



Improve Elder Abuse Communication by Utilizing an Evidence-Based Screening Guideline in a Gerontology Clinic: A Quality Improvement Project

M. Wong, DNP23A, MSN, APRN, FNP-BC, H. Johnston, DNP, RN, CNE, K. Mecham, DNP, MSN, APRN, FNP-BC
TOURO UNIVERSITY NEVADA



BACKGROUND

Elder abuse is defined as:

"A single or repeated act that occurs within any relationship where there is an expectation of trust which causes harm or distress to an older person," (Van Royen et al., 2020, 1793-1807).

- There is an estimated 962 million people or 13% of global population who are at least 60 years old and older (Van Royen et al., 2020).
- As populations increases, there is an increase rate of abuse and violence in the elderly population as one in every six older adults are affected by abuse (Van Royen et al., 2020).
- According to the National Center on Elder Abuse (2016), recent research suggest that only 1.4% cases of elder abuse are reported to the Adult Protective Services (APS) by physicians.
- Healthcare providers are mandatory reporters of suspected or at-risk individuals of abuse in the elderly population.
- **Barriers:** Hesitancy, insufficient training, and lack of available resources for seeking assistance related to abuse (Simmons et al., 2020).
- Therefore, reporting of elder abuse are missed, under-detected, or under-reported especially in the clinical settings.

PURPOSE AND HYPOTHESIS

Doctor of Nursing Practice (DNP) —prepared advanced nurses have an important role in initiating implementations for early detection and management of elder abuse to protect the health and safety of the older adult population.

Purpose: To implement an evidence-based screening guideline into the project site for assessment and management on elder abuse to improve communication, identification, and management of abuse within the timeframe of the project.

Project Question: *"Will implementing an evidence-based elder abuse screening tool in a primary care clinic improve identification of victims, risks, communication, and management for abuse victims within 5-weeks timeframe of the project?"*

- **Objective #1:** To implement an evidence-based screening tool for elder abuse to be introduced to the participants at the project site through an educational presentation within week one of the implementation phase of the project.
- **Objective #2:** Participants will comply 100% with the elder abuse screening tool during the five-week implementation timeframe as measured through chart audits.
- **Objective #3:** Improve the knowledge of the staff and provider at the project site regarding elder abuse, risks, and professional/legal obligations related to abuse within the five-week implementation timeframe as measured through feedback and reflection.

METHODS

Search Methods: Literature review were obtained from national guidelines and peer-reviewed journal articles within five years of publication. Theme development consists of the impact of the abuse on the victims, preventative strategies to address elder abuse including screening, and best practices to manage abuse.

Project Site: Touro University Nevada Health Center – Primary Care, Gerontology, and Rheumatology in Henderson, Nevada.

Population of Interest: Staff (front desk receptionists and medical assistants), Providers (medical doctors, doctor of osteopathic medicine, advanced practice nurses, and physician assistants), and patients who are at least 65 years old and older at the project site.

Exclusion Criteria: Patients who are less than 65 years old.

IRB/Ethics Considerations: The project site is an educational institution, where no IRB is required for quality improvement projects. Participants' confidentiality will be maintained through assigning designated alpha numerical coding and electronic health records will only be accessible by the DNP Project team at the site.

Interventions

- Educational Presentation on Elder Abuse Prevention and Management
- The Elder Abuse Suspicion Index (EASI) screening tool – Assists the clinical decision-making process on referral to appropriate authorities based on early detection and identification of at risk and suspected cases of abused individuals related to safety concerns based on the responses from the questionnaire ("Development of Best Practice Protocols," n.d.).

Implementation Timeline

- *Week #1:* Present educational presentation to staff and provides at the project site focusing on identification, risk factors, and management of elder abuse. Introduction of the EASI tool.
- *Week #2:* Continue utilizing EASI tool.
- *Week #3:* Continue utilizing EASI tool.
- *Week #4:* Continue utilizing EASI tool.
- *Week #5:* Continue utilizing EASI tool. Chart audits of 100 population sample will be randomly selected for data analysis and collection. Obtain feedback and reflections from staff.

Data Collection & Analysis

- *Descriptive Statistics Test* – Determine the percentage of patients screened
- *Chi-Square Test for Independence* – Measures the level of compliance using the EASI screening tool



Touro University Nevada

School of Nursing
874 American Pacific Drive · Henderson, NV-89014
702.777.1746 Website: <http://tun.touro.edu>

RESULTS

Descriptive Statistics Test

- Results indicated that out of the 100 chart audits reviewed, 54% of the sample were screened as compared to the 46% who were not screened. Of the 54% who were screened, two of the patients were positive of abuse.

Chi-Square Test for Independence

- Results indicated that there is 35% compliance of the staff and providers with the utilization of the EASI tool as compared to the 65% who were non-complaint.
- Pearson Chi-Square = 100.00, N= 100, phi = 1.000, and Cramer's v = 1.000. Significant level (2-sided), p-value = <0.001, which indicated that there is a significant association between those who were screened and those who are positive for abuse.
- Pearson Chi-Square = 46.999, N=100, phi = 0.686, and Cramer's v = 0.686. Significant level (2-sided), p-value = <0.001, which indicated there is a significant association between those who were screened positive and with the use of the EASI tool.

Strengths of the project

- 1) The ability to identify at least two individuals who are positive for abuse by utilizing the EASI tool
- 2) Participants' participation during the educational presentation
- 3) Improved knowledge of the staff/providers regarding elder abuse identification and management

Weaknesses of the project

- 1) Time constraints of five-weeks of implementation timeframe
- 2) The workflow of the clinic
- 3) Staff and providers have not had to screen appropriately and follow up on screening

Efforts were minimized by having Project Team being present and assisting with guidance to the staff and providers.

CONCLUSIONS

The rate of abuse has increased. Healthcare providers are mandatory reporters and are often the first point of contact with individuals at risk and suspected of elder abuse in the clinical settings. Healthcare professionals have a duty to protect the health and safety of the vulnerable older adult population. Preventative management include the utilization of screening assessments and prompt referrals to appropriate authorities. The DNP project was focused on the integration of an evidence-based screening tool into the project site to improve the identification, communication, and management of the abused. Post-project analysis indicated that there is increased knowledge related to identification and management of elder abuse. This project achieved improved screening on elder abuse, therefore, improving the health and safety of the clinic's older adult population with proper management on referrals to appropriate authorities for further management for positive cases of abuse.

BIBLIOGRAPHY

National Center on Elder Abuse. (2016). *Elder abuse screening tools for healthcare professionals*. <https://www.ncea.org/elderabuse/docs/ScreeningTools.pdf>

Simmons, J., Wilbrand, N., Ludvigsson, M., Naggs, K., & Swahnberg, K. (2020). Validation of REAGERA-S: A new self-administered instrument to identify elder abuse and lifetime experiences of abuse in hospitalized older adults. *Journal of Elder Abuse & Neglect*, 32(2), 173-195. <https://doi.org/10.1080/08980101.2020.1773143>

Van Royen, K., Van Royen, P., De Dender, L., & Gobbens, R.J. (2020). Elder abuse assessment tools and interventions for use in the home environment: A scoping review. *Clinical Interventions in Aging*, 15, 1793-1807. doi: Working with Healthcare Organizations to Support Elderly Female Victims of Abuse (n.d.). *Development of best practice protocols: BPP for identifying and supporting elderly female victims of violence in healthcare settings*, WS2. http://fileserver.wavenetwork.org/trainingmanuals/WHOSEFVA_ProtocolsandIdentification