ELOPEMENT PREVENTION AND RESPONSE

Elopement, as defined by the National Institute for Elopement Prevention, is “when a patient or resident who is cognitively, physically, mentally, emotionally, and/or chemically impaired wanders away, walks away, runs away, escapes, or otherwise leaves a care-giving facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge.” When a patient elopes, it can lead to significant injury, suffering or even death, and cause stress to both the staff and the family.

To help keep patients safe, it is advisable to evaluate how your long-term care or residential facility is addressing these issues. This bulletin provides some best practices to help prevent and respond to patient elopement.

IDENTIFICATION & ASSESSMENT OF THOSE AT RISK

The first step in elopement prevention is to identify residents who may be at risk to wander or elope. Elopement risks are generally greatest in the first 72 hours following admission. Therefore, it is important to recognize characteristics used to identify a resident at risk of wandering or eloping during the initial admission assessment. The assessment process, if done prior to admission to the facility, may help determine whether the organization is capable of properly and safely addressing the resident’s care needs.

Inquire through family and caregivers about the resident’s history of wandering or becoming disoriented. Patient wandering refers to a patient who goes beyond the view or control of staff without the intention of leaving the health care facility.

A reported history of wandering helps demonstrate that an increased risk of elopement exists and that additional supervision and other precautions may be required.

If there is a history of wandering, ask additional questions, such as:

- When did the wandering behavior begin, and how frequently does it occur?
- Is it more frequent in daytime hours or at night?
- Is the wandering associated with other factors, such as noise or discomfort/pain?
- What type of travel pattern is exhibited (random, pacing, lapping)?
- Does the wandering appear purposeful?

Assess the resident for cognitive changes and symptoms of anxiety, depression, or agitation. These changes may lead to erratic behavior, including wandering.

Once a resident has been identified as a high risk to wander and/or elope discuss with providers and clinicians through care conferences and provide a tailored care plan for elopement safety. Add a “risk to wander” assessment to ongoing resident assessments.

PREVENTION STRATEGIES

Approximately half of all elopements occur within the first days of admission as residents are adapting to their new environment (Alzheimer's Association, www.alz.org). It is therefore advisable to place new residents in rooms away from exits and closer to community areas, providing them with less opportunity to elope. If this is not possible, the staff must be vigilant in the initial days following admission, until they become familiar with the resident's behavior patterns and the resident becomes familiar with his or her new surroundings.

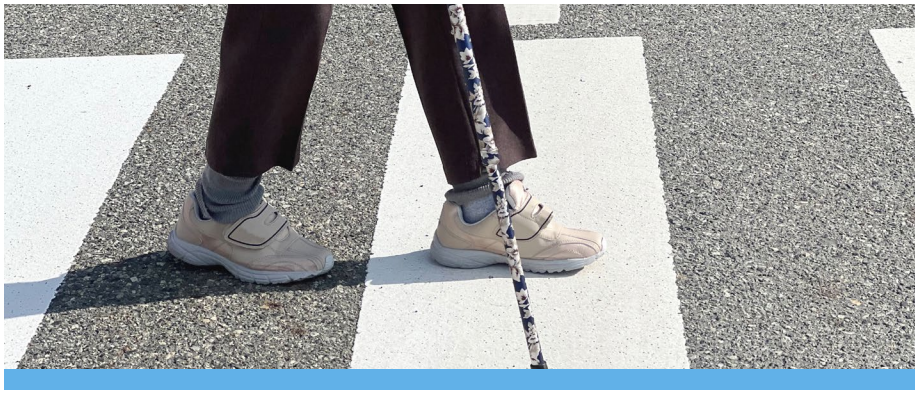
Consider adding the following action items to a resident's care plan:

- Assess for safety and management of the wandering behavior.
- Institute "elopement drills" so staff can account for all residents on each shift at regular intervals.
- Instruct staff to maintain a visual line of sight of exit doors, particularly during shift changes and emergencies, as these are times when residents may be able to exit the facility unnoticed while staff attention is diverted.

Many organizations use electronic equipment, such as bed and door alarms, video cameras and resident tracking devices to help prevent wandering and elopement. These devices can potentially help reduce the incidence and severity of elopements. Consider cost effective devices that may assist with wandering behavior, such as a hardware-store chime or buzzer installed on a rear door to alert an attendant when the door has been opened. Move high risk patients closer to the nurse's station, and conduct frequent rounds. Consider installing alarms on exit doors in resident care units or those that exit directly from resident rooms.

MISSING RESIDENT PROTOCOLS

It is important to have a missing resident protocol in place so that staff is aware of what procedures to follow should such an event occur.



To evaluate or implement a protocol, consider taking these steps:

- Install an internal alert system to signal staff if a resident is missing and to implement response procedures. Assign staff to specific sections and use a checklist or shaded-in floor plan of searched areas to avoid duplication of efforts.
- Initiate a systematic search of resident care units and other immediate areas—this means, rooms, closets and stairwells, even those areas that are normally locked, along with the roof, if there is roof access.
- Conduct a thorough search of the grounds. Alert staff of potential hazards, such as parking areas, adjacent roadways, or bodies of water, such as lakes or ponds and wooded areas.
- Notify management, family members and physician(s).
- Notify local police to request their assistance.
- Document all actions taken either at the time of the incident or immediately afterward.
- Form a plan of action for when the resident is located:
  - Obtain a complete medical evaluation to identify potential injuries and provide necessary treatment.
  - Notify any previously contacted individuals of the resident's return.
- Investigate to determine how the elopement occurred in order to correct any underlying contributing factors.

SUMMARY

A missing resident can be a significant loss exposure as well as an emotional event for staff and family. Being prepared to respond to a missing resident emergency is as important as preparing for other emergencies. Having a protocol in place and providing adequate staff training are key to planning for this type of event. Make staff aware that reluctance or failure to report that a resident is missing and initiate the protocol will not be tolerated. Periodic "elopement" drills may prove very helpful. The main goal of managing wandering behavior is to protect the resident from serious injury or death. Focusing on assessing and identifying patients at risk and initiating strategies to prevent elopement can help your organization attain this goal.

REFERENCES

Alzheimer's Association (www.alz.org)
Assisted Living Federation of America (www.alfahousing.org)
"Risk Analysis: Hazardous Wandering and Elopement" (www.ecri.org)

ELOPEMENT PREVENTION AND RESPONSE SELF-EVALUATION CHECKLIST

Name of Facility:_____ Date: _____

Address: _____

Completed by:_____

Reset Form

ITEM	YES	NO	COMMENTS/ NOT APPLICABLE
ASSESSMENT			
1. Are resident assessments completed before and after admission? Do they include identifying potential wanderers?	☐	☐	
2. Do the assessments include cause of wandering?	☐	☐	
3. Are family members/caregivers included in the assessment to provide a history of wandering or elopement from home or another facility?	☐	☐	
4. Are residents assessed frequently in the first week of admission for safety and wandering behavior?	☐	☐	
5. Are observations, assessments and reassessments documented in the care plan and in the clinical record?	☐	☐	
ENVIRONMENT			
6. Are exits locked/monitored during shift changes, for the safety of unnoticed wandering residents?	☐	☐	
7. Are frequent rounds completed and documented for all residents each shift?	☐	☐	
8. Are stairwells and doors alarmed at all times, or are electronic sensors in place?	☐	☐	
9. Do staff have a clear view of any door that is not alarmed?	☐	☐	

ITEM	YES	NO	COMMENTS/ NOT APPLICABLE
10. Are supply closets & roof access doors securely locked?	☐	☐	
11. Are locked exit doors automatically unlocked when a fire alarm is activated?	☐	☐	
12. Are high risk residents placed in rooms near the nurse's station and away from stairwells and exit doors?	☐	☐	
POLICIES/PROCEDURES			
13. Is there a written policy or statement about how the staff should manage the wandering resident?	☐	☐	
14. Are there written protocols for how staff should respond to audible bed and door alarms?	☐	☐	
15. Is there a written elopement prevention plan?	☐	☐	
16. Is there a written elopement response plan?	☐	☐	
17. Do procedures for missing residents include: • A thorough search of the unit and other immediate areas? • Use of an internal alert system to inform all staff that someone is missing and to implement immediate response procedures? • A systematic search, with a building floor plan of all areas of the facility? • Notification of management, family members, and the attending physician? • Notification of local police with a description of the resident and other pertinent information? • Steps to take when the resident is discovered (e.g., notifications, medical evaluation, etc.)? • Completion of an event report?	☐	☐	
18. Are procedures reviewed periodically and revised as needed?	☐	☐	

ITEM	YES	NO	COMMENTS/ NOT APPLICABLE
RESPONSE PROCEDURES			
19. Do all staff know how to initiate the protocol when they discover that a resident is missing?	☐	☐	
20. Are there defined roles for staff?	☐	☐	
21. Is a debriefing held after any attempted or completed elopement to identify opportunities for improvement?	☐	☐	
STAFF EDUCATION & TRAINING			
22. Does new employee orientation include training in identifying residents at risk to wander as well as techniques for managing wandering?	☐	☐	
23. Is there ongoing staff training on the appropriate use of electronic alarms and resident-specific tracking devices?	☐	☐	
24. Is the training provided to night and weekend staff as well as agency and temporary staff?	☐	☐	