

## **The National Institute for Elopement Prevention & Resolution**

[www.elopement.org](http://www.elopement.org)

### **Elopement Prevention and Resolution**

#### **POLICY**

The role of policy in elopement planning has two major and important functions. Its first major function is to attempt to prevent elopements. The best elopement is the one that never occurs. The second major function is to direct what actions are to be taken when an elopement does occur. I believe that there is no such thing as an “elopement proof” facility. The goal of this educational program is to teach you how to make your facility safer, reduce the potential for elopements, improve the prospect for a quick resolution to the elopement incident, and to help prepare your facility for potential litigation.

#### **How can a policy prevent an elopement?**

The first step is a policy that defines the assessment for potential elopement. This must define when and how you assess EACH patient for their elopement risk. Many facilities make the mistake of only assessing the patients they deem to be an elopement risk. To protect your facility in this litigious society, you must assess ALL patients for elopement risk.

When writing a policy to assess elopement risk, you must define several areas of the assessment. First you should address how you will assess and document the patient’s risk for elopement. Next you must define when your facility will assess the patient for elopement risk. Obviously this should be done at admission for ALL patients, but certain patients need to be assessed more often. These include the patient suffering from dementia or those with a known history of wandering behavior. Finally, the policy needs to define procedures that will be used to attempt to prevent elopement for each predetermined level of risk. A key word you should always use in policies that deal with elopement prevention is **ATTEMPT**. Remember, there is no such thing as an elopement proof facility; as such any policy should be worded “to attempt to prevent elopement”. This can be a great advantage should you find yourself in court after an elopement incident.

Many facilities are spending great amounts of money for new “state-of-the-art” containment systems. These are often used only in certain parts of the facility for patients that are deemed to be “at risk” for elopement. These are great assets to facilities but again any policy regarding these units should be worded “to attempt to prevent elopement”. The same is true for any device approved for use by your facility “to attempt to prevent elopement”.

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When developing policy to prevent elopements, we should also look at the current general policies and revise them to address elopement risk. How many of your facilities address specifically those at risk for elopement in their Disaster Plans? Where will those in the “special care unit” go if there is a fire within their unit? How will their risk for elopement during this time be addressed?

The next step is to develop a policy to define what actions your facility will take when you learn that a possible elopement has occurred. I believe that the best way to do this is to develop an Elopement Response Plan. By having an Elopement Response Plan, the policy can simply state that should an elopement occur, this plan will be implemented. Many facilities have policies that state they will conduct a search of their facility and notify local law enforcement. While this may seem to be a complete answer, once you see a high quality Elopement Response Plan, you’ll see why this is a much better way to deal with a possible elopement incident.

The final issue to deal with in elopement policy is education of staff. This is a vital policy and should address that ALL staff members are trained in the elopement prevention and response plans. You will likely use all available staff to assist should an elopement occur; this is why ALL staff members need to have training in your elopement policy and response plan. You will need to also address when and how often staff members are trained. ALL staff should have training in this area as part of their orientation training when they are hired. The nursing and administration staff should have annual training in elopement policies and plans. These should include how and when to report elopements to the appropriate agencies (State, JCAHO, etc...). Your facility might also consider an elopement exercise in addition to training. Having a mock elopement and listing this in a policy helps provide hands on training for staff that will be working an actual elopement. It also helps to show any weaknesses in your plans so that they can be corrected before an actual elopement occurs. This could be very beneficial in a post elopement litigation situation. Being able to show that you are testing your plan for compliance and workability could greatly influence a jury.

I cannot stress enough the need to have high quality plans and policies for dealing with elopement. You also need to have a plan for how your facility will investigate actual/suspected elopement responses and policy when an elopement occurs. Unfortunately, many facilities do not realize this until they have an elopement incident that leads to litigation.

Should you find yourself in a litigation situation regarding an elopement, you will be asked many different questions about your facilities elopement policy and training on that policy. As a CLNC (Certified Legal Nurse Consultant), I advise lawyers where the strengths and weaknesses are in a facilities policy. I should warn you that a policy that is not consistently trained on and enforced is a very big liability to a facility.

## **Elopement Assessment Documentation**

The annual assessment of facilities and policies will be placed in a report form and reviewed by the safety committee and PI. The final copy will be placed in the next corporate meeting minutes. The patient/client elopement assessments will be documented on the patient/client admission record and a copy will be placed in the patient/client chart.

## **STATE GUIDELINES AND STANDARDS**

Each state has their own set of guidelines or standards that govern elopement policy and plans. These guidelines or standards are only the MINIMUM required by the state. The fact that your facility meets these minimum guidelines or standards will not protect you in the civil court system. It will only protect you from additional actions by the state should an elopement occur.

You should maintain a current copy of your state guidelines or standards regarding elopement and place them in your policy binder.

Once you have developed the policies and plans for your facility, return to the state guidelines or standards and review how your policy and plans meet and exceed these guidelines or standards. You might want to review the CMS 7-Key Components referred to in CMS appendix Q and in particular Attachment C. This is very important, as you may be required at any time to do the same for state or federal inspectors. Understand that the goal is to exceed your state/federal guidelines or standards thereby protecting the population you serve. By doing this, you will also be protecting your facility in the civil litigation arena.

***“The team should be familiar with the recommended Key Components of an entity’s systematic approach to prevent abuse and neglect. The seven Key Components include: screening, training, prevention, identification, investigation, protection, and reporting/response. (Refer to Attachment C) Both Appendix Q and the Key Components apply to all certified Medicare/Medicaid entities.”***

Another regulation that all facilities should review is the new **CMS 483.25 at F323** – (July 6, 2007) – F323 and F324 Tags are combined into a new F323. Under “Definitions,” there is still no official definition of elopement. However, there is a big difference in the guidance to state surveyors, which states, “Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and without any necessary supervision to do so.” While this regulation falls under LTC and Assisted living, Acute Care facilities should take note as this could be used in court as a definition of elopement.

## **Elopement Prevention Equipment**

There are many devices being used to attempt to prevent elopement. Here is a listing of a few of the current technologies available with the respective strengths and weaknesses. Please remember to address your technology and the PROPER USE of that technology in your elopement policy. Furthermore, you need to address staff education and plan of action if this technology fails.

### **Bed Alarms:**

Positive – Alerts staff when Patient gets out of bed.

Negative – False Alarms, Audible Alarm creates noise, confusion, and increased stress on staff and monitored patient, most are battery powered and should be tested on a per use basis (nightly), technology was not developed as elopement prevention (original and primary use is for fall prevention).

### **Chair Alarms:**

Positive – Alerts staff when Patient moves from a fixed position or device.

Negative – False Alarms, Audible Alarm creates noise, confusion, and increased stress on staff and monitored patient, most are battery powered and should be tested on a per use basis (nightly), technology was not developed as elopement prevention (original and primary use is for fall prevention), extended use can lead to increase in pressure ulcers.

### **Door Alarms:**

Positive – Alerts staff only when Patient actually opens door that is alarmed.

Negative - False Alarms, Audible Alarm creates noise, confusion, and increased stress on staff and monitored patient, most are battery powered and should be tested on a regular basis, technology was not developed as elopement prevention (original and primary use is for fire alarm and company security)

### **Wander Alarms:**

Positive – Alerts staff when a wandering Patient approaches a door exit, allows Patient to freely move within a defined unit, Device developed as an elopement prevention device.

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Negative – Audible alarm sounds when Patient approaches a door, False Alarms, Audible Alarm creates noise, confusion, and increased stress on staff and monitored patient, most are battery powered and require increased testing for battery failure, Patient can exit

through a window without alarm activation, Patient often learns to defeat the device by covering the activating unit or positioning the activating unit where sensors are unable to detect it, Patient often removes activating device without staff knowledge.

**Coded Entry/Exit Systems:**

Positive – allows maximum freedom of movement for Patient within containment area, no audible alarm, does not require Patient to wear a device, was developed as a security system then marketed for elopement prevention.

Negative – System does not alert staff if Patient exits the controlled area, Staff members must remember the numeric code and use the correct code each time they enter or exit the controlled area, Family members are often given the code, Family often resist placing Patient in unit due to “Lock-Down” stigma, Numeric codes are often chosen by pattern to make them easy to remember but Patients are often good at remembering patterns, Patient may follow staff of other Patient’s family members out the door (shadowing).

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## **ELOPEMENT INCIDENT REPORT FORM**

Patient Name: \_\_\_\_\_ MRN# \_\_\_\_\_

DOB \_\_\_\_\_ Admit Date: \_\_\_\_\_ Room # \_\_\_\_\_

Date of Elopement: \_\_\_\_\_ Time elopement was first determined: \_\_\_\_\_

By Whom? \_\_\_\_\_

Location and time Patient was last seen by staff prior to elopement: \_\_\_\_\_

By Whom: \_\_\_\_\_

Date and time Elopement plan was implemented: \_\_\_\_\_

Person implementing the elopement plan: \_\_\_\_\_

Was elopement plan followed: \_\_\_ Yes \_\_\_ No

If No, please detail parts of plan not completed and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was Elopement Alert Notice distributed? \_\_\_ Yes \_\_\_ No Time it was sent to the first hospital: \_\_\_\_\_

Date Patient was located: \_\_\_\_\_ Time Patient was located: \_\_\_\_\_ By Whom? \_\_\_\_\_

General condition of patient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Injuries to Patient during elopement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was Patient returned to \*\*\*\*\* Hospice? \_\_\_ Yes \_\_\_ No Time Patient was returned: \_\_\_\_\_

If No, where was patient transported to: \_\_\_\_\_

Was family notified of the elopement? \_\_\_ Yes \_\_\_ No Date and Time family was notified: \_\_\_\_\_

Date and time Post-Elopement Patient Database was completed: \_\_\_\_\_

By Whom: \_\_\_\_\_

Please attach completed copies of the Elopement Alert Notice, each building search checklist, and the notification roster to this form and return it to Risk Management as soon as possible.

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## ELOPEMENT ALERT NOTICE

IF YOU HAVE INFORMATION ON THIS MISSING INDIVIDUAL, PLEASE CALL  
\*\*\*\*\* IMMEDIATELY AT (\*\*\*) \*\*\*-\*\*\*\* EXT 100.

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

**DATE OF ELOPEMENT:** \_\_\_\_\_

**TIME OF ELOPEMENT:** \_\_\_\_\_

LAST SEEN WEARING:

Shirt - \_\_\_\_\_

Pants - \_\_\_\_\_

Shoes - \_\_\_\_\_

Hat - \_\_\_\_\_

Coat - \_\_\_\_\_

Hospital Gown - \_\_\_\_\_

Robe - \_\_\_\_\_

MAY BE USING OR CARRYING:

Cane/Assistive Device \_\_\_\_\_

Purse - \_\_\_\_\_

Bag - \_\_\_\_\_

Suit Case - \_\_\_\_\_

Other - \_\_\_\_\_

**ADDITIONAL INFORMATION:**

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