



**RESIDENT ELOPEMENT: MANAGING THE
LIABILITY RISKS OF WANDERING**
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Up to thirty-nine percent of cognitively impaired nursing home residents exhibit wandering behavior.¹ To guard residents from the many dangers of wandering, and to protect themselves from the often very substantial claims associated with this behavior, long term care (LTC) facilities first need to carefully assess their own exposure in this area. The next step is to counter these risks by developing and implementing effective policies designed to manage wandering behavior, and help staff keep track of residents' whereabouts and prevent unauthorized egress.

Wandering is defined as *purposeful behavior initiated by a cognitively impaired and disoriented individual characterized by excessive ambulation, leading to safety and/or nuisance-related concerns.*² It may take the form of pacing in a limited area, intruding into other residents' rooms or attempts to exit a facility unaccompanied, a behavior known as elopement. In addition to endangering residents, wandering and elopement also subject LTC facilities to other problems that can lead to claims, including unnecessary staff stress, interference with daily activities and, in the most extreme cases, failure to provide basic care.

Carefully Speaking



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Understanding the Risks

When a cognitively impaired LTC resident is not capable of protecting himself or herself and, therefore, wanders and elopes, the facility faces the possibility of a negligence claim. The most common allegations include:

- failure to hire sufficient staff to adequately supervise residents
- failure to train professional staff to properly supervise residents
- failure to employ alarms or other devices to prevent elopement and/or wandering
- failure of staff members to properly respond to alarms

The average cost of an elopement claim has doubled in the past five years to \$215,000. A facility that has experienced such escapes and fails to take adequate preventive measures may incur catastrophic damages in the millions of dollars.

Assessment, environmental modification and staff preparedness are the keys to protecting residents and minimizing potentially embarrassing and expensive elopement claims. The need to evaluate wandering behaviors is especially critical in light of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), which mandates a behavioral treatment program and discourages the use of physical restraints or psychotropic medications when managing wandering patients.



Each long-term care facility is unique, as is every resident population. The concepts presented in this article are general and may be adapted to suit your own organization's particular needs and circumstances.

Resident Assessment

A comprehensive analysis of physical, emotional and psychological factors, including medication therapy and other forms of treatment, is the first step toward minimizing the risk of resident elopement. The assessment process can assist in determining whether a facility is capable of properly and safely addressing a resident's care needs.

Describe the behavior. A good resident assessment includes prompts to adequately characterize the wandering behavior. It is important to note not only onset and duration, but also any associated symptoms that occur during wandering episodes, such as agitation or aggression. Potential precipitating factors to look for include hunger, toileting needs and delusions.

The following questions can help you identify the motivating factors behind wandering behavior:

- Does the resident intrude into other resident rooms searching for a particular item?
- Does the resident seem to prefer to spend time in an outdoor setting?
- Does the resident exit the facility based on a delusion, such as a need to plant flowers or mow the lawn?
- Does the resident talk about going home?

Note the pattern of wandering. Observe whether the wandering is a daily or occasional occurrence, and whether the resident always travels the same path. Does each episode result in altercation, injury or nuisance behavior? Remember that noticing a problem and making effective interventions are essential to defending against elopement claims. The process is easier if staff members are trained and reminded to ask the right questions, allowing them to make appropriate care plans.

Interview the resident, the family and/or caregivers. Whenever possible, question the resident and caregivers about wandering tendencies. Although cognitive status may prevent an in-depth exchange, motivations may nevertheless be revealed. It is critical to interview the resident and caregivers at admission time, document this information and integrate it into the care plan.

Document a comprehensive medical history and physician exam. Long-term care facilities are accustomed to completing medical and physical histories in order to identify active and past medical problems. Functional and cognitive exams, as described below, are also essential to controlling wandering risks:

- *Functional exams* should measure vision and ability to hear and read. Deficits should be noted in the record and in the immediate care environment, and creative measures should be taken to compensate for limitations. Also note the level of continence, whether assistance is needed in toileting and whether wandering has led to weight loss or nutritional deficits.
- *Cognitive exams* should measure the degree of impairment. Note mood swings ranging from irritability to pleasure, specific instances of poor judgment and past delusional patterns that may foster the desire to exit the facility. Observe whether sudden anxiety or sadness occurs near anniversary dates, such as marriage or death of a spouse, and address these trigger points in resident care planning.

Assessing the Environment

Approximately half of all elopements occur within the first days of admission as residents adapt to a new environment. Therefore, it is optimal to accommodate new residents in rooms away from exits, providing less opportunity to elope, and to limit their level of sensory stimuli. Here are additional strategies to ease the transition:

- Use mirrors or camouflaging techniques to distract wanderers away from exits.
- Redirect sunlight coming through windows with blinds or curtains.
- Decrease noise through use of music therapy.
- Avoid use of gloss-finish floor cleaners to diminish glare and divert attention from entryways.
- Provide clear and ample signage to identify areas within the facility.

Elopement claims, of course, raise questions about security and monitors. Inexpensive devices, such as door chimes, can be used to alert staff to door openings. However, do not install a monitoring device that will be used inconsistently. All alarms should remain activated to minimize the risk of elopement. Experience has shown that if staff members turn off alarms even to step outside the building, the facility is at a higher risk for elopement.

Managing Wandering Patients

The following charts link interventions to specific impairments that may trigger wandering behavior.

| Impairment | Intervention |
|---------------|---|
| <i>Hunger</i> | <ul style="list-style-type: none"> • adjust eating times • provide "finger foods" that are easy to digest and yield quick energy • offer small, frequent meals or snacks |
| <i>Thirst</i> | <ul style="list-style-type: none"> • make fluids easily accessible • place signage at water fountains |

- | | |
|---------------------|--|
| <i>Incontinence</i> | <ul style="list-style-type: none"> • create a toileting schedule to accommodate residents especially after meals • check that underlying medical conditions are being treated • place signs on bathroom doors for easier identification |
| <i>Confusion</i> | <ul style="list-style-type: none"> • reorient residents frequently to recreational areas • post date and season prominently • identify proper areas to enter |
| <i>Anxiety</i> | <ul style="list-style-type: none"> • minimize crowded events and loud noises • empathize with and reassure residents |
| <i>Restlessness</i> | <ul style="list-style-type: none"> • provide objects of interest along the wandering path • place ample mirrors and seats in the facility to distract and divert wanderers |
| <i>Isolation</i> | <ul style="list-style-type: none"> • offer music, dance and structured activities • encourage family and friends to visit • conduct safe, supervised pet therapy |

The following environmental modifications can help protect chronic wanderers and other residents from harm.

| Modification | Intervention |
|--------------------------|---|
| <i>Visual Markings</i> | <ul style="list-style-type: none"> • use grid-like markings on floor near doorways to minimize intrusion • camouflage doors with wallpaper • veil doorknobs with cloths |
| <i>Wandering Paths</i> | <ul style="list-style-type: none"> • dedicate indoor and outdoor paths • establish a "wanderers' garden" • create a pacing track that is uncluttered and away from exits |
| <i>Calm Surroundings</i> | <ul style="list-style-type: none"> • decorate room with favorite objects • include family photos • strategically place mirrors • select warm colors and wall patterns |
| <i>Monitor Movements</i> | <ul style="list-style-type: none"> • use boundary crossing alarms at exits and/or tracking devices to monitor the movements of those residents who are at risk of elopement |



*resident wandering
behavior in long
term care facilities
is a major concern
that demands risk
management
initiatives focused
on ensuring
resident safety*

Dealing with Persistent Problems

Should wandering problems persist despite the interventions noted above, evaluation may be necessary by a facility-credentialed clinician specifically trained in behavioral disorders. The findings also will assist administrators and the resident's legal guardian in deciding whether the resident should remain at the facility or be transferred to another long term care facility that can better meet the individual's specific behavioral care needs.

A psychiatric exam may be ordered to assess the incidence of hallucinations, delusions and psychotic symptoms. A neurological assessment can enhance care by uncovering neuroleptic side effects and other sensory deficits. Physical etiologies may also contribute to restlessness. Ensure that psychiatric records are readily available for appropriate consultation purposes, stored in a secure area and treated as highly confidential material.

Preparing a Missing Resident Plan

Locating a missing resident should be part of a facility's emergency preparedness plan. A missing resident plan should include:

- photographic identification of all residents
- the ability to quickly organize and conduct a thorough facility and grounds search
- notification of management and family members within a specified time frame
- notification of local police within a specified time frame, as well as state agencies, if required by law
- detailed documentation of efforts made

In addition, conduct periodic elopement drills to assess the effectiveness of the missing-resident protocol and provide in-service training to all staff.

In the event of an elopement, the facility's plan to locate a missing resident must be quickly implemented. Remember, thorough documentation of all interventions will be the first line of defense in the event of a negligence claim.

Wandering and elopement are serious potential risks for all long term care facilities. Fortunately, effective individual interventions and general staff preparedness can protect your residents from harm while significantly reducing your organization's exposure.

The following checklist can help you assess your own facility's policies and protocols. If you have additional questions concerning the risk of wandering and elopement, please visit the Praeventus Web site at www.praeventus.com or contact your risk control consultant.

1. Nasr S., Tuck J., Osterweil D., *Nonpharmacologic Management of Wandering Behavior in the Nursing Home: A Consensus Approach*. Nursing Home Medicine: The Annals of Long Term-Care Online. 2. Thomas, DW. Wandering: A Proposed Definition. *J. Gerontological Nurs* 1995; 21 (9): 3541.]



**ELOPEMENT RISK
ASSESSMENT TOOL**

| Assessment and Identification | YES | NO | N/A | COMMENTS |
|---|-----------------------|-----------------------|-----------------------|-----------------|
| 1. Are all residents assessed for risk of wandering or elopement prior to admission to determine if their needs can be met by the facility? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Are all residents assessed for risk of wandering or elopement upon admission? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Is information obtained from family members or caregivers to determine if resident has a history of wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Does the facility attempt to determine the reason for resident's potential wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Are family members and significant caregivers involved in continued assessment of wandering residents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Are all residents observed immediately following admission for signs of wandering or elopement? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 7. Does the staff observe residents for factors that may increase risks of wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. Are all residents reassessed periodically for wandering risk? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. Are all initial assessments, reassessments and observations documented in the resident's medical record and care plan? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Precautions | | | | |
| 1. Are all doors to stairways equipped with alarms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Are supply closets, laundry rooms and other unsafe areas kept locked at all times? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Are all bath/shower areas kept locked when not in use? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Are all exit doors equipped with alarms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Do all alarm and locking systems conform to local fire and safety codes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Are all windows equipped with an alarm system or other mechanism to alert staff in case an elopement attempt is made? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Precautions (cont) | YES | NO | N/A | COMMENTS |
|---|-----------------------|-----------------------|-----------------------|-----------------|
| 7. Are all safety and alarm systems checked regularly to ensure they are in proper working order? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. Is a log maintained to ensure that all safety and alarm systems are regularly checked? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. Is the front entrance in full view of a staff member? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. Are all residents photographed upon admission? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 11. Are photographs updated on a regular basis to reflect changes in appearance? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 12. Are resident photos posted where caregivers can easily view them while protecting resident's privacy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 13. Are all staff educated on which residents are at risk for wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 14. Is education and training provided to all staff on elopement prevention? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 15. Is staff attendance at education and training sessions documented in personnel files? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 16. Are all efforts taken to ensure the safety of residents documented in the medical record? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

Management of the Wandering Resident

| | | | | |
|--|-----------------------|-----------------------|-----------------------|--|
| 1. Does the facility have specific indoor and outdoor areas that are safe for wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Have attempts been made to eliminate all dead-end halls and corridors? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Are residents provided with supervised exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Upon admission, are all new residents provided a tour and orientation to the building and the location of their room? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Is a reorientation provided if a resident becomes confused or disoriented? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Have potential safety hazards (such as retention ponds) been eliminated from the grounds of the building? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Management... (cont) | YES | NO | N/A | COMMENTS |
|--|-----------------------|-----------------------|-----------------------|----------|
| 7. If potential safety hazards cannot be eliminated, have steps been taken to reduce risks through the use of fences, locked gates, lighted areas, etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. Are electronic devices used to alert staff that a resident is wandering? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. Are residents able to look out windows to orient themselves as to weather, time, etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. Do staff provide residents with a sense of security and comfort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 11. Can residents bring personal items from home for their rooms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 12. Are attempts made to encourage continuity of staff? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 13. Does the facility provide activities to keep residents stimulated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 14. Are visits from family and friends encouraged? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 15. Are nutrition and hydration readily available, and are they integrated and documented within the care plan? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 16. Do staff members accompany residents outdoors in order to accommodate a resident's desire to leave the facility? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

Policies and Procedures

| | | | | |
|---|-----------------------|-----------------------|-----------------------|--|
| 1. Does the facility have written policies and procedures in place for wandering residents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. If so, are these policies and procedures consistently followed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Are written protocols in place for responding to alarms and similar situations? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Is staff educated about these protocols? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Is this education documented in staff personnel files? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Are protocols for responding to alarms and similar situations consistently followed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 7. Are all policies and procedures updated at least annually? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Policies... (cont) | YES | NO | N/A | COMMENTS |
|---|-----------------------|-----------------------|-----------------------|-----------------|
| 8. Does the facility have written policies and procedures in place addressing a missing resident situation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. Are all staff members provided with training on their role if a resident elopes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. Are elopement drills conducted regularly? | | | | |
| 11. Are the results of elopement drills documented in the facility's safety record? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 12. Are corrective actions taken when inefficiencies are identified? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 13. Are these corrective actions documented? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

Quality Improvement Process

| | | | | |
|---|-----------------------|-----------------------|-----------------------|--|
| 1. Are all elopement attempts reported through the facility's incident reporting and quality improvement processes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Are all elopement attempts tracked for time, locations, etc.? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Does the facility use this information to identify trends in elopement that may be occurring? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. If a trend is identified are intervention strategies developed to help minimize the risk? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Are the results of these intervention strategies monitored? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

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