

CRMC and CMO's Recommendations in regards to the Importance of Assessing for Elopement Risk as Multidisciplinary Teams.

Carmen Serpa <Carmen.Serpa@mccmh.net>

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To: **Program Supervisors and T-3's** <programsupervisorsandt-3s@mccmh.net>; Kehinde Ayeni <Kehinde.Ayeni@mccmh.net>; Sam Ajluni <Sam.Ajlunii@mccmh.net>; John Baugh <John.Baugh@mccmh.net>; Marieta Bautista <Marieta.Bautista@mccmh.net>; Teresa Chahine <Teresa.Chahine@mccmh.net>; Aeva Gaymon-Doomes <Aeva.Gaymon-Doomes@mccmh.net>; Sylvia Hanson <Sylvia.Hanson@mccmh.net>; Sarath Hemachandra <Sarath.Hemachandra@mccmh.net>; Venkata Jasty <Venkata.Jasty@mccmh.net>; Samuel Klein <Samuel.Klein@mccmh.net>; antonio nucum <antonio.nucum@mccmh.net>; Edgard Pedraza <Edgard.Pedraza@mccmh.net>; Sarah Schrauben <Sarah.Schrauben@mccmh.net>; Preya Sharma <Preya.Sharma@mccmh.net>; Natraj Sitaram <Natraj.Sitaram@mccmh.net>; Neelam Verma <Neelam.Verma@mccmh.net>; Jennifer Vinch <Jennifer.Vinch@mccmh.net>; Alejandro Zapata <Alejandro.Zapata@mccmh.net>; Jeffrey Clark <Jeffrey.Clark@mccmh.net>

Cc: Cindy Konal <Cindy.Konal@mccmh.net>; Agnes Ward <Agnes.Ward@mccmh.net>; Pat OBrien <Pat.OBrien@mccmh.net>; Ameer Briney <Ameer.Briney@mccmh.net>; Laura Duncan <Laura.Duncan@mccmh.net>; Mark Mishal <Mark.Mishal@mccmh.net>; Cristina Mosella <Cristina.Mosella@mccmh.net>; Denise Mandrick <Denise.Mandrick@mccmh.net>; Crystal Bouissi <Crystal.Bouissi@mccmh.net>; Elizabeth Vutci <Elizabeth.Vutci@mccmh.net>; Stacy Coleman <Stacy.Coleman@mccmh.net>

Bcc: Adam Jenovai <Adam.Jenovai@mccmh.net>; Dave Pankotai <Dave.Pankotai@mccmh.net>

Dear Clinic Teams,

As a result of an RCA reviewed by the CRMC recently, it was identified that it is important to assess for elopement risk when determined to be clinically relevant. Being able to identify the risk will assist your teams to educate the persons served, their guardians and any other individuals involved with their care. A proactive multidisciplinary approach in those circumstances, will also assist with the implementation of a plan of care or recommendations that could help to prevent the incidence of elopement episodes and other potential undesired circumstances.

I. It is recommended by the Committee that clinicians exercise their best clinical judgement when evaluating elopement risk in consumers whenever such a risk is considered relevant to their clinical history. As a suggestion various other instances in which these could be explored aside from Crisis Planning may also include, but not be necessarily exclusive to, time of intake, psychiatric evaluation, and periodically at case management follow-up encounters.

A variety of tools may be used to identify a resident at risk for wandering or elopement; however, the CMO Office recommends that whatever tool is used, the following questions should be asked:

1. Is the individual independently mobile?
2. Is the individual cognitively intact?
3. Does the individual have competent decision making capability?
4. Does the individual wander?
5. Does the individual have exit seeking behavior?
6. Is there a past history of wandering or exiting a home or facility without the needed supervision?
7. Does the individual accept their current residency?
8. Does the individual verbalize a desire to leave?
9. In the event of living in a specialized setting, has the individual asked questions about the facility's rules about leaving the facility?

- 10. Is there a special event/anniversary coming due that the resident normally would go to?
- 11. Is the resident exhibiting restlessness and/or agitation?

Answering yes to any one of these questions or a combination of them can identify the resident at risk for wandering and potential elopement. Here is a sample questionnaire of how to assess risk for elopement:

ELOPEMENT RISK ASSESSMENT

	Yes	No
1. Does the individual have diagnosis of dementia/Alzheimer/s/ confusion?	2	0
2. Is the individual able to be independently mobile?	3	0
3. Does individual pace, wander, trying to get out door, find 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?	5	0
4. Does the individual exhibit signs of <u>sundowners</u> ? (Obtain collateral information if individual is poor historian)	5	0
5. Does the individual have a history of elopement/wandering off, getting lost, etc.	5	0
6. Does not readily accept current home placement	5	0
Total	<u>5</u>	<u>0</u>

If you answered yes to one or more of the above questions, the resident may be at risk. If the score is 5 or greater, they are at risk.

The CMO Office recommends that these questions are asked of the individual/family/significant others at intake or at time of preadmission to a residential housing setting, during POOV as considered appropriate, during case management follow ups, and revisited quarterly AND/OR with any new behavior related to exit seeking activity. The interdisciplinary team should be responsible for identifying when additional assessments are needed.

******For individuals who live in a monitored residential setting Note:** The first few weeks of admission, a change in diagnosis/condition, or a special event seem to be the higher risk time frames for elopement.

II. For your consideration here some **Risk Factors** that your teams should keep in mind when determining when assessing for elopement risk could be clinically relevant:

- Agitation, anxiety, boredom or stress
- Disorientation to surroundings
- Cognitive issues affecting judgement, such as Dementia, Alzheimer's, Low Intellectual functioning, et

III. Discussed below some possible ways in which a clinic team and clinicians can help consumers/caregivers/guardians in addressing the risk: **It is very important this information is discussed with guardian and care givers, so that people are aware of your findings. Do not forget to document.**

- 1. Address elopement precautions on Care Plan:** (Reevaluate all interventions at least quarterly)
 - a. Implement routine monitoring of individual whereabouts with help of caregiver/family.
 - b. Explore with guardian/caregiver need for elopement security bracelet or other wander detection systems as warranted. Discuss appropriate options with collaboration of your organization’s RRO (Type: _____)
 - c. Involve in psychosocial programs/activities, especially during periods of restlessness. (Provide referrals _____)
 - d. Discuss with caregiver/family ways to redirect efforts to elope.
 - e. Consider placement in a secured unit, if criteria of medical necessity exist? (Make referrals if applicable)
2. Notify family; request background information & suggestions. (_____)

Updates:

	Date	Date	Date	Date	Signature
Bracelet or similar wander detection system in place?					
Referrals provided?					
Crisis Plan/PCP Updated?					
Secure placement Recommended?					
Family Involved?					

IV. Teams, regardless of their type of services (psychiatric outpatient, case management and or residential) can and should educate guardians and families/home providers on remaining aware of high risk situations as described below. (Table was obtained from an article titled "Elopement and wandering in ASD: Practical tips for PCPS" which may very well apply to adult populations <https://www.contemporarypediatrics.com/view/elopement-and-wandering-asd-practical-tips-pcps>)

HIGH-RISK SITUATIONS FOR ELOPEMENT AND WANDERING

- **Family vacation:** traveling by airplane, train, or bus; staying in a hotel.
- **When primary caregivers are away, children in the care of a less-familiar or unfamiliar adult.**
- **Novel community outings.**
- **Public transportation:** bus, train, taxi/car service, etc.
- **Open spaces:** wooded areas, parks, sporting events, parking lots, etc.
- **Crowded places:** local swimming pools, parks, water parks, amusement parks, festivals, shopping malls.
- **All water sources:** fountains, swimming pools, ponds, lakes, water features.
- **Occupied caregivers:** adults involved in conversation, emotionally driven arguments, or on smartphones.
- **Transitions:** store to parking lot; school to summer break; when one activity ends and another is yet to begin; moving; changing schools.

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The CMO Office and CRMC hopes your teams find the information provided above helpful and encourages to use your best clinical judgement in addressing them,



Carmen Serpa
Chief Medical Officer

E carmen.serpa@mccmh.net
O 586-465-8323
L 22550 Hall Rd., Clinton Township, MI 48036
www.mccmh.net

