

Interviews with Experts – Nurses & Adult Protective Services

An interview with Lori Delagrammatikas about how and why Adult Protective Services (APS) nurses are an essential part of the team.



Lori Delagrammatikas is the Executive Director of the National Adult Protective Services Association (NAPSA). Before working at NAPSA, Ms. Delagrammatikas worked as the governor-appointed Adult Protective Services Liaison for the counties at the California Department of Social Services. She is a social worker who has long recognized the importance of nurses being active participants in APS programs.

Why do you think that nurses are needed in APS?

Oh my, there are so many reasons. First, nurses are more likely to recognize medical emergencies than social workers. Social workers can miss signs of medical problems which are sometimes very subtle.

While working on a survey of APS nurses and the development of best practice guidelines for APS nurses, we heard many stories of nurses discovering unrecognized medical conditions such as cellulitis and malignant tumors that were life-threatening.

Secondly, nurses are annually ranked the most trusted professional group by a [Gallup poll](#). This means that nurses can routinely get into the homes of our most reluctant clients, get personal information from reticent clients and convince clients to accept services they have previously refused. They are a huge asset when working with self-neglecting clients.

Nurses provide real time consultation with APS social workers to help make accurate assessments of the client's situation. They determine whether a standard of care has been met in caregiver neglect cases and help find needed resources in complex medical situations. These kinds of consultations help APS workers develop effective service plans and, frankly, sleep at night instead of second guessing themselves. And let's not forget that nurses have better access to doctors, health care records and homecare supports. Nurses help workers navigate the complex medical world and understand the lingo.

APS workers often struggle with cases involving decision making abilities. Nurses help determine whether a client's mental status is the result of a reversible or irreversible medical condition. They do this by conducting

Nurses help determine whether a client's mental status is the result of a reversible or irreversible medical condition.

physical assessments, reviewing medications, and consulting with physicians. This can be the critical factor in developing a successful intervention plan.

Nurses also assist with education for clients, families and caregivers around making informed medical decisions, determining appropriate levels of care, developing “do not resuscitate” orders, making end of life plans and so on.

And those are just some of the reasons that nurses are needed in APS!

How are APS nurses an integral part of a Multi-disciplinary (MDT) Team?

When the MDT is working on a difficult case, they need to look at the clients’ entire situation. The medical piece is a vital part of that assessment. And, we all know how hard it is to get doctors to engage with multidisciplinary teams! APS nurses bring needed medical expertise to the team. They interface with doctors, and hospitals, and help the team ask the right questions about the client’s medical condition.

Nurses are very helpful in supporting arguments to get law enforcement involved. As I mentioned earlier, they help determine whether the caregiver failed to provide the appropriate level of care to substantiate caregiver neglect. In financial abuse cases, they give advice about the client’s cognitive ability to make financial decisions.

In physical abuse cases, they help determine whether an injury could have been caused as reported. In any situation involving medical evidence, they “translate” medical reports for the team. For example, they can explain which lab test results indicate an outwardly obese client is currently being starved.

And in cases where the client refuses all help despite reports to multiple MDT members, APS nurses often get into the home, complete an in-home medical assessment, help smooth the way for the client to interact with other team members and help with the evaluation of whether or not the client has the capacity to refuse services. If you have ever struggled to convince a client to go to a doctor’s office to get an assessment, you appreciate how helpful this is for the team. APS nurses also work with medical professionals to get the appropriate documentation if it turns out that a guardianship is needed.

APS nurses bring needed medical expertise to the team. They interface with doctors, and hospitals, and help the team ask the right questions about the client’s medical condition.

In my opinion, every team needs a nurse.

How do nurses benefit the APS program at the administrative level?

In general, nurses get paid more than social workers, so I understand the question. In order to justify the greater cost, a program needs to make the case that APS nurses bring added value to the agency. I think this is an easy case to make. I believe that nurses reduce recidivism by connecting clients with appropriate medical services,

offering client education, and providing accurate medical advice and recommendations. This is especially true if they carry their own caseload of self-neglecting clients. APS nurses also reduce agency liability by recognizing medical emergencies, giving social workers a “second opinion” on cases, providing accurate interpretations of medical records and determining whether a client is in the appropriate level of care. Nurses also provide the program with a good assessment of the medical risks of acting or not acting in any specific situation.

How many APS programs use nurses as part of their program?

We don't know precisely how many states currently use nurses in their APS program. When NAPSA did a survey of nurses in 2014, using a snowball methodology, we heard from 20 states that they were using at least one nurse in their program.

How do most APS programs pay for nurses?

That's an interesting question. APS nurses come to work in the program via a wide variety of funding sources. In some cases, the nurses are employees of the health department working under a memorandum of understanding or contract with APS. Sometimes they are borrowed from associated programs like aging case management or Medicaid waiver programs. In other cases, they are APS employees whose salaries are paid by claiming enhanced Federal Financial Participation (FFP) under the [Medicaid Program for Skilled Professional Medical Personnel](#) (SPMP). Their salaries are reimbursed at 75% which makes the more highly paid nurses a bargain (or at least not more expensive than APS social workers).

How can nurses get more information or get support from other nurses?

[Reach out to the APS TARC](#) for any support on APS issues and for more information about networking opportunities.

Follow Us on Social Media!



The National Adult Maltreatment Reporting System and the Adult Protective Services Technical Resource Center is a project (HHSP 233201500042I) of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.