Name of Your Organization Here

Investigation Guidelines for Elopements

1. Assess for injury.
2. Complete Event report in PEER.
3. Investigation is to be performed by the Director of the area in which the elopement occurred. In the case of an elopement with no serious injury, and with the consent of the Risk Manager, the Director may assign the investigation to his/her designee, who must be of a supervisory/managerial level. In the case of an elopement with a serious injury or death, the investigation shall be performed by the Director of Risk Management in conjunction with the Risk Manager and the Director of the department from which the elopement occurred.
4. All investigations should be performed in a prompt and timely manner as close to the time of the event as possible.
5. All hazardous wandering/elopement events are to be categorized as a Severity Level 5 in Reported Event Severity section of file. Only Risk Manager may change/lower Actual Event Severity level to a 0 in the Resolution/Outcome section, if, after investigation, it has been determined that the event does not meet the definition of a "hazardous wandering" or "elopement," as defined by facility policy.
6. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
7. Investigation for residents who were not previously assessed as hazardous wandering/elopement risks should include a review of the resident's chart to ascertain:
    a. Were there any prior episodes of wandering behavior documented? If so, what interventions, if any, were put in place to prevent this?
    b. Was resident assessed for hazardous wandering in a timely and thorough manner in accordance with facility policy?
8. Investigations for residents who were not previously assessed as being at risk for elopement, residents considered to be at risk for wandering, or residents who have eloped before should include ensuring that Care Plan/Support Plan has been updated to include that hazardous wandering/elopement preventions have been added or altered as necessary.
9. Investigate to determine how resident eloped:
    a. Conduct interviews with all direct care employees involved with resident, as well as any witnesses, including volunteers.
    b. Investigate environmental possibilities, such as unlocked doors, doors propped open, alarms that failed to sound and/or lock; windows without stops, unsecured areas that resident had access to, etc.; document in Follow-up Action→Work Done On File.
    c. If helpful, take photographs of environment; make any photos attachments to Follow Up.
    d. Find out if volunteers or family members were in area when resident eloped to assess if resident may have followed them out of the secure area. This is sometimes referred to as "piggybacking."

10. If the secure area from which resident eloped has door alarms or locking devices, check all such alarms/devices to ensure in proper working order; determine whether all alarms/devices were checked in accordance with facility policy; document in Follow-up Action.
11. If the resident who eloped wears an electronic device such a wanderguard, check to ensure the device is functioning properly; determine whether all those residents with wanderguards have been checked in accordance with facility policy; document in Follow-up Action.
12. For any elopements (especially for those with serious injuries or death), perform a root cause analysis.
13. Determine whether the event warrants a meeting with family, depending on circumstances and severity of injury; meeting with family should be conducted on all events where the family is upset or expressing confusion on how or why event occurred. Document meeting(s) on Follow Up section of file with factual information.
14. Before closing file, review the following recommendations and document in Follow-up Action→Work Done on File, as indicated:
    a. Ascertain whether employee in-servicing is beneficial or necessary, and if so, conduct in-servicing.
    b. Ascertain whether any policy/procedure changes need to be made; if so, make such changes or additions.
    c. Ensure that event was reported to appropriate government agency, if necessary.
    d. Ensure that event was reported to insurance carrier, if necessary.
    e. Ensure that any recommended repairs have been made.
    f. Ensure that all corrective actions and contributing factors are documented.
    g. Ensure you have documented at least one intervention to prevent a reoccurrence.
15. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
16. File closure can take place once the established sign-off procedure, based on facility policy, is completed, Risk Manager has completed his/her Risk Manager Review, and Follow-up Actions are documented in Event file.
    1. A File Manager with Closure may close the file if the following conditions apply [include if organization allows file managers to close events; remove if not permitted]:
        a. Level of Severity is 0-2.
        b. Risk Manager has signed off under Follow-up Action→Review or Sign-off.
17. General file closure guidelines are as follows:
    a. Severity 0, no longer than 2 weeks [or modify as appropriate; in no event should this be longer than 4 weeks].
    b. Severity 5, no longer than 4 weeks. [or modify as appropriate; in no event should this be longer than 6 weeks unless there is still ongoing activity on the file].

Note: Event files are available for review after closure and are easily found/recoverable in RL6. Do not delay closure due to concern that the event will no longer be accessible.