ELOPEMENT PREVENTION IN THE HOSPITAL SETTING

2.0 CEUs

WHAT IS ELOPEMENT?

- The Joint Commission says:
  - The unauthorized and/or unsupervised departure of a patient from a staffed around-the-clock care setting (including the ER) (Joint Commission CAMH, 2018)
  - Elopement is considered a SENTINEL EVENT when it leads to the death, permanent harm, or severe temporary harm of the patient.

ELOPEMENT IS ALSO:

- “When a patient or resident who is cognitively, physically, mentally, emotionally, and/or chemically impaired wanders away, walks away, runs away, escapes, or otherwise leaves a caregiving facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge.” (Brooks, 2015).
- This is not to be confused with leaving Against Medical Advice, when a patient not meeting the definition above signs themselves out of care.

A patient does not have to leave the facility or the grounds for the event to be considered an elopement.

WHO IS AT RISK OF ELOPEMENT?

- Patients with Dementia/Alzheimer's disease
- Patients with psychiatric diagnosis/mental health issues
- Patients with substance abuse disorders and withdrawal
- Patients who are Autistic

WHY DO PATIENTS ATTEMPT ELOPEMENT?

Table 1. Reasons Patients Give for Eloping.

Boredom
Frightened of the other patients
Feel trapped and confined
Have household responsibilities they feel they must fulfill
Feel cut off from friends and family
Worried about the security of their home and property
Impulsivity or anger about not being discharged
Patients describe a "sense of meaninglessness" when referring to their hospitalization
Stigma of being on a psychiatric unit
Disliking the staff or the food
Medication side effects
They feel neglected by staff
Desire to use drugs or alcohol
Did the patient return or brought back? If so, were they debriefed?
What can we do differently to prevent future elopements?

Brumbles, 2013.

WHY IS IT IMPORTANT TO PREVENT ELOPEMENT?

- Elopement can lead to injury or harm to the patient.
- Psychiatric patients that elope are “more likely to engage in suicidal homicidal behavior” (Brumbles, 2013).
- Elopement can also lead to longer treatment times

LEGAL/REGULATORY ASPECTS OF ELOPEMENT

- Hospitals and Staff are held responsible for the safety of patients and for preventing harm:
  - Estate of Hollon-v-Brookwood Medical Center (Alabama). A patient fell and died while attempting to elope, and the family was awarded $12 million.
  - Australia – An involuntarily committed psych patient eloped from the unit and conceived a child. There were charges in the suit of breach of duty of care.
- CMS considers it a violation of the Emergency Medical Treatment and Labor Act (EMTALA) if a hospital allows a patient to leave when he or she is not capable of self-preservation. This can result in fines of $100,000 or more per occurrence. (Colwell, 2018)

HOW DO PATIENTS ELOPE?

- They watch for staff to be less vigilant and take advantage of the fact they are not being observed closely.
- They find ways around door locks and staff members
- Leave via a window
- Steal a set of keys left unattended to unlock doors of a unit
- Wander off the unit without realizing it

How do you prevent elopement?

- Assess the risk of elopement.
- Apply prevention strategies.
- Respond effectively.

ASSESSING THE RISK

- If the patient is not capable of taking adequate care of themselves or making rational decisions, they should be assessed for risk of elopement.
  - This includes patients who arrive after attempting suicide or while under the influence of alcohol and/or other drugs of abuse.
- The elopement risk decision tree is on the next slide. This risk assessment should be conducted on all patients in the ER that have a cognitive impairment and less than sound decision-making skills. It should also be conducted on inpatients admitted with cognitive impairment, suicide ideations, and for medical detox. It will be incorporated in to present documentation tools.

RISK ASSESSMENT ELOPEMENT DECISION TREE

Patient Name:_____ **Unit:** _____ **Date:**_____

Patient is ambulatory or self-mobile in wheelchair?

YES | **NO** → **STOP**

Risk Factors:

- New admission who has made statements questioning the need to be here **or**
- Patient is cognitively impaired, with poor decision-making skills, and/or pertinent diagnosis (e.g., dementia, OBS, Alzheimer's, delusions, hallucinations, anxiety disorder, depression, manic depression, schizophrenia) **or**
- Patient is alert but non-compliant with facility protocols regarding leaving the unit. **or**
- Patient has a history of alcohol or substance abuse **or**
- Patient has a history of or is currently expressing suicidal thoughts

YES | **NO** → **STOP**

- Patient has a history of wandering (either in the facility or elsewhere) **or**
- Is making statements that they are leaving or seeking to find someone/something **or**
- Displays behaviors, body language, etc. indicating an elopement may be forthcoming

YES | **NO** → **STOP**

Interventions

- Care plan for high risk for elopement patients differentiating strategies for the cognitively intact vs. cognitively impaired individuals.
- Alert staff to a positive elopement risk screen.
- Add the name of the patient with the elopement risk list on the supervisor's report
- Re-evaluate all interventions at least daily
- Notify security – forward patient information and picture
- Include risk of elopement in hand-off communication at change of shift AND between interdisciplinary care team (Cardiopulmonary, Radiology, etc.).

Signature: _____ Date: _____

PREVENTION MEASURES

- Place someone outside the door of the patient's room or at the bedside if necessary.
- Remove "triggers" to elopement:
  - Place the patient at risk for elopement in a room close to the nurses' station but away from doors or exits if possible.
  - Keep extra clothing, shoes, suitcases out of direct view of the patient.
- Keep doors to supply rooms, break rooms, and other non-patient areas secured at all times.

ADDITIONAL PREVENTION MEASURES

PASS IT ON IN REPORT!

- Talking about your patient's risk of elopement will enable you as a caregiver to be more aware of any special needs or increased observation needed.
- It will also produce an awareness of small clues to observe in your patient, such as asking for clothes or where a door leads
- Discuss elopement risk in shift-change hand-off as well as with ancillary departments such as radiology.

RESPONDING TO AN ELOPEMENT

- CALL THE NURSING SUPERVISOR AND ALERT THE PROBLEM **AS SOON AS THE PATIENT IS NOTED TO BE MISSING**.
- PAGE A CODE WHITE OVERHEAD. THIS PAGE SHOULD STATE, “CODE WHITE, (LOCATION), (DESCRIPTION OF PATIENT)” AND BE PAGED 3 TIMES
- SECURE YOUR EXITS AND SEARCH YOUR AREA, INCLUDING THE HOSPITAL GROUNDS. THIS STEP MUST INCLUDE THE AID OF OTHER STAFF IN THE FACILITY.

IF YOU HAVE CONCERNS OR IDEAS:

- Report them to your department manager or to any member of Leadership.
- A Risk Report is a great way to document concerns and is confidential. These go to the Anna Lowery in the Risk Department when they are completed.
- Remember that TRMC supports and fosters a Just Culture, meaning that the focus is on process and systems improvement, not on staff discipline.
- Report any close calls, near misses, or actual safety events by filling out a Risk Report or discussing with your department manager.

SOME ADDITIONS TO SECURITY:

- The break room in ICU now has a keypad lock. Please make sure this room stays secure to prevent wandering patients from entering.
- Doors in ICU will have a security device installed. This will either be access-control locks or delay door alarms. More information to come.
- Visitation for patients in ICU that are admitted in a mental health crisis for medical clearance will be limited to 1 immediate family member at a time. This visitation will be at the discretion of the primary nurse. The goal is to be able to closely observe activity in the patient's room.

OUR NUMBER ONE GOAL

REFERENCES

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