MMMJUA Newsletter

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MANAGING WANDERING AND ELOPEMENT RISKS

Introduction

A sizable percentage of long term care facility residents wander. ***Wandering*** has been defined as "aimless or purposeful motor activity that causes a social problem such as becoming lost, leaving a safe environment, or intruding in an inappropriate place". Wandering is frequently associated with dementia and can indeed become hazardous. Alzheimer's disease is the most common cause of dementia in people 65 and older.

The most dangerous form of wandering is elopement. ***Elopemen***t is defined as the resident's leaving of the healthcare facility without staff observation or knowledge of the departure. This risk has become a growing concern of families, long-term care facilities, regulators, and insurers. The effects upon the population served and the staff are often dramatic. The sense of security of those served and their families is severely shaken. Moreover, staff morale and the organization's reputation are dealt a devastating blow.

The objective of this issue of the MMMJUA Newsletter is to analyze resident elopement in the long term care setting. Resident wandering, elopement and related risk management and litigation issues will be addressed and the scope of the problem in terms of prevalence and impact will be explored. The types and causes of elopement and general recommendations for management will be discussed as well.

The Scope of the Problem

Resident elopement is infrequent. Insurance carrier statistics indicate that elopements account for some 2% of all long term care claims. However, elopements reflect the highest severity allegation involving the long term care setting. CNA reports elopement allegations have had an average total per claim of $393,650. Some 70% of elopement lawsuits involve the death of a resident as a result of being struck by a vehicle, exposure to the elements (extreme heat or cold) or drowning. This high mortality obviously accounts for the size of judgments and settlements.

Examples of substantial awards for elopement cases include:

- An 80-year-old Alzheimer's resident wandered away from the defendant's facility and was found four days later drowned in a nearby creek. (650,000 settlement)
- A 67 year-old resident died after she was mistakenly locked out of the facility overnight. ($700,000 settlement)
- A 92-year-old with dementia broke a window in his room, crawled out and wandered across the parking lot into a field where he collapsed and froze to death. The verdict resulted in a $1.8 million compensatory and $4.5 punitive damages.

In addition to professional liability, facilities often face state imposed civil monetary penalties where noncompliance with one or more CMS requirements contributed to serious injury, harm, impairment, or death to a resident.

Negligence Related to Elopement and/or Wandering

Long term care facilities can be held liable and found negligent for the injury or death of a resident due to elopement if the plaintiff can demonstrate the following four elements:

- an applicable duty and standard of care
- a departure from this standard of care
- an occurrence of harm
- evidence that the harm that occurred was a reasonably foreseeable consequence of a failure to meet the applicable standard

Considering the legal requirements , when a long term care resident incapable of protecting himself or herself from harm or cognitively impaired, elopes and sustains injury, the facility may be found negligent for a variety of reasons such as:

- Failure to hire sufficient number of staff to properly supervise the resident.
- Failure to properly train staff on how to supervise residents.
- Alarms or other devices to prevent elopement and/or wandering were not utilized.
- Staff did not properly respond to an alarm.
- The resident had a known propensity to elope, and no precautions were taken to avoid his or her leaving without permission.

MMMJUA Newsletter

Volume 3, Issue 3 August 2007 www.mmmjua.com

- The facility knew (or should have known) that the safeguards in place were substandard or inadequate to defeat the resident's attempts to elope.
- The facility lacked a policy or procedure to prevent elopements.
- The facility had a policy or procedure to prevent elopements, but it was not enforced or carried out properly.
- Once the individual did elope, the facility failed to take sufficient action to secure his or her return.
- The facility failed to have a plan in place for locating individuals who elope.
- If the facility had a plan in place, it was not implemented properly.
- There was insufficient documentation of actions and efforts to prevent the elopement or subsequent harm

Protocols for Managing the Wandering Resident

The facility should establish effective policies and procedures to reduce the risk of eloping by residents. Each long term care facility should determine the risk for injury to residents based on the physical environment in which the facility is located. In some facilities, residents are at high risk for injury just leaving the building. In other facilities, the risk for injury would be minimal if the resident remained in the immediate area of the building. Consideration should be given to vehicular traffic in parking lots and adjacent streets, the presence of railroads, streams, ponds, rivers, construction sites etc, near the facility as well as other environmental factors

Pre-Admission Resident Assessment

The facility should conduct a pre-admission screening of each resident prior to finalizing the admission decision. This enables the facility to ensure admissions are limited to only those residents for whom it can provide adequate care. The resident's records should be reviewed by the individual responsible for facility admission to confirm that the facility has the capabilities to provide safe care. Where any questions arise, the Director of Nursing and Medical Director should be consulted.

The majority of long term care facilities can safely care for the wandering resident who is an elopement risk through admission to their secured dementia unit. This unit generally provides a stable and structured environment needed by the cognitively impaired resident who might harm themselves by wandering and elopement.

Admission Assessment

Individualized evaluations are key in managing wandering behavior. The prudent facility conducts a comprehensive, well documented elopement risk assessment of each resident upon admission. Many facilities use a pre-established set of assessment questions or prompt to enable determination as to whether the resident presents an elopement risk. Assessment questions often posed are similar to those which follow:

- Does resident have a pertinent diagnosis (dementia/Alzheimers/anxiety disorder, delusions)?
- Does the resident ambulate independently?
- Does the resident verbally express the desire to leave the facility, go home, etc?
- Is there a history of elopement/wandering off or getting lost at home or a previous facility?
- Is the resident's wandering goal directed or non-goal directed? When did the wandering begin? How often does it occur?
- Does resident pace, wander, trying to get out door, find spouse, family or friend, perceive they need to be doing something other than what they are doing, e.g., go to work, get home, fix supper, do the chores?
- Does the resident talk about going home /not readily accept nursing home placement?
- Does the resident receive any medications that might increase agitation or restlessness?

Developing Interventions and Care Plan

Where the resident is determined to be at risk for elopement, the facility should attempt to institute appropriate interventions and precautionary measures on the day of admission. The care plan should delineate all interventions put into place. Many elopements occur within the first 72 hours of the resident's stay and, as such, immediate staff vigilance is called for. Potential aspects to be incorporated into the care plan for the resident at risk for wandering and elopement include:

- Accounting for the resident whereabouts hourly.
- Providing opportunities for exercise, particularly when waiting.
- Providing a memory album/box or family photographs.
- Providing structured activities that create diversion (hobbies, reading, social interaction, and music).
- Using written and/or verbal reassurance about where resident is and why.
- Making snacks readily available.

MMMJUA Newsletter

Volume 3, Issue 3 August 2007 www.mmmjua.com

- Where the individual is deemed to be very high risk, using one-to-one sitters.
- Ensuring that the resident is in compliance with facility identification and or alarm program (for example; ankle, wrist bracelet).

Care plan interventions should be reviewed regularly,(at least quarterly), to assess their effectiveness and modified as appropriate.

Environment and Equipment Intervention

In an attempt to prevent resident elopement, many long term care facilities utilize electronic security devices such as door alarms, video cameras and resident tracking devices as part of their safety program. There is broad-based agreement that the proper use of such devices create a safer environment for the resident at risk for elopement. Numerous alarms and devices that monitor and discourage critical wandering and elopement are commercially available.

Wander Management Options Currently Available

Low-technology options include:

- visual deterrents that are placed on or across doorways; and
- simple battery-operated door alarms that monitor a single door.

Higher-tech options include:

- complex alarm systems that monitor multiple doors and elevators;
- elopement management systems that monitor multiple exits, elevators, and outdoor areas (Elopement management systems involve the use of resident worn transmitters. These transmitters enable the system to identify residents at risk for elopement and take action, while allowing other residents, caregivers, and visitors to come and go without the need to interact with the system. Some elopement management systems also provide caregivers with the ability to locate residents within the facility); and
- tracking systems that enable caregivers and local authorities to locate residents who have left the facility.

Responding to an Elopement

Prudent use of the precautions to prevent elopement will significantly reduce the incidence of elopement. Nevertheless, these events do unfortunately occur. As such, many long term care facilities have a detailed written plan for responding to a resident elopement. At a minimum, plans call for:

1. an immediate staff initiated search of the facility and premises -- the search should be well organized to ensure that all areas are covered;

2. the identification of staff responsible for implementing each part of the elopement response plan, including specific duties and responsibilities;

3. the identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, facility administrator, and resident's attending physician if the resident is not located within a specified period of time (e.g. 30 minutes);

4. being prepared to provide the law enforcement personnel with all pertinent information including a photograph; and

5. the continued care of all residents within the facility in the event of an elopement.

Staff Training Requirements and Competency Test

Staff training and competency are enhanced through well documented drills and training such as:

1. **Facility Resident Elopement Drills.** The facility should conduct resident elopement drills.

2. **In-service training** should incorporate the following:
   - All facility staff should receive in-service training addressing the facility's resident elopement response policies and procedures within thirty (30) days of employment.
   - All facility staff should be provided with a copy of the facility's resident elopement response policies and procedures.
   - All facility staff should be required to demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

MMMJUA Newsletter

Volume 3, Issue 3 August 2007 www.mmmjua.com

Conclusion

Resident elopement is the single most expensive allegations that confront the long term faculty. The prudent facility will initiate comprehensive risk management efforts to minimize the opportunities for this event.

CITATIONS

1. Dementia Care Practice: Recommendations for Assisted Living and Nursing homes, Alzheimer's Association Campaign for Quality Residential Care
2. CNA Healthpro, Comparison of Claims Data in Long Term Care
3. Boltz, Marie, Wandering and Elopement: Litigation Issues
4. Missouri Medical Malpractice Joint Underwriting Association/ CareTrack Continuing Education module, Managing the Risks of Wandering and Elopement
5. Rozovsky LE, Rozovsky FA, legal implications when residents elope, Long Term Care, 1986 Mar; 2 (1): 6-7
6. ECRI Institute, Hazardous Wandering and Elopement, Hospital Risk Control
7. State of Michigan; Department of Consumer & Industry Services; Prevention of Wandering from Long-Term Care Facilities, February, 2002
8. Department of Veterans Affairs, Management of Wandering and Missing patient Events Directive, VHA Directive 2002-013, March 4, 2002
9. AliMed: Solutions for Critical Wandering of the Alzheimer's Patient
10. VA National Center for Patient Safety; Analyzing Missing Patient Events at the VA, volume 5, issue 6, Nov/Dec 2005

Claims Reporting

Please remember to report claims directly to the claims mailing address, phone or fax number, not to the underwriting office. Reporting to Underwriting causes a delay in that the information then must be forwarded on to Claims. The following is the correct claim reporting contact information:

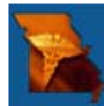
Address: P.O. Box 410212
Kansas City, MO 64121-0212

Telephone: 1-866-586-1693 (Toll Free)
Facsimile: 1-866-258-4892 (Toll Free)

The appropriate claim reporting forms may be found on the mmmjua.com website, along with a copy of the claim reporting instructions. You may also find a copy of the claim reporting instructions with your policy.

ADDRESS CORRECTION REQUESTED

P.O. Box 219680
Kansas City, MO 64121-9680



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