

Elder Abuse Suspicion Index Consideration for Using

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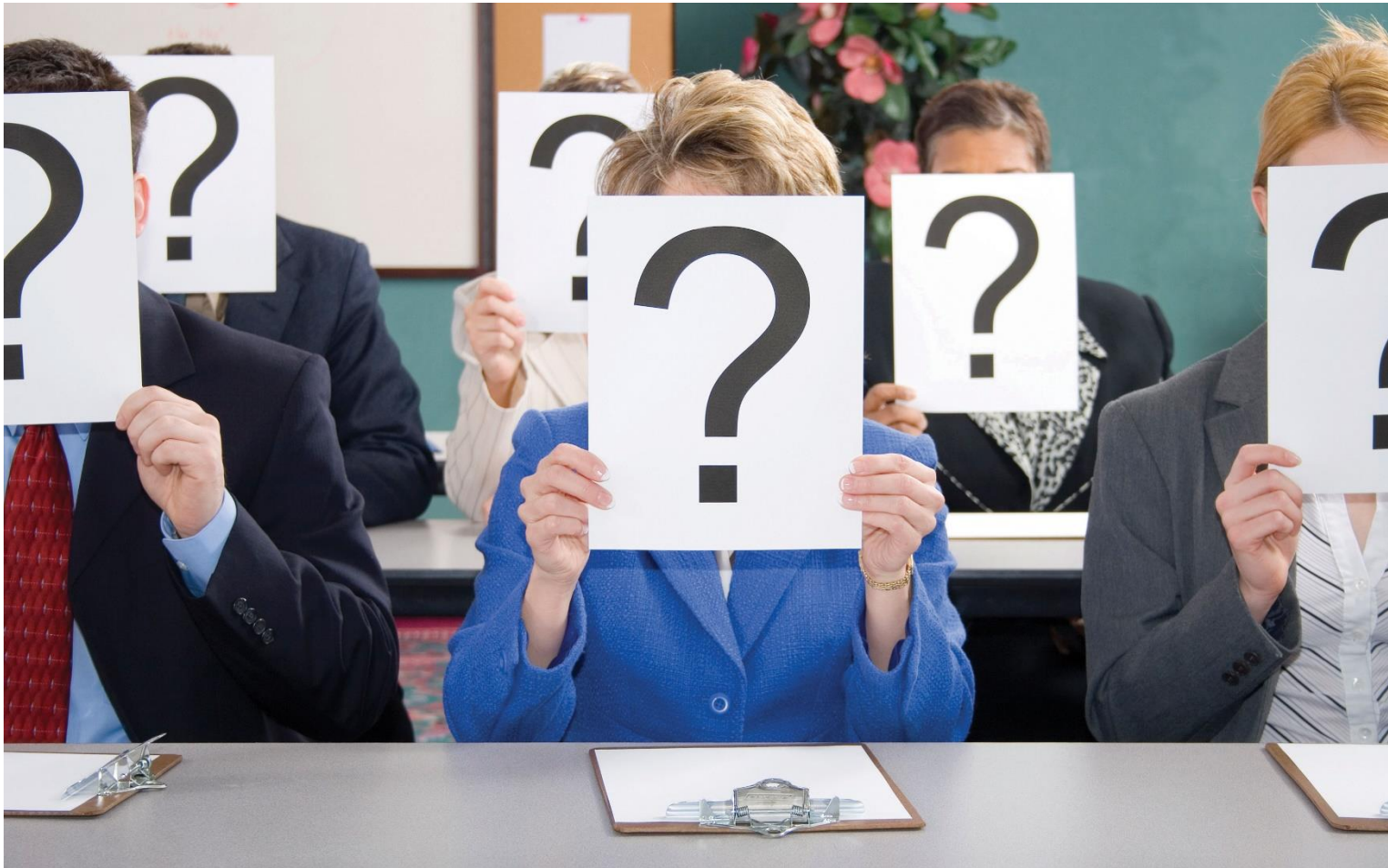
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Who is here today?

(general public, health care professional, trainee.....)



How to use the EASI ?

- **Need to minimize risk of bias**
- **Questions should be contextualized so as to reduce sense of threat (although, as reported in the plenary, that risk seems low).**
- **Nonetheless, questions should be asked in order, because they go from theoretically least threatening to most threatening**

How to use the EASI ?

- **Introduction: “ I’d like to ask you a few questions about events that may occur in the lives of older adults.”**

How to use the EASI ?

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.

Within the last 12 months:

- 1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? YES NO
(Dependency)

- 2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with? YES NO
(Neglect)

- 3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened? YES NO
(Psych / Emotional)

How to use the EASI ?

EASI Q.1-Q.5 asked of patient; Q.6 answered by doctor.

Within the last 12 months:

4) Has anyone tried to force you to sign papers or to use your money against your will? YES NO (Financial / Material)

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? YES NO
(Physical / Sexual)

6) Doctor:

Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? YES NO
(Observational)

EASI is a suspicion tool

- Q1: a positive answer does not suggest possible abuse; it identifies risk, and based on statistical properties, it appears needed to “prime” the responses to the other questions.
- Q2-6: a positive on one or more of these questions should raise your index of suspicion.

EASI Response Options

- **Yes**
- **No**
- **(Don't know, Did not Answer): This option appears on early versions of the EASI.....it had no statistical impact on the tool, but a failure to respond may raise concerns....i.e. increase index of your suspicion,**

What to do if EASI is “positive”?

- **Depends on your profession and your time**
- **If no sense of urgency, see the person again and ask permission to repeat the EASI**
- **Assess for mental competency....if not competent, next of kin to be contacted (?? possible abuser)**
- **If you have the competence and time, you may engage in a more detailed enquiry at that time or another visit.**
- **You may opt to refer to APS or equivalent service.**

What professions could use it?

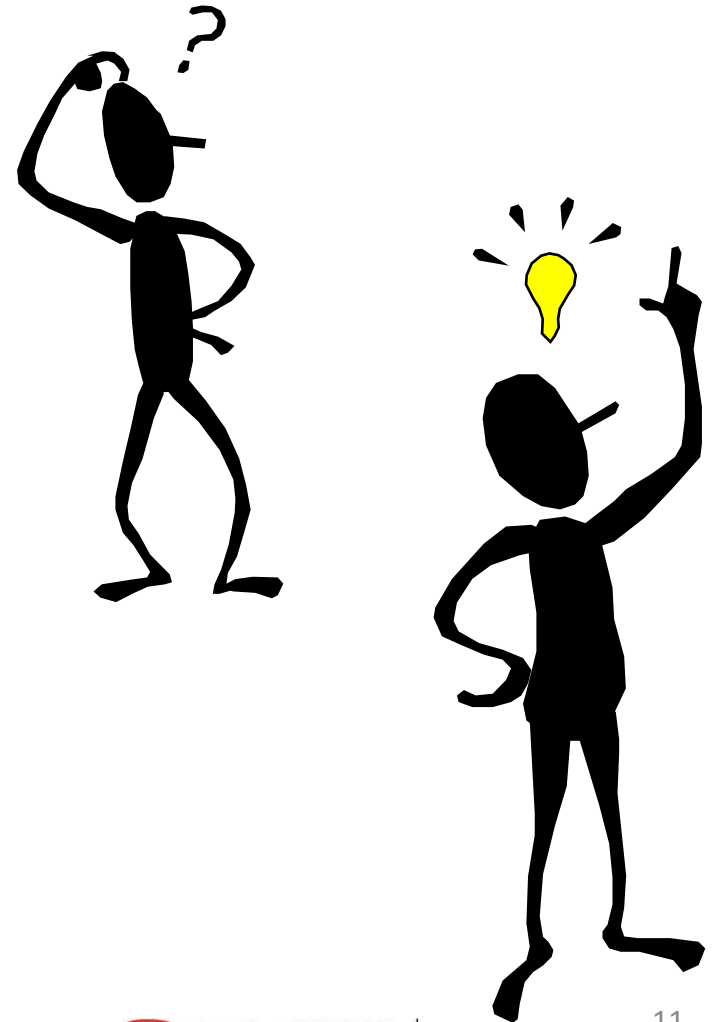
➤ Tool Validation

This implies that its utilization has been studied rigorously with a specific target population. In the case of EASI, it was with family physicians in ambulatory care.

From a purely epidemiological basis, it should only be used by those doctors in that setting.

Implications for Interdisciplinary Health Care

What happens when experts on a common topic, but coming from different disciplines, are asked to reflect on the same words and ideas?

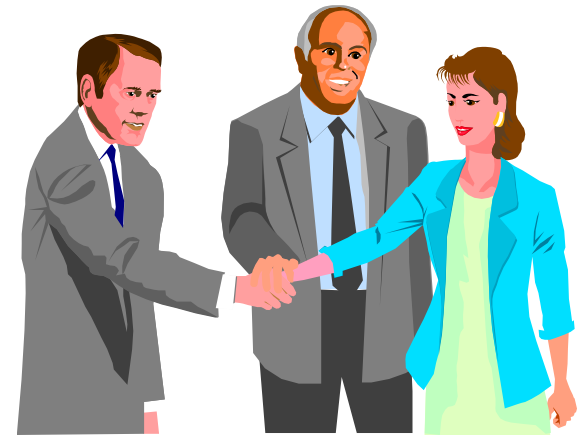


FOCUS GROUPS

- **Individuals with expertise in Elder Abuse: clinical, research, teaching**
- **3 groups: uniquely of SWs, RNs, MDs**
- **1 Composite group representing all 3**
- **To react to content, relevance, language of 9 questions developed by research team**

Focus Group Recruitment

- **10 social workers**
- **10 nurses**
- **11 doctors**



Outcome of Focus Groups (1)

Commonalities

- When asked to identify the best 5 of 9 questions, SWs, RNs, and MDs chose the same 5
- WHO definition of Elder abuse --for 65+, yet SWs, RNs, MDs focussed on the 80+ frailer person

Outcome of Focus Groups (2)

Differences: Use short questions-

- **SW**: to diffuse seniors' sensitivities , even if that makes tool longer
- **RN**: less thinking by seniors needed; seniors may not retain from start to finish; MDs have limited time
- **MD**: easy to ask; seniors may lose track

Outcome of Focus Group (3)

While all the groups recommended short questions (for different reasons), when the questions were ranked most of the shorter questions were rejected.



Outcome of Focus Groups (4)

Differences: Wording for Seniors (1)

➤ Social Workers:

- Some may not be understood
- may cause discomfort, fear, threat
- too direct, explicit, clinical
- not approp.from MD

Outcomes of Focus Group (5)

Differences: Wording for seniors (2)

Nurses:

- had less discomfort if explicit
- had less fear of offending
- concern about MD time
- MD will like clinical type words
- ADLs is “our language”

Outcome of Focus Groups (6)

Differences: Wording for seniors (3)

Doctors:

- “too soft--don’t ask me to say that”**
- words need to be exact, to help make a
DIAGNOSIS**
- a family member may be needed to help
with the history**

Outcome of Focus Group (7)

Elder Abuse Risk Factors:

- **SW**: must be used to create tool items;the literature says so, therefore use them.
- **MD**: prove to us that there is a causal relationship
- **Reality**: both SW & MD ranked low all questions based on risk factors

Outcome of Focus Group (8)

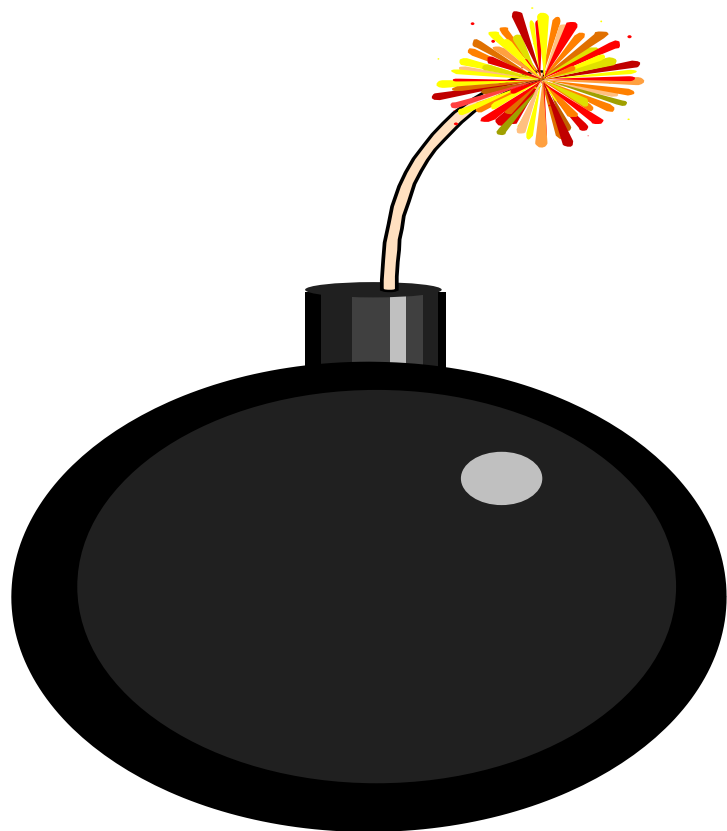
Differences: concerns about EA screening:

SW: may frighten or disturb seniors; make them uncomfortable

MD: -“I treat other family members--if I find EA in one, I have a bigger problem”

- “behaviors are often culturally related-- what if what I see as EA is OK in a specific community?”

Implications



???



McGill

Department of
Family Medicine

Département de
médecine de famille

What professions could use it?

- **Research team philosophy: if doctors could use the tool, anyone could ! (i.e. doctors were seen as the lowest common denominator, given all the barriers to screening by doctors).**
- **2008 collaboration with W.H.O. observed that EASI could likely be used by nurses.**

What professions could use it?

- **Various groups of nurses, social workers, law enforcement officers, psychologists, emergency rooms, long-term care facilities have asked for permission to use the EASI. Will it be effective with these groups and settings? We are not sure, but....**

EASI Use by Social Workers

- **Validation in Spain of a Spanish version of EASI administered by SWs in health and social service centres :
Sensitivity of 51%; Specificity of 95%
(Our data: 47% and 75%)**

Perez-Rojo, G., Izal, M., et Sancho, M. T. (2010). [Linguistic and cultural adaptation of two tools for the detecting suspected elder abuse].
Rev.Esp.Geriatri.Gerontol., 45(4), p. 213-218

Supported Care Settings

Raw, non-published data:

- Jan. 2012-March 2013 EASI used in unstructured way with EHR of new admissions to 27 Alberta centers for assisted living; supportive living; long term care; dementia care cottages.
- 17/179 (9.5%) had a positive on Q.2-6 (23 did not answer at all)

	<u>Care Settings</u>	<u>FP Ambulatory</u>
➤ Q2: Neglect:	2.2%	0.9%
➤ Q3: Psychological / Emotional:	2.8%	11.4%
➤ Q4: Financial / Material:	1.1%	1.7%
➤ Q5: Physical / Sexual :	0.6%	1.9%
➤ Q6: Clinician findings:	2.8%	2.4%

EASI-sa

- **Domestic violence literature suggests that women will reveal more if questions about abuse are self-administered.**
- **Positive feasibility study on EASI self-administration (Q1-5)**

Counter-intuitive finding?

- Unpublished data suggests that more positives are identified when family doctors ask EASI vs. when it is self-administered.
- Presence of supportive person (family doctor), based on longevity and continuity of care, may be a factor encouraging confidence to open up.

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Questions?

Concerns?

