

## 9 WAYS TO HELP DETER PATIENT ELOPEMENT

Patients who wander from hospitals can harm themselves, and subject the facility to liability and reputational risk.

It's one of the worst events that can happen at a healthcare facility. Eugene Faulkner, a 64-year-old man with Alzheimer's, wandered away from a hospital and was found two weeks later, dead in an empty pond. Tragically, this is hardly an isolated incident. A report in the American Journal of Nursing says, "Reported cases of people with dementia wandering off, even from locations such as hospitals, have become increasingly common."

In June, the National Quality Forum (NQF) Board saw fit to add patient elopement to its Serious Reportable Events (SREs). More than half of all states use the SREs in their public reporting programs, which are designed to reduce largely preventable healthcare errors and events.

Given all this attention on patient elopement, the magnitude of the problem is still difficult to pinpoint.

According to the Alzheimer's Association, 60 percent of people with the disease will wander, but there are no published empirical data that identifies exactly how many people wander from hospitals and other healthcare settings and become lost. Some recent news reports affirm that individual healthcare facilities have had significant issues with elopement.

Three years ago, an 88-year-old patient at a Pittsburgh hospital wandered to the roof and died of hypothermia in the 20 degree weather. This incident led to a lawsuit which alleged that at least 20 to 30 other patient elopement cases had occurred at the facility over the prior two years.

In July 2011, two patients wandered from Alberta Hospital, a psychiatric facility, within two weeks of each other. In a news conference, AHS chief operating officer Chris Mazurkewich told reporters: "There's been a flurry of patients walking away." Some estimated that the hospital had 27 patient elopements over the previous nine months, or about one every 10 days.

One issue with tabulating these events is there was no firm definition of what constitutes elopement. "Under the former entities that existed everybody counted differently," Mazurkewich said. "Was someone gone for

two hours and return voluntarily? Did someone have to have the police escort them back? There are different levels of the definition of elopement and different entities count things differently."

### LITIGATION, REPUTATION RISKS

At a basic level, the VA National Center for Patient Safety (NCPS) defines elopement as: "A patient that is aware that he/she is not permitted to leave, but does so with intent." Wandering is slightly different, denoting a patient who "strays beyond the view or control of staff without the intent of leaving." Elopement and wandering are both distinct from "leaving against medical advice" (AMA), which is a patient's decision to leave the facility after being informed of and appreciating the risks of leaving without completing treatment.

By whatever definition, there is no question that elopement poses significant risk to hospitals in terms of reputation and liability. The Pittsburgh hospital settled the lawsuit over its 2009 elopement incident for a reported \$900,000 prior to trial. Elopements from nursing homes have resulted in multi-million-dollar lawsuits as well as criminal charges against staff who allowed patients to wander without intervening. In addition to those costs, and the detrimental effect such tragedies can have on the staff, the vast amount of publicity such events can receive can mar a hospital's reputation.



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According to Joint Commission sentinel event\* statistics, the primary contributors to elopement are breakdowns in patient assessment and team communication. The 2009 Pittsburgh incident has often been cited as a case study in the assortment of errors that can lead to a patient elopement tragedy.

The lawsuit contended that the hospital's "disaster plan," put together in the 1980s, was out of date. Reportedly, among other issues, the hospital's emergency contact number in the plan connected to a local pizza restaurant. According to published reports, at least seven hospital staff noticed the woman wandering during her stay but no one developed a safety plan for her. On the day of the fatal incident, the woman went through a fire door that lacked an alarm and then through another door whose lock had been broken for a few months.

"None of these failures by themselves would have resulted in the death of the patient. It was the confluence of these latent defects — the failure of the staff to employ adequate clinical judgment in preventing elopement, combined with lapses in routine maintenance that left several doors unalarmed and unlocked — that produced the disastrous outcome," wrote attorney Radha V. Bachman in Healthcare Risk Management's Legal Review & Commentary.

### **Preventing elopement requires a multi-pronged approach and key initiatives could include:**

#### **1 ESTABLISH ELOPEMENT POLICY**

Hospitals need to have elopement policies and procedures in place, delineating what steps staff need to take if an incident occurs. Some organizations merge their infant abduction policy with their elopement policy, since the procedures tend to be similar. The key here is to ensure staff realizes they are searching for an older patient, not an infant. At a basic level, an elopement strategy should comprise three elements:

- Assess patients for risk of wandering or elopement
- Implement risk reduction strategies for at-risk patients
- Perform a prompt and thorough search for a missing patient

#### **2 MAINTAIN ADEQUATE STAFFING**

Some people have traced the rise of patient elopement to staff shortages, often caused by cost containment efforts. In the lawsuit against the Pittsburgh hospital, for example, the family of the eloped patient contended that recent staff cutbacks eliminated most of the hospitals "sitters," employees who earned \$10 an hour to stay outside the rooms of patients who tended to wander. Another solution is to "partner" an at-risk patient with a roommate, or request that a family member sit with the patient

#### **3 REMOVE ROOM "TRIGGERS"**

Patients who are considered at risk for elopement should be assigned to rooms that are close to the nursing station and away from exits, so they can be more easily observed and tracked. Staff should be trained to remove "triggers" that might cause the patient to wander — such as having clothing, shoes, or suitcases in plain view. These items should be concealed, or family members should be asked to remove them.



#### **4 IMPLEMENT PHYSICAL SECURITY**

Some hospitals, particularly mental health facilities, are implementing new physical security capabilities to help reduce the risk of elopement. The South Beach Psychiatric Center, for example, provides intermediate level inpatient services and constructed a 14-foot wire-mesh perimeter fence that encompasses eight of its 13 buildings. Wire mesh was specifically chosen to reduce the feeling that the campus was a correctional institution. The lobby was equipped with a sally port or man trap, which requires employees and visitors to pass through two sets of locked doors when entering or exiting the facility. In the case of employees, the door automatically locks behind them before the second door will open after they swipe their access cards.

**5****CREATE “ARTIFICIAL” BARRIERS**

Some healthcare organizations have employed unusual approaches to help deter elopement. *The New York Times* reported that several healthcare facilities keep patients from wandering by putting fake bus stops outside the facility; the patients wait for nonexistent buses until they forget where they wanted to go, or agree to come inside.

Beatitudes, a Phoenix nursing home, installed a rectangle of black carpet in front of the dementia unit’s fourth-floor elevators. The residents appear to interpret this as a cliff or hole, so they no longer dart into elevators and wander away. “They’ll walk right along the edge but don’t want to step in the black,” says Tena Alonzo, the facility’s director of research. “People with dementia have visual-spatial problems. We’ve actually had some people so wary of it that when we have to get them on the elevator to take them somewhere, we put down a white towel or something to cover it up.”

**6****EMPLOY ELECTRONIC TRACKING**

Another approach to protect patients at risk for elopement is using radio frequency identification (RFID), location identification technology that is similar to that used to safeguard newborns from risk of abduction. For adult patients, such tags are worn on the wrist or ankle. Monitors are placed at the exits, and an alarm sounds if the patient approaches the exit, removes the tag, or if the signals from the tag are lost. In some cases, the alarm connects to a system that automatically locks the door.

“There is a small and growing group of hospitals — mainly psych, rehab and assisted living/full care facilities — that are talking about the patient tag to geofence their wards for elopement,” says Cindi Loveall, a spokesperson for Ekahau Inc., which introduced the first Wi-Fi-based tracking solution a decade ago. “We are doing it with a partner at an assisted living facility in PA so the children don’t wander into restricted areas.”

A study in the *Journal of Nursing Care Quarterly* looked at one hospital that needed to have security watch 40 mental patients a week who were considered elopement risks from the emergency department.



After deploying RFID devices, as well as a new triage protocol, the hospital reduced the need for monitoring at-risk patient by half, significantly reducing costs.

**7****INSTALL VIDEO IN PATIENT ROOMS**

Some hospitals are exploring the use of video cameras in the rooms of patients who are at risk for elopement. Many floors are outfitted with one or two rooms with a video monitor, or turn to mobile devices. Video monitoring is acceptable when done for legitimate reasons related to patient care and if the patient or his legal representative gives permission. One sensible practice is to have the patient or his legal representative sign a consent form, stating that the patient understands a visual monitoring device may be used in his room and he consents to this practice.

**8****PROVIDE EASY VISUAL INDICATORS**

Given the hectic nature of healthcare facilities, many hospitals look for ways for staff to easily identify patients who are elopement risks. For example, the South Beach Psychiatric Center provides picture badges to employees, clients and visitors who enter the facility. “Picture ID cards are worn in a vertical fashion for employees and are horizontal for clients so that even at a distance staff can tell if someone is a staff member or a client,” said David Beemer, chief project manager for the New York State Office of Mental Health.

Another strategy is to have patients who are at-risk for wandering wear gowns of a different color than other patients. Staff who encounter these patients will be more able to identify they are lost more easily if they encounter them in other parts of the facility.



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Another approach that has been suggested, though has received little attention up to now, is to take a digital photograph of patients who have been identified as being at risk for wandering

and elopement. If the patient elopes, the photographs will assist staff and searchers who have never seen the patient, identify him or her. This aligns with community programs where families provide photos of their relatives with Alzheimer's disease or other dementia to the local police department to facilitate searches when such individuals go missing.

### CONCLUSION: PREPARE FOR THE WORST

Patient elopement is a serious incident that can lead to death or grave injury if the patient is not found promptly. With patient elopements apparently on the rise, healthcare facilities must implement rigorous plans to identify patients at risk for wandering and put in safeguards to prevent these events.

The response to a missing patient must be rapid, well-planned, and thorough in order to find the patient before he/she suffers any harm. The Pittsburgh hospital which suffered an elopement death created a plan known as "Condition L." If a patient disappears, a hospital-wide alert is issued, with every available employee joining in a coordinated search of the hospital complex. Practice drills of such plans are necessary to prepare staff for real-life events.

Whatever approach a healthcare facility takes to prevent patient elopement it must be well coordinated, eliminating any breakdowns in communication that can lead to tragedy.

## DON'T GET LOST

The Bay Pines (Florida) VA Hospital uses the mnemonic "DON'T GET LOST" for patient elopement. This handy, 11-point reminder, establishes behavior and safeguards:

- D** Determine at-risk patients
- O** Observe for wandering triggers
- N** No-fall environment
- T** Teach staff/nonclinical support
- G** Get patient involved in activities
- E** Exit control
- T** Talk to patient and provide reassurance
- L** Low patient to staff ratio
- O** Offer food, drink and toileting
- S** Structure and routine
- T** TEAMWORK!!



\*A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

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