

**Rhode Island Hospital
Standard Practice
Instruction Manual**

Subject

Protocol for Social Work
Intervention On Elderly
Abuse Cases

File Under:

Administration
Admin-104

Issuing Department:

Clinical Social Work

Latest Revision Date:

12/98; 3/02; 8/04

Original Procedure Date:

March, 1996

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Approved By:


(Director)


(Executive)

Rhode Island Hospital (RIH) provides comprehensive care for all elderly patients of our health care system, especially those who are most vulnerable—those who suffer from physical, emotional, and sexual abuse, and from neglect (including self-neglect). In order to accomplish this goal, the Department of Clinical Social Work (DCSW) is designated as the “case manager” for all cases at RIH involving suspected elderly abuse and neglect.

Physicians, nurses, and other staff should suspect abuse, neglect, or self-neglect when the patient’s explanation of how an injury occurred does not seem plausible or when there has been a delay in seeking medical care. Common types of suspicious conditions can include:

1. contusions, abrasions, lacerations, burns, fractures, sprains
2. multiple or repeated injuries
3. poor hygiene (skin, hair, nails, mouth, teeth)
4. decubiti
5. poor nutrition
6. fearfulness, withdrawal, or depression
7. recent history of haphazard or inappropriate administration of medications or medical treatments.

Whenever any person has reason to suspect that someone sixty (60) years old or over is being abused, neglected, or exploited, Rhode Island state law requires that person to report that suspicion to the Department of Elderly Affairs (DEA).

The following is the protocol for DCSW intervention:

1. Referral procedures when the nurse and/or physician suspect a possible case of abuse or neglect (including self-neglect) of a patient who is at least sixty years old
 - a. In the ED, the social worker in the ED will be called for consultation.
 - b. On an inpatient unit or in an outpatient clinic, a referral should be made to the DCSW (x45711).
 - c. A social worker is available twenty-four hours a day, seven days a week, including holidays, and may be accessed outside of normal business hours through the page operator(45611).

2. Case management by the social worker will involve:
 - a. interviewing the elderly patient and family or caretaker separately to ascertain the facts of the case, including the name of the patient's primary physician; the caretaker(s) at the time of the injury, harm, or neglect should be identified;
 - b. taking a family history from the patient and/or family
 - c. assessing the needs of the patient and the caretaker's skills to provide adequate and appropriate care;
 - d. assessing whether the injury, harm, or neglect was the result of:
 1. age appropriate behavior;
 2. issues of administration of medication or lack of understanding as to medical care instructions;
 3. an incident incongruous to the patient's condition;
 4. the family's or caretaker's lack of understanding of the developmental issues involved;
 5. patient or family dysfunction, including substance abuse, and mental illness;
 6. exacerbation of medical problems for the patient;
 7. the lack of extended family or the lack of community supports.
 - e. retrieving and reviewing all previous RIH records.
 - f. providing on-going social work services, including counseling to the patient and family while the patient receives medical care in the ED, in an outpatient clinic, or on an inpatient unit.
 - g. participating with the appropriate case manager in developing a discharge plan which includes attention to the social needs regarding abuse, neglect, or self-neglect and assuring the completion of that plan.
 - h. documenting assessment, interventions and recommendations in the ED record or medical chart;
 - i. recommending to the attending physician that the primary care physician be notified of our suspicion of abuse, neglect, self-neglect, or an at-risk situation.
 - j. If a report to the Department of Elderly Affairs has not already been made, the social worker will report all incidents of suspected elder abuse (physical abuse, sexual abuse, neglect, isolation, abandonment, exploitation, and threats involving imminent, serious and physical harm) to DEA. (Elder Abuse Hotline-462-0555, 8:30 a.m. – 4 p.m., Monday through Friday)
In cases where the patient appears not to be able to provide adequately for their own care or where their situation seems risky, the social worker may decide to make a referral to DEA for community outreach and assessment.
3. Other activities of the DCSW regarding elder abuse include providing consultation to other staff around the issues involved in the identification, assessment, treatment, and discharge planning of elder abuse cases.

Reports of abuse to any State agency are considered "non-routine disclosures (refer to Corporate Compliance HIPAA Policy CCPM-61) and must be recorded in the Lifespan DisclosureTrac database system.