



Standardizing Elder Abuse Data Collection and Clinical Response: Development of a Consult Service Team and Multi-Institution Database



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Introduction: Elder Abuse Consult Services

- Elder abuse is complex clinical syndrome that requires time intensive, nuanced, specialty care
- Based on the model of Child Abuse, two elder abuse consultation services have been developed to serve Emergency Departments & Inpatient Services
- Weill Cornell's Vulnerable Elder Protection Team (VEPT) has been operating since 2017
- In 2021 the University of Colorado started the Vulnerable Elder Services, Protection, and Advocacy Team (VESPA)
- Our teams focus on providing:
 - Robust evaluation of patients experiencing abuse and maltreatment
 - Coordination of services across health care, APS, law enforcement, and other relevant agencies
 - Follow up after a patient discharges to ensure appropriate care coordination and ongoing care in the outpatient setting

Introduction: Database Development

- To our knowledge there are no databases dedicated to the clinical evaluation of older adults experiencing maltreatment
- To address this gap, we developed a case registry to track pertinent data from our consult services that we hope will inform evidence-based care for this vulnerable population
- Through literature review, the following databases were reviewed, and core principles incorporated: National Electronic Injury Surveillance System- All Injury Program, National Trauma Databank, Child Abuse Pediatrics Network

Methods

Elder Abuse Consultation Services (VESPA Team) help to enhance the clinical care, education, and research of Elder Mistreatment

They work to standardize the processes, documentation, and data collection



Utilizing REDCap databases, we can easily create common data elements, procedures, and analysis techniques with this standardized data



Our two large referral centers (CO and NY) partnered to create a common clinical and research data set that is applicable across a wide variety of patient settings and populations

Data Collection

- Information is gathered from EMR on day of presentation, VESPA/VEPT evaluation, and discharge
- Outcomes data also collected from 1, 3, 6, 9, 12 month follow ups

Examples of Core Data Elements Collected		
Presentation	Evaluation	Outcomes
<ul style="list-style-type: none"> Who consulted the team & their initial concerns Patient characteristics including functional status & comorbidities Any available information on potential perpetrators 	<ul style="list-style-type: none"> Presenting physical exam, vitals, labs, imaging Assessment of additional needed work up or medical care Reporting information and initial interventions 	<ul style="list-style-type: none"> Living situation after hospitalization or SAR Additional services utilized by patients & families Getting back to the primary care medical home

Current Data Utilization

- Grant reporting
- Quality improvement and assurance
- Research Planning

Conclusions and Results

- Database will facilitate data analysis that will improve understanding of EA and the impact of health care-based programs to address it
- Collaboration between one of the largest urban centers and one of the more rural centers of the country, we hope that this database will be readily applicable to centers across the country as they develop

Future Work

- Continue to refine core data elements
- Incorporate patient-centered outcomes into the database
- Validate the database across other institutions and patient populations
- Use follow up data to track outcomes and interventions that can improve care for this patient population

References and Conflict of Interest Statement

- Scan QR code for references and COI

