

MDS Alert

Risk Management : Don't Let These Key Elopement Risk Factors Escape Your Assessment

Critical: Identify this combination of conditions at admission.

As you know, elopement can occur in the blink of an eye, which is why you need to identify who's at risk at the get-go.

Most residents "elope within the first 48 hours of admission," so you want to get the assessment done immediately upon admission -- and implement risk-related interventions, urged **Nancy Augustine, RN, MSN**, in a presentation at the November 2009 American Association of Homes & Services for the Aging annual meeting.

Residents who elope usually do so because they are mobile and have some degree of dementia or confusion, and they don't want to be in the facility, and didn't know they were going to be, cautioned Augustine. They are successful in getting out of the building because staff don't recognize them as being an elopement risk right away, she warned AAHSA conferees.

Home In on These Additional Risk Factors

"Get a thorough history from the [resident's] family as to elopements that have taken place," advises attorney **Christy Tosh Rider**, in private practice in Nashville, Tenn. "These are a good predictor of future attempts," she says. "If you learn of elopements at a prior facility, it is also a good idea to call the prior facility and talk with them about those attempts. The provider can learn useful information to help prevent future elopements."

Another predictor: Look at how involved the family is with the resident in visiting and being with the person, especially as he acclimates to the facility, which will affect elopement risk, says **Rita Roedel, RN, MS**, national director of clinical reimbursement for Extendicare Health Services in Milwaukee.

Noting she hasn't seen this concept in the literature, Roedel believes that "a significant loss, such as the death of a family member who was visiting or a visit from a significant person who doesn't come often might trigger the person with dementia to try to leave the facility to look for the person, etc."

Also determine a resident's previous occupation and routine. For example, a former farmer with dementia who always got up at 4 a.m. might get up at that time and go outside to the fields, Roedel says.

2 must-do safety tips: Don't ever underestimate a significantly cognitively impaired resident's ability to watch staff keying in the code to open a door on the dementia unit -- and then replicate that pattern of numbers to let themselves out, cautions Roedel. Also put up signage and educate visitors and families to warn them about letting someone out with them when they leave, advised Augustine in her presentation.