



Stay Vigilant to Ease Elopement Risks

Elopement is a risk among long-term care facility residents with dementia. In fact, nearly half of individuals with dementia are likely to wander at some point, and about 10% repeatedly.

New technology and other innovations help discourage elopement. Yet even one instance of a resident wandering offsite can be a disaster. While there are no panaceas for elopement, Steve Wilder, BA, CHSP, STS, COO at Sorensen, Wilder & Associates in Bradley, IL, and AALNA Advisory Council member, noted there is much that can be done. "Any time we are looking at a security management program, we consider four critical areas, which we refer to as P2T2 – people, programs, training, and technology."

7 Steps to Successfully Address Elopement

Wilder suggested several steps to reduce elopement and engage staff in a rigorous prevention program:

- 1. Prioritize staff training.** Make sure all employees are trained in what to do if an alarm is activated. Wilder said, "Educate the minds and train the hands. Take every opportunity for safety training." He stressed the importance of management's leadership, observing, "If management doesn't take things seriously, employees won't."
- 2. Use technology effectively.** "There is so much new technology to lessen elopement risks. Make sure you have the latest available technology that is appropriate for your needs," said Wilder. This technology needs to be reliable and operative, and staff need to be able to use it. It's not enough just to purchase and install technology. It needs to be monitored.

For instance, Wilder said, "We see organizations that have CCRC TVs but don't monitor them. Instead, they just use them for playback; and that is a waste of money. These are supposed to be proactive systems. The cameras need to be placed in different locations where someone can see and monitor them consistently." He suggested, "Consider using a qualified third party to come in and assess what you are doing technologically and operationally in your security management program and identify what technology you actually need."

When elopement happens: "We need to sit down and talk about what happened. We should be blunt and candid but respectful. Instead of faulting people, we need to look at processes and where there was a disconnect."

– Steve Wilder, BA, CHSP, STS, COO at Sorensen, Wilder & Associates in Bradley, IL, and AALNA Advisory Council member



At the same time, Wilder said, “Technology shouldn’t interfere with resident autonomy and privacy.” He added that a secure environment has many facets, and technology is only a fourth of the P2T2 pie.

- 3. Make resident safety a team effort.** There needs to be a cohesive oneness to your elopement prevention program. “Everyone needs to be part of your security program. There needs to be a culture of ‘see something, say something,’” Wilder said. He stressed the importance of training and education, noting that you can’t empower people without the necessary training, resources, skills, and tools.
- 4. Involve the family.** Family members can provide a great deal of information that can help keep their loved ones safe, such as the resident’s habits, hobbies, fears, and attitudes. They can help you understand why someone is wandering and what triggers to address. For instance, if a male resident gets agitated and tries to leave with his wife when she visits, it will be helpful to distract him so she can slip out. Then it will be important to engage him in an activity and monitor him until he calms down and the risk of elopement has dissipated.
- 5. When a resident does wander out of the facility, it is essential to engage family.** “Don’t be afraid to say, ‘I’m sorry’ to the family. This is a normal human emotion and not an admission of guilt; but be careful not to speak off the cuff and say something that may be misconstrued or used by others,” said Wilder.
- 6. Be realistic about your needs and plan accordingly.** Start with low-hanging fruit, such as helping everyone understand policies as well as their role in implementing the security program and using the technology. As for technology, Wilder said, “You may need \$100,000 in technology, but you may not be able to spend that in one year. However, you can start by developing a ‘strategic plan for security improvements’ and putting the basic foundation of a system in place consistent with that plan.”
- 7. Don’t get complacent.** Even after you have a good elopement prevention program in place, it’s important to stay vigilant. “Sometimes people don’t take elopement seriously. It’s important to assume every time an alarm is triggered, that it’s treated as the ‘real deal.’ And don’t wait to get outside authorities involved,” said Wilder. He added, “The sooner you respond, the better the outcomes.”

The Pharmacist’s Role

The pharmacist works with the community to plan nonpharmacological interventions to reduce the risk of elopement (detailed at right on the next page). Of course, they can engage in efforts such as performing individualized assessments of elopement risk, developing person-specific interventions, and evaluating the intervention’s effectiveness in managing behaviors. Peggy Brekke, Director, Nurse Consulting Services at PharMerica, noted, “We also utilize routine nurse and pharmacist medication reviews to assist with early identification of pharmacological needs.” This should include reviewing medications



(such as sedative drugs) that may cause anxiety, impaired vision, or poor balance, then conducting ongoing assessment of these medications' effectiveness.

When Elopement Does Happen ...

When elopement does occur, Wilder said, "I'm a big believer in interior and exterior searches. Start on the outside right away. You don't want to give the resident time to get blocks away." He stressed that every incident is a learning opportunity. "We need to sit down and talk about what happened. We should be blunt and candid but respectful. Instead of faulting people, we need to look at processes and where there was a disconnect."

Examples of Non-Pharmacological Interventions

This is a recommended list of interventions to reduce the risk(s) of elopement, but is by no means inclusive:

- Avoid events that lead to wandering behavior, e.g., crowded events, loud noises
- Decorate their room with favorite pictures, books, etc. to provide a sense of comfort and familiarity
- Permit residents to look outside a window to keep track of the seasons of the year
- Have residents who wander wear a designated item of clothing for ease of identification
- Observe response/reaction to events/activity in surroundings at time of wandering
- Anticipate needs based upon wandering triggers and patterns, which should be documented in the resident's service/care plan
- Acknowledge resident's behaviors as an attempt to communicate needs
- Encourage verbalization, identify etiology, and recognize feelings
- Determine resident's walking pattern (day, night, etc.)
- Evaluate community for potential hazards for the resident
- Apply wander guard bracelet, or other approved medical device, on a resident's wrist or ankle; if applying as a necklace, observe resident preferences
- Provide activity at change of shift to keep resident while noise is high and team members are exiting
- Utilize alarmed doors at meal times to prevent wandering off from designated areas