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 patent 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”.

The National Insititute for Elopement Prevention & Resolution

www.elopement.org

Elopement Prevention and Resolution

POLICY
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.
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).
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.
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:
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________