*A technical reference bulletin by the Risk Control Services Department of the Glatfelter Insurance Group*

Glatfelter Healthcare Practice℠
A Division of Glatfelter Insurance Group

# RISK COMMUNIQUÉ

## *Wandering Patients, Elopement Prevention and Response*

***Elopement is defined by the National Institute for Elopement Prevention (www.elopement.org) as, "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 caregiving facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge." When a patient elopes, it can lead to significant injury and suffering and cause stress to both the staff and the family.***

Adults with a history of Alzheimer's disease or dementia are at risk for wandering and elopement. Because this could result in an injury or fatality, consider evaluating existing organizational protocols and strategies to prevent elopement or wandering. If cost is a concern for an organization, there are inexpensive devices that can help. For example, a simple hardware-store chime or buzzer could be installed on a rear door that would alert an attendant when the door has been opened.

In years past, wandering and the potential for elopement would typically be addressed with chemical or physical restraint. New standards of care emphasize patient rights and a "restraint-free" environment. To help keep patients safe, it is advisable to evaluate how your long term care or residential facility is addressing these issues.

### *Identification and 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. It is important, therefore, to recognize those characteristics that can be used to identify a resident as a risk to wander or elope 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.

Ask families and significant others whether the resident has a history of wandering or becoming disoriented. 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, since these may lead to erratic behavior, including wandering.

Once a resident has been identified as a high risk to wander, share this information with all facility staff, not just nurses and other direct patient care providers. Add a "risk to wander" assessment to ongoing resident assessments.

***Strategies for Prevention***

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:

- Focus on safety and management of the wandering behavior.
- Institute "whereabouts" checks so that 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. Give consideration to 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:

- Installing 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.
- Initiating 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.
- Making 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.
- Notifying management, family members and physician(s).
- Notifying local police to request their assistance.
- Documenting all actions taken either at the time of the incident or immediately afterward.
- Forming 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.
- Conducting an investigation to determine how the elopement occurred in order to correct any underlying contributing factors.

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***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 1) report that a resident is missing; and 2) initiate the protocol will not be tolerated. Periodic "missing resident" 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:***

Assisted Living Federation of America (www.alfa.org), "Risk Analysis: Hazardous Wandering and Elopement" (www.ecri.org)
Alzheimer's Association (www.alz.org)
National Institute for Elopement Prevention (www.elopement.org)

 

## SELF-EVALUATION CHECKLIST

**ELOPEMENT PREVENTION AND RESPONSE:**

| Item | Yes | No | Not Applicable/Comments |
|---|---|---|---|
| **ASSESSMENT** | | | |
| 1. Are resident assessments begun before admission, and do they identify potential wanderers? | | | |
| 2. Are these assessments used to identify a possible cause of wandering? | | | |
| 3. Are family members/caregivers queried as to any history of wandering or elopement from home or another facility? | | | |
| 4. Since the majority of elopements occur in the first few days following admission, are residents observed more closely during the first week? | | | |
| 5. Are requirements for observation, assessment and reassessment incorporated into the plan of care and documented in the clinical record? | | | |
| **ENVIRONMENT** | | | |
| 6. Are exits monitored during shift changes, when residents might slip away unnoticed? | | | |
| 7. Are there regular checks for the presence of all residents several times on 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? | | | |
| 10. Are supply closets & roof access doors kept locked? | | | |
| 11. Do locked exit doors automatically unlock when a fire alarm is activated? | | | |
| 12. Are visual cues, such as “stop” signs and arrows, used so that residents can easily find their way or be redirected from exit doors? | | | |
| 13. Are residents who are at risk for wandering placed in rooms away from stairwells and exit doors? | | | |

| Item | Yes | No | Not Applicable/Comments |
|---|---|---|---|
| **POLICIES/PROCEDURES** | | | |
| 14. Is there a written policy or statement about how the staff should manage the wandering resident? | | | |
| 15. Are there written protocols for how staff should respond to audible bed and door alarms? | | | |
| 16. Is there a written elopement prevention plan? | | | |
| 17. Is there a written elopement response plan? | | | |
| 18. Do procedures for missing residents include:<br>a. A thorough search of the unit and other immediate areas?<br>b. Use of an internal alert system to inform all staff that someone is missing and to implement immediate response procedures?<br>c. A systematic search, with a building floor plan, of all areas of the facility?<br>d. Notification of management, family members, and the attending physician?<br>e. Notification of local police with a description of the resident and other pertinent information?<br>f. Steps to take when the resident is discovered (e.g., notifications, medical evaluation, etc.)?<br>g. Completion of an event report? | | | |
| 19. Are procedures reviewed periodically and revised as needed? | | | |
| **RESPONSE PROCEDURES** | | | |
| 20. Do all staff know how to initiate the protocol when they discover that a resident is missing? | | | |
| 21. Are there defined roles for staff? | | | |
| 22. Is a debriefing held after any attempted or completed elopement to identify opportunities for improvement? | | | |

| Item | Yes | No | Not Applicable/Comments |
|---|---|---|---|
| **STAFF EDUCATION/TRAINING** | | | |
| 23. Does new employee orientation include training in identifying residents at risk to wander as well as techniques for managing wandering? | | | |
| 24. Is there ongoing staff training on the appropriate use of electronic alarms and resident-specific tracking devices? | | | |
| 25. Is the training provided for night and weekend staff as well as for agency and temporary staff? | | | |