



## Leveraging the Elder Mistreatment Emergency Department (EMED) Toolkit to Comply with New CMS Regulations

The EMED Toolkit makes it easy for health systems to do the right thing by integrating a practical, evidence-informed approach to elder mistreatment identification and response into existing age-friendly and quality improvement initiatives. Designed to fit seamlessly within broader multidisciplinary efforts, the Toolkit helps teams strengthen standardized responses in the emergency department (ED) and build momentum toward comprehensive screening and care for older adults.

### THE CHALLENGE

**Prevalence in Your Emergency Department:** Research shows up to 10-16% of older adults in the community experience mistreatment—and many present to ED without their mistreatment being recognized.<sup>1,2,3,4</sup>

**Hidden Cost Drivers:** Unrecognized elder mistreatment leads to repeat ED visits, higher rates of depression, anxiety, and chronic physical conditions, and increased total cost of care.<sup>5,6</sup>

**CMS Age-Friendly Health Measure (AFHM):** Failure to detect and address mistreatment can lead to noncompliance with CMS's new quality measures and a Medicare payment update that reduces reimbursement.<sup>7</sup>

### WHAT IS THE EMED TOOLKIT?

- **Evidence-informed Toolkit:** Provides a framework for early elder mistreatment identification and follow-up
- **Scalable Across Settings:** Originally designed for EDs, with workflows adaptable to inpatient, outpatient, and post-acute care settings
- **Equity and Quality Focus:** Designed to promote identification across diverse populations and strengthen multidisciplinary coordination

### WHY THE EMED TOOLKIT?

- **Evidence-informed Screening:** Provides a structured approach to screening older adults for mistreatment, supporting early identification and follow-up"
- **CMS Alignment:** Aligns with CMS's AFHS domains

#### DOMAIN 4

##### Social Vulnerability

Systematic mistreatment screening is a mechanism for detecting broader social risks and for referring to support services.

#### DOMAIN 5

##### Age-Friendly Care Leadership

The Toolkit designates an age-friendly champion and promotes data collection for quality compliance.

- **American College of Emergency Physicians (ACEP) Geriatric Emergency Department Accreditation (GEDA):** Meets criteria for a geriatric care process, including staff training, standardized protocols, and community linkage pathways

## TOOLKIT COMPONENTS

| ED Assessment Profile                                                             | Online Training Modules                                                           | EM Screening and Response Tool                                                          | Community Connections Roadmap                                                                                                             |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| A 20-item survey that pinpoints training gaps and system needs                    | Role-specific e-learning (10–30 min) to build staff competence                    | A 3-question brief screen plus full screening and response protocol for high-risk cases | Step-by-step guidance for developing Adult Protective Services and other community partner linkages to keep patients safe after discharge |
|  |  |       |                                                        |

## RETURN ON INVESTMENT

- **Regulatory & Reputation Gains:** Positions your hospital to meet CMS's AFHM compliance and ACEP GEDA distinctions
- **Operational Efficiency:** Streamlines workflows, reduces staff ambiguity, and integrates with your EHR system
- **Cost Savings:** Anticipated reductions in repeat ED visits and downstream treatment costs associated with unrecognized mistreatment
- **Patient & Community Impact:** Promotes safety, wellbeing, and quality of life for older adults through identification and response to elder mistreatment



Download the EMED Toolkit

<https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>

Learn More & Request Implementation Support  
[ncaem@edc.org](mailto:ncaem@edc.org)

- 1 Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health*, 100(2), 292–297. <https://doi.org/10.2105/AJPH.2009.163089>
- 2 Chang, E. & Levy, B (2021). High prevalence of elder abuse during the COVID-19 pandemic: Risk and resilience factors. *American Journal of Geriatric Psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/33518464/>
- 3 Patel, K., Bunachita, S., Chiu, H., Suresh, P., & Patel, U.K. (2021). Elder abuse: A comprehensive overview and physician-associated challenges. *Cureus*, 13(4). <https://doi.org/10.7759%2Fcureus.14375>
- 4 Yon, Y., Mikton, C.R., Gassoumis, Z.D., & Wilber, K.H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The Lancet Global Health*, 5(2), e147–e156. [https://doi.org/10.1016/S2214-109X\(17\)30006-2](https://doi.org/10.1016/S2214-109X(17)30006-2)
- 5 Burnett, J., Jackson, S. L., Sinha, A. K., Aschenbrenner, A. R., Murphy, K. P., Xia, R., & Diamond, P. M. (2016). Five-year all-cause mortality rates across five categories of substantiated elder abuse occurring in the community. *Journal of Elder Abuse & Neglect*, 28(2), 59–75. <https://doi.org/10.1080/08946566.2016.1142920>
- 6 Burnett, J., Jackson, S. L., Sinha, A. K., Aschenbrenner, A. R., Murphy, K. P., Xia, R., & Diamond, P. M. (2016). Five-year all-cause mortality rates across five categories of substantiated elder abuse occurring in the community. *Journal of Elder Abuse & Neglect*, 28(2), 59–75. <https://doi.org/10.1080/08946566.2016.1142920>
- 7 Centers for Medicare & Medicaid Services (2024, August 1). FY 2025 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule -- CMS-1808-F. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/fy-2025-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospital-prospective-0>



National Collaboratory to Address  
Elder Mistreatment



The  
John A. Hartford  
Foundation