

July 8, 2024 Weekly Clinical Update

According to survey data related to F689, after falls resulting in major injury, elopement is the next most common finding for a high-level deficiency, usually an Immediate Jeopardy tag. The CMS definition of elopement is: "When a resident leaves the premises or a safe area without authorization and/or any necessary supervision to do so without staff knowledge". Without trying to be too obvious, prevention is the best answer and the answer to prevention is an effective Elopement Assessment then development of interventions to prevent elopement. Here are some key elements to consider for an effective Elopement Assessment.

1. **Assessment:**

- Conduct thorough **resident assessments** upon admission to identify residents at risk of elopement.
- Consider factors such as:
 - **Elopement history:** Did the resident ever attempt to leave "the place they called home" prior to admission? Has the resident attempted to leave this or any facility before?
 - **Desire to leave or go home:** Does the resident express a strong desire to leave or have "wandering" or "pacing" behaviors?
 - **Adjustment difficulties:** New residents may be more prone to elopement.
 - **Cognitive impairment:** Assess the resident's cognitive status.
 - **History of or current substance use or abuse,** drug cravings can lead to drug seeking elopement behaviors; **anxiety; vision impairment,** and **psychiatric history.**
 - **Smoking history:** Nicotine cravings can lead to wandering behavior.
 - **Mobility Status:** Does resident have physical ability to exit?
 - **Exit Accessibility:** Does the resident have access to exit doors or windows to areas not contained?

2. **Risk Assessment Tool:**

- Utilize a **facility-approved risk assessment tool** or scoring system.
- The assessment should be based on various risk factors that may precipitate an elopement event.
- The risk score should include a defined parameter that, when reached, indicates an increased risk and prompts risk reduction strategies.

3. **Initial Assessment Timing:**

- The **initial resident assessment** should be conducted at admission even if resident does not have specific diagnosis of any type of dementia.
- If not, it should occur no later than **six (6) hours from admission.**

4. **Regular Reassessments:**

- Perform elopement risk assessments **quarterly** and **upon change of condition.**
- Reassess after an **elopement event** to identify any new risk factors.

5. **Risk Reduction Strategies:**

- Implement interventions to reduce elopement risk:
 - **Environmental modifications:** Secure exits, window-openings restricted from full opening, alarms, and signage.
 - **Staff education:** Ensure all staff recognize elopement risks.

- **Supervision plans:** Assign staff to monitor high-risk residents.
- **Identification methods:** Use wristbands, photo boards, or other means.
- **Communication protocols:** Establish clear procedures for reporting and responding to elopement attempts.
- **Perform routine Elopement Drills:** designed to support team knowledge and skills in responding to a missing resident (should be conducted on each shift at least twice yearly and at any time an elopement occurs; consider outside agency (local law enforcement and emergency staff) participation for some drills

6. **Search and Response Protocol:**

- Develop a coordinated **resident search protocol** in the event of a missing resident.
- Act swiftly to locate the resident without injury.

Remember that a comprehensive elopement risk assessment involves collaboration among nursing staff, caregivers, and other healthcare professionals. By addressing all identified elopement risk components, facilities can enhance resident safety and reduce the risk of elopement and deficient practice.