CHUBB

Elopement Prevention and Response

Four Essential Strategies

Elopement of a resident can be the worst nightmare of any senior living facility. An elopement is generally characterized as any unplanned departure from a designated safe environment. From a risk control perspective, resident elopements render senior living care facilities and caregivers vulnerable to costly lawsuits for severe and potentially fatal consequences, including physical injuries resulting from falls and third-party assaults, exposure to adverse weather elements, and drowning and automobile accidents, among other hazards.

> *The following statistics demonstrate that resident elopement is a serious risk exposure for all types of senior living care settings:*

6 in 10

elderly persons who exhibit dementia or other cognitive impairments will elope at least once, and many are repeat wanderers.

Nearly 1/2

of all elopements occur within the first 48 hours of resident admission, with 80 percent involving chronic wanderers.

2,000 residents

have wandered away from senior living communities since 2018 — accounting for a frequency rate of nearly one resident per day — as reported in a *Washington Post* investigation.

40%

of 325 surveyed elopements involving elderly persons with dementia resulted in death within 24 hours, according to the National Council on Aging.

Verdicts for lawsuits that allege elopement and wrongful death can reach the multi-million dollar range, based in part upon startlingly high punitive damage awards for finding of gross negligence. Although perennial allegations often include failure to monitor residents and unsafe residential environments, claims can assert an array of wrongdoing. The box to the right lists the top elopement-related allegation categories that are driving severity claims.

Common Elopement Allegations

- **Failure to train staff** on elopement risk, as well as resident assessment and monitoring requirements.
- **Inadequate staffing levels** to safeguard against elopement risk.
- **Inattentive staff members** who fail to recognize, mitigate and monitor wandering behaviors in residents.
- **Insufficient documentation** of at-risk resident assessment factors and care planning interventions.
- **Lack of environmental safeguards**, e.g., door alarms, locked windows, security cameras, wander guards.
- **Lack of elopement mitigation policies** and/or comprehensive response plans.

To help senior living administrators and caregivers respond to elopement risk and reduce the occurrence of its contributing factors, this risk control bulletin focuses on four essential strategies:

1. **Comprehensive resident assessment** of the conditions and factors that predispose residents to elopement.
2. **Effective care planning** to balance resident autonomy and safety requirements.
3. **Environmental safeguards** to further reduce the risk of elopement.
4. **Enhanced preparedness** to help ensure a swift response to reports of a missing resident.

1. Comprehensive Resident Assessment

The first step toward mitigating elopement risk is to identify the at-risk residents. Elopement is often preceded by wandering behaviors, eg., excessive, repetitive and unsupervised ambulation. Staff should be especially vigilant when observing this tendency in residents, as well as a myriad of other assessment findings that also may indicate a resident is a flight risk. See "Profile of a Resident Wanderer" to the right for common characteristics.

At-risk assessment should begin during the admission process and include a comprehensive review of the physical emotional, and psychological factors associated with wandering and elopement. Sample risk assessment tool – such as the one formulated by the National Council on Aging, – can aid staff in evaluating residents and defining adverse behaviors.

Profile of a Resident Wanderer

- **Has been diagnosed with dementia** or another form of cognitive impairment.
- **Is frequently a new admit** or recently transferred to an unfamiliar environment.
- **May be restless and/or agitated**, characterized by excessive pacing or walking in residential spaces.
- **Is often experiencing a change in care routines** or has had recent adjustments in medication therapy.
- **Insists on "going home"** and/or has made previous attempts to leave the facility.
- **Tends to be physically fit** and able to walk without assistance.
- **May be mistaken for a visitor** or family member.

It is also important to document functional assessment findings, (e.g., gait, vision, hearing and eyesight impairments), as well as cognitive conditions, (e.g., depression, anxiety, mood swings, poor judgment and/or delusions and hallucinations). The assessment process should include interviews with family members to gain insight into the resident's history of wandering and any motivating factors – e.g., the onset, frequency, and duration of past behavior, as well as any events or occurrences that may precipitate the activity. For additional resident assessment parameters, see "Resource Links" on page 6.

2. Effective Care Planning

Comprehensive care planning which guards against the risk of elopement and strengthens a facility's defense posture in the event of legal action. Resident care plans should be tailored to the individual resident's behavioral tendencies, as well as functional and cognitive levels. In cases of persistent wandering, it may be necessary to conduct a psychiatric evaluation to fully evaluate the root cause of behavior disorders.

The diagram below displays common physical and emotional impairments that may motivate residents to wander, along with general care plan interventions.

Wandering Triggers
and Common Care Planning Measures

Disorientation
- Treat underlying medical conditions.
- Reorient resident frequently.
- Identify and reinforce safe residential zones, and utilize barrier alarms.

Anxiety
- Minimize excess noise and stimuli.
- Increase rest intervals.
- Direct the resident to quiet areas.
- Offer pet therapy.
- Tape record reassuring family messages.
- Personalize residential space.

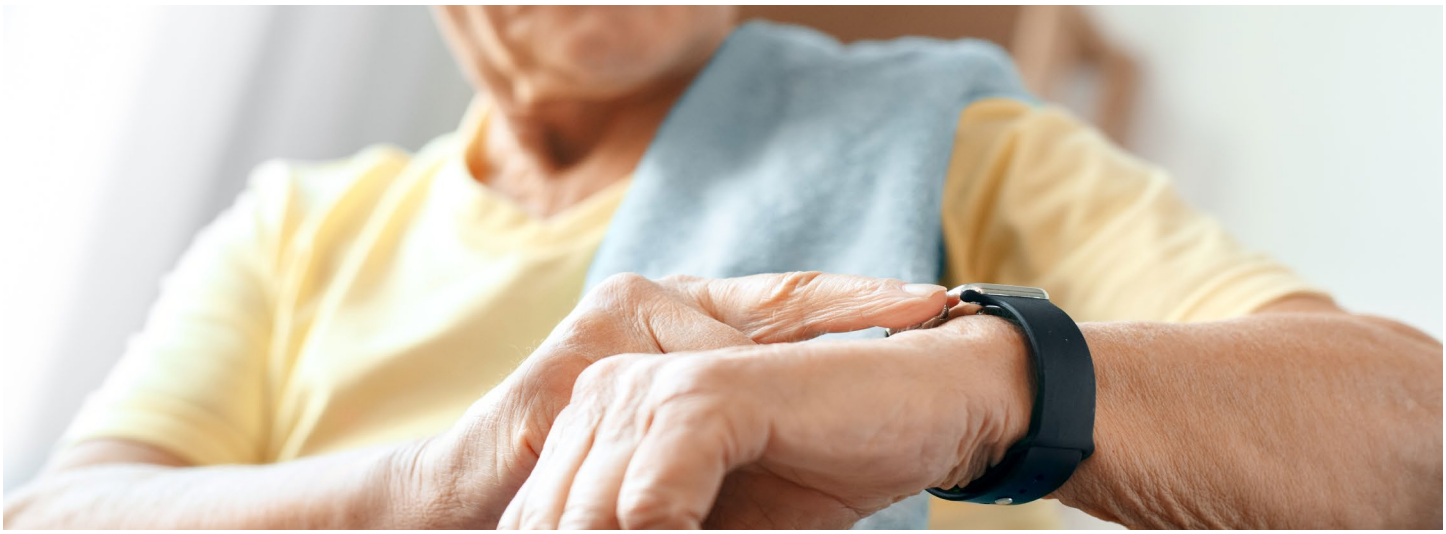
Restlessness
- Review medications and reduce dosages, if possible.
- Create a wandering path and include objects of interest for diversion.
- Conduct hourly resident rounds.
- Utilize resident tracking bracelets.

Incontinence
- Assess for and treat contributing medical conditions.
- Prominently identify bathrooms.
- Create a flexible toileting schedule.

Isolation
- Offer dedicated recreational areas.
- Provide structured activities.
- Involve family members in care.

Hunger
- Revise meal schedules.
- Provide finger foods and nutritious portable snacks.

Thirst
- Monitor intake and output.
- Arrange for readily accessible beverages.
- Locate water dispensers in common areas.



3. Environmental Safeguards

Many elopements occur within days of admission, so placing residents in rooms located away from points of ingress and egress can lessen the opportunity for flight. In addition, the following measures further safeguard the residential environment:

- **Utilize boundary crossing alarms at exits and thresholds of prohibited areas** to monitor the movement of residents. Document regular preventive maintenance on all alarm systems.
- **Secure doors with an electromagnetic locking device** that requires a touchpad code to enter or other access-related controls.
- **Minimize window-related hazards through the use of restrictors** — such as a bar or stop in the window track — designed to lessen the risk of elopement. Of note, window restrictors cannot impede emergency egress, so they should be equipped with a remote release feature, unlock when fire alarms or smoke detectors activate and automatically open in the event of a power failure.
- **Design residential spaces in a circular pattern** and/or dedicate wandering paths to encourage residents to ambulate along a safe and monitored pathway that is located away from exits.
- **Employ tracking devices to monitor exit-seeking or wandering residents**, such as wander bracelets or other wearable alert devices.
- **Make ample use of visual markings on walls and floors to redirect residents to permitted spaces**, and camouflage doors and door knobs with wallpaper or drapery.
- **Create calm environments** by decorating with soothing colors and include objects that are familiar to the resident.

Environmental safeguards are only one element of a comprehensive elopement prevention strategy and should not be a substitute for ongoing staff vigilance. In addition to monitoring newly admitted residents, staff should closely observe residents at meal times, shift changes, holidays and during periods of facility renovation, as these occasions are associated with a higher elopement frequency.

4. Enhanced Preparedness

Elopement response measures should be addressed in a facility's emergency preparedness plan, which include mandatory staff training on organizational policies and procedures, as well as testing of vital response protocols. In order to ensure a swift mobilization of resources following a reported elopement, a missing resident response plan should incorporate the following features, at a minimum:

- **A dedicated reporting mechanism** to promptly alert staff that a resident is missing.
- **Established notification timeframes** for staff, providers, facility management, family members and local law enforcement and state agencies.
- **Quick dissemination of resident information**, including photographic identification, a full description of the resident and last known location, and a brief history of past wandering or elopement activity.
- **A search protocol**, including the facility and adjacent grounds, roadways and bodies of water.
- **Medical staff engagement** when a missing resident is returned, in order to obtain a full medical evaluation and treat any known injuries.
- **Periodic elopement drills** to assess the effectiveness of the missing resident protocol, along with debriefing sessions following any reported elopement.

In the event of an elopement-related negligence claim, thorough documentation of the above response measures is essential to a successful defense.

> Resident elopement can be a catastrophic occurrence and potentially significant loss exposure for senior living facilities. To safeguard residents and the facility's reputation, aging care administrators need to implement sound documentation practices, create secure residential environments, and establish effective elopement prevention measures. These actions protect residents from harm and minimize potential losses and reputational damage for the facility.

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Resources

Elopement Risk Management: Learn How to Increase Resident Safety and Reduce Facility Risk, from the American Association of Post-Acute Care Nursing, August 23, 2021.

Emergency Drills: Code and Elopement Toolkit, from the American Association of Post-Acute Care Nursing, updated August 2023. (Scroll down to "Preparation for Mock Elopement Drill," pages 4 to 6.)

Incident Response Guide: Missing Resident, from the Nursing Home Incident Command System, revised 2017.

Wandering and Elopement Risk Assessment, a facility self-assessment questionnaire from ECRI. [Membership access required.]