

CARE - Elopement/Unauthorized Absence

Elopement may occur when a Patient/Client/Resident leaves a healthcare organization without the healthcare provider's knowledge of the departure or fails to return from a granted pass or leave. Those who elope may be at risk of self-harm and/or harm to a third party. This document contains information entered by HIROC Subscriber healthcare organizations (acute and non-acute) in the Risk Register application to help you in your assessment of this risk.



Key Controls / Mitigation Strategies

- Policies, Procedures and Elopement-Prevention Practices:
 - ✓ Adopt a validated, objective assessment tool/practice to detect and assess Patients /Clients/Residents at risk for elopement upon referral/initial assessment and ongoing
 - ✓ Assessment of mental status on admission and through hospital stay, as required
 - ✓ Elopement Risk Assessment policy
 - ✓ Application of highest observation level relative to the Patient/Client/Resident's physical and emotional condition (close observation, constant observation, Psychiatric Intensive Care Area (PICA), sitter, security)
 - ✓ Hourly rounding on Patients
 - ✓ Appropriate levels of supervision planned for and provided - this includes increased staffing ratios where indicated
 - ✓ Committees for preparedness (i.e. Emergency Response, Code Yellow)
 - ✓ Develop and implement a decision tree/algorithm/guideline/policy for elopement /Code Yellow of both voluntary and involuntary Patients/Clients/Residents that includes:
 - » Search procedures defining staff roles and responsibilities including conducting timely searches, regardless of the Patient/Client/Resident's voluntary or involuntary status
 - » The need to immediately notify the Most Responsible Practitioner (versus notification after the search)
 - » Timely notification of the family/Substitute Decision Maker and police, if warranted
 - ✓ Completion of an incident report

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- ✓ Outings policy and algorithm to guide decision-making for the assignment of Patient /Client/Resident passes and privileges
- ✓ Expectations clearly articulated to Patients/Clients/Residents prior to leaving on approved pass
- ✓ Patient/Client/Resident sign-out book with contact number
- ✓ Staff to contact the Most Responsible Practitioner whenever a Patient/Client/Resident requests a taxi to ensure they can safely leave the premise alone
- ✓ Policy for video, surveillance, retention and responding to requests from law enforcement
- Documentation:
 - ✓ Ensure complete, consistent, and timely documentation of:
 - » The elopement risk assessment at the time of admission and at predetermined intervals, as applicable
 - » Individual's activities are monitored and documented in daily logs
 - » Interventions to address the Patient/Client/Resident's risk of elopement, goals to prevent harm to the Patient/Client/Resident and/or third parties (i.e. within Patient /Client/Resident's care plan)
 - » The steps undertaken in response to suspected elopements by voluntary or involuntary Patients/Clients/Residents including:
 - Who was contacted (security staff, Most Responsible Practitioner, family, police, etc.)
 - When Code Yellow/missing person policy was initiated
 - ✓ Photos of Patients/Clients/Residents for identifying individuals available for the purpose of searches by staff and police
- Post-Elopement Management:
 - ✓ Review and debrief of any Code Yellow incident
 - ✓ Debriefing and support processes for staff when elopement outcome results in unanticipated death or harm of the Patient/Client/Resident and/or third party
 - ✓ Assessment by Leadership/Quality/Clinical team regarding reason for elopement and follow-up investigations conducted, as appropriate

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- Space Design and Environmental Safety:
 - ✓ Doors to departments are locked and secured
 - ✓ Controlled entrances to the facility
 - ✓ Swipe card access for all staff, volunteers, Patients/Clients/Residents and family
 - ✓ Limitations on how windows and doors are opened
 - ✓ Painted murals (exit diversion) on doors
 - ✓ Audible notification alarms on doors to alert staff that door has been opened
 - ✓ Emergency button at Reception/lobby area to be used when a Patient/Client /Resident is attempting to elope
 - ✓ Notice posted at main entrance reminding everyone to be aware of the Patients/Clients/ Residents exiting the organization and to report suspected activity to Reception
 - ✓ Photos and names of people most likely to seek exit are posted at Reception where only staff can access
 - ✓ Signage asking staff and visitors to ensure the door is closed completely
 - ✓ Alarm on stairwell doors between specified hours
 - ✓ Room alerts in place
 - ✓ Fences on outdoor property that indicate safe spaces and reduce wandering
 - ✓ Furniture is kept away from fences
 - ✓ Lattice installed on top of wood fence to increase height
 - ✓ Regular environmental assessments to evaluate units/buildings for risk of elopement
- Equipment/Potential Personal Safeguards:
 - ✓ Use of monitoring equipment and technology
 - ✓ Identification (I.D.) bracelet and clothing labelled with Patient/Client/Resident's name to aid in recovery if they elope

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- ✓ Patients/Clients/Residents wear colour-coded name badges with site address /phone number
- ✓ Patients wear hospital clothing
- ✓ Cell phones provided to individuals with higher independence levels
- Education (staff, Patients/Clients/Residents and family):
 - ✓ Staff education and compliance with applicable policies (i.e. Code Yellow policy, Elopement Risk Assessment policy, Managing Exploratory Behaviour policy, Gentle Persuasive Approaches (GPA) policy, and Outings policy)
 - ✓ Code Yellow training/drills with appropriate documentation (i.e. date, time and attendance)
 - ✓ Education upon Patient/Client/Resident admission
 - ✓ Involve family in care and communicate any risk of Patient/Client/Resident going absent without leave (AwoL)



Monitoring / Indicators

- Regular review of:
 - ✓ Number of people who elope per year
 - ✓ Number of Patient/Client/Resident safety incidents involving elopement
 - ✓ Resident photos at Reception for relevance and level of risk and update, as needed
 - ✓ Number of staff trained on applicable policies
 - ✓ Percent unauthorized leave of absence (ULOAs) (ULOAs days/Patient days in period x 100)
 - ✓ Number of hourly rounds on patients
- Tracking and verification of Patient/Client/Resident attendance
- Elopement incidents reported to Board of Directors quarterly

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