Guidelines for Best Practices

Subject/Title:	**3.3 Elopement Prevention**
References:	*Risk Management Handbook for Healthcare Organizations*, Fifth Edition. ASHRM. 2006 *Resident Rights Self Assessment Compliance Handbook.* Heaton Publications. 1999 Pendulum, 4600B Montgomery Blvd. Suite 204, Albuquerque, NM, 87109, 888-815-8250, www.WeArePendulum.com

I. Introduction

One of the most important aspects of the Risk Management Program is a comprehensive plan to prevent resident elopement. Long term care facilities serve a wide age range of clients and have developed programs to serve a variety of needs. It is important for the Risk Manager to identify the specialized programs and resident populations that are at risk of elopement and/or abduction within the facility:

1. Geriatric residents admitted to long term care facilities with a diagnosis of Alzheimer's disease or a related disorder (dementia)
2. Pediatric/adolescent residents with chronic or long term needs
3. Behavioral health residents including mental health/mental illness diagnoses

An accurate and timely assessment and care plan, a trained staff, and a safe physical plant are essential to maintaining resident safety. According to the Centers for Medicare and Medicaid Services (CMS), some of the highest paid claims and indicators of Immediate Jeopardy are:

1. Failure to prevent neglect
2. Lack of supervision for an individual with known special needs
3. Lack of supervision of cognitively impaired individuals with known elopement risk

II. Policy Guideline

It is the policy of this facility to assess each resident for elopement/wandering on admission, at each care plan review, and when there is a change in status that warrants an updated assessment.

In addition, the risk of elopement/abduction is minimized through the use of a functional alarm system, staff education, and other techniques.

III. Procedural Components

A. Provide organizational definition of elopement and wandering
B. Identify elopement/wandering risk during the pre-admission assessment. Take into account:
   1. History of wandering/elopement
   2. Behavioral problems
   3. Age and diagnosis
   4. Family concerns
C. Develop a comprehensive elopement risk assessment that is completed within eight hours of admission and reassessed quarterly and upon change in resident condition
D. Use a facility-approved risk assessment tool (or scoring system)
E. If a resident is identified as moderate to high risk of elopement, establish an interim plan of care
   1. Apply name band
   2. Notify family of concern and obtain written consent to photograph and apply WanderGuard or other electronic device
   3. Conduct more frequent monitoring of resident's whereabouts
   4. Add resident to notebook maintained at nurses station and reception desk
   5. Notify department managers at daily management meeting

6. Increase structured activities
7. Admit resident to secured dementia special care unit
8. For pediatric/adolescent clients: Establish procedures for transporting and family identification procedures
9. Maintain current preventative strategies on care plan
10. Provide family education and encourage participation in care planning

F. Include WanderGuard device on daily preventive maintenance checklist (e.g., treatment administration record and WanderGuard check log)
G. Conduct periodic elopement drills and report results to the Safety Committee
   1. Analyze effectiveness of the drill and staff response/competencies
   2. Identify opportunities for improvement
H. Develop a procedure for missing residents. Include plans to:
   1. Identify a search team
   2. Perform internal and external search
   3. Notify police, family, physician, and administrative staff
   4. Care for resident when located
   5. Identify documentation requirements for event and follow-up provided
I. Develop staff training program on elopement risk
   1. Include responsibilities to monitor during "elopement watch" and "elopement warning"
   2. Include specific training of agency staffing
J. Develop a security plan that includes:
   1. Window restrictors
   2. Enclosed courtyards
   3. Door alarms
   4. Elevator alarms
   5. Stairwell alarms
   6. Key-pad locks to dangerous areas
   7. Use of cameras if appropriate
   8. Procedure to change door alarm codes routinely
   9. Signage at doors to remind visitors not to let anyone out of the building without staff assistance
   10. Use of resident sign-in/sign-out logs
   11. A safety risk assessment of the facility's exterior, including:
      a. Pools and ponds
      b. Fences
K. Monitor through Quality Assurance (QA) and/or Risk Committee
   1. Medical record documentation of elopement risk and interventions
   2. Completion of preventive maintenance schedule and documentation of door alarm checks through Safety Committee Report
   3. Staff training on response to door alarms
      a. No alarm is ever to be bypassed
   4. Completion of an incident report any time a resident elopes from the building to trend and analyze data

Guideline 3.3 Attachments:

1. Elopement, Risk Prevention, and Management of Missing Residents, Sample Policy
2. Elopement Risk Assessment

Guideline 3.3 Attachment 1:	**Elopement, Risk Prevention, and Management of Missing Residents, Sample Policy**
References:	Pendulum, 4600B Montgomery Blvd. Suite 204, Albuquerque, NM, 87109, 888-815-8250, www.WeArePendulum.com

I. POLICY GUIDELINES

The facility strives to promote resident safety and protect the rights and dignity of the residents.

The facility maintains a process to assess all residents for risk for elopement, implement prevention strategies for those identified as an elopement risk, institute measures for resident identification at the time of admission, and conduct a missing resident procedure.

II. DEFINTIONS

Elopement is the ability of a resident who is not capable of protecting himself or herself from harm to successfully leave the facility unsupervised and unnoticed and who may enter into harm's way.

Wandering refers to a cognitively-impaired resident's ability to move about inside the facility aimlessly and without an appreciation of personal safety needs and who may enter into a dangerous situation.

Elopers are differentiated from **wanderers** by their purposeful, overt, and often repeated attempts to leave the facility and premises. About 80 percent of elopements involve residents known to be chronic wanderers with prior elopements.

Note: Claims statistics show that nearly half of elopement cases and associated accidents occur within the first 48 hours of nursing home admission.

III. PROCEDURAL COMPONENTS

A. Assessment

1. An elopement risk assessment is completed by the nursing staff on all residents on admission, quarterly, and upon change of condition. The initial resident assessment should be conducted within eight hours of admission
2. A facility-approved risk assessment tool (or scoring system) is utilized
   a. The assessment is based on various risk factors that may precipitate an elopement event
   b. The risk score includes a defined parameter which, when reached, indicates an increased risk and prompts prevention strategies, as described below
3. The risk assessment addresses the resident's mobility and psychological, behavioral, physical, and cognitive functions. Specific risk factors include:
   a. An involuntary admission
   b. A history of wandering prior to admission or finding the resident "lost" in the facility after admission
   c. Problems noted in the resident's adjustment to the facility (such as stating a desire to go home, looking for children, attempting to attend functions that are based on a past schedule)
   d. A change in the resident's mental status
   e. Interference with prevention strategies, including an expressed displeasure with a wander bracelet or an attempt to remove it
   f. Behavior problems, including those where the resident is not easily redirected or managed when he or she is agitated or aggressive
   g. Actual wandering behaviors, including:
      i. Shadowing (following staff or another resident)
      ii. Self-stimulatory (wandering due to boredom or lack of activity)
      iii. Akathisia (motor restlessness characterized by pacing, standing and sitting, or rocking back and forth, which may be caused by psychotropic and antidepressant medications)
      iv. Exit-seeking (resident is intent on leaving the unit or facility, looking for exits, and hovering at exits waiting for the opportunity to leave with someone or pushing on a door)

B. Prevention

1. Interventions that may be used for residents identified as high risk for elopement include:
    a. Frequent monitoring of the resident's whereabouts to assure he or she remains in the facility (e.g., every one-half hour check)
    b. Promoting activities that are in full view of staff members
    c. Alternative activities to maintain the interest level of the wanderer
    d. Implementation of wander bracelet or other electronic alert systems
    e. Transfer to a more suitable or more secured facility, if necessary
    f. Notification of physician for changes in behavior, such as increasing insistence or attempts to leave
    g. Environmental controls such as:
        i. The physical plant is secured to minimize the risk of elopement through:
            a) Functional alarm system for egresses and stairwells
            b) Interior courtyards
            c) Safety locks or key-pad entry that restrict access to dangerous areas
            d) Restricted window openings
            e) Elevator controls
            f) Fenced perimeters
            g) Camouflaged doors and doorknobs
        ii. Adaptation of the environment with way-finding cues and landmarks
            a) Brightly lit, uncluttered paths with many rest areas (indoors/outdoors)
            b) Decorations that provide positive distractions and also act as deterrents
2. Additional resident and family involvement and education
3. Verification of control systems
    a. If an electronic surveillance system is in place, door alarms are added to the daily preventative checklist
    b. Door alarm codes are changed routinely
    c. Each resident alert device is checked daily and functioning documented on the Treatment Administration Record
    d. A sign-in/out system is implemented, which requires responsible parties to sign the resident out when leaving and noting an expected return time
    e. Creation of a lost person profile for each resident at risk
        i. Two close-up photographs of each resident are taken on the day of admission
            a) The photographs are for identification purposes only
            b) One photograph is to be maintained in the resident's Medical Record and the other in his or her Medication Administration Record
            c) Written consent for photographs are obtained
            d) Photographs are updated as required to reflect changes in a resident's appearance
4. Prevention strategies are listed on each resident's plan of care and reviewed by the interdisciplinary team on at least a quarterly basis or with a change in condition for effectiveness of prevention strategies

C. Intervention

1. Responding to an actual elopement
    a. It is the responsibility of all staff, regardless of the department they work in, to respond to activated door alarms and to return residents to their units
    b. Any resident who leaves his/her assigned unit unaccompanied should be approached according to accepted guidelines as follows:
        i. Approach in a calm and reassuring manner

ii. Have one individual approach the resident. Discourage large numbers of staff around the resident
iii. Avoid arguing with the resident. DO NOT say "You can't" or "You have to"
iv. Avoid touching the resident if possible

c. Restraints **are not** to be used as the primary solution; rather, diversionary activities should be encouraged to prevent reoccurrence
d. The family and physician are notified of the incident, and notification documented in the resident's clinical record
e. If the resident is placed on increased supervision, safety checks are documented in the clinical record each shift for the duration of the increased supervision

2. When a resident is determined to be missing:
   a. Note the time that the resident is/was determined missing
   b. The staff members assigned to the unit where the resident resides verify that the resident has not signed out
   c. The staff notify the Administrator that a resident is missing
   d. Staff members, in accordance with the facility's search team plan, conduct a thorough search to locate the resident. If the resident is not located, proceed with the following:
      i. Staff members search the entire facility and grounds. Prior to beginning the search, the resident's photograph is viewed by all staff involved in the search
         a) All areas of the building, grounds, and neighboring streets are systematically searched when a resident is missing or has eloped
         b) The Administrator or Director of Nursing assigns each staff member a sector when searching for a resident to minimize overlapping or overlooking of an area
         c) When conducting a search, it is important to look under beds and furniture, in closets, under desks, and behind doors. When conducting a search in storage rooms, look behind boxes, in boxes, and on shelves. A resident who has eloped may be frightened and may be hiding. Being thorough in the search is of extreme importance
         d) When finished searching a sector, report back to Administrator or Director of Nursing for further instructions
      ii. If the resident has not been found after a period of ten minutes, the Administrator or Director of Nursing calls the police and reports the resident missing
      iii. When the police arrive the Administrator or Director of Nursing provides the officer with a picture and other pertinent information such as:
         a) What the resident was wearing
         b) How the resident was ambulating, e.g., with a cane, walker, etc.
         c) The resident's cognitive status, e.g., confused, alert
         d) Information as to where resident may be going, if known
         e) A resident profile, which includes the resident's previous address and family's address, is available in the resident's chart for this purpose
      iv. The Administrator or Director of Nursing notifies the family and attending physician if the resident is not found in the facility or on the grounds

3. When a resident has been found:
   a. The Administrator or Director of Nursing notify all staff that the resident has been found
   b. The resident is examined for injuries by a nurse
   c. The attending physician is notified of the resident's status
   d. The resident's responsible person is contacted and informed of his/her status
   e. The care plan is updated

i. Consider implementing additional measures such as the addition of a wander bracelet if not in current use and 15-minute safety checks
ii. If the resident is placed on increased supervision, safety checks are documented in the clinical record each shift for the duration of the increased supervision

f. Complete a Missing Resident form and require that all staff present involved sign the form. Forward to the Administrator/Director of Nursing/Risk Management Coordinator
g. Report the incident to the state authorities as required

D. Documentation

1. Document in the resident record all elopement attempts and events, including objective and factual statements regarding:
   a. Circumstances and precipitating factors
   b. Interventions utilized to return the resident to the unit
   c. The resident's response to the interventions
   d. Results of reassessment upon the resident's return and the condition of the resident
   e. Care rendered
   f. Notification of police, physician, and family
   g. Physician orders following notification
   h. Additional prevention strategies implemented
2. Complete an Incident Report and forward the report to the Administrator/Risk Management Coordinator
3. Do not record the Incident Report in the resident's medical record
4. Document resident/family education about additional prevention strategies

E. Elopement Drills

1. Conduct elopement drills on a regular basis, such as quarterly (at a minimum semi-annually)
2. Utilize results for staff education
3. Documentation of elopement drills (and actual elopements) may be noted on the forms attached to this procedure (see Forms 1, 2, and 3)

F. Education

1. Family education should be conducted on admission or at any time the resident is identified as a high risk for elopement
2. Staff training at orientation and during annual in-services is provided, including the risk factors for elopement
3. Elopement prevention strategies are reviewed with all staff, including the method and frequency of assessing prevention effectiveness

G. Risk Management Review

1. Based on compiled incident report data, a periodic trend summary should be provided and discussed at the Quality Management/Risk Management Committee meetings
2. Data should include:
   a. The number of residents identified as at risk for elopement
   b. The number of elopement attempts
   c. The number of events
   d. Outcome severity

Guideline 3.3 Attachment 1: **Elopement, Risk Prevention, and Management of Missing Residents, Sample Policy**

Elopement
Form 1
Elopement Drill or Post-Elopement Follow-up Report

Elopement Drill: _____ Actual Elopement: _____ Date: _____

Missing Resident Name: _____

Charge Nurse on Duty: _____

Time Started: _____ Time all Clear: _____ Total Time: _____

Administrator Notified: _____ Time: _____

DNS Notified: _____ Time: _____

Police Notified: _____ Time: _____

Family Notified: _____ Time: _____

Resident found: _____ If yes, time: _____

Number of Staff in Participation: _____

Staff Performance Results: Excellent _____ Good _____ Fair _____ Poor _____

Staff did _____/ did not _____ respond in accordance with established procedures.

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

Conductor(s): _____

Guideline 3.3 Attachment 1: **Elopement, Risk Prevention, and Management of Missing Residents, Sample Policy**

Elopement
Form 2
Resident Elopement Search Drill
Staff Sign-In Log

Signature	Print Name	Department

Elopement
Form 3
Elopement Drill or Post-Elopement Checklist

Date: _____ Time: _____

Resident Name: _____ Room # _____

Resident Missing Time: _____ a.m. p.m.

Resident Found Time: _____ a.m. p.m.

Circle the following Yes or No

1. Did staff verify resident was not signed out?	Y	N
2. Did staff check unit?	Y	N
3. Did staff notify Charge Nurse?	Y	N
4. Was the Director of Nursing and Administrator notified?	Y	N
5. Was a full search of the facility and grounds implemented?	Y	N
6. Were the police notified?	Y	N
7. Was search called off when resident was located?	Y	N
8. Was resident examined when located?	Y	N
9. Was resident physician notified when resident was discovered missing?	Y	N
Found?	Y	N
10. Was family and/or responsible party notified when resident was discovered missing?	Y	N
Found?	Y	N
11. Was Incident/event report completed?	Y	N
12. Was notation included in the Medical Record?	Y	N
13. Did the alarm system function (if an egress system was in place)?	Y	N

Name of person completing report _____

Guideline 3.3 Attachment 2:	**Elopement Risk Assessment**
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Elopement Risk Assessment

Instructions: Upon admission and quarterly (at a minimum) thereafter, assess the resident status in seven clinical areas listed below (1–7) by assigning the corresponding score which best describes the resident in the appropriate assessment column. Add the column of numbers to obtain the total score. If the total score is 10 or greater, the resident should be considered to be at risk for elopement. Prevention protocols should be followed and documents on the care plan.

		Score	Resident status/condition	Date	Date	Date	Date
1	**Mobility**	0	Needs total assistance				
		2	Propels self/some assist				
		4	Fully ambulatory				
2	**Mental stability**	0	Alert, oriented x3				
		2	Disoriented/no wandering				
		4	Wanders aimlessly				
3	**Emotional status**	0	Happy with placement				
		2	Content with placement				
		4	Voices desire to leave				
4	**History of elopement attempts**	0	No attempt				
		4	Voices, but no action				
		10	Has made one + attempts				
5	**Behavior modification**	0	No behaviors noted				
		2	Behavior redirected				
		4	Difficult to redirect				
6	**Medications (antipsychotic, mood altering)**	0	None of these				
		2	One of these meds.				
		4	Two or more of these meds.				
7	**Diseases (dementia, any type mental illness)**	0	None present				
		2	One present				
		4	Two or more present				
	Total Score		**10 or greater = elopement risk**				

Guideline 3.3 Attachment 2: Elopement Risk Assessment

Elopement Risk

Low Elopement Risk: (Score below 10 on risk assessment)
1. Monitor resident's whereabouts to assure they remain in the facility
2. Ensure that resident or responsible party signs out when leaving and notes an expected time to return
3. Listen to the resident if he/she voices a desire to leave. Becomes more persistent that they should be listed at high priority for elopement

Elopement Risk: (Score of 10 or greater on risk assessment)
1. Elopement risk is divided into two categories
   a. Elopement watch
   b. Elopement warning

   Residents who actually succeed in eloping are placed on elopement warning.

Elopement Watch:
1. Resident is placed on a wander system to alert staff. If no system exists, there is a check every half hour
2. Activities are in full view of staff at all times. Activities may be adjusted to include the wanderer and maintain their interest
3. Document the status of the resident each shift

Elopement Warning:
1. Resident has one-to-one supervision for 24 hours and until the determination has been made they are no longer a flight risk
2. Physician is notified for evaluation. It may be necessary to find a more suitable facility for the resident