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The Data is Clear: Elopements Are High-Risk Events

2025 Emergency Preparedness Leadership Summit

Date: Wednesday, October 8

Time: 9:45 – 10:30 am ET

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Today's Speaker

- **Mandy Smith, Director of Regulatory and Compliance - Aspire Regional Partners**
  - **HSE, CEAL, CEHCH, IPCO, LNHA, LMT, LPTA, QCP, RAC-CTA, WCC, APC**
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Session Objectives:

- **Recognize the risks** associated with resident elopement, including clinical, regulatory, and reputational impacts.
- **Interpret Ohio-specific requirements** for elopement reporting under **OAC 3701-17**, and understand how they interact with federal survey expectations.
- **Identify common root causes** of elopements and link them to gaps in assessment, supervision, and environment.
- **Apply prevention strategies** through effective risk assessments, care planning, staff training, and environmental controls.
- **Integrate elopement scenarios** into facility emergency preparedness planning and survey readiness efforts.

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Ohio-Specific Requirements (OAC 3701-17)

- **New Reporting Mandate**: facilities must report all elopements to ODH
- Definition of elopement under Ohio rules
- Timeline for reporting (immediate vs. within 24 hours)
- Interaction with incident reporting systems
- Penalties for non-compliance

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Why Elopement Matters

- Definition: Elopement in SNF setting
  - "Elopement" occurs when a resident leaves a home or safe area without the facilities knowledge or without supervision. A situation in which a resident with decision-making capacity leaves the home will not be considered an elopement unless the home has reason to suspect, or the circumstances surrounding the resident's departure indicate, that the departure is unusual or atypical. (encompasses CMS definition)
- Why it's high-risk: harm, liability, reputation, regulatory impact
- Quick Ohio statistic (if available) or national data snapshot

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Reporting Elopement

The operator is responsible for:

- Submission of reports using an electronic system prescribed by the director, including the immediate reporting of the following:
  - Elopement of a resident as defined in paragraph (J) of rule 3701-17-01 of the Administrative Code;
- BLTCQ@odh.ohio.gov

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Elopement Assessment Regulation

Upon admission, the nursing home will assess each resident in the following areas:

- Risk for elopement

The comprehensive assessment will include documentation of the following:

- Risk of elopement

The documentation needed by this paragraph will include the name and signature of the individual performing the assessment, or component of the assessment, and the date the assessment was completed.

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Elopement Assessment Regulation Cont.

Subsequent to the initial comprehensive assessment, the nursing home will periodically reassess each resident, at minimum, every three months, unless a change in the resident's physical or mental health or cognitive abilities necessitates an assessment sooner. The nursing home will update and revise the assessment to reflect the resident's current status. This periodic assessment will include documentation of at least the following:

- Risk of elopement.

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Elopement Treatment and Care

- Each nursing home will provide adequate supervision of residents who are assessed for risk of falls, or elopement, or both.

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At-Risk Patients

- Are legally committed
- Have a court-appointed legal guardian
- Are considered dangerous to self or others
- Have a history of wandering or being missing
- Lack cognitive ability (either permanently or temporarily) to make relevant decisions
- Have physical limitations that increase their risk
- Residents with mental disorder and/or SUD

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Elopement vs. Leave of Absence vs. AMA

- Residents with mental disorder and/or SUD may be at increased risk for leaving the facility without facility knowledge (which could be considered an elopement) at various times throughout their treatment, or if going through active withdrawal. The facility should explain the resident's right to have a leave of absence and also explain the health and safety risks of leaving without facility knowledge or leaving against medical advice (AMA). The facility cannot restrict a resident's right to leave the facility, but a contract can distinguish between a leave of absence, elopement, and leaving AMA.

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Data Snapshot: Elopement Trends

- CMS deficiency data (F689 – Accidents/Hazards/Supervision)
- Recent IJ cases tied to elopement (Ohio-specific examples)
- Key patterns: supervision gaps, unsafe exits, cognitive impairment

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Ohio Elopement IJs

	14	15	16	17	18	19	20	21	22	23	24	25
Elopements	14	12	16	9	19	16	22	11	14	21	21	3

* Data 2014 through second quarter of 2025 (tentative)

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Case Study 1: "She Said We Kidnapped Her"

Incident Summary:

- A visitor unknowingly triggered an elopement when entering the facility using the front door keypad. A resident, known for prior unsupervised exits, slipped out through the same door—leaving her wheelchair (with an attached wander alert) behind in the lobby. The alert was ineffective. The resident walked 0.2 miles away and was discovered roughly an hour later—*not by staff*, but by a CNA on break—sitting on the floor at a local carryout, hallucinating and accusing the facility of kidnapping her.

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Outcome/Response

Outcome:

- Resident physically unharmed but clearly distressed and disoriented
- Psychological trauma; hospitalization for psychiatric evaluation reported
- Community trust shaken due to how she was found
- Informal media attention through social media posts by carryout staff

Regulatory Response:

- **Cited at "J" level Immediate Jeopardy**
- Failed to implement and monitor physician-ordered 15-minute checks
- Failed to update care plan despite known elopement history
- Inadequate staff awareness and response mechanisms

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Lessons Learned:

- **Proximity ≠ protection:** Resident exited right from the front lobby—visibility alone isn't enough
- **Don't ignore near misses:** Previous unsupervised exits were red flags
- **Bracelets ≠ barriers:** Wander alerts on equipment—not the resident—rendered useless
- **Every check matters:** Orders for 15-minute safety rounds must be more than charted—they must be real
- **Train beyond the team:** Visitors, volunteers, and non-care staff should be trained in access control and elopement risk

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Case Study 2: "The Stairwell with No Alarm"

Incident Summary:

- A resident exited the locked third-floor memory care unit through a door that should have been alarmed. Unbeknownst to staff, rodents had chewed through the wiring, rendering the door alarm system inoperable. The resident entered the stairwell and fell down 11 concrete steps before being found on the landing by a CNA. The alarm malfunction had gone untested.

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Outcome/Response

Outcome:

- Resident suffered **multiple fractures and injuries**
- Transferred to hospital and required surgical intervention
- Family filed a complaint with the Ombudsman Program and later retained legal counsel
- Media picked up story due to safety system failure—brief local news coverage

Regulatory Response:

- **Cited at "J" level Immediate Jeopardy**
- Failed to assess and implement any care plan for known elopement risk
- Failed to maintain and monitor egress door alarms
- Facility lacked a preventive maintenance log or QA tracking for elopement systems

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Lessons Learned:

- **Rodents + Risk = Real Harm:** Environmental hazards (pests) have clinical consequences
- **Maintenance gaps = regulatory gaps:** Egress alarms must be tested and logged routinely
- **Assessment ≠ action:** Risk assessment without a care plan = regulatory noncompliance
- **3rd floor = greater danger:** Elopement from elevated floors escalates risk and liability
- **QA should include environmental safety audits—not just care processes**

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Regulatory Requirements: Federal

- CMS Requirements (F607, F689, F725/F741)
- F607 – policies around Wandering or elopement-type behaviors
- F689 – elopements (accidents/hazards)
- F727/F741– Sufficient Staffing
  - Concerns such as falls, weight loss, dehydration, pressure ulcers, as well as the incidence of elopement and resident altercations can also offer insight into the sufficiency of the numbers of staff. Surveyors must investigate if these adverse outcomes are related to sufficient staffing.
- QSO memos or survey emphasis on elopement prevention
- Connection to Emergency Preparedness regulations (all hazards, at-risk residents)

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Root Causes of Elopements

- Staffing & supervision challenges
- Inadequate risk assessment (cognitive decline, dementia, wandering history)
- Physical environment risks (unsecured exits, alarms not working)
- Policy/practice gaps

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Prevention Strategies

- Resident risk assessments (upon admission & ongoing)
- Environmental controls (alarms, secured units, wander guards)
- Staff training and drills
- Care planning & interdisciplinary team involvement

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Emergency Preparedness & Elopements

- How elopement prevention ties into Emergency Preparedness requirements
- Incorporating elopement scenarios into drills
- Coordination with local law enforcement & first responders
- Family/guardian notification protocols

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Survey Readiness

- What surveyors look for during investigations
- Common citations tied to elopements
- Documentation that demonstrates compliance & prevention efforts

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Action Steps for Leaders

- Audit current elopement prevention policies
- Ensure compliance with **OAC 3701-17 reporting**
- Engage staff with ongoing training & awareness
- Review recent cases and near-misses

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Key Takeaways

- Elopements are **high-risk and preventable**
- New Ohio regulations increase accountability
- Proactive prevention protects residents, staff, and organizations

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Anatomy of a Citation

- What surveyors look for:
  - Risk identification
  - Supervision
  - Timely and effective response
  - QAPI follow-up

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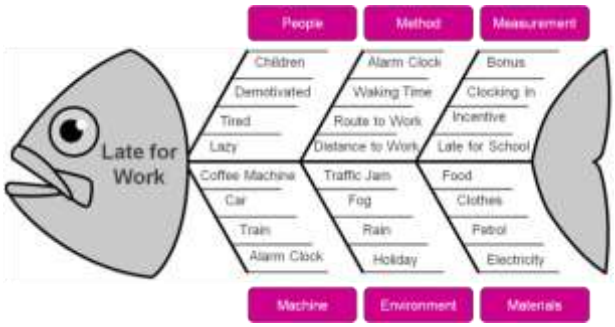
Root Cause Analysis (RCA)

- Fishbone analysis: People, Process, Equipment, Environment
- Importance of digging past surface-level blame



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Elopement Prevention

Screening tools (e.g., E-Scape checklist)

Environmental safeguards: door alarms, wander guards

Importance of elopement drills

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E-SCAPE

E—Elopement risk assessment

- Initial screening, Identify risk factors, Utilize an assessment tool, Include family input

S—Safeguards and monitoring

- Environmental controls, Strategic room placement, Patient tracking, Constant observation:

C—Communication and coordination

- Develop clear protocol, Establish a command center, Notify family, Alert law enforcement

A—Action plan (Immediate response)

- Initiate the "Code", Lock down unit, Mobilize search teams, Preserve the patient's room

P—Prevention through engagement

- Address agitation, Offer diversions, Maintain routine, Supervised exercise

E—Evaluation and education

- Conduct a post-incident review, Provide staff training, Update policies, Evaluate technology

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The Safety Ecosystem

Staff supervision ratios

Communication handoffs

Environmental design

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Handoff Communication

Shift change risks

Key safety info: wander risk, transfer needs, behavioral changes

Use of SBAR or similar tools

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Conducting Elopement Drills

When and how to do drills

Staff response time tracking

Using drills as a learning tool

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Staff Competency & Return Demos

- Annual and situational training
- Return demonstrations for elopement protocol and drills.
- Skills fairs and documentation

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QAPI in Action

- Linking falls, elopement, transfers to QAPI
- Use data to drive changes
- Sample PDSA cycle

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Using Metrics to Drive Change

- Leading vs. lagging indicators
- Sample dashboard: fall rate, response time, lift usage

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Data Storytelling for Surveyors

Presenting your safety efforts with visuals and narrative

Before/after charts

Tying interventions to outcomes

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Action Planning Worksheet

90-day plan template

Goals, timelines, owners

Resource allocation

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What questions do you have?

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