Healthcare

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A Risk Management Resource for Aging Services | Republished 2019

Wandering and Elopement: Assessing and Addressing the Risks

Up to 31 percent of aging services residents will wander at least once during their residency, and one in five with dementia wander recurrently.[1] Characterized by excessive, unsupervised and repetitive ambulation, wandering may have a variety of negative outcomes for residents, such as weight loss due to additional energy demands and missed meals, as well as sleep disturbances, falls and fractures. When a resident elopes – i.e., wanders away unaccompanied from a designated safe area – the risks include such serious and potentially fatal consequences as dehydration, exposure to the elements, automobile accidents and drowning.

Wandering and elopement represent one of the most serious and costly hazards for aging services organizations. According to CNA claims data reviewed from January 1, 2016 to December 31, 2017, 58.3 percent of elopement incidents resulted in injury, with an average total paid per closed claim of $332,377.[2] More than half of elopement claims occur in assisted living facilities (54.2 percent), followed by skilled nursing organizations at 45.8 percent. Death is the most frequent injury associated with elopement claims, occurring in 45.7 percent of all such claims reported by CNA insureds.

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Resident elopement most frequently results from failure to:

- Assess residents' risk of elopement upon admission, at least quarterly thereafter and following any change in condition.
- Maintain sufficient staff to monitor residents' whereabouts.
- Employ alarms or other devices to prevent elopement and/or wandering.
- Ensure that staff respond properly to alarms and missing resident situations.

The first step in safeguarding residents from potential harm and diminishing the potential of associated lawsuits and regulatory actions is to examine existing preventive and response measures. This edition of *CareFully Speaking*® includes a comprehensive self-assessment tool on pages 6-8 to help organizations evaluate elopement practices and protocols. Once procedural vulnerabilities are identified, specific policies can be instituted to enhance such critical areas as resident assessment, care planning, facility design and incident response.

1 Lester P.E., et al. "Wandering and Elopement in Nursing Homes." *Annals of Long-Term Care: Clinical Care and Aging.* March 2012, Volume 20:3, pp. 32-36.

2 The findings are based on the analysis of 1,426 aging services professional liability closed claims with an incurred minimum indemnity payment of $10,000. Claims involving adult day care programs and home healthcare providers were excluded from the data set.

Resident Assessment

Identification of at-risk residents begins before admission with an analysis of the physical, psychological and therapeutic factors associated with wandering tendencies. Such assessment helps staff to determine whether the setting is capable of providing the indicated level of care for prospective residents and, if so, the clinical and environmental safeguards that they require. The risk identification process should include the following elements, among others:

I**nterview the family and/or other caregivers.** Wandering is often one of the behaviors necessitating admission to an aging services setting. Ask family members and other caregivers about the individual's history of wandering, including onset, frequency and duration, in order to gain insight about underlying habits and motivations. By learning about the resident's behavior patterns, staff can anticipate potentially perilous wandering activity and take more effective action to minimize or redirect it.

The following sample risk assessment tools can aid staff in evaluating residents' propensity to wander or elope:

- A Toolkit: Patients At Risk for Wandering, issued by the U.S. Department of Veterans Affairs, National Center for Patient Safety.
- Elopement Risk Assessment Decision Tree and Assisted Living Elopement Risk Assessment Form, issued by EmFinders Elopement Risk Program for Senior Care Communities (scroll down to pages 8-10).
- Revised Algase Wandering Scale (RAWS) – Long Term Care Version.

Quick Links

- Great Escapes: The Wandering Dilemma, from the Iowa Geriatric Education Center of the University of Iowa.
- Norman, B. "Wandering Residents and Elopement Prevention." *McKnight's Long Term Care News*, April 6, 2015.
- Struck, K. "Elopement: Assessment and Safety Essentials." *Provider*, May 1, 2013.

Classify the behavior. Instruct staff to observe, define and document the type of wandering behavior – e.g., whether it appears to be goal-oriented or arbitrary, and whether it involves back-and-forth pacing or circular "lapping" – as well as the factors that may be precipitating the activity. The following questions can help categorize wandering residents' travel patterns:

- **Is the resident moving in a purposeful manner,** or pacing or lapping aimlessly with no clear destination?
- **If the movement is purposeful, what is the apparent goal,** such as attempting to get to a park, home, shop or other specific location?
- **Does the resident intrude into other individuals' rooms** in search of a particular item?
- **Does the resident always head toward an exit** or articulate a desire to leave the premises?
- **Is the wandering a daily occurrence,** or occasional and unpredictable?
- **Does the resident always travel the same path,** or is there significant variation?
- **Is the wandering impulse triggered by certain internal or external stimuli,** such as loud noises, bright lights, pain, hunger or the need to use the restroom?
- **Does the wandering behavior correlate with medications taken,** and if so, which medications?
- **Is the wandering related to delusional thoughts,** such as a perceived need to go to work or pick up children from school?

Document functional and cognitive levels. A resident's admission history and physical examination findings may provide initial clues about wandering hazards. If indicated, follow up by administering both functional and cognitive exams.

Functional exams evaluate such factors as vision, hearing, reading ability and level of continence. Cognitive exams measure the degree of impairment or dementia, capturing important data about mood swings, behavioral tendencies, instances of poor judgment and past delusional patterns that may produce the desire to exit a setting. Symptoms of depression, agitation or anxiety should be noted, especially regarding possible trigger times or events, such as anniversary dates of marriage or the death of a loved one. In addition, evaluate whether wandering behavior has led to weight loss or nutritional deficits.

Care Planning

Aging care providers must find the right balance between resident autonomy and safety-related restrictions. The care plan should be tailored to the resident's wandering tendencies and general level of functioning and judgment. Otherwise, elopement claims may be difficult or impossible to defend.

Figure 1 (below) lists common impairments that may trigger wandering behavior, as well as associated interventions that should be considered for inclusion in resident care plans.

If wandering problems persist notwithstanding these interventions, evaluation by a clinician trained in behavior disorders may be necessary. If hallucinations, delusions and other psychotic symptoms predispose a resident to wandering, arrange for a psychiatric examination. Findings may assist administrators and guardians in deciding whether the resident is an appropriate candidate for the current environment or requires transfer to a different setting. Treat all consultative records as confidential information that must be stored securely.

Figure 1 – Common 'Triggers' for Wandering and Recommended Responses

Impairment	Interventions
Hunger	• Adjust eating times and frequency as necessary. • Provide nutritious, easy-to-digest finger foods between meals, such as fruit or energy bars.
Thirst	• Make a variety of beverages readily accessible. • Place signs at water fountains, encouraging frequent drinking.
Incontinence	• Create a toileting schedule that accommodates residents' needs, especially after meals and upon waking. • Check for underlying medical conditions. • Place signs on bathroom doors for easier identification.
Confusion	• Assess for acute medical problems or onset of dementia and treat identified conditions. • Reorient residents frequently to key locations, such as dining and recreational areas. • Clearly identify and reinforce permitted zones and areas that are not safe to enter. • Post the day, date, year and season prominently.
Anxiety	• Increase frequency of rest periods. • Minimize exposure to crowds, loud noises and extreme temperatures. • Provide easy access to quiet, soothing environments. • Empathize with and reassure residents frequently.
Restlessness	• Address sources of discomfort, pain or agitation. • If possible, decrease or discontinue medications that may be causing mood swings or anxiety. • Provide a wandering path, which includes objects of interest to look at or touch. • Place mirrors and seats throughout the facility to distract and divert wanderers.
Isolation/boredom	• Guide the resident toward common areas, such as dining and recreational areas. • Offer music, dance and other structured activities. • Encourage family and friends to visit often. • Record reassuring messages from family and friends that can be used to calm the resident. • Conduct safe, supervised pet therapy.

Environmental Considerations

Many elopements occur within the first few weeks following admission. Accommodating new residents in rooms located away from exits can minimize the opportunity for elopement, while clear and ample signage can help orient them to safe, permitted areas.

The environmental modifications listed in Figure 2 (below) may further help reduce the risk of elopement of both new and established residents.

In addition, electronic and mechanical safeguards – including alarm systems, door and window safety locks, closed-circuit television, boundary lasers and resident tracking devices – can help curb unsafe wandering and elopement. However, a growing body of evidence indicates that indiscriminate use of safety alarms is not effective in curbing the rate of risk prone behaviors. (See CNA *AlertBulletin*® 2018–Issue 4, "Alarm-free Environments: Guidelines for a Safe, Smooth Transition.") If the use of safeguards is deemed appropriate, their impact is significantly diminished by staff misuse, such as turning off alarms or bypassing a locking system for convenience.

Written policy should strictly and expressly prohibit tampering with anti-elopement devices. In addition, staff should be trained on the proper use and maintenance of resident monitoring and safety equipment. All devices should be placed on a regular preventive maintenance schedule to ensure that they are in proper working order, with tests and repairs scrupulously documented. In addition, passcodes should be changed at regular intervals and whenever a resident becomes aware of the code.

Figure 2 – Creating a Safer Physical Environment

Environmental Strategy	Related Actions
Utilize visual markings.	• Paint grid-like markings on the floor near doorways to direct traffic away from exits. • Use directional arrows on walls to redirect residents. • "Camouflage" doors with wallpaper or art, and disguise doorways with cloth or drapery, while taking care not to block safe means of egress. • If possible, place exit doors in corridor sidewalls, rather than at the end of hallways where they are more conspicuous to residents.
Design wandering paths.	• Construct safe, well-marked indoor and outdoor paths. • Plant an enticing, well-maintained "wanderer's garden." • Create a "pacing track" that is uncluttered, monitored and away from exits.
Cultivate a calm, homelike atmosphere.	• Use noise-reducing building materials. • Encourage residents and relatives to decorate rooms with familiar objects and family photos. • Place mirrors in strategic locations throughout the facility. • Select warm colors and soothing patterns for walls and floors.
Enhance monitoring.	• Situate central nursing areas near exits. • Emphasize open layouts with short hallways. • Install boundary-crossing alarms at exits. • Employ tracking devices to monitor movements of residents at high risk of elopement.

Missing Resident Response

A missing resident protocol permits staff to mobilize quickly and act decisively following a suspected elopement. The protocol should incorporate the following provisions, among others:

- **Photograph all residents** for identification purposes, updating photos every six months or sooner as appearance changes warrant.
- **Implement a code system** (such as "wandering stars") to alert staff upon admission that a resident is at high risk for wandering, and orient staff to the system and individual responsibilities.
- **Institute regular whereabouts checks for high-risk residents,** in addition to routinely accounting for all residents throughout each shift.
- **Prepare a facility and grounds search plan for missing residents,** delineating individual staff responsibilities and search zones.
- **Establish time frames for notifying management, family members and local law enforcement of missing residents,** as well as state agencies and insurers, if necessary.
- **Document all efforts to locate missing residents,** as well as the final disposition of every incident, however brief or minor.
- **Alert medical staff of the missing resident's return to the facility** for examination and documentation purposes.
- **Schedule periodic elopement drills** to assess the overall effectiveness of the response plan, and conduct and document a staff briefing after every drill.

To ensure staff compliance, review the missing resident protocol during new employee orientation and thereafter at periodic in-service training sessions.

For guidelines on responding to an elopement, see Elopement Resource Manual from the New York State Department of Health, in conjunction with a compilation of professional organizations. A sample elopement incident report form and alert notice is available from the National Institute for Elopement Prevention & Resolution (scroll down to pages 6-7).

Elopement can be a catastrophic occurrence for residents, families and aging services facilities. By assessing wandering risks, implementing targeted preventive measures and creating effective response protocols, organizations can significantly enhance resident safety, legal defensibility and family peace of mind.

A **missing resident** protocol permits staff to **mobilize quickly and act decisively** following a suspected elopement.

Elopement Prevention and Response: A Self-assessment Tool

Risk Management Strategies	Yes/No	Comments
Risk Assessment		
1. Are all residents assessed for risk of wandering and elopement prior to admission, in order to determine if their needs can be met by the setting?		
2. Are family members and/or caregivers asked prior to admission if the resident has a history of wandering?		
3. Are all residents assessed for risk of wandering and elopement upon admission, at least quarterly thereafter and whenever their condition changes?		
4. Is the resident's wandering behavior observed and analyzed, in order to understand the underlying causes and motivations?		
5. Are family members and caregivers included in ongoing risk assessment efforts?		
6. Do staff look for factors that may exacerbate wandering, such as changes in medication, daily routine or room/apartment location?		
7. Are all initial assessments, reassessments and observations documented in the resident's healthcare information record and care plan?		
Policies and Procedures		
1. Does the organization establish and implement written policies and procedures regarding prevention of wandering and elopement, and are these policies and procedures consistently followed?		
2. Are written protocols established and implemented for responding to alarms and similar situations, and are they consistently enforced?		
3. Are staff educated about response protocols, and are educational efforts documented in staff personnel files?		
4. Are elopement-related policies and procedures updated at least annually?		
5. Does the facility establish and implement written policies and procedures addressing missing resident situations?		
6. Are staff members trained regarding their specific role in searching for a missing resident?		
7. Are elopement drills conducted regularly, and are findings used to improve the process and revise procedures?		
Safety Precautions		
1. Are all doors leading to stairways equipped with alarms?		
2. Are supply closets, laundry areas, boiler rooms and other potentially unsafe places kept locked at all times?		
3. Are all bath/shower areas kept locked when not in use?		
4. Are all exit doors equipped with alarms?		
5. Are all windows equipped with opening restrictors and/or alarms or other mechanisms to alert staff of elopement attempts?		
6. Are all safety and alarm systems checked regularly to ensure that they are in proper working order, and is a maintenance log kept?		

Risk Management Strategies	Yes/No	Comments
Safety Precautions (continued)		
7. Do all alarm and locking systems conform to local fire and safety codes?		
8. Are all points of ingress and egress in full view of a staff member?		
9. Are all residents photographed upon admission, and are photos updated at least every six months, or sooner, to reflect changes in appearance?		
10. Are photos of residents at risk for wandering maintained in a binder or other location that is accessible to caregivers, yet secured to protect residents' privacy?		
11. Are staff members informed of residents who are at elevated risk for wandering?		
12. Are staff trained in elopement prevention, and is their attendance at educational and training sessions documented in personnel files?		
13. Are efforts undertaken to ensure residents' safety documented in the resident care record?		
Behavioral/Environmental Measures		
1. Upon admission, are all new residents provided a tour of the building and oriented to the location of their room?		
2. Are residents who become confused reoriented regarding locations and directions?		
3. Are staff members trained to comfort anxious or agitated residents?		
4. Are staff members instructed to accompany residents who wish to spend time outdoors?		
5. Do residents take part in supervised exercise sessions?		
6. Are regular activities scheduled to provide stimulation and minimize boredom?		
7. Are food and water readily available, and are dietary considerations incorporated into the resident care plan?		
8. Are visits from family and friends encouraged?		
9. Does the facility make every effort to maximize staff continuity?		
10. Are there safe indoor and outdoor areas designated for wandering?		
11. Are electronic devices, such as ankle bracelets and laser sensors, used to alert staff that a resident is wandering?		
12. Have facility leaders reviewed the efficiency of personal alarm use with an eye towards reducing unnecessary alarms in the aging care setting?		
13. Have blind spots in corridors been eliminated?		
14. Have outdoor safety hazards (such as retention ponds) been eliminated or at least enclosed by a sturdy protective fence?		
15. Are windows present throughout the facility, permitting residents to easily orient themselves as to place, season and time of day?		
16. Are residents encouraged to decorate and personalize their rooms with selected items from home?		
17. Are entrances to resident rooms decorated with personal mementos to assist them with room identification?		

Risk Management Strategies	Yes/No	Comments
Quality Improvement Process		
1. Are all elopement attempts considered an incident, and reported to the organization's risk management and quality improvement committee?		
2. Are all elopement attempts tracked for such variables as time, location and staff members on duty?		
3. Does the organization use the information compiled to detect patterns and trends in regard to elopement?		
4. If a trend is identified, are effective interventions developed and implemented to help minimize the risk?		
5. Are the results of these interventions monitored and analyzed, and is further action taken if they are found to be ineffective?		

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