

Tribal Elder Protection Team

Medical Services Representative



The Tribal EPT Medical Service Representative Role

As a member of the EPT, this representative is designated as the main contact for any medical referral. This representative may be a physician, a licensed nurse, an emergency medical technician, or any other medical service staff member. This team member acknowledges this responsibility to be available to assist the elderly patient or will arrange for an alternate EPT attendee when they are unavailable. The Medical Service Representative roles include, but are not limited to:

1. Providing a designated representative from their agency to participate in regular EPT meetings, or will arrange for an alternate when unavailable.
2. Providing information about the EPT to their agency staff to increase awareness and referrals.
3. Making client referrals to the EPT for collaboration with additional community services essential to the well-being of an elderly patient.
4. Sharing patient information to the EPT, when appropriate.
5. Collaborating with EPT representatives to detect, investigate, intervene, and prevent additional abuse.
6. Minimizing further trauma to the elderly patient by conducting regular elder abuse safety screenings/assessments when the elderly person is attending a scheduled medical appointment.
7. Providing expert input and review of cases and providing appropriate follow-up for the elderly patient. Depending on your facility, you may need to contact your compliance officer prior to providing input to the EPT.

Implement a Safety Screening¹

Elderly safety screening procedures are implemented in various medical office settings. Each office may have their own set of procedures and practices for conducting an elderly safety screening. While there is no “right” way to implement the screening, an annual safety screening should be conducted. Before your medical office implements a screening protocol, make sure to call your local Area Agency on Aging, Adult Protective Services office, or a Title VI program to ensure you have the appropriate contact information if you need to refer a patient. Implement the following during a safety screening:

- Screening should be done by a physician or triage nurse
- Screening takes place at least once a year during a non-emergency medical visit
- Prior to the appointment, staff should place an elder abuse screening assessment form within the screening packet for each elderly patient
- Screening document should be placed in the patient’s chart, and given to the elderly patient while they wait for the physician in the exam room
- The screening should be conducted in a confidential setting outside the presence of the elderly patient’s family, caregiver, or the person who brings the elderly patient to their appointment
 - ❖ Be sure the caregiver or family member is not completing the screening form
- When the physician arrives, the screening results are reviewed with the elderly patient during the appointment
 - ❖ Have staff members assist with referrals when necessary
- The completed screening becomes part of the patient’s medical records

If your patient may be cognitively impaired or have dementia, you will need to consider your responsibilities under state or tribal laws to report elder abuse to Adult Protective Services or appropriate victim’s services agency in your tribal community. This may also require staff assistance for the completion of the screening form, rather than a caregiver or family member.

Elder Abuse Screening Instruments:

Workers need to be aware of warning signs that elder abuse may be occurring, and learn to identify signs of abuse. Screening instruments do not confirm elder abuse. They are tools to assist the worker in determining the need for more assessments or if a referral to Adult Protective Services or appropriate Victim’s Services agency in your tribal community may be required. A few examples of elder abuse screening instruments include:

- The Hwalek-Sengstock Elder Abuse Screening Test (H-S/East): - A 15-item screening device for service providers, to assist with identification of people at risk of abuse, and in need of protective services.²

- The Elder Assessment Instrument (EAI): - A 41-item assessment used in clinical settings to assess signs, symptoms, and subjective experiences of physical abuse, neglect, and exploitation. There is no resulting “score”.³
- The Native Elder Life Scale (NELS): A instrument used to assess elder mistreatment. Specifically developed from the H-S/EAST for American Indian and Alaskan Native elders.⁴
- Shielding American Indian Elders- Interview protocol: A 41-page protocol document used during interviews with American Indian elders. To gather general basic information about the elder, along with questions about general health, the H-S/East, the Native Elder Life Scale (NELS), Conflict Tactics Scale, and items concerning the individual’s belief about the treatment of elders.⁵

Reporting Allegations of Abuse

Reporting Parties⁶

1. Voluntary reporters (e.g., victim, family, friends, neighbors, others);
2. Mandatory reporters (e.g., medical providers, first responders, clergy, behavioral health providers, and firefighters).
 - a. Any mandatory reporter who has reasonable cause to believe that any vulnerable adult with whom the official comes in contact, while acting in an official capacity, has suffered abuse shall report or cause a report to be made by immediately telephoning or by alternative methods to the local office of the Department of Human Services, Victims of Crimes office, or the local tribal law enforcement agency.
 - b. When a report of a possible crime is received by a department, the department shall notify the law enforcement agency having jurisdiction within the county where the report is made. The law enforcement agency shall confirm to the reporting department its receipt of the notification.

Physicians, psychologists, members of the clergy and attorneys are not required to report such information communicated by a person if the communication falls under client privilege (Consult your state and tribal government, as each have their own laws on mandated reporter requirements).

Required Information⁶

Reports of abuse must include the following information, if known:

1. The name and address of the elderly person or vulnerable adult
2. The name and address of any person(s) responsible for the care of the vulnerable adult
3. The nature and extent of the abuse including any evidence of previous abuse
4. The explanation given for the abuse
5. Any information that led the person making the report to suspect that abuse has occurred
6. Any other information which the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator
7. The date of the incident
8. The venue or location where the abuse occurred

Mandatory reporting statutes grant immunity to the professional who reports their suspicions in good faith, and the reporter often remains anonymous. Make sure to not label the reporting process as an investigation but as an attempt to gather information to determine what services might benefit the elder.²

Please contact your local attorney to determine the laws and rules applicable to your medical practice.

References

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2. Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST). Retrieved on May 30, 2017 from counselingresourceservices.com/uploads/3/4/2/0/3420067/hwalek_elder_abuse_screening.pdf
3. Elder Assessment Instrument. Retrieved on May 30, 2017 from media.wix.com/ugd/2a1cfa_10e9b1206fad4832bc04d6c051a77a5f.pdf
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5. Jervis, L.L., & Shielding American Indian Elders project team (Interview protocol). Shielding American Indian Elders (SAIE) Interview. University of Oklahoma, Norman Oklahoma. Funded by the National Institute on Aging.
6. Department of Justice, Elder Justice Initiative (2017). Sample: Protocol- Clackamas. Retrieved on May 30, 2017 from www.justice.gov/archives/elderjustice/file/938741/download

“This (report/document/etc.) was completed for the National Center on Elder Abuse and is supported in part by a grant (No. OI-90IE0001) from the Administration on Aging, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.”

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