



2023

**Elopement Prevention
& Management Toolkit**

HealthCap
RISK MANAGEMENT SERVICES

ELOPEMENT PREVENTION AND MANAGEMENT TOOLKIT

Introduction

Elopement is a serious and significant event that can lead to resident harm or death. In addition, the regulatory, financial, and legal implications of an elopement can stay with a facility for years. Current standards of practice and evidence-based strategies can assist in reducing the risk of elopement and negative outcomes.

Over the years, technology has been introduced and used by the post-acute sector to support elopement prevention strategies while giving residents the freedom of mobility. These technologies, such as Geofencing or GPS systems can reduce harm risks if a resident does elope. This toolkit includes interventions related to these new technologies. If the facility does not use these updated technologies, these interventions should be removed from the procedures.

The moral and ethical issues surrounding elopement prevention techniques and resident rights must be evaluated for each resident. The underlying reasons for behaviors that place residents at risk must be assessed to better understand why residents are displaying wandering or exit seeking behaviors that can lead to an elopement. This toolkit is intended to guide the interdisciplinary team in identifying the root cause for these behaviors and develop plans that balance freedom of movement and safety.

This toolkit also addresses the rights of residents who are alert and oriented. When a cognitively intact resident decides to leave the facility, the resident is expected to sign out using the facility's Leave of Absence system. Residents should be educated in the system and the impact that an extended leave of absence may have on their insurance coverage. Residents cannot be forced to remain at the facility or to follow the Leave of Absence system; however, the facility should use its best efforts to encourage residents to adhere to the system.

Purpose

The purpose of the Elopement Prevention and Management Toolkit is to provide guidelines and tools to assist facilities in developing and/or updating programs, policies and procedures to address and minimize elopement risk.

Contents

- Wander Management Program
- Wander/Elopement Risk Assessment
- Facility Elopement Prevention
- Elopement Risk Algorithm
- Admission Elopement Assessment
- Elopement Profile Form
- Elopement Response Guidelines

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- Door Alarm Drill Guidelines
- Door Alarm Drill Form
- Unauthorized Leave Form
- Elopement Prevention Courtyards

How to Use

Prior to utilizing the toolkit, each policy, guideline, and form should be reviewed to ensure it aligns with facility practices and goals. All documents in the toolkit may be used as a new policy or program or to update current processes. Changes made to any internal systems should be communicated to staff through education and written notices to ensure team members are up to date with current policies.

If the facility implements changes based on the toolkit, the interdisciplinary team should identify interventions or new assessments needed to adhere to the updated policies. As an example, if the facility does not have a Wander Management Program or Assessment Form, the team should set a goal for completing the assessment form and implementing the procedures for residents demonstrating wandering behavior. In addition, if the facility has residents who are alert and oriented and at risk of not following the Leave of Absence policy, the team should educate these residents on the Leave of Absence policy. Finally, care plans should be reviewed to ensure they reflect the updated policies and procedures.

Importance of customization

It is tempting for facilities to implement the policies in a toolkit as written. It is important for the Quality Assurance and Improvement Team to review and approve policies that reflect the unique needs and challenges each facility presents. Multi-level facilities have different needs than single level facilities. Facilities that care for residents with memory deficits will have unique needs versus a facility that cares for a short-term rehabilitation population. Policies should be reviewed and customized to address these needs.

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WANDER MANAGEMENT PROGRAM

Policy

It is the policy of this facility to provide residents exhibiting wandering behaviors a supportive, least restrictive environment.

Fundamental Information

A study titled, “Wandering Behavior from the Perspectives of Older Adults with Mild to Moderate Dementia in Long-Term Care”¹ found six themes:

1. Walking as enjoyable
2. Walking for health benefits
3. Walking as purposeful
4. Walking as a lifelong habit
5. Walking as a form of socialization
6. Walking to be with animals

¹Adekoya AA, Guse L. Wandering Behavior From the Perspectives of Older Adults With Mild to Moderate Dementia in Long-Term Care. *Res Gerontol Nurs.* 2019 Sep 1;12(5):239-247. doi: 10.3928/19404921-20190522-01. Epub 2019 Mar 6. PMID: 31158296.

Procedure

1. If a resident exhibits wandering behavior upon admission or anytime thereafter, the Wander Elopement Risk Assessment Form will be completed to assess risks associated with the behavior.
2. If the assessment reveals the resident is at risk of Elopement, the Elopement Management Program will be implemented.
3. If the assessment reveals the resident is not at risk for Elopement, interventions will be put into place to support the wandering behavior and create an environment based on assessment findings.
4. A resident care plan will be initiated with person centered approaches designed to address underlying reasons for wandering.
5. Assess the resident for patterns of wandering to reduce risks.
6. Focus on reducing underlying causes of wandering including unmet needs, past routines, and potential goals of wandering. Consider interventions such as:
 - a. Distraction therapies – (music, walking/exercises, prior work-related activities, pets, gardening, ask the resident to help with a task)
 - b. Sensory therapies – (massage, aromatherapy, multisensory environments)
 - c. Physical activity – (inside and outside activities to meet unmet needs, purposeful activities such as household chores)
 - d. Cognitive stimulation therapy – activity stations
 - e. Validation therapy
 - f. Reminiscence therapy
 - g. Environmental modifications – door/stair alarms, picture labels for bathrooms, location of food, or location of resident room.
 - h. Wearable devices - (GPS, door alarm associated wrist bracelet, pendants)

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7. Medications could be used in conjunction with above, but non-pharmacological interventions should be a first line treatment.
8. If the wandering behavior puts the resident at risk for altercations with other residents, consider using easily moveable visual barriers such as Velcro door signs or visual signs designed to redirect the resident away from these locations.
9. Review the resident's assessment at least quarterly and reassess as needed based on changes in wandering behaviors.

SAMPLE

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Resident Name: _____ Room #: _____

WANDER ASSESSMENT FORM

Area to Assess	Date	Date	Date	Date
Is the resident cognitively impaired intermittently or at all times or has a diagnosis of Alzheimer’s disease, dementia, organic brain syndrome, delusions or hallucinations?				
Does the resident display poor decision making including disorganized thinking, inattention, places self in unsafe situations)				
Does the resident receive medication that may increase confusion or restlessness?				
Is the resident capable of moving about freely with or without an assistive device?				
Does the resident have visual, auditory or communication deficits.				
Has the resident displayed wandering or exit seeking behavior at home or other care settings?				
Is the resident a new admission or readmission within the past 30 days?				
Does resident voice a desire to go home or elsewhere outside of the facility and/or packs a bag or belongings in preparation for leaving?				
Does the resident wander with a coat or jacket on?				
Has the resident experienced a recent situation that is distressing, stressful or upsetting such as loss of a loved one, room or roommate change, acute illness or change in mental status.				
Does the resident’s previous life-style or profession reflect a pattern of wandering such as worked the night shift, postal carrier, security guard, landscaper etc.				
Was the resident an outdoorsy person who enjoys outside activities?				
Has the incidence of wandering increased since the last assessment?				
Name of person completing assessment:				

In general, three or more yes indicate resident is at an elopement risk; however, individual resident needs and circumstances should be taken into consideration based on responses.

Interdisciplinary Team Decision: Elopement Risk Not considered an elopement risk at this time

Team rationale summary: _____

Elopement Risk Checklist

- Interdisciplinary Elopement assessment completed
- Care plan initiated
- CNA care guide updated
- Resident added to elopement risk program
- Elopement profile completed

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FACILITY ELOPEMENT PREVENTION AUDIT

Facility Systems:

1. Are alarmed doors on a routine schedule for checking operability? Yes ___ No ___
2. Is the facility door alarm system functioning appropriately? Yes ___ No ___
3. Is each personal alarm checked for placement every shift if applicable? Yes ___ No ___
4. Is the operation of each personal alarm checked weekly or per manufacturer recommendation? Yes ___ No ___
5. Is there a system for visual or auditory monitoring of all exits? Yes ___ No ___
6. Is the Elopement Risk program up to date identifying residents at risk? Yes ___ No ___

If "no", document a measurable improvement plan to include anticipated date of completion and person responsible for implementing corrective actions.

Resident Identification and Care Plan Documentation – Audit for all residents identified at risk for elopement:

1. Do all residents have a recent photograph on the MAR? Yes ___ No ___
2. Is resident clothing labeled with identification on inside? Yes ___ No ___
3. Do residents have a care plan for risk and is it implemented? Yes ___ No ___
4. Are CNA care guides up to date with residents at risk for elopement? Yes ___ No ___

If "no", document a measurable improvement plan to include anticipated date of completion and person responsible for implementing corrective actions.

Monitoring and Education:

The facility is to review and hold training regarding elopement procedures and preventative practices on all shifts on a quarterly basis. Data collected regarding elopement precautions and events will be reported to the QAPI Committee on a quarterly basis.

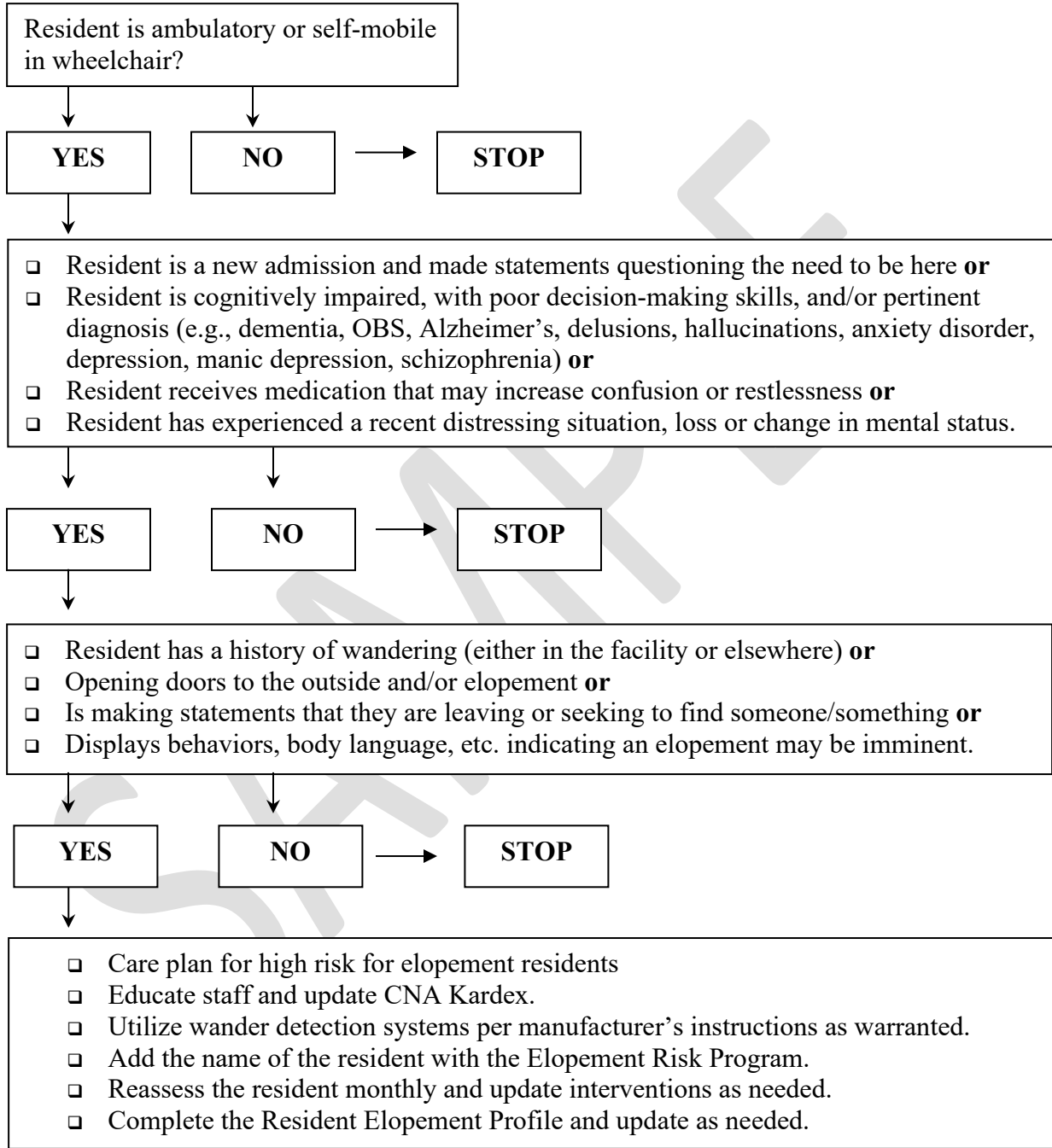
1. Date of scheduled elopement training: #1 ___ #2 ___ #3 ___ #4 ___
2. One-on-one education record for staff who could not attend? Yes ___ No ___
3. Door alarm drills conducted monthly on various shifts? Yes ___ No ___
4. Elopement drills conducted quarterly on various shifts? Yes ___ No ___
5. Documentation of door alarm functionality recorded monthly? Yes ___ No ___

Forward data collected to the QAPI Committee for tracking of elopement and preventative systems on a monthly basis. This will enable the committee to identify patterns, trends, and causal factors. The committee will identify and implement interventions to assist in preventing elopements.

Signature of Person Completing Report: _____ Date: _____

ELOPEMENT RISK ASSESSMENT ALGORITHM

Resident Name: _____ **Unit:** _____ **Date:** _____



Signature: _____ **Date:** _____

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ADMISSION ELOPEMENT ASSESSMENT

Policy and Procedure

Policy:

It is the responsibility of the interdisciplinary team to provide an environment that meets each resident's individual needs. The following guidelines will be followed for residents upon admission.

Procedure:

1. Upon admission, residents will be assessed for elopement risk using the **Wander Elopement Risk Assessment form**. The assessment should include information provided by the resident, family or resident representative including:
 - a. diagnoses,
 - b. medications that may effect cognition or safety awareness,
 - c. behaviors,
 - d. wandering activity,
 - e. mobility with or without assistive devices, and
 - f. acceptance of admission to the facility.
 - g. History of elopement
2. The **Wander Elopement Risk Assessment Form** will be completed as soon as practicable after admission. The algorithm will be used to support risk assessment decisions.
3. Residents identified at risk will be added to the elopement risk system, at the receptionist area and other locations identified by the facility.
4. A resident photo will be obtained and added to the resident record. The photo will be placed in an easily retrievable/printable location. At a minimum, photographs will be maintained in the resident's medical record and on the Medication Administration Record.
5. Photographs will be updated as required to reflect changes in resident appearance as needed post admission.
6. Residents identified as high risk for elopement will have preventive interventions initiated on the resident care plan. Interventions will reflect resident related behaviors and needs as well as specific facility layout and environmental circumstances that should be considered.
7. Direct care staff will be informed of the resident's risk and the appropriate interventions to address the risk of elopement.
8. Residents actively exhibiting exit seeking behaviors will be placed on 15-minute checks or other measures based on interdisciplinary review until appropriate placement on a secure wing or more appropriate facility is located.
9. Residents who are at risk of elopement but not actively exhibiting exit seeking behaviors may be appropriate for the **Wander Management Program**.

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Insert resident photo

ELOPEMENT PROFILE

Resident Name: _____ Preferred Name: _____

Sex at birth: Male Female Date of Birth: _____

Does resident identify as transgender? Yes No If yes, what sex? Male Female Non-binary

General Information:

Physical Appearance:

Height _____ Weight _____ Eye Color _____ Hair color and length _____

Glasses: Yes No Hearing Aid: Yes No

Distinguishing features/tattoos _____

Any distinguishing physical movements (i.e. limp, paralysis): _____

Assistive devices used to mobilize (i.e. cane, walker): _____

Home Routines/Patterns (obtain by family, caregiver or prior place of living)

Home routine daily (i.e., woke every morning to go for a walk): Weekly routine (i.e., church on Sundays):

How often did resident go outside at home and for what activities (i.e., gardened 1 hour daily):

Other routines (i.e., played chess in the park, fed the birds/pigeons): _____

Did resident wander or attempt to leave home unattended in prior living setting? Yes No If Yes, what was the pattern? _____

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Insert resident
photo

ELOPEMENT PROFILE

Past locations resident visited and where resident could be found:

Prior addresses:

Relative addresses: _____

Familiar bus routes: _____

Usual grocery stores: _____

Café or restaurants: _____

Other stores: _____

Clubs: _____

Social venues: _____

Friends' homes visited including addresses: _____

Description of Resident when last seen:

Clothing colors and styles: _____

Did resident have assistive devices (i.e., Glasses, walker): _____

Any verbalizations or actions that may identify where may have gone: _____

Other circumstances to consider: _____

Date last updated: _____

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ELOPEMENT RESPONSE GUIDELINES POLICY

Policy:

In the event a resident is missing or unaccounted for, the facility will immediately initiate protocols to locate the resident using available resources and a coordinated effort to locate the resident.

Phase I:

1. The alert system for elopement will be initiated by any staff member who identifies a resident is missing or unaccounted for.
2. The staff member who identifies the resident is missing reports the occurrence to the Director of Nursing or designee.
3. The Director of Nursing/Director of Resident Care or designee will assign the following activities to staff members to be performed simultaneously if a resident is suspected of leaving the premises without following the facility's leave of absence policies and procedures or without notifying staff.
 - a. Check the sign-out book(s) to determine if the resident has left the facility and is on an authorized leave.
 - b. Communicate the situation to all staff using the designated facility code and communication system. (This may be through intercom, text systems or other means of communication used by the facility).
 - c. Activate the GPS tracking system if used by the facility.
 - d. Complete a full facility search and head count to assure no other residents are unaccounted for.
 - e. Initiate the search procedures.
 - i. The facility's floor plans and map(s) of the facility's immediate perimeter including hazardous areas will be used to assign staff to search areas.
 - ii. If an egress door is identified as the likely exit point, searchers will fan out from that area as residents with cognitive impairments have a tendency to walk in a straight path when exiting facilities.
 - f. Notify the facility Administrator/Executive Director and corporate management as appropriate.
 - g. If the resident was identified at risk prior to the event, the resident's elopement profile, which includes a picture of the resident, will be copied and ready to distribute.
 - i. If the resident had not been identified as an elopement risk, the Elopement Profile which includes a picture of the resident should be completed.
 - h. Establish resident care coverage for staff involved in the search on the nursing units and facility.
4. The Administrator/Executive Director, Director of Nursing/Director of Resident Care or designee will contact the facility management team and designate a search coordinator and communication center to facilitate information sharing.
5. If the facility internal and external search does not locate the resident, the search coordinator is responsible for initiating steps in Phase II.
6. Complete the Phase I form as events occur.

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Phase II

1. The Search Coordinator initiates the use of the Missing Person Checklist/Phase II and the identified activities.
2. The Search Coordinator or designee contacts:
 - a. The local police or law enforcement authority
 - b. The resident's attending physician
 - c. The resident's family/responsible party/guardian
 - d. The local public transportation authority if appropriate
 - e. All local hospitals and emergency treatment centers
 - f. All local homeless shelters
 - g. Area medical facilities/agencies
 - h. State regulatory agency as required by state specific regulations.
3. The Search Coordinator broadens the search area, utilizing area-specific maps, and assigns identified persons to search specific areas as outlined on the facility/property/area maps.
4. The Search Coordinator assigns an identified person to copy and disseminate the Suspected Elopement Profile for police and others who may require the information (media, etc.).

Follow Up:

1. Upon locating the resident, the Search Coordinator initiates the following:
 - a. Ensure that a thorough physical assessment is performed on the resident
 - b. Report any change in the resident's medical or mental status to the resident's attending physician
 - c. Recall all staff to the facility for debriefing
 - d. Notify the family/responsible party/guardian that the resident has been located the status of the resident's physical and mental condition
 - e. Complete the appropriate documentation of information in the resident's medical record and on other identified forms
2. The Search Coordinator then schedules the following activities as appropriate:
 - a. Debriefing/search review meeting
 - b. Staff support/grief management interventions
 - c. Any in-service sessions deemed needed by those involved in the process

In the event a resident is not able to be located within a reasonable time frame (refer to specific state regulations), widen the search to include more community resources.

DOOR ALARM DRILL GUIDELINES

Purpose:

The purpose of the Door Alarm Drill is to identify staff responsiveness to a sounding door alarm. Door alarm drills should be completed at least quarterly on each shift. The safety committee is responsible for overseeing the drills and address issues identified.

Procedure:

1. Identify who will lead the drill and document on the Door Alarm Drill form.
2. Document:
 - a. the date,
 - b. shift,
 - c. location of the door alarm being engaged,
 - d. specific door being engaged,
 - e. time the alarm was initiated,
 - f. amount of time in minutes for a staff member to arrive at the alarming door,
 - g. did staff open door and survey surrounding area for possible elopement,
 - h. census at the time of the alarm, and
 - i. head count completed after the alarm sounded.
3. Based on the performance of the team, the leader of the drill will document opportunities for improvement.
4. Each person who participated in the drill will sign the Door Alarm Drill form. This would include staff responding to the location of the alarm, those performing the head count and staff performing other duties during the drill.
5. The results of each drill will be reviewed by the Safety Committee and reported to the QAPI Committee with recommendations as needed.

DOOR ALARM DRILL

DATE: _____	PERSON COMPLETING DRILL: _____
--------------------	---------------------------------------

Date: _____ **Shift:** _____

Area Door: _____ **Census:** _____

Time Initiated: _____ **Response Time:** _____

Head Count: _____

Recommendation for Outcome Improvement:

Participants:

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UNAUTHORIZED LEAVE POLICY

Policy

It is the policy of this facility to honor Resident Rights while maintaining a safe environment. Residents who are alert and oriented will be strongly encouraged to follow the facility leave of absence policy including signing out when leaving the facility and signing in when returning to the facility.

Fundamental Information

Residents who are alert and oriented have the right to freely move about the facility including signing themselves out of the facility for temporary leaves of absence.

Procedure

1. Upon admission, residents and, when applicable, family members will be educated on the facility's Leave of Absence protocols.
2. When residents desire to leave the facility for any reason, the nurse should be informed and, if necessary, the physician should be consulted.
3. Residents leaving for a temporary leave of absence should be educated on the leave of absence parameters of their medical insurance coverage (Medicare, Managed Care, Medicaid etc.)
4. If a resident signs out of the facility, the resident should give an approximate time for return. If the resident does not return as expected, attempts to contact the resident will be made. If there is a safety concern, the DON and police should be notified.
5. If a resident refuses to return, the physician will be notified for discharge orders.
 - a. If the physician is Discharging Against Medical Advice (AMA), the resident will be contacted to return to collect belongings and sign the AMA paperwork. Notify the social service department for support.
6. If the resident returns to the facility, the resident will be re-educated on the Leave of Absence policy and, if the resident desires a discharge, contact the social services department to initiate discharge planning.

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ELOPEMENT PREVENTION – COURTYARDS

Policy

It is the policy of this facility to provide activities in an environment that respects resident rights while reducing the risk of elopement.

Fundamental Information

Activities occur in a variety of indoor and outdoor settings. Residents may participate in activities independently or in groups. These groups may include smoking times, outings, gardening, and day trip excursions etc.

Procedure

1. When an outdoor event or outing is scheduled, the Activity team will identify residents appropriate to participate in such activities.
2. The Activity Director will assign adequate staff to lead and supervise outdoor activities based on the needs and cognitive level of residents participating.
3. Whenever possible, outdoor activities conducted on the premises will be conducted in areas that have a secure perimeter such as a fence or an enclosed courtyard.
4. When an outing such as a baseball game, visit to an art museum or off premises picnic is scheduled, the activity director and interdisciplinary team will assess the number of staff needed to monitor and supervise participating residents.
5. Before, after, and intermittently throughout the activity, a head count of resident participants should be conducted and documented to ensure residents are accounted for.
6. Courtyards
 - a. If the facility has open, secure courtyards, to allow freedom of movement of residents, monitoring these areas is essential to ensure staff are aware residents are outdoors.
 - b. Staff will monitor outdoor courtyards hourly throughout the day to identify residents who may be present.
 - c. Residents may not remain in the courtyard after hours. Times are posted at the exit.
 - d. Residents who are cognitively impaired will be indoors after activity hours for the day are complete unless accompanied by a staff member.
 - e. Staff will monitor residents at meal and medication times to ensure residents are present and identify the location of residents to ensure they are not unattended in outdoor courtyards.
 - f. During times of extreme weather, i.e., excessive heat, cold, rain, etc., courtyards will not be accessible until the extreme conditions subside.

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