

**Appendix 1: Evaluated Components of Care Relevant to a Comprehensive Hospital-based Elder Abuse Intervention**

<b>Recommended Component of Care</b>	<b>Results of Delphi Consensus Survey Rounds 1 and 2</b>				
	Mean Rating	Inter-quartile range	% Ratings 4+	Included Items by Round	Within the scope of practice of an Elder Abuse Nurse Examiner
<b>Initial Contact</b>					
“[Determine if] interpreter or [c]ultural [a]dvisor required.”	4.77	0.00	100%	1	Yes
“Determine the level and urgency of safety concerns.”	4.96	0.00	100%	1	Yes
“Determine if perpetrator still has access to the victim.”	5.00	0.00	100%	1	Yes
“Identify risk that is life threatening, including risk of homicide.”	5.00	0.00	100%	1	Yes
“Identify risk of suicide and self-harm.”	4.96	0.00	100%	1	Yes
“[Record] last name, first name, street address...telephone (home, work), age, date of birth, gender, [and] ethnicity.”	3.82	2.00	64%	N.I.	N.I.
“[Where sexual assault is suspected], encourage the victim to preserve evidence by not changing clothes, washing, using bathroom, drinking anything, combing hair or disturbing scene.”	4.43	1.00	87%	2	Yes
<b>Capacity and Consent</b>					
“[Determine if] there [has] been a previous medical opinion that the client lacks capacity.”	4.09	1.00	77%	N.I.	N.I.
“[Determine] (1) whether mental deficits exist; (2) whether mental deficits significantly affect legal mental capacity; (3) a diagnosis; (4) whether a mental disorder is treatable; and (5) whether the mental deficits may be reversible.”	3.68	2.00	59%	N.I.	N.I.

“[Assess] memory (delayed recall of three items and response to questions related to temporal orientation); language (naming common objects, repeating a linguistically difficult phrase, following a three step command, and writing a sentence); spatial ability (copying a two-dimensional figure); and set-shifting (performing serial sevens or spelling the word “world” backwards).”	3.77	2.00	59%	N.I.	N.I.
“[Determine the] client's perspective on the questions raised about their capacity.”	3.95	2.00	68%	N.I.	N.I.
“If the person is able to understand and accept the consequences of decisions... [and there is] no consent [to care]: provide information, document abuse, and follow up plan to obtain consent (e.g. provide support, education).”	4.43	1.00	86%	2	Yes
“If the person is [not] able to understand and accept the consequences of decisions, contact substitute decision maker (SDM). If SDM is abuser or no SDM appointed, contact the public guardian and trustee’s office to investigate.”	4.76	0.00	92%	1	Yes
“Does victim appear to have capacity and ability to protect himself/herself? [If no i]nitiate process for [public guardian and trustee] or [f]amily/[f]riend petition for private Conservatorship.”	4.14	1.00	82%	2	No
“[Where the older adult lacks capacity]: If the elder has no relatives/guardian or the elder’s relatives/guardian refuse to allow him/her to receive the treatment, in the interest of the elder’s personal safety, the [healthcare provider] in charge should apply for the elder an emergency guardianship order so that the elder can be provided with the required medical services.”	4.45	1.00	91%	2	No
<b>Interview with Older Adult, Suspected Abuser, Caregiver, and/or Other Relevant Contacts</b>					
<u>Interview with Older Adult</u>					
“[Keep w]hatever information a person chooses to share or whatever information becomes known about them ... confidential except in specific situations, as dictated by law.”	4.78	0.00	96%	1	Yes
“Record the name(s), addresses, and telephone numbers of current or prior health care providers who have participated in caring for the patient in the past.”	3.95	1.50	73%	N.I.	N.I.

“Record current use of medication(s) such as aspirin, nonsteroidal anti-inflammatory drugs, and/or [anti-coagulants] that the patient has been taking.”	4.87	0.00	100%	1	Yes
“[Record c]oping: (a) wellness and disease management (e.g. diet, exercise, management of chronic conditions), (b) Coping styles and techniques, ... (c) Use of psychotropic medications, history of psychiatric care/hospitalization, (d) History of non-functional coping approaches/behaviours (e.g. self-harm, hoarding, rituals, ruminating), (e) Use of alcohol/drugs (frequency, amount, any problems associated with use), (f) Sleeping patterns, (g) Alternative/traditional health practices.”	4.23	1.00	82%	2	Yes
“Ask the client about his or her expectations regarding care.”	4.74	0.00	96%	1	Yes
“Assess caregiving and social support.”	4.87	0.00	100%	1	Yes
“[Ask w]hat thoughts do you have about how your illness or care might affect others in your life?”	4.09	1.00	77%	N.I.	N.I.
“Assess longstanding relationship problems [dynamics] between victim and perpetrator.”	4.68	0.75	95%	1	Yes
“[Determine r]isk of abuse: (a) Risk factors/indicators (b) Nature of concerns (c) Client insight into any issues (d) Client’s ability to protect self from any mistreatment (i.e. degree of vulnerability) (e) Client report of safety and necessary care.”	5.00	0.00	100%	1	Yes
“Ask client about role expectations for self and caregiver.”	4.36	1.00	91%	2	Yes
“Try to assess whether the person "understands" and "appreciates" what is happening and what their needs are.”	4.87	0.00	100%	1	Yes
“Ask directly about abuse – ‘We ask everyone about abuse in their lives because it is a concern for many people. Is there any person, or place in your life that makes you feel unsafe?’”	5.00	0.00	100%	1	Yes
“Document details of abuse [as reported] (type, frequency, and severity).”	5.00	0.00	100%	1	Yes
“Once the older victim begins to disclose information, ask the victim to describe the situation or incident in their own words.”	4.83	0.00	100%	1	Yes
“Provide best known time frame [for occurrence of abuse] (e.g., 2 days, 1 week, or ongoing).”	4.74	0.50	100%	1	Yes

“[Ask w]hat religious beliefs, past experiences, attitudes about social service agencies or law enforcement, or social stigmas may affect [older adult, caregiver, etc.] decisions to accept or refuse help from outsiders?”	4.14	1.00	77%	N.I.	N.I.
“With immigrant older adults, [ask] when did they come to [the country] and under what circumstances? Did they come alone or with family members? Did other family members sponsor them and, if so, what resources did those family members agree to provide? What is their legal status?”	3.95	2.00	68%	N.I.	N.I.
“Because it is common for more than one type of elder abuse to be taking place, be alert for signs and symptoms for all types of abuse and neglect.”	5.00	0.00	100%	1	Yes
<i>Specific questions: Financial Abuse*</i>					
“[Ask d]o you know your income and its sources?”	4.36	1.00	86%	2	No
“[Ask d]o you have a Power of Attorney?”	4.78	0.00	96%	1	Yes
“[Ask q]uestions about theft or improper control of money or property.”	4.68	0.75	95%	1	Yes
“[Ask h]ow do you get to the bank?”	4.65	0.50	91%	1	No
“[Ask d]o you have any assets?”	4.00	1.00	77%	N.I.	N.I.
“[Ask d]o you have any debt?”	3.77	1.00	68%	N.I.	N.I.
“[Ask w]ho does your finances?”	4.65	0.00	87%	1	Yes
“[Ask a]re you comfortable with how [the person who does your finances] handle[s] your finances?”	4.78	0.00	100%	1	Yes
“[Ask d]o you ever run out of money for food or worry about your rent?”	4.87	0.00	96%	1	Yes
“[Ask d]oes your family/friend come to you for money?”	4.09	1.00	78%	N.I.	N.I.
“[Ask d]oes anyone ever take anything from you or use your money without permission? Can you give me an example?”	4.87	0.00	96%	1	Yes
<i>Specific questions: Neglect</i>					
“[Ask t]ell me about your living situation. Are you happy with it?”	4.91	0.00	100%	1	Yes
“[Ask a]re you alone a lot?”	4.26	1.00	78%	N.I.	N.I.
“[Ask a]re you getting all the help that you need?”	4.83	0.00	96%	1	Yes
“[Ask d]oes anyone ever tell you that you're sick when you know you aren't?”	4.26	1.00	87%	2	Yes
“[Ask d]o you feel that your food, clothing, and medications are available to you at all times?”	4.91	0.00	100%	1	Yes

“[Ask w]hen was the last time you [were able] to see relatives and/or friends?”	4.70	0.50	96%	1	Yes
“[Ask h]as anyone ever failed [or refused] to help you when you were unable to help yourself?”	4.74	0.00	96%	1	Yes
“Ask directly if the patient has experienced being left alone, tied to chair or bed, or left locked in a room.”	4.83	0.00	100%	1	Yes
<i>Specific questions: Physical Abuse</i>					
“[Ask h]as anyone ever hit, slapped, restrained or hurt you?”	5.00	0.00	100%	1	Yes
“[Ask h]ow did the person hurt you?”	5.00	0.00	100%	1	Yes
“[Ask w]hat part of your body was hurt?”	5.00	0.00	100%	1	Yes
<i>Specific questions: Psychological Abuse</i>					
“[Ask d]o you sometimes feel nervous or afraid?”	4.91	0.00	100%	1	Yes
“[Ask d]oes anyone call you names or insult you?”	4.91	0.00	100%	1	Yes
“[Ask a]re you able to freely communicate with your friends and/or other family members?”	4.87	0.00	100%	1	Yes
“[Ask a]re you often yelled at by someone? Who? What do they say?”	4.78	0.00	96%	1	Yes
“[Ask d]oes anyone threaten or intimidate you? Who? What do they say or do?”	4.87	0.00	96%	1	Yes
“[Ask w]ho makes decisions about your life, such as how or where you will live?”	4.78	0.00	96%	1	Yes
“[Ask h]as anyone ever threatened to send you to a nursing home?”	4.57	0.75	86%	2	Yes
“[Ask h]as anyone ever threatened to send you back home (i.e. country of origin)?”	4.74	0.00	96%	1	Yes
“[Ask d]oes anyone ever tell you that you are no good?”	4.74	0.00	96%	1	Yes
“Assess if patient senses being ignored or is made to feel like a burden in any way.”	4.78	0.00	96%	1	Yes
<i>Specific questions: Sexual Abuse</i>					
“[Ask d]oes anyone make lewd or offensive comments to you?”	4.70	0.50	96%	1	Yes
“[Ask d]oes anyone approach you in a way that causes you to feel uncomfortable?”	4.91	0.00	100%	1	Yes
“[Ask d]oes anyone touch you without your consent?”	5.00	0.00	100%	1	Yes

“[Ask d]oes anyone touch you sexually without your consent?”	5.00	0.00	100%	1	Yes
“[Ask d]oes someone make you touch him/her in a sexual way without your consent?”	4.95	0.00	100%	1	Yes
“[Ask d]oes someone force you into having sex without consent?”	5.00	0.00	100%	1	Yes
<b>Interview with Suspected Abuser, Caregiver, and Other Relevant Contacts</b>					
“[Record] last name, first name, street address... telephone (home, work), age, date of birth, gender, ethnicity, [and] relationship to the older adult.”	4.86	0.00	95%	1	No
“Assess if the caregiver understands the older adult’s needs and prognoses.”	4.73	0.00	91%	1	Yes
“Assess whether the caregiver is experiencing stress related to the older adult or other circumstances.”	4.59	0.00	86%	1	No
“Assess whether the caregiver has sufficient emotional, financial, and intellectual ability to carry out care giving tasks.”	4.68	0.00	91%	1	No
“[Determine] carer’s understanding of patient’s illness (care, needs, prognosis, and so on).”	4.64	0.00	91%	1	Yes
“[Gather] explanations for injuries or physical findings” e.g. [Ask] “Your mother[/father, etc.] is suffering from malnourishment and/or dehydration. How do you think she got this way?”	4.52	1.00	91%	2	Yes
“[Ask h]ow do you cope with having to care for your mother[/father, etc.] all the time?”	4.27	1.00	86%	2	Yes
“Determine willingness for intervention.”	4.41	1.00	86%	2	No
“Assess the suspected perpetrator’s degree of dependence on the elder’s income, pensions, or assets?”	3.59	2.75	59%	N.I.	N.I.
“Pay particular attention to any discrepancies and inconsistencies in the accounts of abuse obtained from the older woman, the alleged abuser, and other information sources.”	4.73	0.00	95%	1	Yes
“Make collateral contact promptly, before caregiver attempts to collude with them.”	3.55	1.75	59%	N.I.	N.I.
<b>Assessment: Physical/Forensic, Mental, Psychosocial, and Environmental/Functional</b>					
“In cases where forensic evidence has been collected, provide to the police with	4.68	0.00	95%	1	Yes

patient/substitute decision maker consent.”					
<u>Physical/Forensic Assessment</u>					
“[Record h]eight, [w]eight, [p]rior [w]eight, [d]ate of [p]rior [w]eight.”	4.43	1.00	86%	2	Yes
“Record vital signs to include postural pulse and blood pressure.”	4.48	1.00	81%	2	Yes
“Evaluate sensory abilities.”	4.33	1.00	76%	N.I.	N.I.
“[E]valuate abused elders for evidence of infection, dehydration, electrolyte abnormalities, malnutrition, improper medication administration, and substance abuse.”	4.59	0.00	91%	1	Yes
“Create a chronological history of recorded [visits] to the emergency, incidences from the chart together with anecdotal information from other sources to clarify the picture.”	4.05	2.00	71%	N.I.	N.I.
“Conduct a general physical exam and record findings.”	4.91	0.00	100%	1	Yes
“[Conduct g]ynecologic procedures to rule out [a sexually transmitted infection] by sexual assault.”	4.33	1.00	86%	2	Yes
“Be observant for erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites, pressure ulcers, cachexia or evidence of dehydration, and burns.”	5.00	0.00	100%	1	Yes
“Document ... pain.”	4.86	0.00	95%	1	Yes
“[D]ocument circumstances [of injury] (e.g., client was pushed, client has balance problem, patient was drowsy from medications and fell).”	4.90	0.00	100%	1	Yes
“Photograph injuries and other findings according to local policy using proper photographic techniques.”	4.91	0.00	95%	1	Yes
“Arrange ... to have follow-up photographs taken in 1-2 days after the bruising develops more fully.”	4.82	0.00	95%	1	Yes
“[Document c]ircumscribed nuchal rope burns or hand imprints [which] indicate recent strangulation attempts or bondage.”	5.00	0.00	100%	1	Yes
“Document whether or not a voice recording of strangulation injuries was made.”	4.10	2.00	71%	N.I.	N.I.
“ [Collect] the victim's clothes, bed sheets and any other possible evidence.”	4.82	0.00	100%	1	Yes
“Collect foreign materials such as fibers, sand, hair, grass, soil, and vegetation.”	4.64	0.00	86%	1	Yes

“Collect biological samples for testing from victims.”	4.82	0.00	95%	1	Yes
“[Order l]aboratory tests ... [to] confirm ... or exclude ...physical abuse includ[ing] hematuria, myoglobinuria, elevated serum creatine phosphokinase, lactate dehydrogenase, erythrocyte sedimentation rates, microscopic hair analysis, coagulation times, bone scans or x-rays, and CT and MRI.”	4.68	0.00	91%	1	Yes
<u>Mental Health Assessment</u>					
“[Ask about h]istory of depression, anxiety, PTSD, suicide risk ... delusions and hallucinations.”	4.68	0.00	95%	1	Yes
“Describe the patient’s general demeanor/behavior during exam.”	4.55	0.75	91%	1	Yes
“Assess for: changes from previous level in mental status and neurological exam.”	4.24	1.00	76%	N.I.	N.I.
“[Perform n]europhysical testing ... if the client's [initial] mental status exam shows incapacity”	3.76	2.00	67%	N.I.	N.I.
“[Assess] basic skills for financial management (e.g., unable to write a check, count change, complete simple calculations, etc.).”	3.95	2.00	71%	N.I.	N.I.
<u>Psychosocial Assessment</u>					
“[Record c]urrent living situation...housing and co-residents.”	4.86	0.00	95%	1	Yes
“[Record] social and family history: (a) Family of origin / (b) Education (formal, informal meaning to the client), (c) Occupation, (d) Work skills ..., Hobbies/interests ... (k) Social groups (e.g. church/faith community, senior group, etc.).”	3.95	2.00	70%	N.I.	N.I.
“Find ... out how the client spends a typical day ... to determine the degree of dependence on others and to find out who the client's most frequent and significant contacts are.”	4.59	0.00	91%	1	No
“[Ask w]hat role do older adults play in the family? In the community?”	3.90	0.00	76%	N.I.	N.I.
“[Ask w]ho makes decisions about how family resources are used? About other aspects of family life?”	3.86	0.75	73%	N.I.	N.I.
“[Ask w]ho, within the family, do members turn to in times of conflict?”	3.95	1.00	76%	N.I.	N.I.
“[Ask w]ho, within the family, is expected to provide care to frail members? What happens when they fail [or refuse] to do so?”	3.95	1.75	73%	N.I.	N.I.



"Have the client report any recent crises in family life."	4.64	0.00	91%	1	Yes
"Determine the importance of spirituality to the elder."	4.14	1.00	76%	N.I.	N.I.
<b>Environmental/Functional Assessment</b>					
"Describe the patient's general physical appearance and hygiene."	4.86	0.00	100%	1	Yes
"Describe condition of patient's glasses, dentures, hearing aids, wheelchairs, canes, walkers, etc."	4.52	1.00	90%	2	Yes
"Does client [have] enough clothes?"	4.59	0.75	86%	1	Yes
"Ask about any pets, and what the pets need, as this is often an important consideration in making decisions about staying or leaving."	4.38	1.00	90%	2	Yes
"Assess the client's ability to perform activities of daily living .... Basic living skills that require assessment are the clients' ability to groom themselves, to dress, to walk, to bathe, to use the toilet, and to feed themselves."	4.59	0.00	86%	1	Yes
"Indicate any limitations [in] functional history."	4.64	0.75	91%	1	Yes
"[Record] Coping style and techniques - Ask the client: What lessons have you learned about how to cope with life from day to day? Are there ways you wish you cope better?"	4.05	2.00	68%	N.I.	N.I.
"[Determine] who is the designated carer if [independence with activities of daily living] are impaired."	4.64	0.00	91%	1	Yes
"Identify and document details of the neglect according to the senior (frequency, what needs aren't being met, etc.)"	4.91	0.00	100%	1	Yes
<b>Care Plan</b>					
"Assign a case manager."	4.45	0.75	82%	1	No
"Address immediate basic needs such as clothing, transportation (cab fare or transit tokens), food and shelter first."	4.77	0.00	95%	1	Yes
"Arrange for the provision of supportive services including ... temporary medications, assistive devices."	4.73	0.00	95%	1	No
"[Arrange] short hospital stay or repeated contact for further assessment and case planning."	4.73	0.00	91%	1	No
"If a client reveals information that must be reported... work to include the client in the reporting process."	4.91	0.00	100%	1	Yes

“If the older person is at serious risk, [invoke] an interim order to allow the older person to be removed to alternative accommodation.”	4.81	0.00	95%	1	Yes
“Find a safe place, such as a shelter, a hospital, a home of a trusted friend or family member or emergency placement in a long term care facility or retirement home.”	4.91	0.00	100%	1	Yes
“Educate the patient to recognize and use community resources such as emergency shelter, elder shelter, transportation, police intervention, and legal action.”	4.68	0.00	91%	1	Yes
“Refer ... patient, family members, or both to appropriate services (eg, social work, counselling services, legal assistance, and advocacy.”	4.91	0.00	100%	1	Yes
“Ask whether they have a means of getting to the services you have recommended or referred to them; and offer help if required.”	4.73	0.00	91%	1	Yes
“Provide information to the older person about the following: That what is happening is not their fault; that many older people experience this mistreatment by family members; and that there are people who can help them find ways to stop the mistreatment / That abuse escalates over time and without some kind of actions it’s unlikely to stop / That safety planning is necessary to keep them safe when the abuse happens again.”	4.91	0.00	100%	1	Yes
“Develop and review safety plan.” / “Teach your older patients ... safeguards to help them avoid abusive situations. Stay sociable... Stay active... Stay organized... Stay informed.” / “Explain to the patient that anticipated high-risk times can be reduced by having family members, friends, and other support system members visit during those times or periods of time, or by participating in community activities and agency programs, such as senior center, an adult daycare, church, and so forth.”	4.95	0.00	100%	1	Yes
“Where abuse is related to caregiver stresses, [take] actions ... to reduce these factors: respite/home care to reduce caregiver burden for high priority clients, supportive therapy or medical intervention for caregiver, education.”	4.24	1.00	81%	2	No
“When an Adult Declines the Care Plan: Consider the reasons why the support and assistance was declined / Coordinate the supports and assistance that will	4.57	0.00	90%	1	Yes

be accepted / Reassess the level of risk to the adult and assets / ... / Consider using legal tools to protect the adult/assets / Consider using emergency provisions to protect the adult/assets / Put the recommended care plan and rationale in writing, and give to the person responsible for implementation/document the reasons why the care plan was declined / Have a clear plan for following up and monitoring the situation.”**					
“All [relevant] professionals should attend [multidisciplinary care committee meetings] wherever possible to assist the formulation of a welfare plan for the abused elder.”	4.68	0.75	95%	1	Yes
“[Invite t]he elder/family members/guardians/suspected abuser ... to attend the entire [or] part of the [multidisciplinary care committee meeting] ... after the initial recommendations on the welfare plan have been made.”	4.52	1.00	90%	2	No
“[P]repare a brief report for the case and submit it to the participating professionals before the [multidisciplinary care committee meeting].”	4.62	1.00	90%	2	Yes
“[E]stablish clear expectations to the [multidisciplinary care committee] regarding what observations should be communicated back to the Case Manager for further actions”	4.73	0.00	95%	1	No
“[M]aintain contact with all [multidisciplinary care committee] members to ensure a smooth implementation of the welfare plan.”	4.64	0.00	86%	1	No
“[N]otify and consult all members on the drastic changes in the elder’s situation. A review conference may also be considered where necessary.”	4.64	0.00	86%	1	No
“Maintain an ongoing telephone or in-person contact [with older adult] to further assess the situation, to diminish the fear and anxiety of the vulnerable person and to establish a trusting relationship.”	4.14	1.00	81%	2	No
“Attempt to engage other friends, neighbours or relatives to support the person, providing the individual consents.”	3.90	1.00	76%	N.I.	N.I.
“[R]eview and update the safety plan at regular intervals” -	4.82	0.00	95%	1	Yes
“[T]erminate [the case]... when any of the following circumstances occur: When requested by the adult ... / The adult no longer needs ... services / The adult leaves the ... area of jurisdiction... / The adult dies.” -	4.82	0.00	95%	1	Yes

Note: Recommended components of care are reported in Du Mont J, Macdonald S, Kosa D, et al. Development of a hospital-based elder abuse intervention: an initial systematic scoping review. *PLoS One* 2015;10(5):e0125105. The same/similar recommendations may have been made in multiple documents, however, a direct quotation from a single representative citation is provided for each. Each recommendation would only be applied where relevant, appropriate and with consent (when required); N.I. = Not Included.

\*One item from Du Mont J, Macdonald S, Kosa D, et al. (2015) was not rated in the Delphi consensus surveys due to a survey development error. This item, “[Ask h]ave you ever been asked to sign papers that you didn't understand?”, was, however, captured in the competency, “Assess for indicators of neglect, financial, psychological, physical, and sexual abuse ” This item was not reported in the counts of this study.

\*\*More than one related recommendation is listed in this row