# A Cognitive Aid for At-Risk Wandering and Missing Patients

## At-Risk Patient Behavior(s)

- Anxiety/stress
- Confusion
- Depression
- Hallucinations/delusions
- Pacing or exit seeking
- Restlessness
- Verbalizing intent to leave/worried about something outside the facility
- Restlessness

## When Communicating With Patients

- Speak clearly
- Use a calm voice
- Make visual cues to re-enforce your words
- Make eye contact
- Get his/her attention by motion or touch
- Look for facial signs of understanding
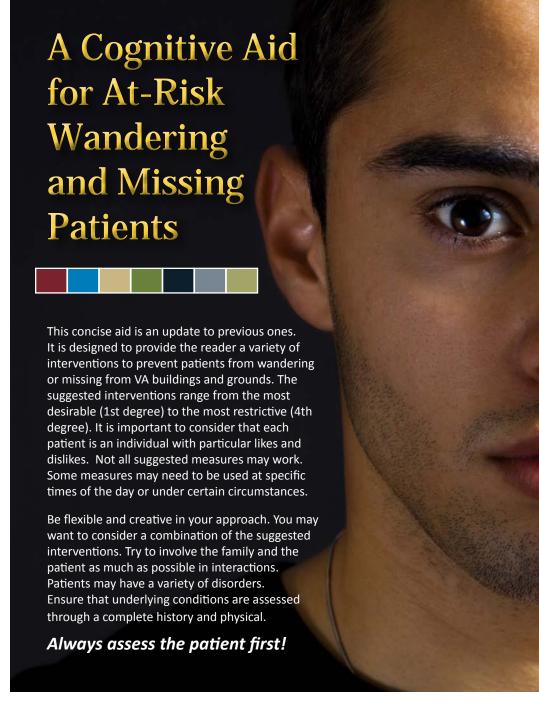- Ask "Yes" or "No" questions and use short simple phrases

## Helpful Resources

The Birmingham VAMC Healthcare Failure Mode and Effect Analysis (HFMEA) to study the process of identifying and searching for the absent patient verses the missing patient. Topics in Patient Safety (TIPS) Vol. 14, Issue 2, March/April 2014, p3. http://vaww.ncps.med.va.gov/Publications/TIPS/Docs/TIPS_MarApr14.pdf

Management of Wandering and Missing Patients, VHA Directive 2010-052, 12/3/10. Although the Missing Patients Register no longer exists, missing patients continue to be tracked as issue briefs, which facility directors submit to the Office of the Deputy Under Secretary for Health for Operations and Management (10N). http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2340

VHA National Patient Safety Improvement Handbook, VHA Handbook 1050.01, 3/4/11. All adverse events require reporting and documentation using the "WebSPOT" software application; the type of review required is determined through the Safety Assessment Code (SAC) matrix scoring process (see App. B). http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2389

Reference/resource. A list of references compiled by VA NCPS staff, for VISN patient safety managers, and other VHA employees seeking information about missing patient risk assessment and missing patient prevention. vaww.ncps.med.va.gov/education/aggrev/elope/reference.doc

This concise aid is an update to previous ones. It is designed to provide the reader a variety of interventions to prevent patients from wandering or missing from VA buildings and grounds. The suggested interventions range from the most desirable (1st degree) to the most restrictive (4th degree). It is important to consider that each patient is an individual with particular likes and dislikes. Not all suggested measures may work. Some measures may need to be used at specific times of the day or under certain circumstances.

Be flexible and creative in your approach. You may want to consider a combination of the suggested interventions. Try to involve the family and the patient as much as possible in interactions. Patients may have a variety of disorders. Ensure that underlying conditions are assessed through a complete history and physical.

*Always assess the patient first!*

## At a Minimum, Patients are Considered At-Risk if They

- Are legally committed
- Have a court-appointed legal guardian
- Are considered dangerous to self or others
- Are gravely disabled due to a mental disorder
- Lack cognitive ability (either permanently or temporarily) to make relevant decisions
- Have physical limitations that increase his/her risk

## At-Risk Patient Assessments

At-risk assessments for cognitive impairment must be carried out, and recorded in the health record in all of the following circumstances:

- At the time of inpatient admission, discharge or transfer between units or settings
- As a component of each initial and annual outpatient evaluation
- When there is a reported change in mental status for any reason

## Definitions

### Wandering Patient

An at-risk patient who has shown a propensity to stray beyond the view or control of employees, thereby requiring a high degree of monitoring and protection to ensure the patient's safety.

### Missing Patient

An at-risk patient who disappears from the patient care areas (on VA property), or while under control of VHA, such as during transport.

### Absent Patient

A patient who leaves a treatment area without the staff's knowledge or permission (after checking in), but who does not meet the at-risk criteria outlined for a missing patient and is not considered at-risk. According to recent data, this appears to happen most often during patient transport, staff and/or patient communication, or some ambiguity in the process.

## Preliminary Missing Patient Preparation

At a minimum, preliminary preparation should include:

- Persons designated to perform a clinical review of patients when they have disappeared
- Designating who may declare a patient "missing" or "absent" and what level of search is required
- Ensuring command responsibilities and procedures are covered on a 24/7 basis. Designation of a Search Command Post and Search Coordinator are published.
- Ensuring time frames and level of each search based on local circumstances are published
- Designating persons who will notify relatives or guardians and are responsible for communicating with them until the patient is found
- Establishing criteria to determine when a missing patient search is unsuccessful
- Assigning specific staff to given areas to ensure that all areas are searched, and to avoid random or uncoordinated searches. A patient search grid contains all pertinent information and times, directions for searching indoors, directions for searching outdoors and search team grid assignments. This information is all available in Management of Wandering and Missing Patients, VHA Directive 2010-052, 12/3/10.