



MOCK ELOPEMENT DRILLS

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10 Things to Consider When Planning a Mock Elopement Drill

1. Drills can be either announced or unannounced. Unannounced drills require greater planning and cooperation. Use good judgment when considering which to do. A staff that is new to the Patient Security System may not be ready for an “unannounced” drill while an experienced staff may be more than ready.
2. Drills typically involve some type of “representative” to stand in as the patient. Having a “real” person to look for helps keep everyone on their toes.
3. Drills can be both narrow and wide in scope:
 - a. **Narrow:** Primarily, the departments covered by the Patient Security System and Security are involved.
 - b. **Broad:** In addition to your department(s) and Security, the whole hospital is put on alert, mock media may be invited, hospital administrators interviewed, etc. Could also involve outsiders, such as the local police department.
4. Drills should match reality as much as possible. Try to mimic true-to-life possibilities. Mock “patients” should start in the patient rooms or in the rehab room, as opposed to standing right next to the door. Research how real people trying to elope typically operate (see additional information in this section) and try to recreate their methods. Try to involve someone not known to the staff (a stranger) as the mock “patient”.
5. Drills should be held during different times of the day and involve different shifts. Don’t just hold drills during the daytime because it’s easier. Also, it is not the same to have night shift come on for day shift for the drill. The settings are different.
6. Drills can involve real live patients. Have the real patient (which would not normally be tagged) try to escape. Use great discretion when attempting this. Typically, this may be someone connected to or familiar with the hospital or someone in the hospital versus a complete stranger.
7. Drills can be recorded on video for review.

8. Drills should be well planned with specific outcomes determined before the drill starts. Always know “why” you are doing the drill and what specific parts of the system you are testing, making it easier to evaluate if you were successful or not. For example, is there a particular exit that everyone forgets about that you want to test?
9. Drills should be organized and led by each department using the Patient Security System. This way, everyone gets involved and feels part of the process. If the same person always organizes the drill in the same way, everyone clues into it. (If you are part of a smaller facility, this may be unavoidable.)
10. Drills should always be followed up with a review meeting, and both the drill and the meeting should be well documented. The Joint Commission may ask for records of each drill, including who was involved, what took place, and if it was successful or not, etc.