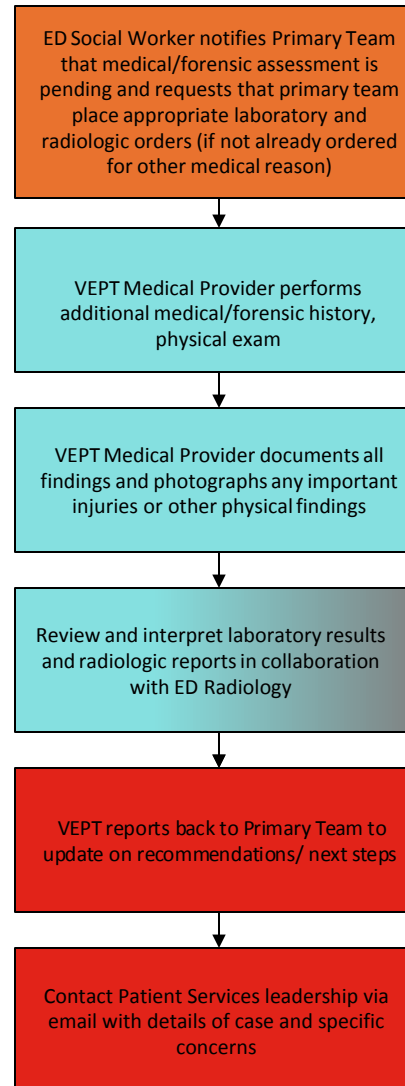
**Key:** (color indicates team member primarily responsible for task)

-  = ED Social Worker
-  = VEPT Medical Provider





# Protocol for Medical/ Forensic Assessment

Medical or Forensic Assessment should be performed on all patients for whom mistreatment is being considered. While this assessment may typically be delayed for several hours or until the next morning if necessary, it **MUST** be done immediately if:

- Plan to immediately contact PD/ concern for immediate safety
- Time sensitive forensic findings may exist (sexual assault examination, though this will be performed by SAFE Team)
- Patient is medically cleared or likely to be cleared soon, with no alternate reason for admission and:
  - Patient has capacity and willing to have comprehensive VEPT Evaluation, but unwilling to wait
  - Patient has no capacity and waiting is impractical



**Key:** (color indicates team member primarily responsible for task)

-  = ED Radiology
-  = ED Social Worker
-  = VEPT Medical Provider
-  = VEPT



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## Vulnerable Elder Protection Team

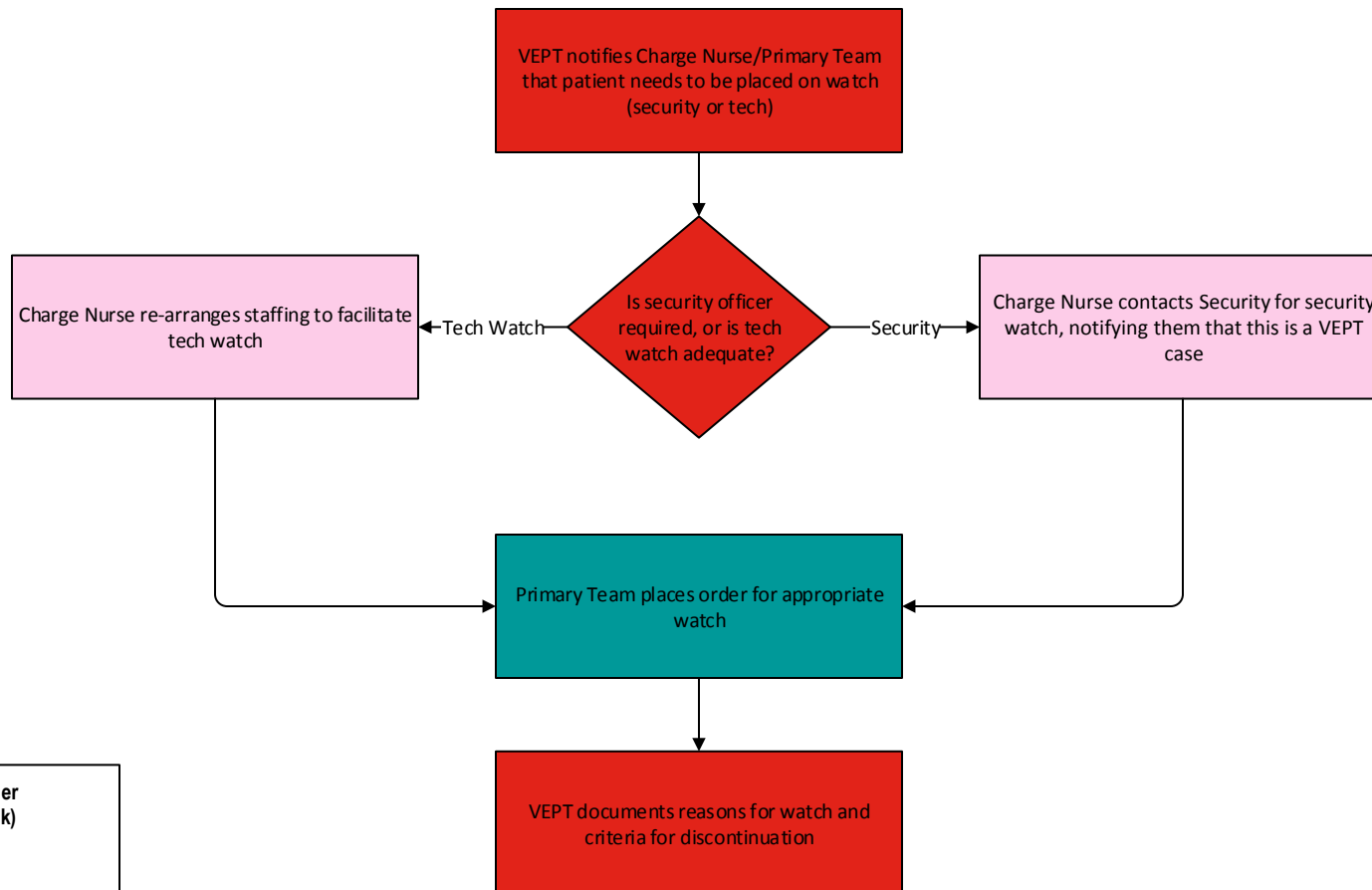
### **Additional VEPT Process Protocols**

# Protocol for VEPT Involvement of Security (For Patient Watch)

Reasons for involving Hospital Security for patient watch:

- Patient without decision-making capacity or with uncertain decision-making capacity\* and:
  - refusing VEPT evaluation (either initially or while in process)
  - refusing admission/requesting discharge despite immediate danger/unsafe home environment
  - concern that patient may be harmed or removed from the ED/hospital by other person
  - concern that patient may walk out of ED/hospital

*\*If decision-making capacity related to refusal of VEPT evaluation or refusal of admission / request for discharge uncertain, ED psychiatry should be consulted.*



**Key:** (color indicates team member primarily responsible for task)

- = VEPT
- = Charge Nurse
- = Primary Team

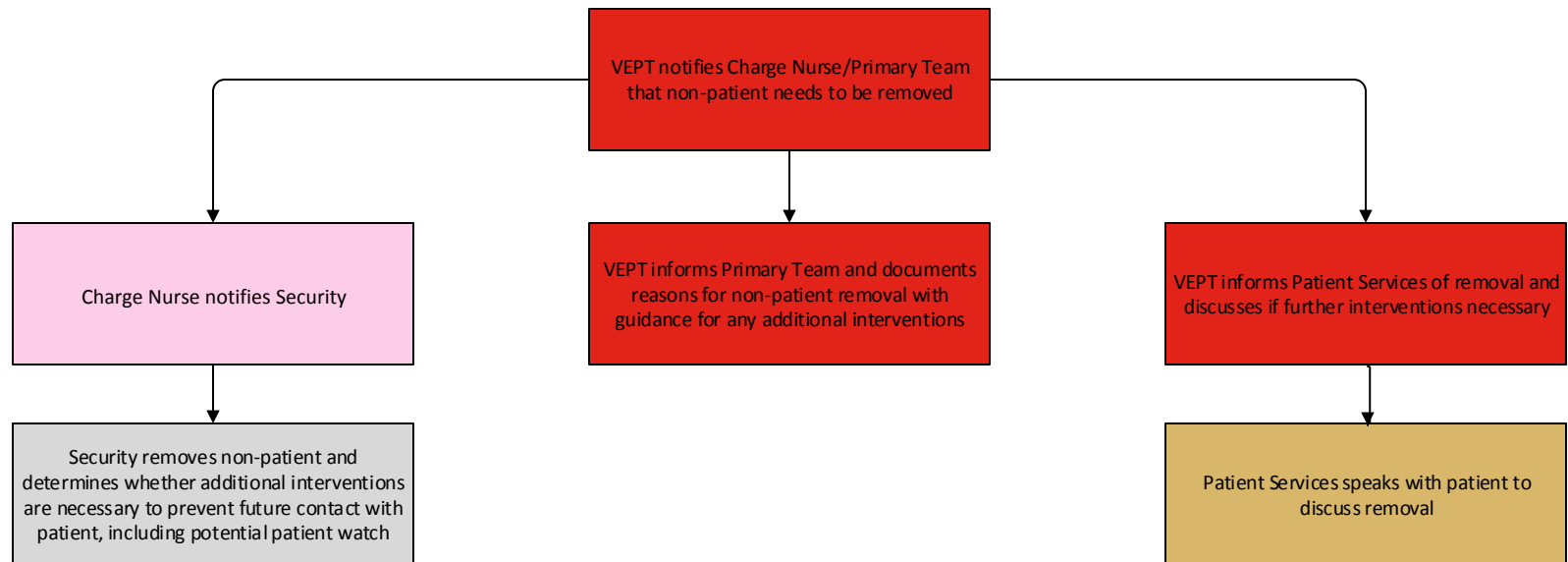
## Protocol for VEPT Involvement of Security (For Removal of Non-Patient)

Reasons for involving Hospital Security to remove non-patient from ED or prevent contact with patient:

- Patient requesting that potential abuser be removed from ED or prevented from having contact with him /her
- Potential abuser at bedside interfering with care/ refusing to leave during patient interview\* and patient has uncertain\*\* or no decision-making capacity
- Concern that potential abuser will come to bedside and harm patient or try to remove patient from ED /Hospital

\*If potential abuser is health care proxy, Patient Services should be involved.  
 \*\*ED Psychiatry should be consulted to assess patient decision-making capacity if this impacts care.

For each, consider whether patient watch may also be necessary.



**Key:** (color indicates team member primarily responsible for task)

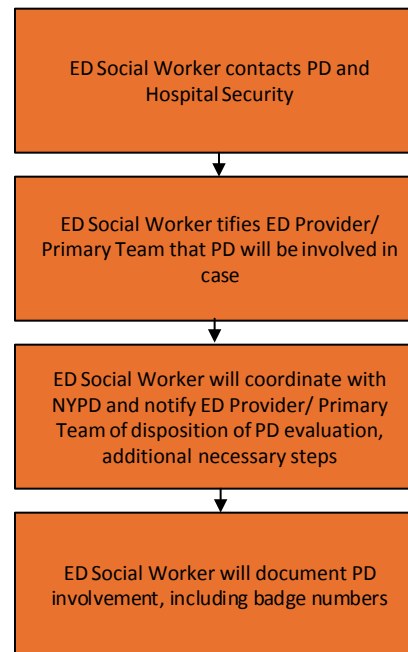
- = VEPT
- = Charge Nurse
- = Security
- = Patient Services

# Protocol for VEPT Involvement of Police Department

Reasons for involving PD during ED VEPT evaluation:

- High suspicion for physical abuse, sexual abuse and patient consents
- High suspicion for violation of Order of Protection
- Patient reports homicidal threat
- VEPT or other ED Provider witnesses homicidal threat
- Patient requesting PD involvement

\*For all cases where PD involved during ED VEPT evaluation, potential necessity for security involvement for patient watch or removal of non-patient from ED should be considered



**Key:** (color indicates team member primarily responsible for task)

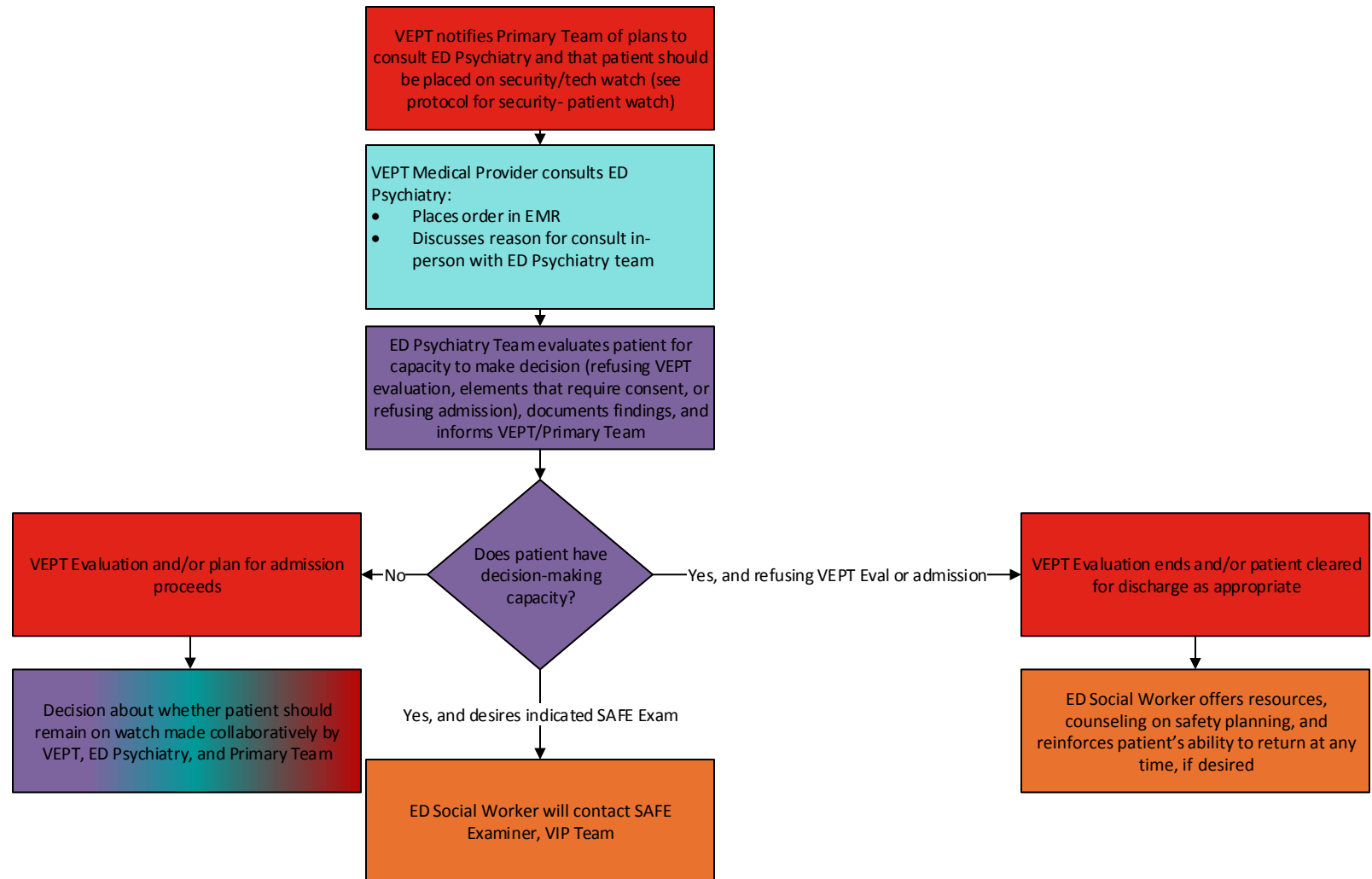
 = ED Social Worker

# Protocol for VEPT Involvement of ED Psychiatry

Reasons for involving ED Psychiatry\*:

- Decision making capacity unclear and
  - Refusing VEPT Evaluation (either initially or while in process)
  - Refusing admission/requesting discharge despite immediate danger/unsafe home environment
  - Refusing element of VEPT requiring consent (ie: SAFE Exam)

\*Patient must be placed on security/tech watch while ED Psychiatry evaluation pending



**Key:** (color indicates team member primarily responsible for task)

- = VEPT
- = ED Psychiatry
- = ED Social Worker
- = Primary Team
- = VEPT Medical Provider



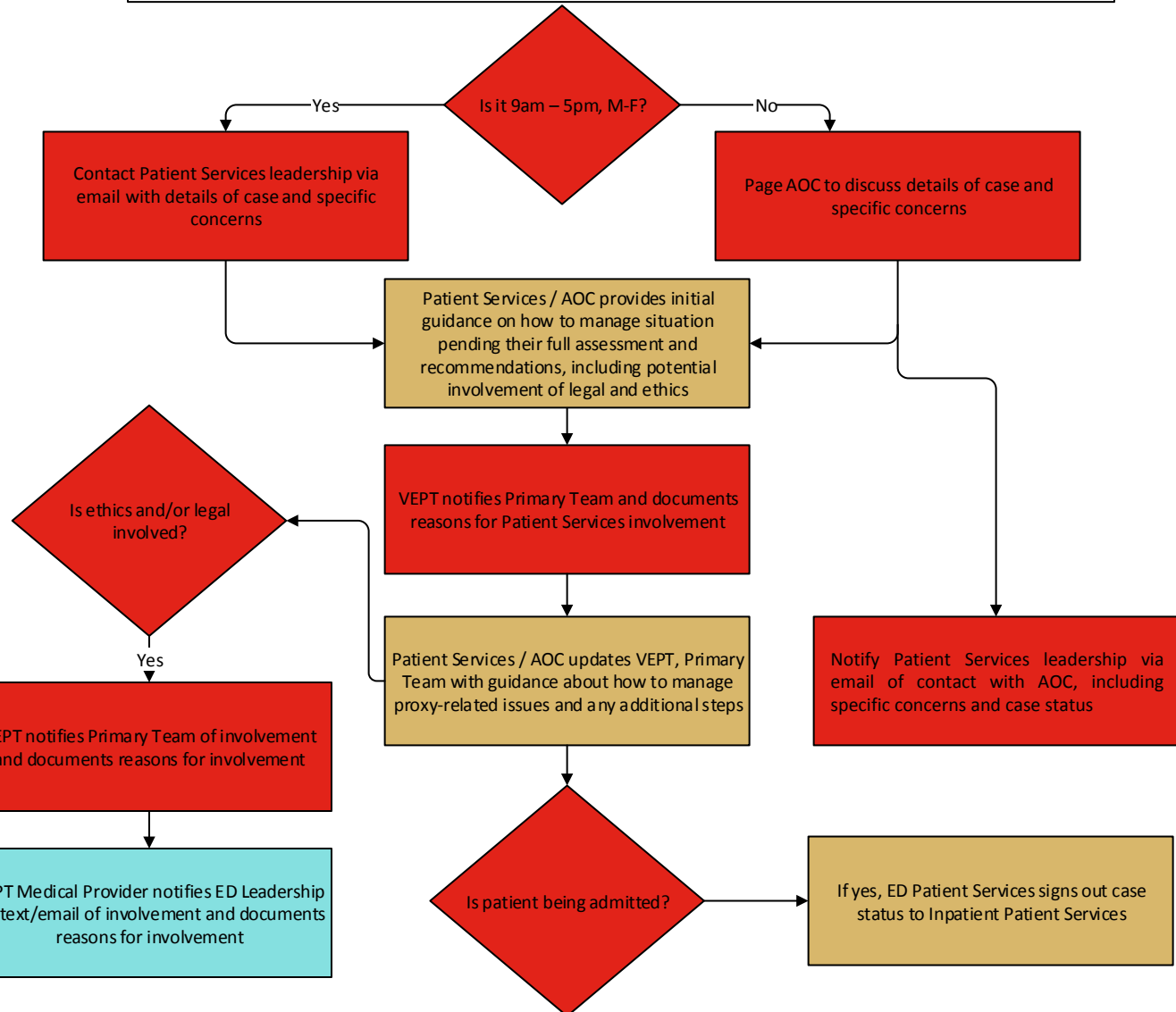
# Protocol for Involvement of Patient Services for Urgent Legal / Ethics Guidance

Reasons urgent legal / ethics guidance facilitated by Patient Services / Administrator On Call (AOC)\*:

- Patient has no capacity, and concern about decision-making of health care proxy or surrogate
- If non-proxy who may be abuser is involved in case, at bedside, or trying to direct care

\*Ethics should be contacted for all patients who are being admitted primarily for safety/concern about discharge.

\*Consider whether patient watch, removal of non-patient may also be necessary



**Key:** (color indicates team member primarily responsible for task)

- = ED Patient Services
- = VEPT
- = VEPT Medical Provider

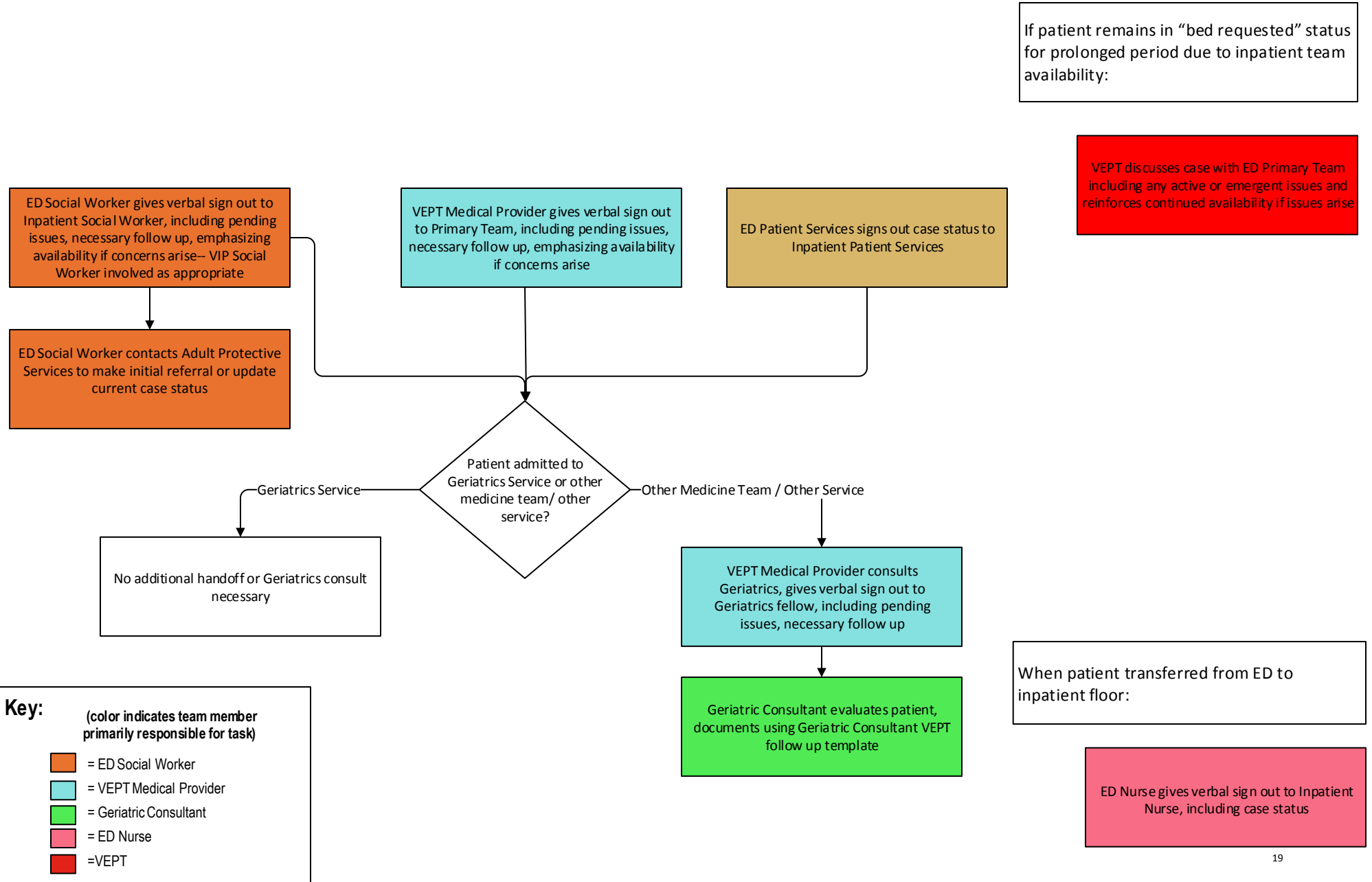


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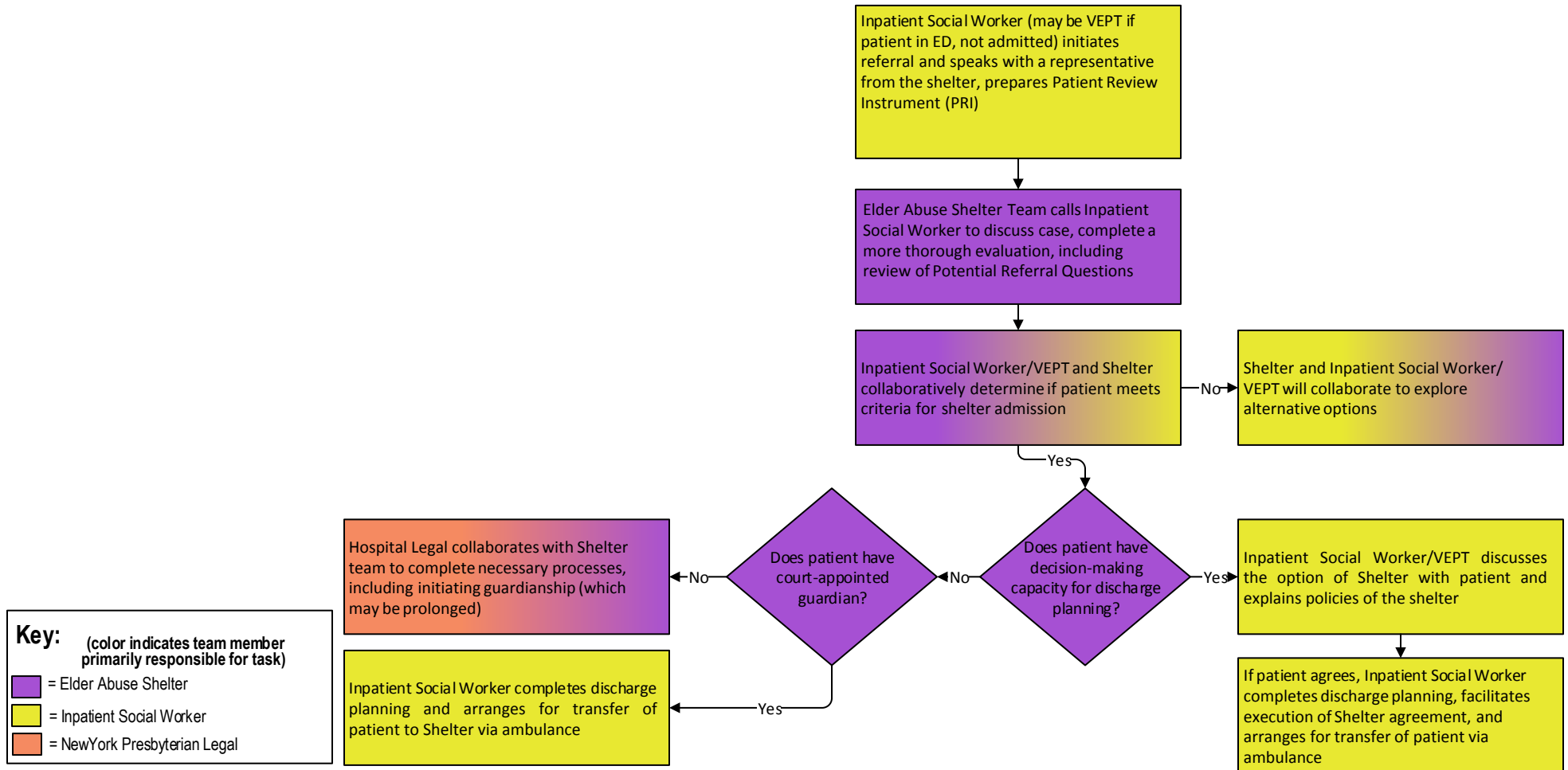
**Disposition / Hand-off / Follow-up / Billing  
Protocols**

# Protocol for VEPT Hand-Off to Inpatient Social Work, Medical Team, Geriatrics Consult



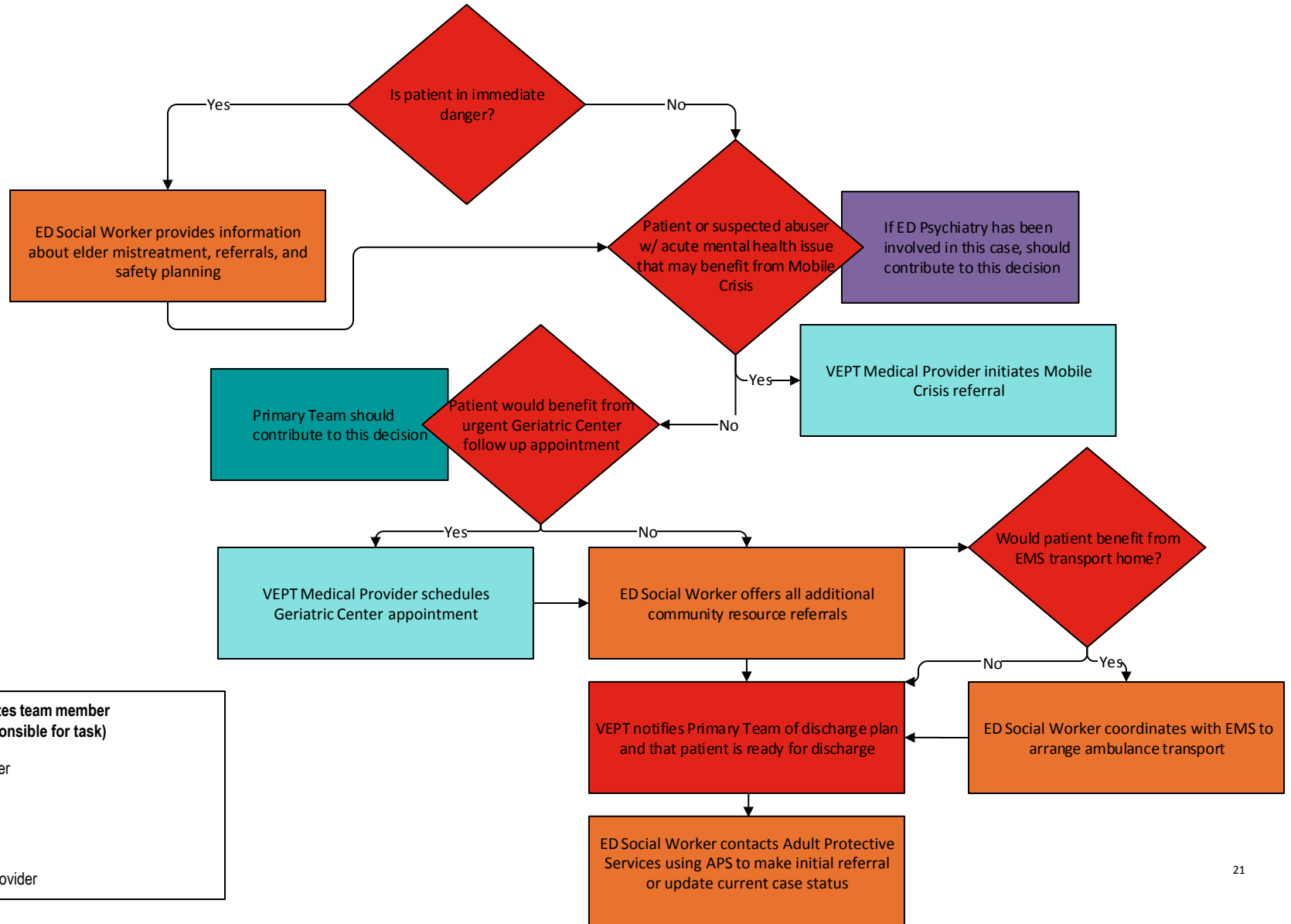
# Protocol for Transfer to Elder Abuse Shelter

- For elder mistreatment victims without a safe home environment or alternative, Elder Abuse Shelter is a transfer destination
  - Patient must meet shelter criteria
- Consider investigating possibility of transfer to shelter when patient medically cleared or timeline for medical clearance becomes apparent
  - Patient must also be psychiatrically cleared if any active psychiatric issues



# Protocol for VEPT ED Discharge Process to Community/ Resources Offered

- Circumstances:
- Patient has decision-making capacity, requesting discharge and/or cessation of VEPT evaluation
  - Determination that no medical need or other social need for admission and no perceived immediate danger in home environment



**Key:** (color indicates team member primarily responsible for task)

- Orange = ED Social Worker
- Teal = Primary Team
- Red = VEPT
- Purple = ED Psychiatry
- Light Blue = VEPT Medical Provider

# Protocol for VEPT ED Discharge Process Back to Nursing Home

- Circumstances:
- Determination that no medical need or other social need for admission and nursing home is safe environment, with staff and/or co-residents not potentially contributing to mistreatment
    - If patient has decision-making capacity, must be willing to return to nursing home
  - Patient has decision-making capacity, requesting discharge back to nursing home and/or cessation of VEPT evaluation

If Nursing Home deemed unsafe, or perpetrator of abuse, call Attorney General's Medical Fraud Control Unit: 866-697-3444

ED Social Worker contacts nursing home to coordinate transfer of patient, ensuring bed availability and discussing findings from evaluation, including appropriate measures to ensure patient safety

ED Social Worker attempts to contact nursing home social worker to discuss findings from VEPT evaluation, including any necessary follow-up, suggested resources. appropriate measures to ensure patient safety

Able to contact social worker?

Yes

No

ED Social Worker documents conversation with nursing home social worker

ED Social Worker leaves message indicating that VEPT Program Administrator will contact nursing home social worker and leaves contact information, documents attempt to contact nursing home social worker

ED Social Worker informs Primary Team that patient is ready for discharge

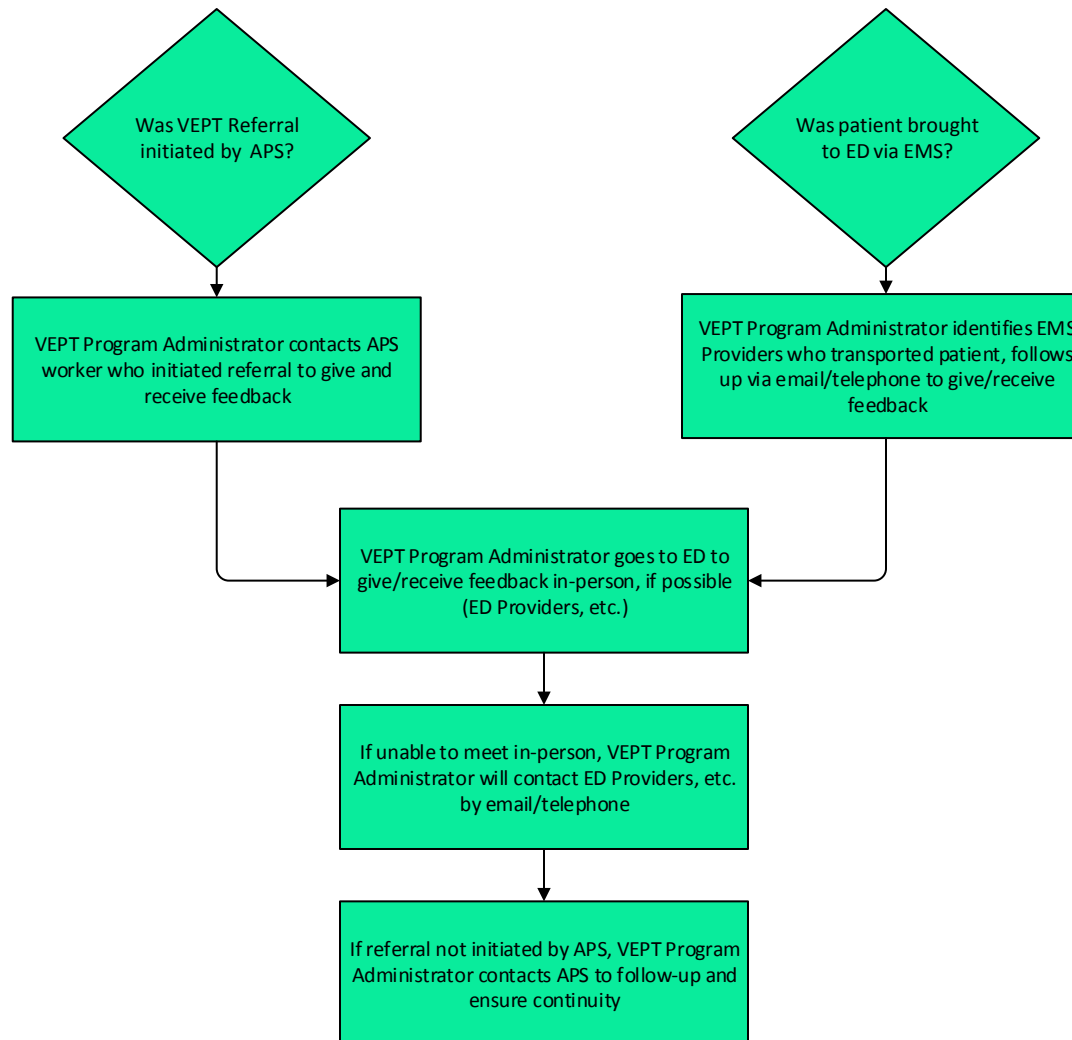
ED Social Worker arranges for ambulance transport back to nursing home

**Key:** (color indicates team member primarily responsible for task)  
 [Orange Box] = ED Social Worker

# Protocol for VEPT Program Administrator Case Feedback (For Cases Admitted or Discharged to Community)

VEPT Program Administrator will:

- Review EMR documentation from each VEPT referral based on receipt of page
- Will contact VEPT team members who evaluated the case as necessary for clarification & additional information



**Key:**

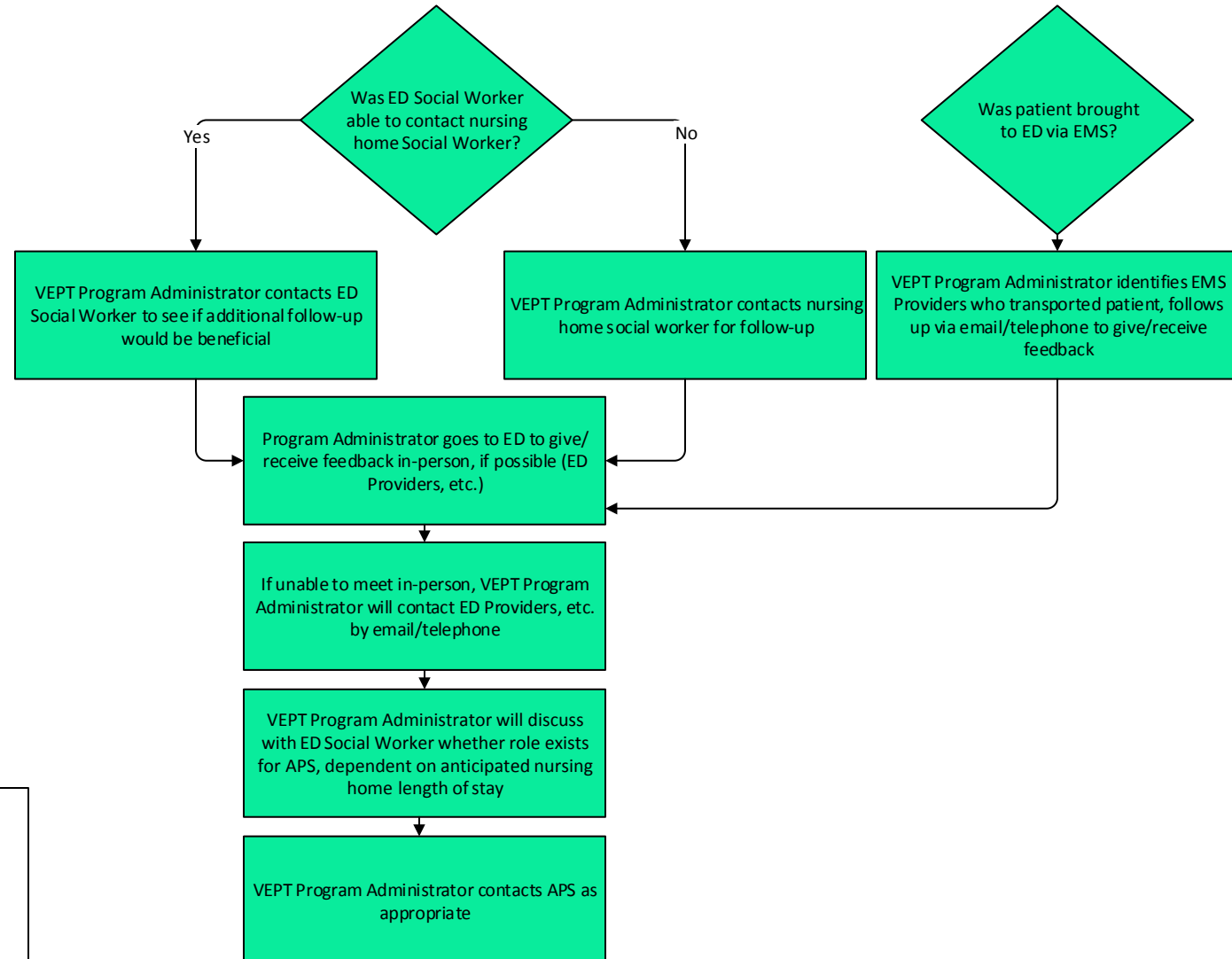
(color indicates team member primarily responsible for task)

= VEPT Program Administrator

# Protocol for VEPT Program Administrator Case Follow-up (For Cases Discharged to Nursing Home)

VEPT Program Administrator will

- Review EMR documentation from each VEPT referral based on receipt of page
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information



**Key:**

(color indicates team member primarily responsible for task)

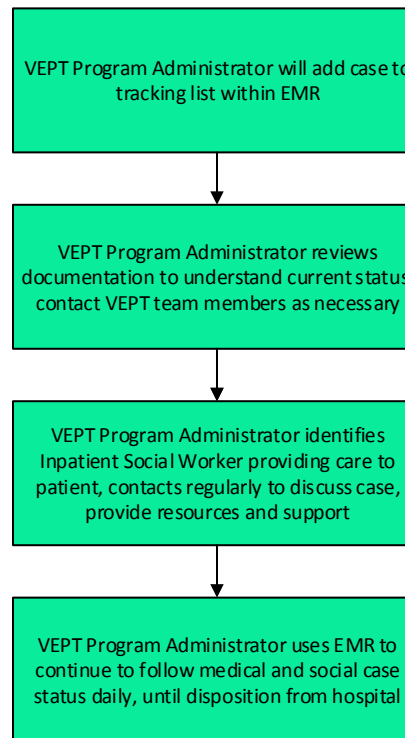
= VEPT Program Administrator



# Protocol for VEPT Program Administrator Inpatient Case Monitoring and Support

VEPT Program Administrator will:

- Review EMR documentation from each VEPT referral based on receipt of page
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information



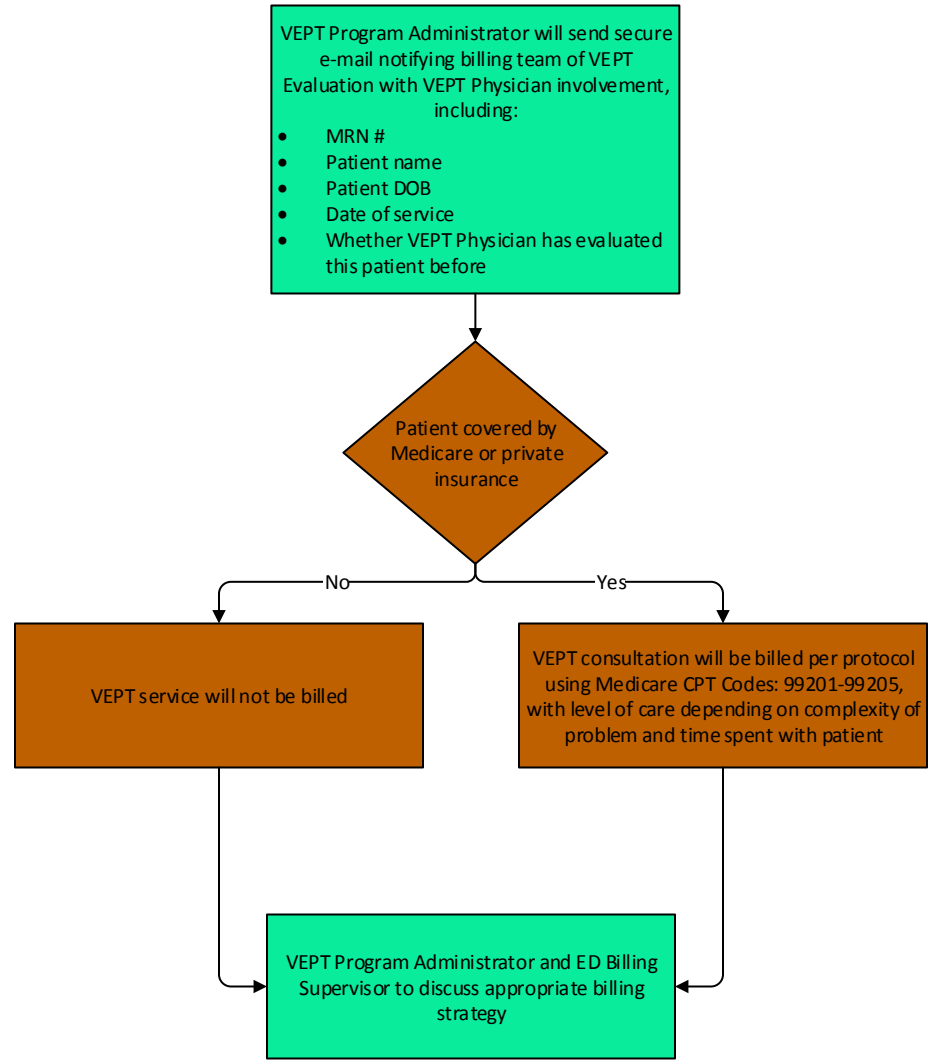
**Key:**

(color indicates team member primarily responsible for task)

 =VEPT Program Administrator

# Protocol for VEPT Case Billing

- VEPT involvement may only be billed if VEPT Medical Provider evaluated patient in-person
- If patient with decision-making capacity refuses VEPT Evaluation while VEPT Physician/ Geriatric EP Evaluation in process, patient should not be billed



**Key:**  
 (color indicates team member primarily responsible for task)






















= VEPT Program Administrator

= ED Billing Supervisor

# Protocol Master Key

## Master Key:

(color indicates team member primarily responsible for task)

-  = Adult Protective Services (APS)
-  = EMS Ambulance Dispatcher
-  = Paramedic/EMT
-  = ED Social Worker
-  = Triage
-  = Geriatric Center Medical Team / Social Worker
-  = Primary Team
-  = VEPT Medical Provider
-  = ED Radiology
-  = Charge Nurse
-  = VEPT
-  = Security
-  = ED Patient Services
-  = ED Psychiatry
-  = Geriatric Consultant
-  = ED Nurse
-  = Elder Abuse Shelter
-  = Inpatient Social Worker
-  = Legal Team
-  = VEPT Program Administrator
-  = ED Billing Supervisor