



Posted on: Thu, 03 Apr 2014

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One of the most challenging statements you may ever hear in your facility is, "I can't find Mr. Smith!" Moments such as this bring feelings of terror and helplessness to healthcare providers. In addition to the serious and potentially deadly situation your resident might face, your facility could also be subject to fines, citations, litigation, and potential closure.

Elopement is defined as "when a patient or resident who is cognitively, physically, mentally, emotionally, and/or chemically impaired wanders away, walks away, runs away, escapes, or otherwise leaves a care-giving facility or environment unsupervised, unnoticed, and/or prior to their scheduled discharge," ([The National Institute for Elopement Prevention and Resolution](#)). In about 80% of elopement cases, wandering is known prior to the event and about 45% of elopements occur within the first 48 hours of a resident's stay in a long-term care or assisted living facility. Because the person eloping may not have a sense of self-safety, the duty to protect lies with your facility.

Your resident and the facility may be at risk if the resident:

1. Has recently moved to your facility.
2. Has a diagnosis of dementia, displays known cognitive impairment, and is able to be independent with his/her mobility.
3. Is prone to wander.
4. Displays signs of restlessness and/or agitation.
5. Is actively looking for an exit from his/her particular unit, and/or facility.
6. Often asks questions about the rules in coming and going from the facility.
7. Displays a past history of unsafe wandering either at home, or leaving a particular unit or facility without the required supervision.
8. Shows signs of poor adjustment to his/her particular unit or facility.
9. Vocalizes the desire to leave his/her unit of the facility

So, what can you do? As we have seen with so many of the environmental disasters in the recent past, the best strategy to deal with this challenging problem is to plan ahead.

- Identify those at risk for elopement with a comprehensive screening at admission, and periodically thereafter.
- Provide new residents with additional staff assistance until they are comfortable

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in their new surroundings, and involve family members as much as possible.

- Ensure that residents are able to move about freely, but are monitored and remain safe.
- Do not leave residents at risk for elopement unattended in hallways, the dining room, the activity room, or other areas.
- Have a formal “hand off” policy for transferring residents to other departments or outside the facility.
- Place monitoring devices on doors and judiciously use the wireless electronic technology that is available.
- Beware of the false sense of security that often comes with alarm systems. It is important to assess residents’ needs daily and not rely completely on technology to solve this problem.
- Train and re-train the staff with annual elopement education, wandering behaviors and elopement drills.
- Be aware that facilities with a high staff turnover rate could be especially vulnerable to elopement.
- Hold regular elopement drills, and objectively critique staff responses.
- Have a “missing resident” protocol or plan in place. Review and revise on a regular basis.

In reality, there is a fine line between creating the least restrictive environment and ensuring safety and security for long-term care residents. A care plan that is resident-specific and structured to adapt to any change in that resident’s condition is a vital element of decreasing resident elopements. The staff must continually evaluate the resident to meet their changing needs and protect them from harm.

Read more:


[Wandering and Elopement Resources: National Council of Certified Dementia Practitioners/ International Council of Certified Dementia Practitioners](#)

[Wandering and Elopement in Nursing Homes: Annals of Long-Term Care](#)

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