

## CQI: ELDER MISTREATMENT

### **CQI:**

1. *Identify the problem*
2. *Analyze the problem*
3. *Suggest a solution*
4. *Implement a solution*
5. *Evaluate change*

### **PDSA Cycle:**

1. *Plan: determine process change, gather baseline data*
2. *Do: Implement process improvement*
3. *Study: Evaluate effectiveness of intervention (follow up data)*
4. *Act: implement modified or refined intervention*

**Background:** It is estimated that over two million elders in the United States are mistreated yearly. Elder mistreatment includes self neglect, neglect, emotional abuse, physical or sexual abuse, abandonment, and financial exploitation. It is believed that as more and more people are living longer, the problem will continue to increase. It is believed that elder mistreatment is undetected and unreported more so than any other form of domestic of family abuse or violence.

Despite the fact that elder mistreatment is common and on the rise, and despite the fact that elderly patients visit physicians more frequently (on average five times per year), physicians initiate only 2% of all reported cases of possible neglect or abuse (Kennedy RD Fam Med 2005; 37: 481-5). Most physicians feel that this is an important issue, yet over 60% of all primary care physicians in one survey had NEVER asked their elderly patients about abuse (Kennedy, Fam Med 2005).

**The Problem:** Elder mistreatment is a growing concern. It is estimated that nearly 10% of people over the age of 70 are neglected or mistreated, and this is likely a gross underestimation based upon the difficulties in reporting and substantiating abuse and neglect in this population. Neglect and abuse contribute to the need for inpatient admission and can significantly impact discharge planning. Although physicians have frequent interactions with older patients, most suspicions of possible neglect or abuse do not come from clinicians.

**Analyze the Problem:** Use the audit sheet to gather baseline data about the patients on the inpatient geriatric service to determine whether or not we are evaluating at risk elders for potential mistreatment.

**Suggest a Solution:** Should there be a prompt on the History and Physical form? Should the nursing screening tool be online or directed to the resident caring for the patient? Other possible suggestions?

**Implement a Solution:** Based upon your discussions at the beginning of this project, implement a simple awareness project as a systems change and follow this for 2 weeks.

**Evaluate the Change:** Complete a second chart audit of the geriatric patients on the inpatient service with the attached audit sheet. Will the systems change be sustainable? Are their refinements to the initial plans suggested by the team? Has this changed your individual practice?

Kennedy RD. Elder Abuse and Neglect: The Experience, Knowledge, and Attitudes of Primary Care Physicians. *Fam Med* 2005; 37 (7): 481-485.

Please also review the power point presentation on Elder Mistreatment and the web site for the NCEA (National Center on Elder Abuse) for further background

