

Elopement Management Checklist



Elopement Management Program

- Does the Elopement Management Policy Include:
 - Frequency of elopement risk-assessments (e.g., admission, readmission, change in condition, quarterly, and after an elopement event)?
 - Elopement management measures (e.g., frequent monitoring, room placement close to common areas)?
 - Elopement management interventions (e.g., redirection with behavior triggers of wandering/elopement, missing resident response)?
 - Creation of an individualized, interdisciplinary care plan aimed at reducing elopement risk?
 - Wandering and elopement management communication and documentation?
 - Interdisciplinary Care Team involvement including meeting schedule and oversight responsibilities?
 - Elopement risk management education for residents (as appropriate), families & staff?
 - Missing resident response plan?
 - Assessment, monitoring, and reporting responsibilities post-elopement events?
 - Investigation and review of contributing elopement risk factors post-event?
 - Elopement drills on all shifts quarterly and post-drill evaluation? ¹
- Is there a formal process to conduct elopement huddles with team members caring for the resident post-elopement event?
- Are staff, managers, and leaders trained to use root-cause analysis tools including the Five-Why's in daily practice?
- Does Morning Meeting/Morning Clinical Meeting include a review of new admissions, residents with a change in condition, and residents that have had a change in elopement risk in the past 24-hours?
- Is a resident profile (picture and description) available in a central location for at-risk residents?



Pre-Admission Elopement-Risk Identification

- Is the resident's medical history reviewed for elopement risk factors and a history of wandering/elopement prior to admission?
- Is elopement history considered in making resident room assignments and other care planning prior to arrival?

Admission Risk Assessment

- Is a standardized professional elopement risk assessment scoring tool used in assessing elopement risk?
- Does the assessment tool include:
 - History of wandering/elopement (note some residents and family members may be hesitant to share wandering history)?
 - Impaired cognition, including fluctuating mental status or change in cognition? ²
 - Behaviors where the resident is not easily redirected or managed when upset or agitated? ¹
 - Underlying medical conditions affecting cognition, judgment, vision?
- Is the elopement risk assessment completed within eight hours of admission?
- Does a Registered Nurse complete the elopement risk assessment?
- Does the admission process include resident and family orientation to the wandering/elopement management program?



Interventions and Care Planning

- Are Primary Interventions used for residents who have risk factors for wandering and elopement, but no history (e.g., activities in common areas, frequent checks, way-finding cues, and landmarks)? ²
- Are Secondary Interventions used to address identified elopement risk factors (e.g., electronic monitoring bracelet, placement on a secured unit)?²
- Is a formal process for Purposeful Rounding in place (e.g., noting history of when wandering occurs – looking for the bathroom, something to eat)?
 - Pain
 - Positioning
 - Personal Needs (bathroom room, hunger, thirst)
 - Periphery (Personal items in reach - call light, phone, glasses)
 - Prompts (Safety reminders)³
 - Pick-Up (spills, cords, address unsafe conditions)
- Does Rounding include resident safety status and safety awareness?



Communication and Care Coordination

- Is resident safety status communicated at shift change (e.g., shadowing behaviors, exit seeking, talking about going home)?
- Is resident safety status/elopement risk discussed at Care Plan Meetings with the resident and family?
- Is wandering and elopement risk actively communicated with care staff (e.g., care cards, electronic alerts)
- Is the placement of the electronic monitoring bracelet documented every shift and confirmed functioning of the bracelet documented daily?¹



Post-Elopement Assessment and Response

- Are components of a clinically pertinent wandering and elopement risk assessment defined in the Elopement Management policy (e.g., exit seeking, difficulty finding their way in new places)?
- Is a formal communication process in place and documented post-elopement event (e.g., supervisor, physician, family)?
- Are requirements for follow-up medical record documentation defined in policy (e.g., 72-hour post-elopement/change in condition documentation that includes resident safety status and safety awareness)?
- Is an incident report completed for all elopement events?
- Do the DON and ADON have oversight responsibility for the completion of the elopement investigation?
- Does the Interdisciplinary team review all elopement events?



Environmental Safety

- Are environmental safety checks completed and documented daily (e.g., door alarms, electronic monitoring, courtyards, hazardous areas secured)?

Staff Training

- Are all staff trained on the Wandering and Elopement Management Program during orientation?
- Are all staff trained on the Wandering and Elopement Management Program annually?
- Does training for licensed staff include:
 - Conducting an accurate elopement risk assessment
 - Interventions to manage elopement risk
 - Care planning to manage elopement risk
 - Restorative/strengthening exercises
 - Resident and family education
 - Proactive wandering and elopement risk communication (e.g., shift report)
 - Documentation
 - Review of the Wandering and Elopement Management Program/Policy and Procedure



Sources:

1. Pendulum Risk Management Services. Elopement, Risk Reduction Strategies, and Management of Missing Residents. Vaaler Senior Resource Center.
2. Agency for Healthcare Research and Quality. AHRQ's Safety Program for Nursing Homes
3. Atlantic Quality Innovation Network. Rounding with the 4 P's Potty, Pain, Positioning, Personal Items. https://atlanticquality.org/download/clin_top_elim_phys_restrain_rounding_with_4Ps.pdf