

Measures to help reduce the risk of elopement.



The stats cited in the left column below tell the story. The consequences of a resident with a cognitive impairment like dementia or Alzheimer's wandering away from a facility can be serious. Such elopements carry with them the risk of life-threatening injury or death to the resident, but there's more. They create mental anguish for families and staff, expose the facility to penalties from regulators such as a state health department, and can result in civil and/or criminal liability.

Identify and assess residents at risk for elopement.

While approximately half of all elopements occur within the first days of admission, some residents wander away after their initial adjustment period. Therefore, a facility must have protocols in place for managing residents with impairments that increase their likelihood of elopement.

The goal is to minimize the risk that a resident will leave a safe area without supervision or unauthorized. For an elopement prevention program to be truly effective, all direct care staff, ancillary staff and volunteers should be aware of their responsibilities for the safety of all facility residents.

Elopement by the Numbers.

- 10% Percentage of lawsuits against nursing homes that involve elopement¹
- 70% Portion of that 10% that involve the death of a resident¹
- 80% Portion of that 10% in which prior attempts at elopement occurred¹
- 50% Percentage of elopements that occur within the first days of admission²

See if illness or infection may be the issue.

Residents who have seemingly adjusted to their environment and are otherwise stable may develop a sudden onset of agitation and hostility, and a form of delirium called altered (or acute) mental status change. An acute mental status change over a span of hours or days may be due to potentially reversible medical conditions such as low blood sugar or an infection.

A common problem among older adults is a urinary tract infection (UTI). An older adult, especially one with dementia, may be unable to fully explain UTI symptoms (e.g., burning with urination, frequent urination, fever, chills and changes in the odor of urine). Instead, he or she can exhibit confusion, agitation and mental status changes that caregivers may presume to be progression of dementia. Ruling out or treating a UTI may result in an improvement in mental status, while reducing the risk of wandering behaviors due to confusion.

¹ "Confronting the Risk of Elopement," i Advance Senior Care, iadvanceseniorcare.com/article/confronting-risk-elopement (downloaded Aug. 27, 2018).

² "Wandering Residents and Elopement Prevention," McKnight's Long-Term Care News, mcknights.com/guest-columns/wandering-residents-and-elopement-prevention/article/407221/ (downloaded Aug. 27, 2018).

Elopement prevention strategies.

- Implement a written policy for the prevention and management of elopement, and establish and communicate a procedure staff must follow if a resident wanders off
- Identify residents who wander and/or who are at risk for elopement, and have a protocol for advising staff, volunteers and visitors
- Obtain a thorough pre-admission history that includes information regarding wandering and prior elopements or attempts to elope
- Complete an elopement risk assessment upon admission, whenever there's a change in a resident's mental or cognitive status, and periodically thereafter
- Rule out or treat illness or infections in residents who exhibit sudden onset of confusion, agitation or altered mental status
- Place new residents identified as at-risk for elopement in a room away from exit doors and in less stimulating environments
- Install alarms, either traditional or keypad entry, at all facility exits
- Ensure that signaling devices such as wander guards and door alarms are in good repair and functional; establish a protocol for their maintenance
- Provide residents with means of identification, such as bracelets
- Install window restrictors to help prevent falls from windows
- Use a sign-in log for residents and visitors to record names, times of arrival and departure, and keep updated photos of residents at risk for elopement at nurse stations and visitor desks
- Conduct periodic elopement drills, observe the staff's response and provide training as needed
- Account for all residents on all shifts, document the results of each check, and ensure that residents requiring frequent checks (e.g., every 15 minutes or hourly) are observed by a staff member, and that logs accurately reflect the frequency of the check performed
- Treat events that require resident redirection related to exit-seeking behaviors as "near misses" and review and revise the plan of care; implement interventions to minimize such attempts
- Review and revise policies and procedures for elopement as needed and discuss at routine facility safety meetings



Install alarms at all
your facility's exits.



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