



Weill Cornell Medicine

Vulnerable Elder Protection Team

Comprehensive Operational Protocols

V0.1 – 04/13/2017

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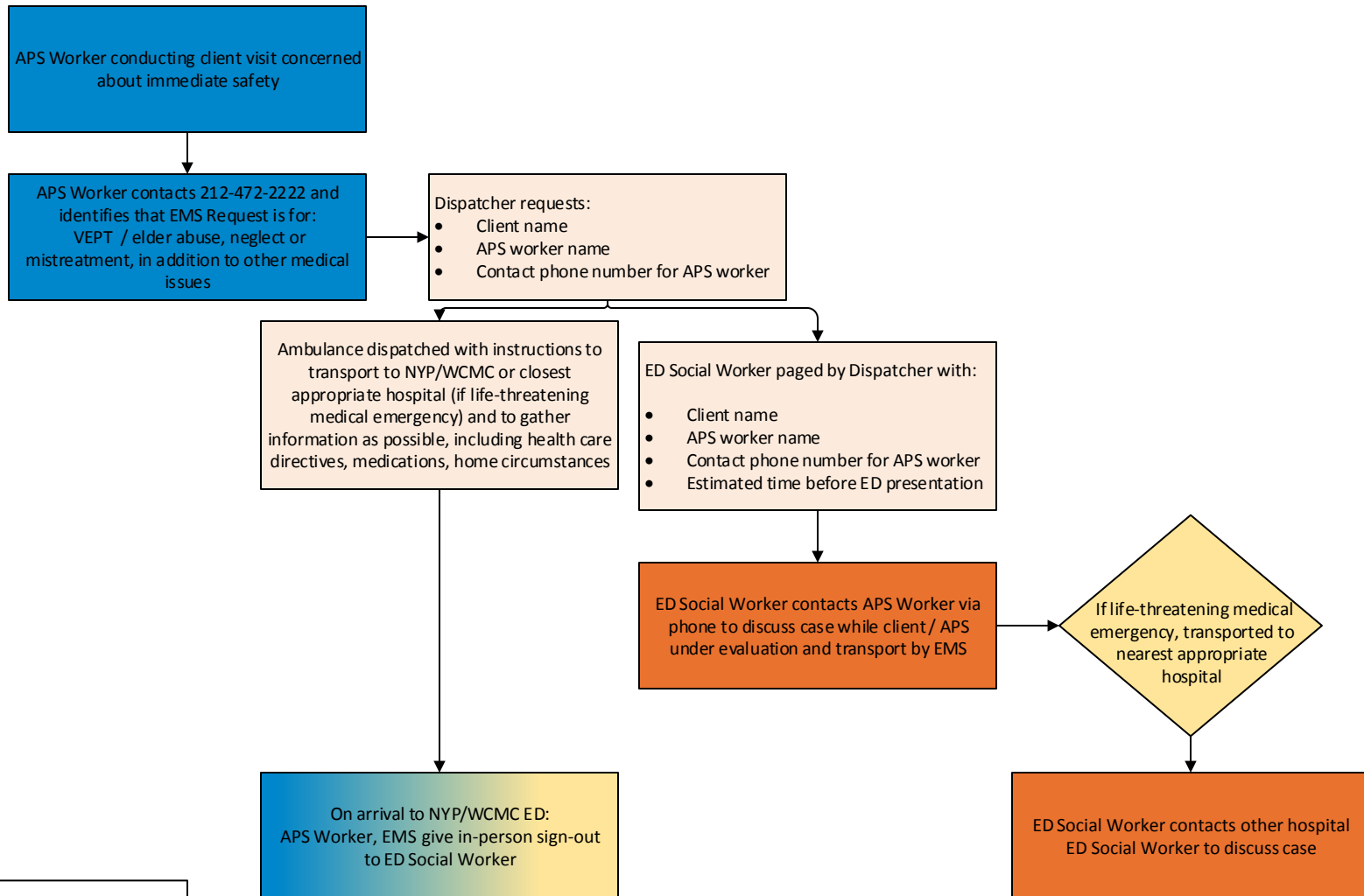
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VEPT Referral Initiation Protocols

V0.1 – 3/21/2017

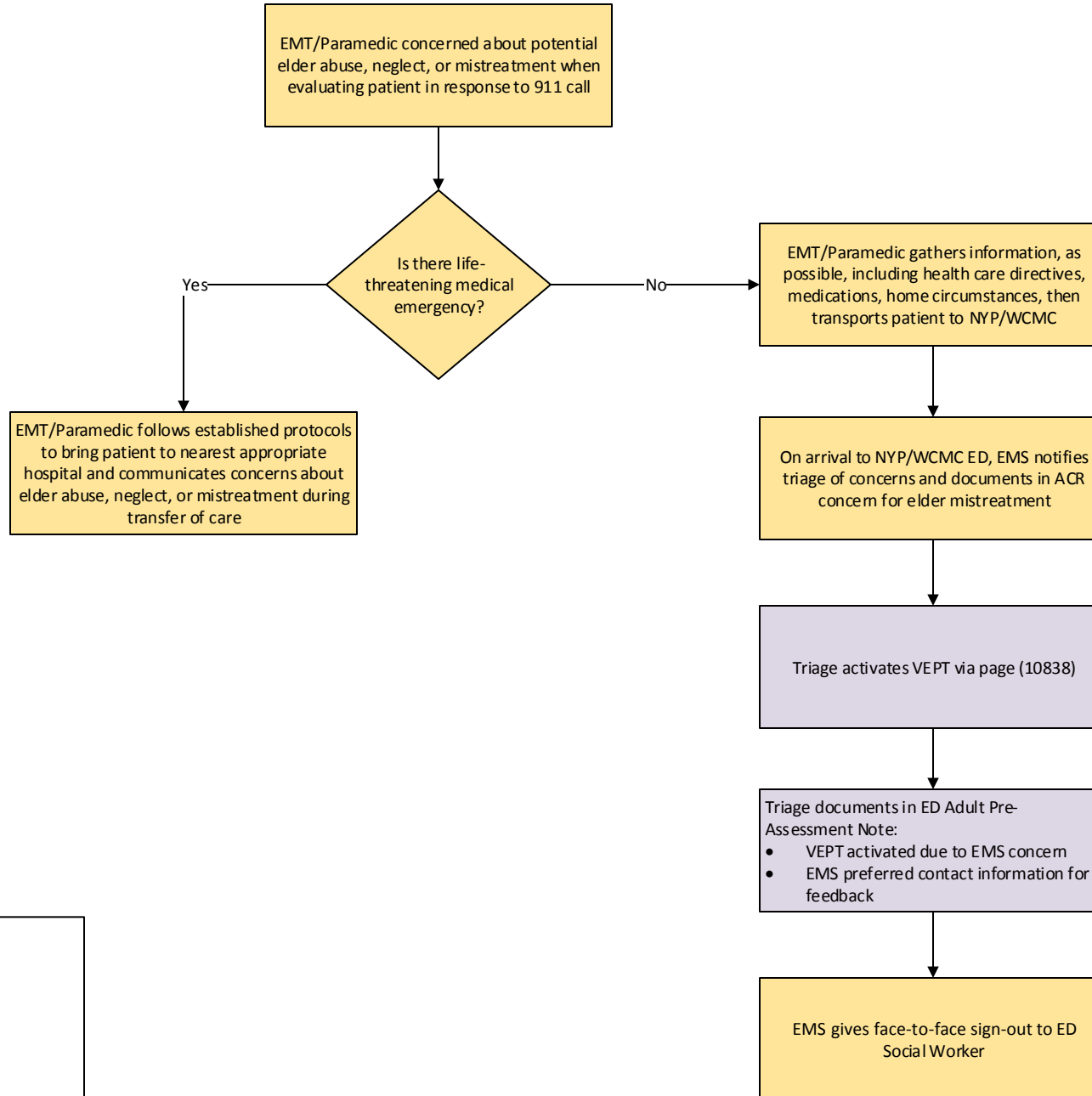
Protocol for Adult Protective Services (APS) Initiation of VEPT Referral



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

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

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

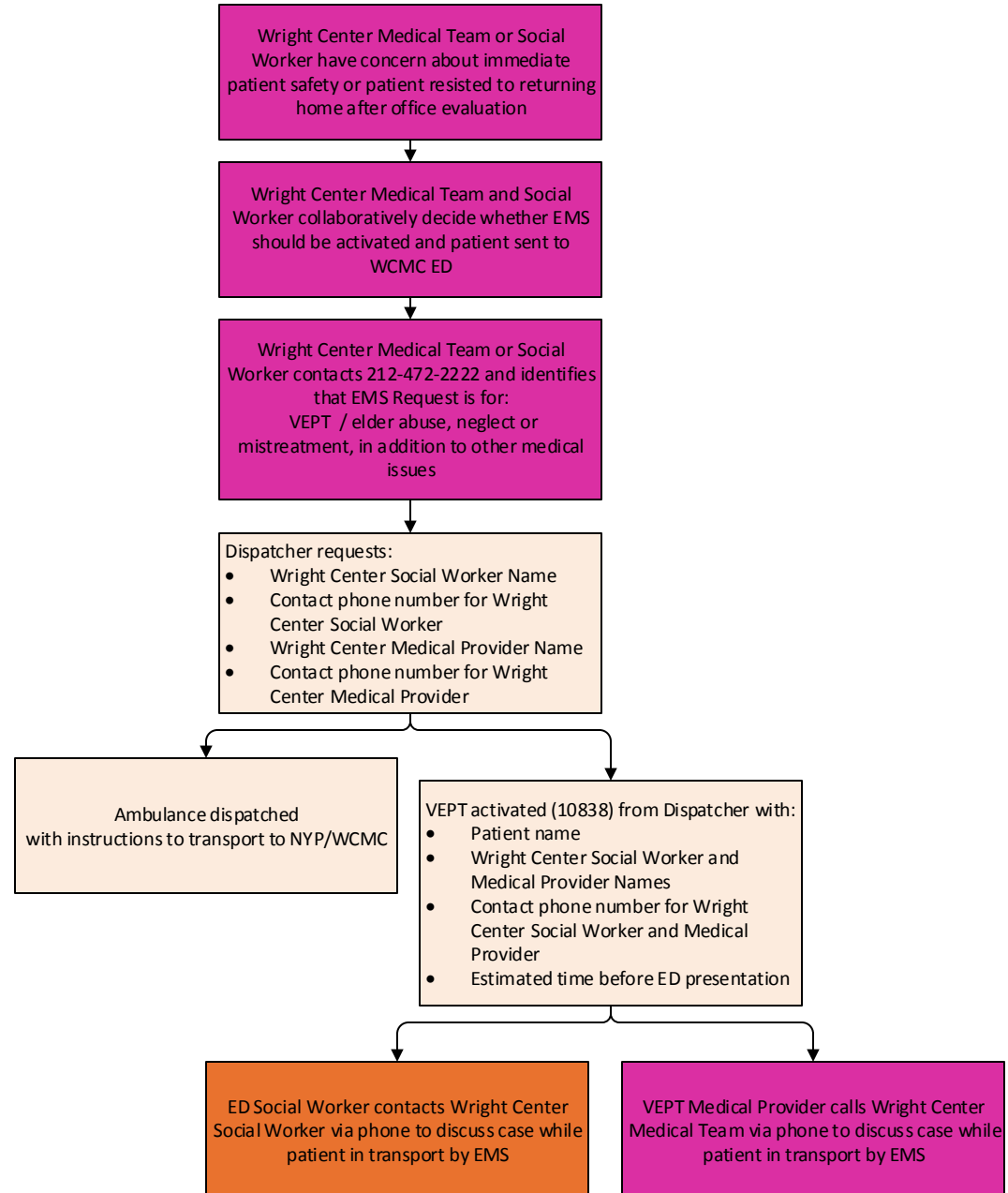


Key: (color indicates team member primarily responsible for task)

= NYP Paramedic/ EMT

= Triage

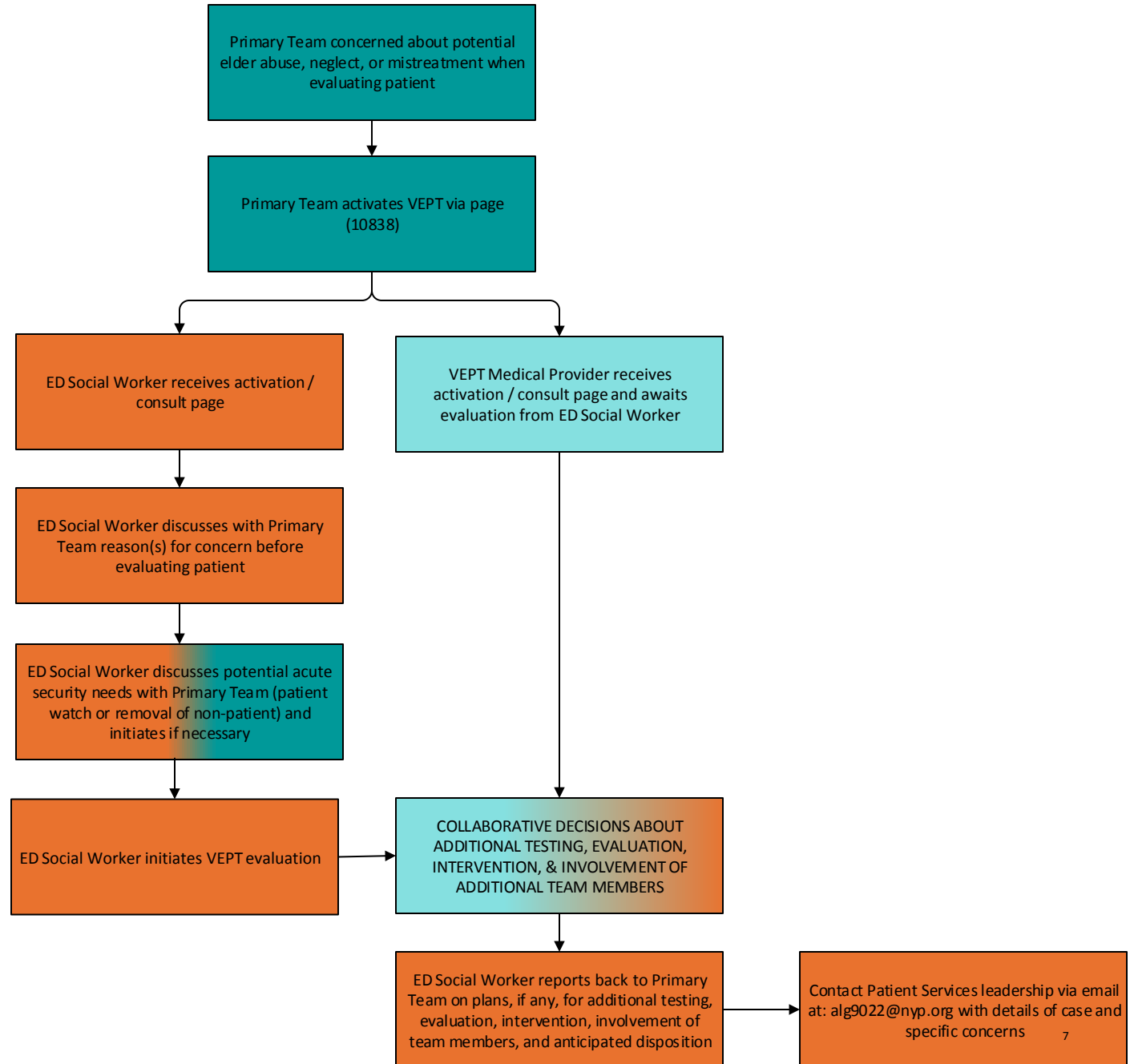
Protocol for Wright Center Initiation of VEPT



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

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

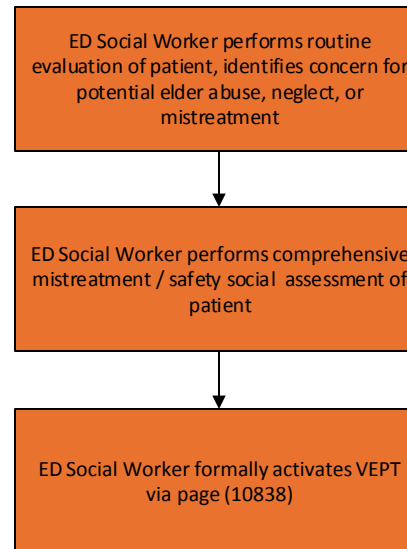
Protocol for Emergency Department (ED) Provider Initiation of VEPT Referral



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



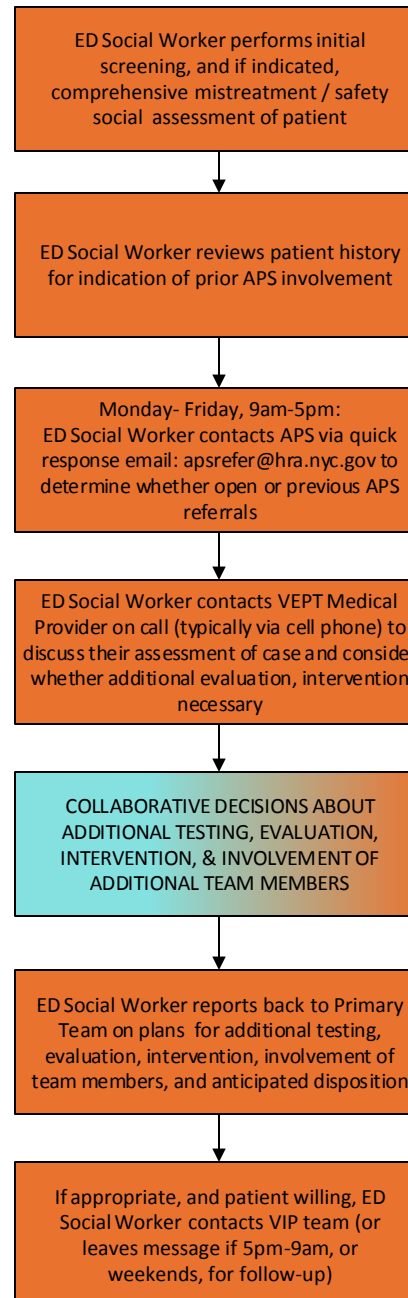
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Core VEPT Process Protocols

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



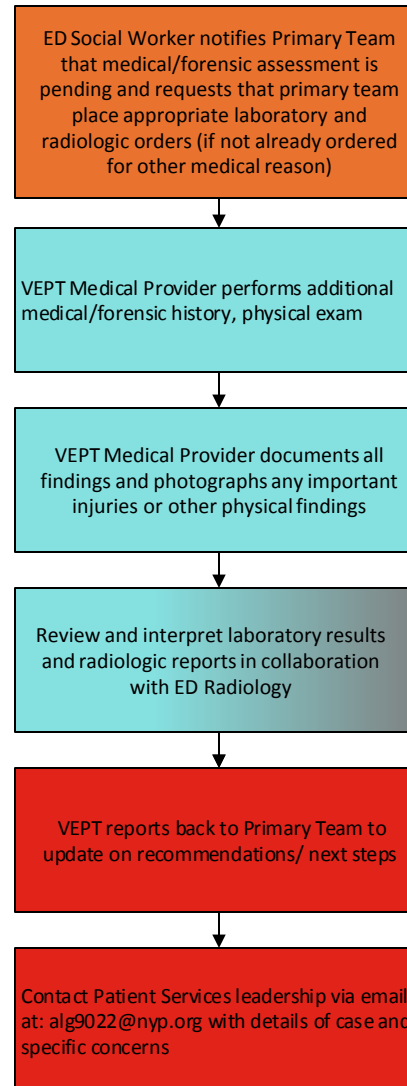
Key: (color indicates team member primarily responsible for task)

-  = 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 NYPD/ 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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Additional VEPT Process Protocols

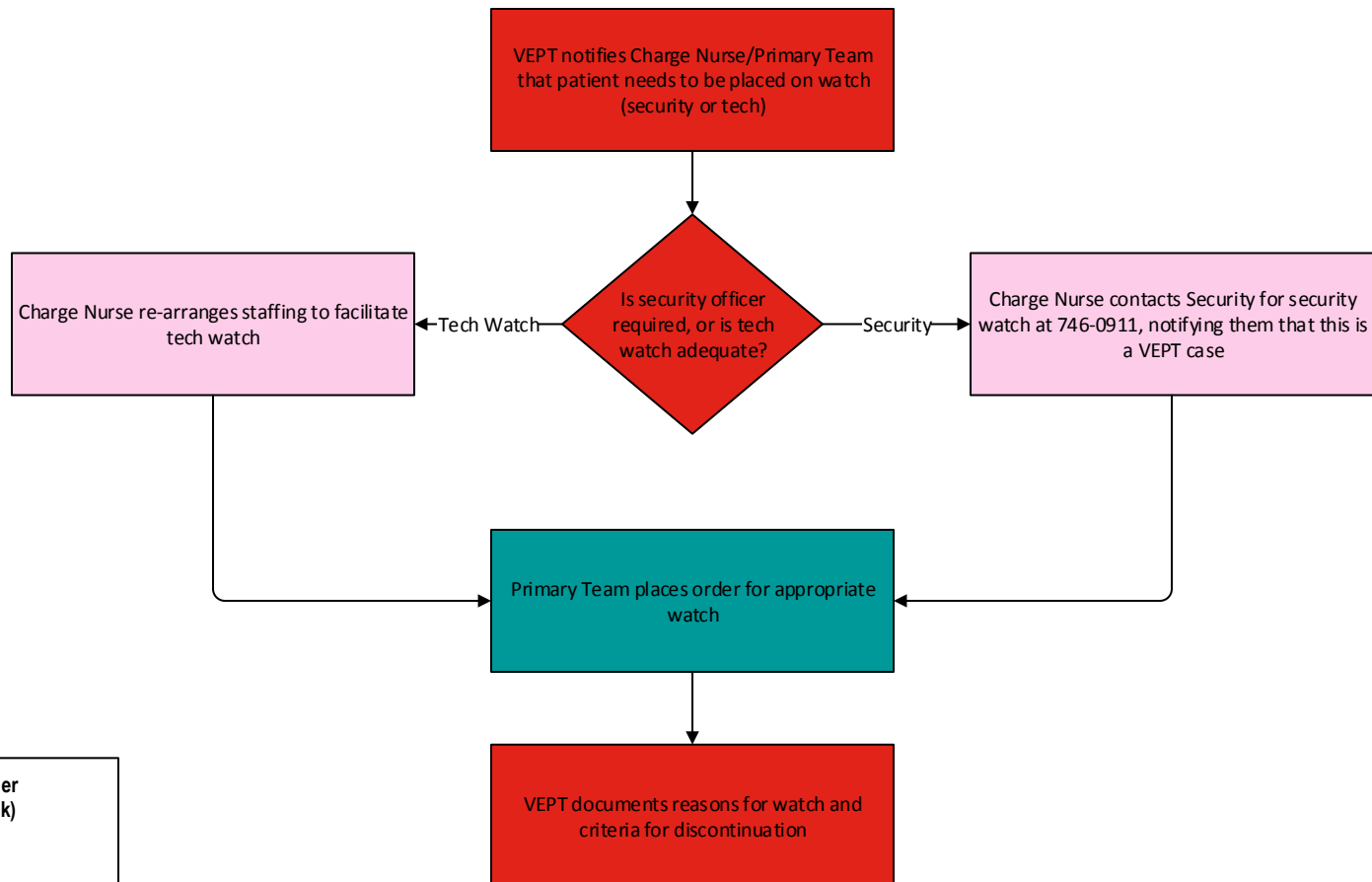
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Protocol for VEPT Involvement of Security (For Patient Watch)

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

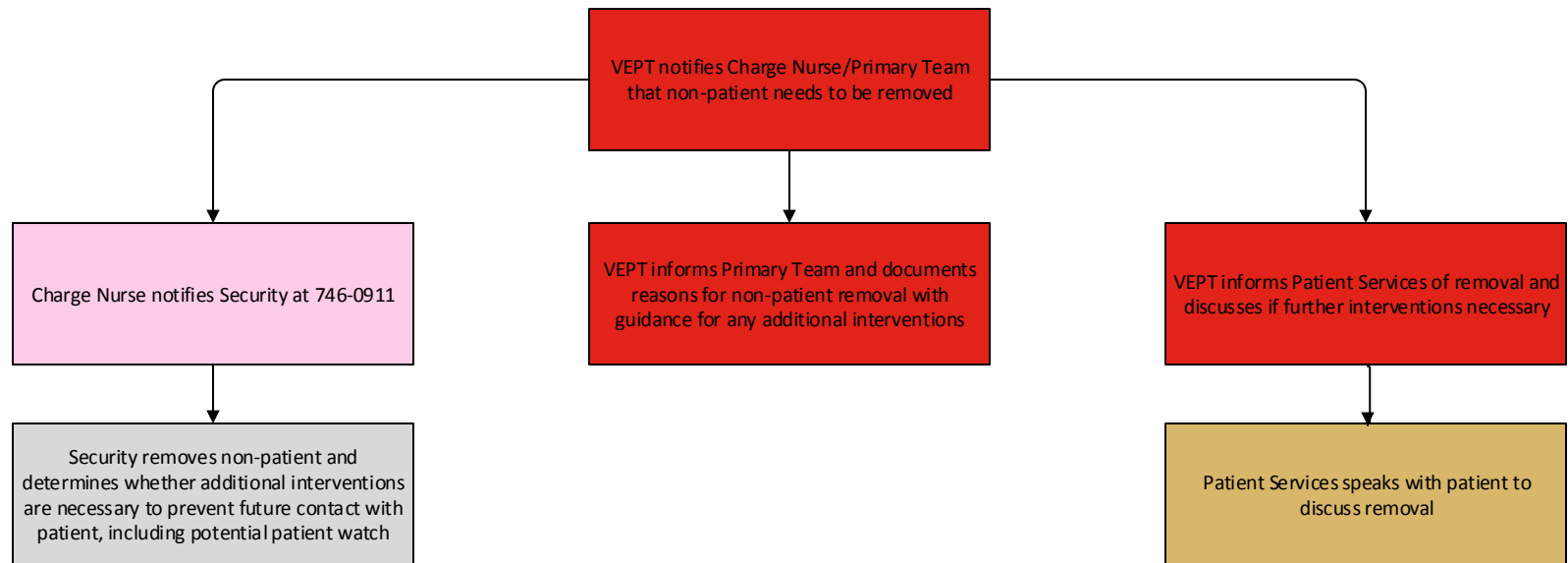
Protocol for VEPT Involvement of Security (For Removal of Non-Patient)

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)

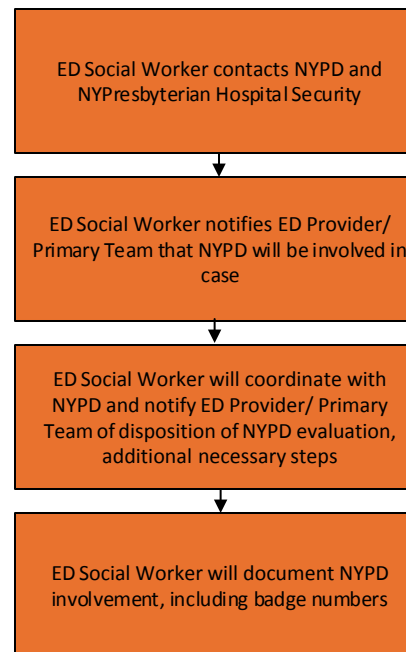
- = VEPT
- = Charge Nurse
- = Security
- =Patient Services

Protocol for VEPT Involvement of NYPD

Reasons for involving NYPD 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 NYPD involvement

*For all cases where NYPD 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)

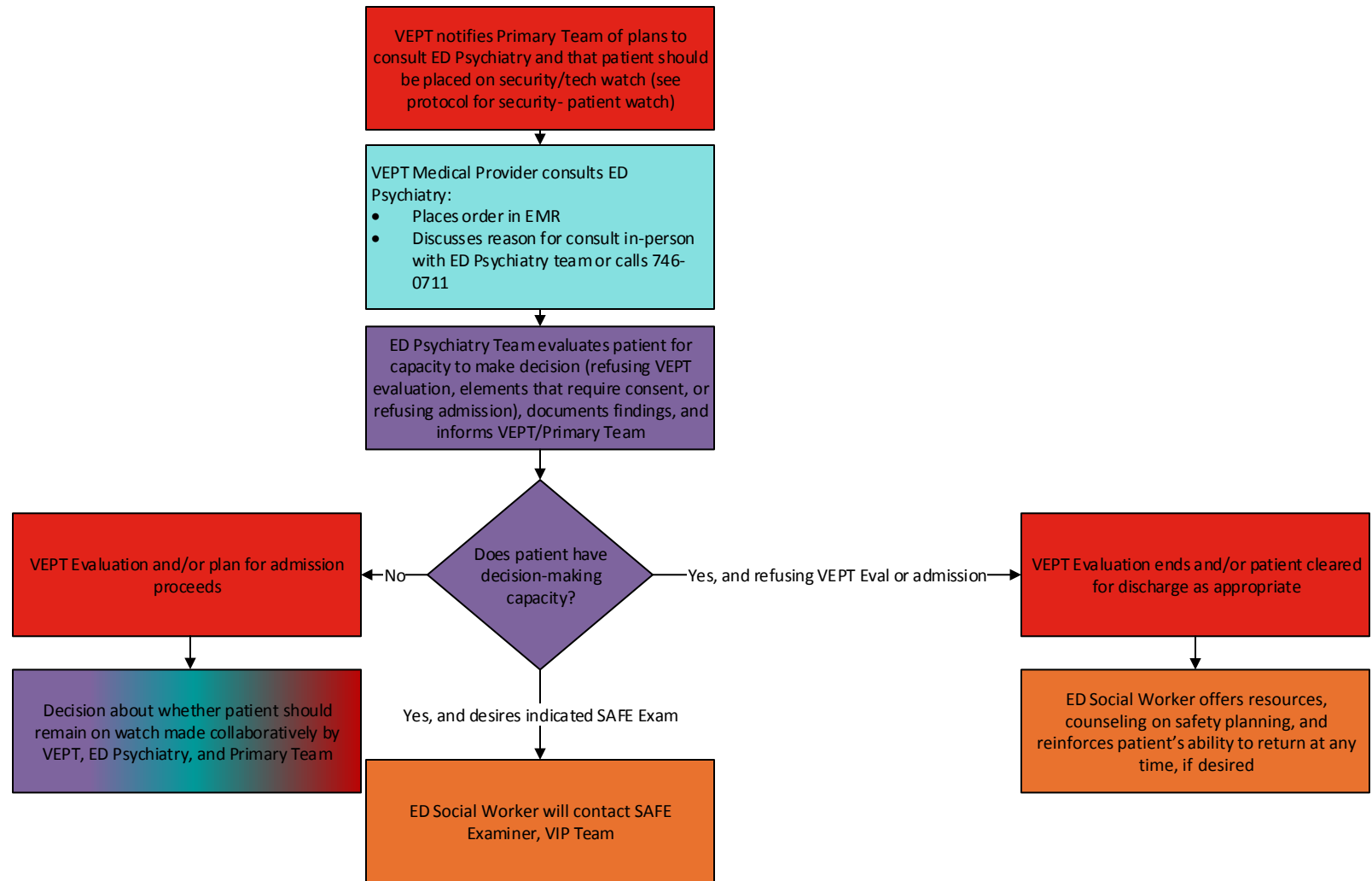
 = ED Social Worker

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

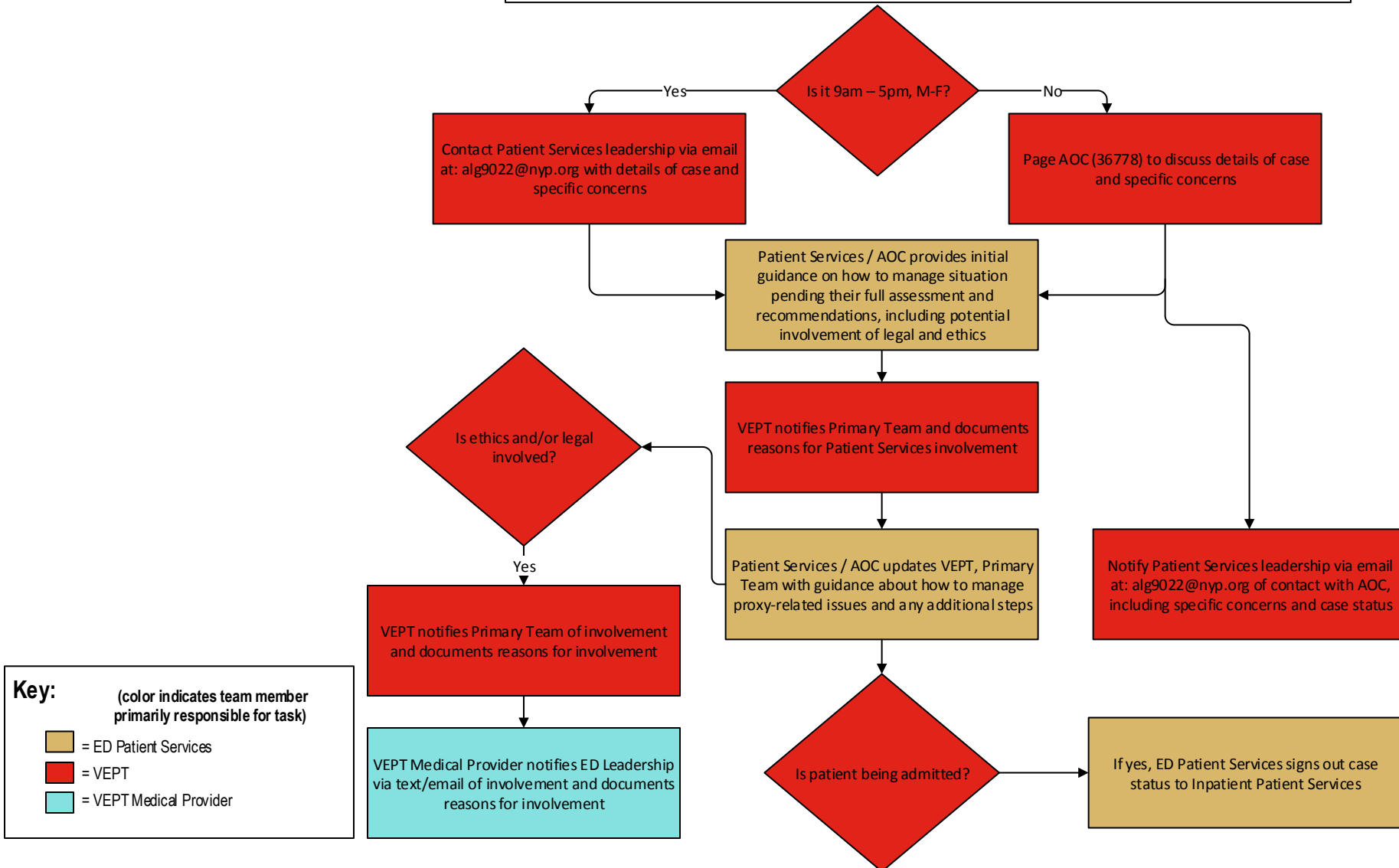
Protocol for Involvement of Patient Services for Urgent Legal / Ethics Guidance

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



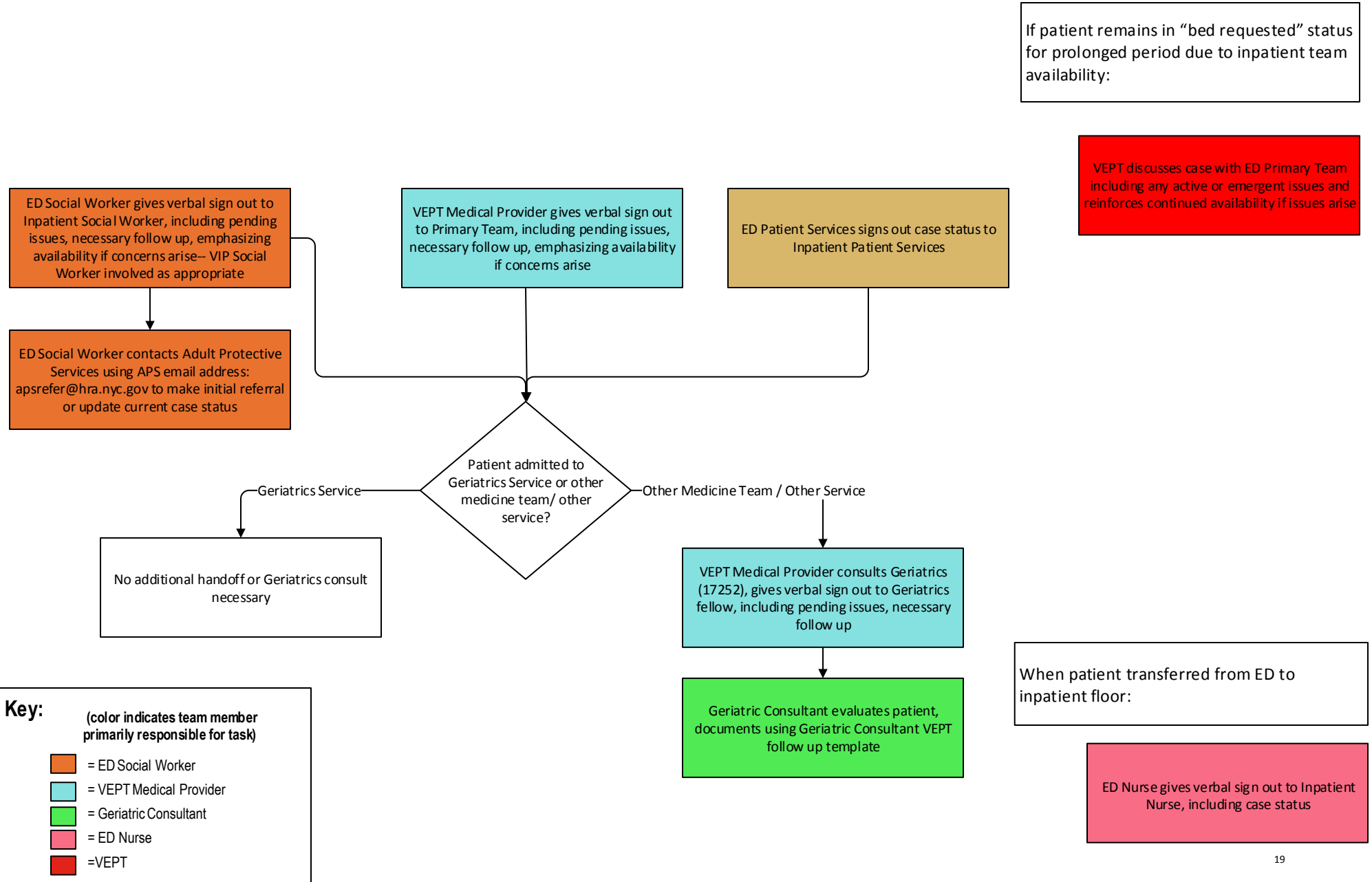
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Disposition / Hand-off / Follow-up / Billing Protocols

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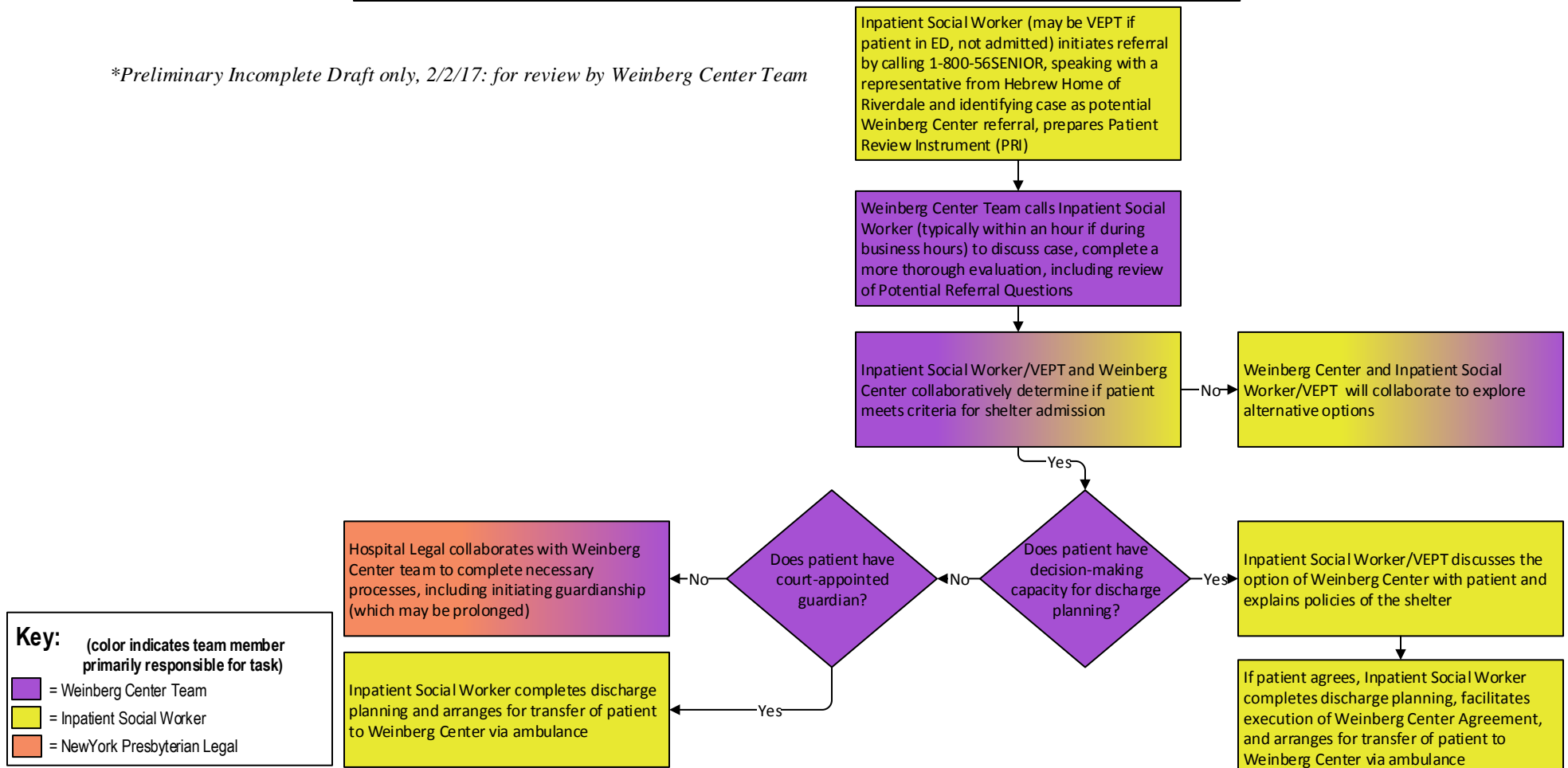
Protocol for VEPT Hand-Off to Inpatient Social Work, Medical Team, Geriatrics Consult



Protocol for Transfer to Weinberg Center / Elder Abuse Shelter

- For elder mistreatment victims without a safe home environment or alternative, Weinberg Center Elder Abuse Shelter is a transfer destination
 - Patient must meet Weinberg Center criteria
 - Consider investigating possibility of transfer to Weinberg Center when patient medically cleared or timeline for medical clearance becomes apparent
 - Patient must also be psychiatrically cleared if any active psychiatric issues
- Weinberg Center will consider transfer directly from the ED without hospital admission if patient appropriate and medically cleared*

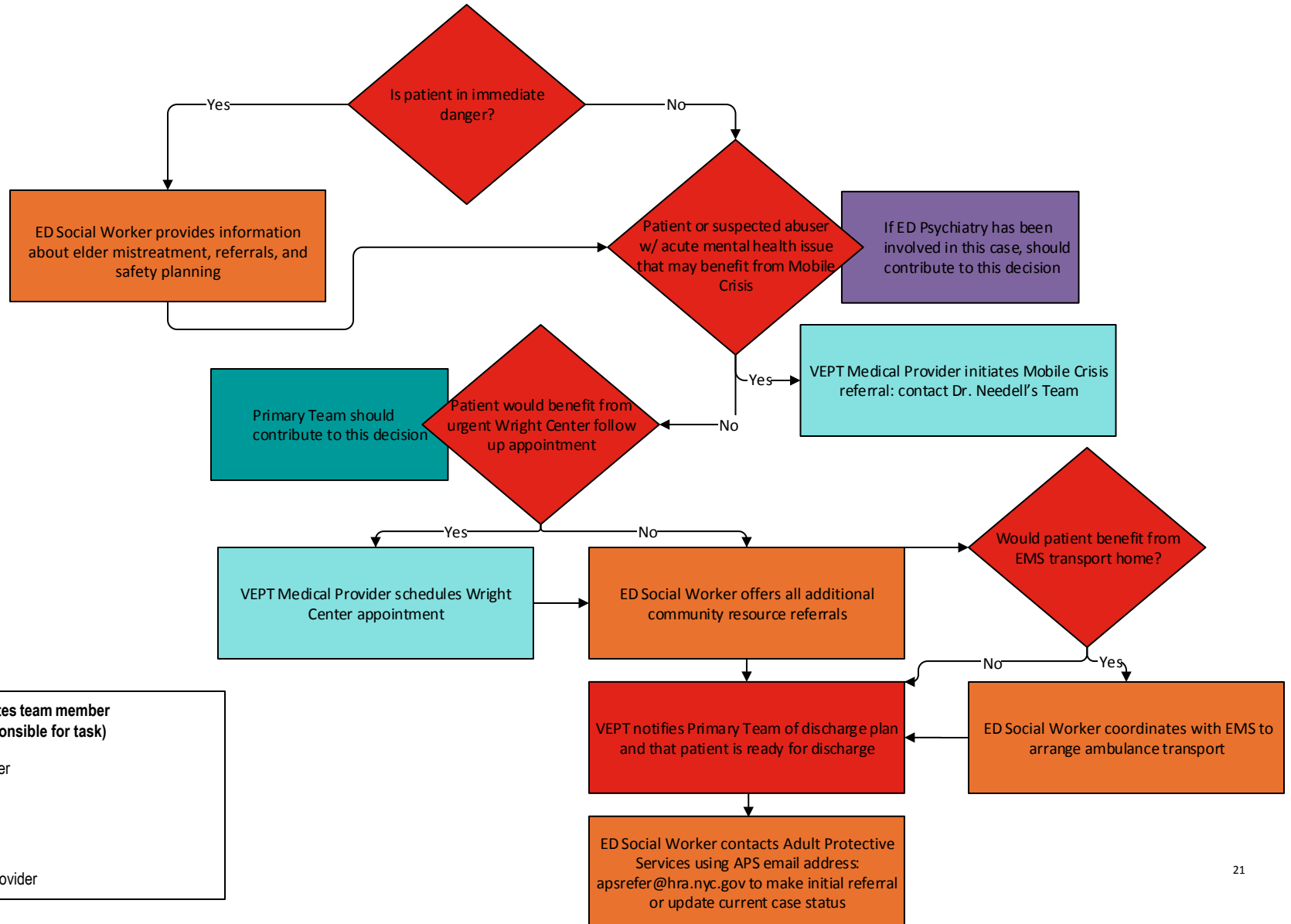
**Preliminary Incomplete Draft only, 2/2/17: for review by Weinberg Center Team*



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



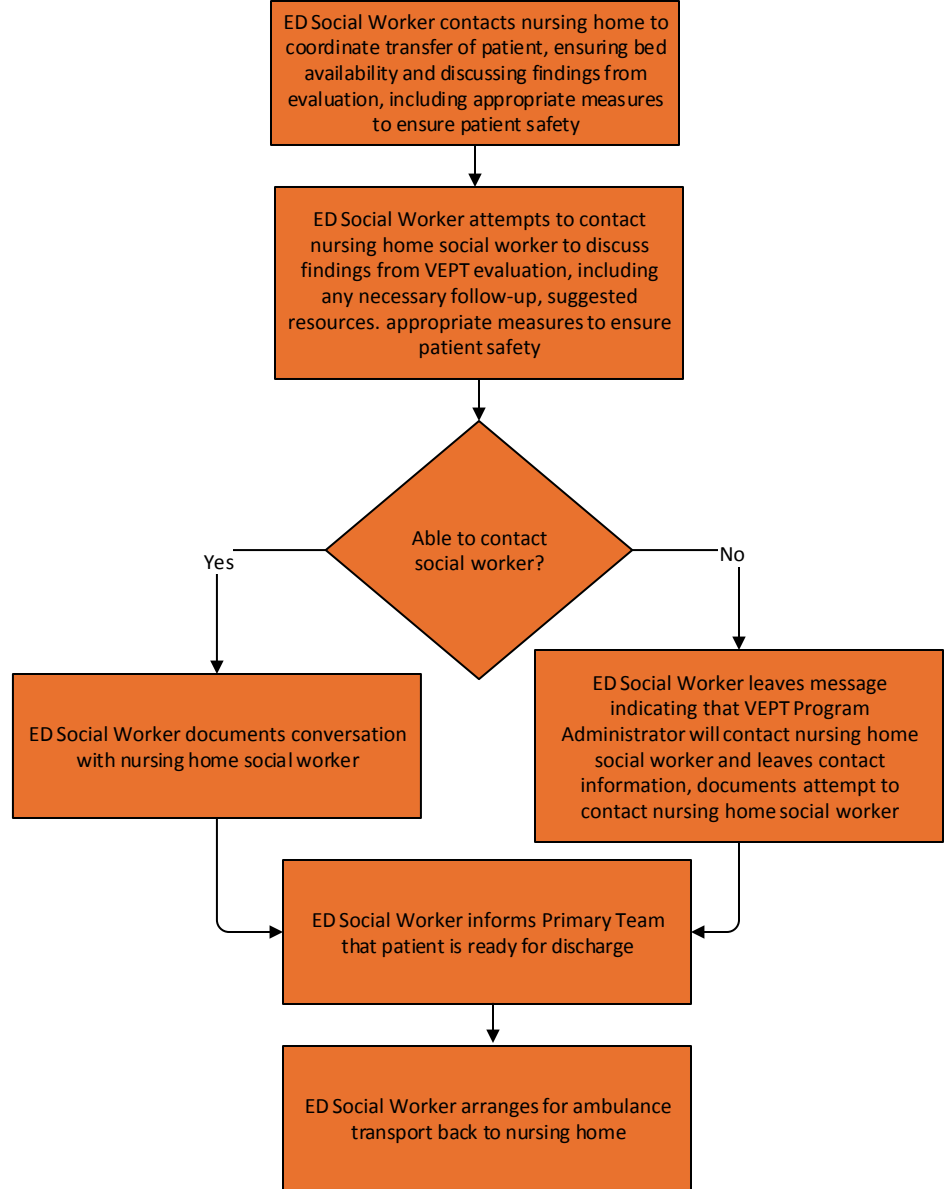
Key: (color indicates team member primarily responsible for task)

- 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

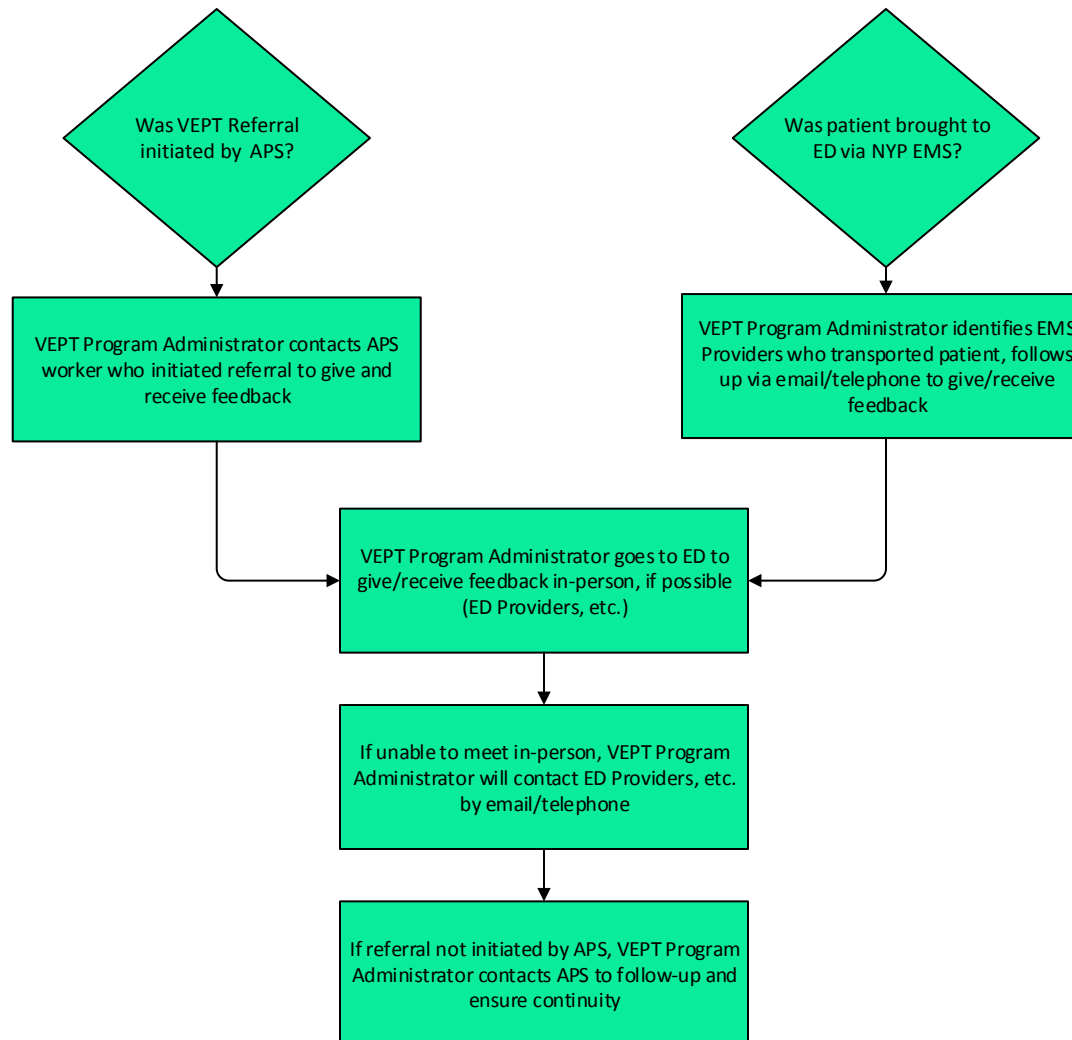


Key: (color indicates team member primarily responsible for task)
 [Orange Box] = ED Social Worker

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 (10838)
- Will contact VEPT team members who evaluated the case as necessary for clarification & additional information



Key:

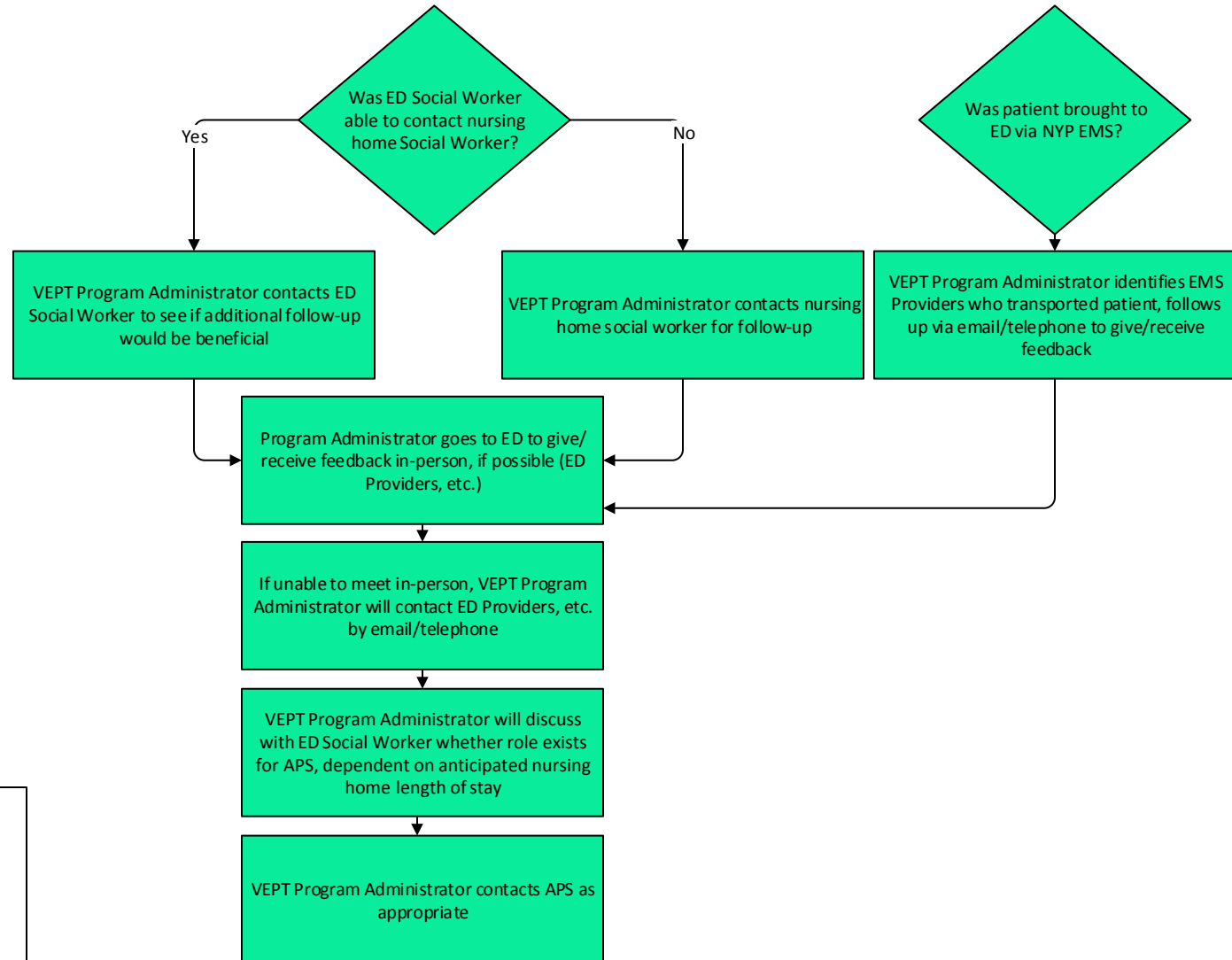
(color indicates team member primarily responsible for task)

= 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 (10838).
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information

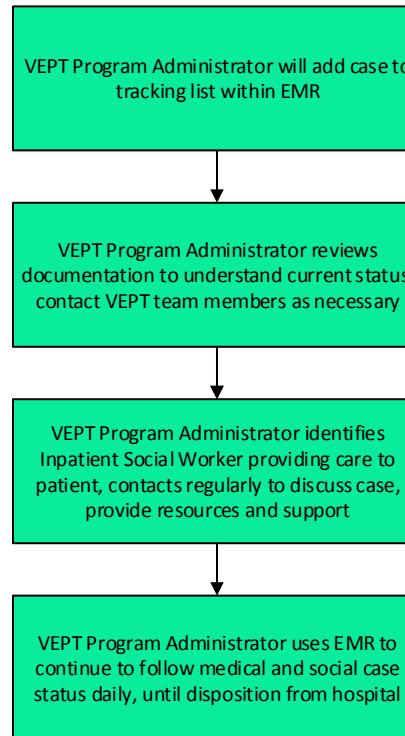


Key:
 (color indicates team member primarily responsible for task)
 [Green Box] = VEPT Program Administrator

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 (10838)
- Contact VEPT team members who evaluated the case as necessary for clarification, additional information



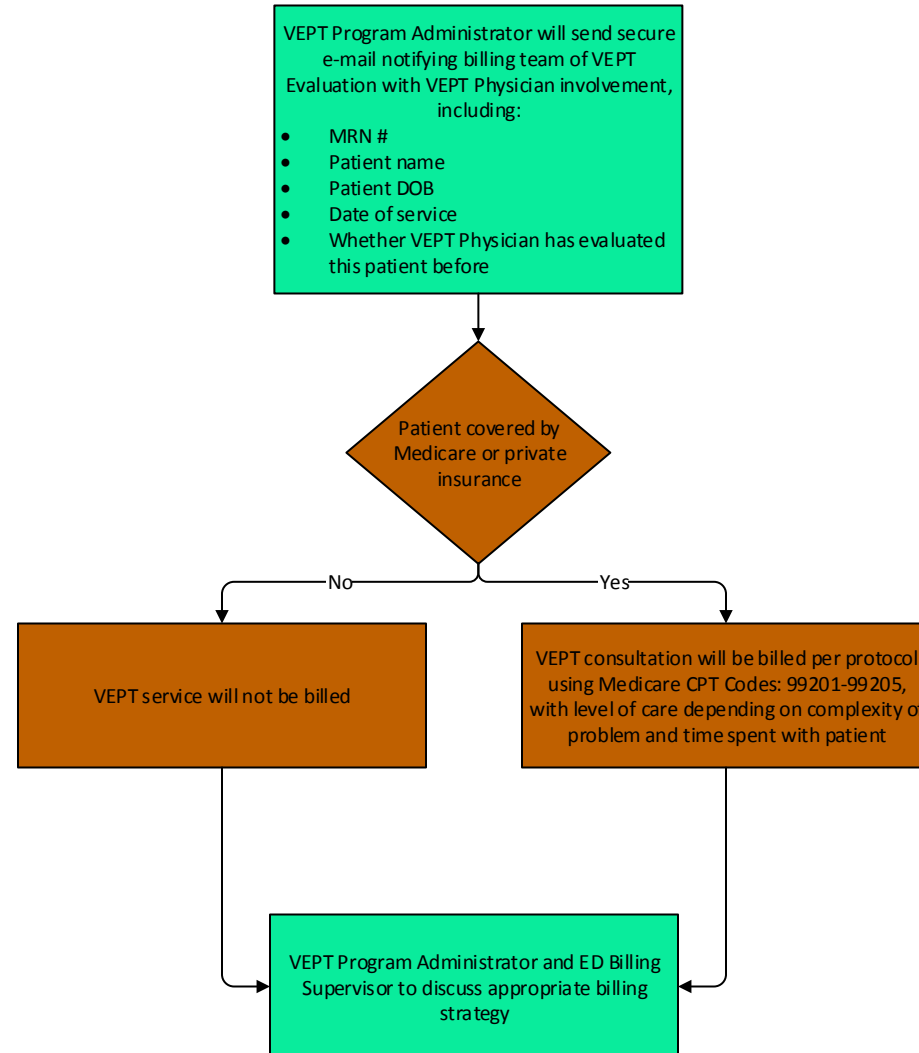
Key:

(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)
-  = NYP EMS Ambulance Dispatcher
-  = NYP Paramedic/EMT
-  = ED Social Worker
-  = Triage
-  = Wright 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
-  = Weinberg Center
-  = Inpatient Social Worker
-  = NewYork Presbyterian Legal Team
-  = VEPT Program Administrator
-  = ED Billing Supervisor