

MDS Alert

Resident Safety: Disappearing Act: Heed 7 Risk Factors For Elopement

Plus: Determine behavior and travel patterns to weigh elopement potential.

Resident wandering is one problem, but elopement is one of the most serious, liability-causing issues your facility can face. And knowing which residents are most at risk for elopement is the key to preventing a potentially serious incident.

The **North American Nursing Diagnosis Association** (NANDA) defines wandering as "meandering, aimless, or repetitive locomotion that exposes the individual to harm; frequently incongruent with boundaries, limits, or obstacles." But NANDA defines elopement as "the act of leaving a safe area unsupervised and unnoticed and entering into harm's way."

The National Institute for Elopement Prevention and Resolution has its own, more detailed, definition of elopement: "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."

"Elopers are differentiated from wanderers by their purposeful, overt, and often repeated attempts to leave the facility and premises," states **Wroten & Associates Attorneys at Law** in Irvine, CA. "About 80 percent of elopement cases and associated accidents occur within the first 48 hours of nursing home admission."

Rate These Areas to Gauge Elopement Risk

You should perform an elopement risk assessment upon admission and at least quarterly thereafter, according to Albuquerque, NM-based **Pendulum, LLC**'s Guidelines for Best Practices [] Elopement Prevention. You can determine a resident's elopement risk by examining seven key areas:

- 1) Mobility: a) Needs total assistance; b) Propels self/some assistance; c) Fully ambulatory.
- 2) Mental Stability: a) Alert, oriented; b) Disoriented/no wandering; c) Wanders aimlessly.
- 3) Emotional Status: a) Happy with placement; b) Content with placement; c) Voices desire to leave.
- 4) History of Elopement Attempts: a) No attempt; b) Voices, but no action; c) Has made one or more attempts.
- 5) Behavior Modification: a) No behaviors noted; b) Behavior redirected; c) Difficult to redirect.
- **6) Medications (antipsychotic, mood altering):** a) None of these; b) One of these meds; c) Two or more of these meds.
- 7) Diseases (dementia, any type of mental illness): a) None present; b) One present; c) Two or more present.

Classify Wandering by Travel Pattern & Behavior Type

Further, you can gauge a wandering resident's risk for elopement by taking a closer look at his specific behaviors.

Strategy: You can use wandering residents' "travel patterns" to determine cognitive status. A resident who has more efficient, direct travel patterns is likely to have less cognitive impairment, while increasingly random travel patterns suggests a decline in cognitive function, according to **ECRIInstitute**. Does the resident exhibit:



Direct travel from point A to point B without diversion?

Random travel to many locations within an area that appears indiscriminate, with no obvious end point?

Pacing back and forth in a limited area?

Lapping around in a repetitive, circular fashion?

Likewise, the types of behavior related to wandering can give insight into your resident's cognitive status and risk for elopement. ECRI lists the following wandering-related behaviors:

Overt goal-directed or searching behavior displayed by a resident seeking something that may be unattainable.

Overt goal-directed or industrious behavior that involves a tireless aim to perform certain tasks or to keep busy.

Apparent non-goal-directed behavior that seems aimless and continuous.

Take Action Based on Elopement Risk Level

Based on your evaluation of the resident's seven risk-factor areas, combined with your assessment of his travel patterns and types of behavior (if a wanderer), you can rank the resident's risk for elopement. Rating this risk will help you to determine what preventive and protective measures to take in care planning.» » » » » » » »

According to Pendulum, here are the elopement risk categories you can use, along with action points for each risk level:

Low Elopement Risk:

- o Monitor resident's whereabouts to assure he remains in the facility;
- o Ensure that the resident or responsible party signs out when leaving and notes an expected time to return; and
- o Listen to the resident if he voices a desire to leave (if resident becomes more persistent, increase the elopement risk level).

Moderate Risk (Elopement Watch):

- o Place resident on a wander system to alert staff (if no system exists, place on a check every half hour);
- o Ensure that the resident's activities are in full view of staff at all times (adjust activities if necessary to include the resident and maintain his interest); and
- o Document the resident's status every shift.

High Risk (Elopement Warning):

- o Provide one-to-one supervision for 24 hours and until a determination that the resident is no longer a flight risk; and
- o Notify the physician for evaluation.