Subject/Title:	**Elopement, Risk Reduction Strategies, and Management of Missing Residents**
References:	CMS *State Operations Manual, Appendix PP—Guidance to Surveyors for Long Term Care Facilities,* November 22, 2017 Pendulum, 4600B Montgomery Blvd. NE, Suite 204, Albuquerque, NM, 87109, 888-815-8250, www.PendulumRisk.com

I. POLICY GUIDELINES

Clinical policies and procedures (guidelines) are written with the understanding that "professional nursing judgment" remains at the center of delivering good resident care.

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 of elopement, implement risk reduction strategies for those identified as an elopement risk, institute measures for resident identification at the time of admission, and conduct a coordinated resident search in the event of a missing resident.

II. DEFINITIONS

Against Medical Advice (AMA): A cognitively intact resident who willingly leaves the facility against the advice of the professional licensed staff and without the order of the treating physician.

Away (or Absent) Without Leave (AWOL): A resident who is cognitively intact and can appreciate safety risk but is absent from the facility without the permission of staff or an order of the treating physician. These absences do not meet the definition of elopement since the resident is cognitively aware of consequences and safety issues, and the absence is intentional.

Elopement is the ability of a cognitively impaired resident, who is not capable of protecting themselves, to successfully leave the facility unsupervised and unnoticed, potentially coming to harm.

Elopers are differentiated from **wanderers** by their overt, and often repeated, attempts to leave the facility and premises.

Wandering refers to a cognitively impaired resident's ability to move about inside the facility aimlessly, but often purposefully and without an appreciation of personal safety needs, potentially entering a dangerous situation.

III. PROCEDURAL COMPONENTS

A. Assessment

1. The preadmission assessment process includes a wandering and elopement history, and whether the resident can be safely cared for at the facility
2. An elopement risk assessment is completed by the nursing staff on all residents at admission, readmission, quarterly, upon change of condition, and after an elopement event. The initial resident assessment is conducted at admission if possible, otherwise no later than eight hours from admission
3. 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 risk reduction strategies, as described below
4. The risk assessment and new resident observation 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. Details of the wandering history may include when the wandering occurs, if

more common during daytime or nighttime hours, the usual traffic pattern, if purposeful (e.g., need for food, toileting, exercise), if exit-seeking, and other triggers such as pain, noise, and odors

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. Any cognitive impairment which results in an inability of the resident to appreciate safety risks and an inability to protect himself or herself
e. A change in the resident's mental status
f. Interference with risk reduction strategies, including an expressed displeasure with an electronic monitoring bracelet/anklet or an attempt to remove it
g. Behavior problems, including those where the resident is not easily redirected or managed when he or she is agitated or aggressive
h. 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. Risk Reduction Measures

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 30-minute checks)
    b. Room placement close to common areas such as the nurse's station and away from exits
    c. Promoting activities that are in full view of staff members
    d. Alternative activities to maintain the interest level of the wanderer
    e. Implementation of wander bracelet or other electronic alert systems
    f. Transfer to a more suitable or more secured facility, if necessary
    g. Notification of physician for changes in behavior, such as increasing insistence or attempts to leave
    h. 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 keypad entry that restrict access to dangerous areas
            (d.) Restricted window openings to six inches to allow ventilation but prevent resident exit
            (e.) Elevator and stairwell controls
                i. Fenced perimeters
                ii. 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 tested weekly (at a minimum) for proper functioning, and the testing is documented
    b. Door alarm codes are changed routinely
    c. Resident electronic monitoring sensors (e.g., bracelets/pendants) are checked every shift for placement and daily for proper functioning and documented in the resident record,

treatment administration record, medication administration record, or a specifically designed log

d. A sign-in/-out system is implemented, which requires responsible parties to sign the resident out when leaving and note an expected return time
e. Creation of a lost person profile for each resident at risk
    i. Three close-up photographs are taken of each resident on the day of admission
        (a.) The photographs are for identification purposes only
        (b.) One photograph is maintained in the resident's medical record and one in his or her medication administration record. The third photograph, with a description of the resident (e.g., height, weight, hair, and eye color), is maintained at the reception desk
        (c.) Written consent for photographs is obtained
        (d.) Photographs are updated as required to reflect changes in a resident's appearance and at least annually

4. A verification process is conducted to determine the location of each resident after a fire/elopement drill, resident activity, field trip, etc.

C. Interventions

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 is 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
        v. Keep the resident in sight as they are redirected back to a safe area
    c. The family and physician are notified of the incident, and notification is documented in the resident's clinical record
    d. If the resident is placed on increased supervision, safety checks are documented in the resident record each shift for the duration of the increased supervision
2. When a resident is determined to be missing:
    a. The time the resident is/was determined missing is noted
    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, the following is implemented:
        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 (may use a facility map that is marked off when an area is checked)
            (b.) The Administrator or Director of Nursing assigns each staff member a sector when searching for a resident to minimize overlapping or overlooking an area
            (c.) When conducting a search, look under beds and furniture, in closets, showers, under desks, locked rooms/offices, walk-in refrigerators and freezers, and behind doors. When conducting a search in storage rooms, areas behind boxes, in boxes, and on shelves are checked. The search area also includes stairwells, elevators, and

the roof, if there is roof access. 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, findings are reported to the 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, with a cane or walker

(c.) The resident's cognitive status, confused, agitated, etc.

(d.) Information as to where the 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 notifies 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 including:
      i. Additional measures such as a wander bracelet, if not in current use
      ii. 15-minute safety checks or continuous observation if transfer to a more secure facility is determined
   f. If the resident is placed on increased supervision, safety checks are documented in the resident record each shift for the duration of the increased supervision
   g. A missing resident form is completed, and all staff involved sign the form. The form is forwarded to the Administrator, Director of Nursing, and Risk Management Coordinator
   h. The incident is reported to the state authorities as required

D. Documentation

1. All elopement attempts and events are documented in the resident record, 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 risk reduction strategies implemented
2. Resident-specific safety concerns are noted on the resident's care plan and interventions that address his or her needs. Interventions to reduce risk are reviewed by the interdisciplinary team on at least a quarterly basis or with a change in condition for effectiveness of risk reduction strategies. These measures include realistic and measurable goals and avoiding statements such as, "will have no events or no injuries related to elopement"
3. An incident report is completed and forwarded to the Administrator and Risk Management Coordinator
4. Completion of the incident report is **not** noted in the resident's medical record
5. Resident/family education about additional risk reduction strategies is documented

E. Elopement Drills

1. Elopement drills are conducted on a regular basis, but semiannually, at a minimum
2. Results of the drills are used for staff education
3. Documentation of elopement drills (and actual elopements) are noted on the forms attached to this procedure (see Attachments 1, 2, and 3)

F. Education

1. If possible, family education is 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 and the specific risk reduction measures in place at the facility
3. Elopement risk reduction strategies are reviewed with all staff, including the method and frequency of assessing effectiveness

G. Quality Assurance/Risk Management Review

1. Based on compiled incident report data, a periodic trend summary is provided and discussed at the Quality Assurance and Performance Improvement/Risk Management Committee meetings
2. Data tracking and trending includes:
    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

Elopement
Attachment 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: _____

Physician 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): _____

Elopement
Attachment 2
Resident Elopement Search Drill
Staff Sign-in Log

Signature	Print Name	Department

Elopement
Attachment 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 the resident was not signed out?	Y	N
2. Did staff check unit?	Y	N
3. Did staff notify the Charge Nurse?	Y	N
4. Were 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 the search called off when the resident was located?	Y	N
8. Was the resident examined when located?	Y	N
9. Was the resident's physician notified when the resident was discovered missing?	Y	N
Found?	Y	N
10. Was the family and/or responsible party notified when the resident was discovered missing?	Y	N
Found?	Y	N
11. Was an 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
14. Was the care plan updated?	Y	N

Name of person completing report: _____