

# National Alzheimer's Project Act (NAPA)

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The information that follows was included as an attachment to an email submitted by the public.

For more information about NAPA, visit the NAPA website at:

<http://aspe.hhs.gov/national-alzheimers-project-act>

January 2012



# EmFinders Elopement Risk Program for Senior Care Communities

Bringing Peace of Mind to Families,  
Caregivers and Senior Communities



# EVERY MOMENT MATTERS

## Introduction

EmFinders' mission is the rapid recovery of missing, cognitively impaired individuals – we locate the lost. If a resident elopes from their community, minutes matter and the consequences can be catastrophic. The **EmFinders Elopement Risk Program (EERP)** offers Senior Care communities a proactive RISK MANAGEMENT SOLUTION, a simple, step-by-step program that includes proper assessment of residents for elopement risk, a form to discuss with family members viable interventions to reduce elopement risk, and the introduction of the EmFinders' secure EmSeeQ bracelets - powered by the technologically superior EmFinders' service. The EmSeeQs locate and recover an individual if an elopement occurs, using the national Emergency 9-1-1 system to empower the nearest local law enforcement agency with precise and immediate location.

While the majority of Senior Care providers do assess for wandering/elopement risk, most communities typically do not consider a resident an elopement risk **until either they attempt to elope, or were successful in their attempt.**

Wandering / elopement can happen without any noticeable signs of a resident's cognitive impairment. A resident with even mild cognitive impairment could potentially wander away from their community, putting themselves at risk of bodily injury or even death. It is impossible to predict if or when any given resident with cognitive impairment will attempt to wander/ elope from their community.

The **EmFinders Elopement Risk Program** for Senior Care communities provides a unique and proactive approach to addressing the real risk of elopement, one that provides ***Peace of Mind*** to both staff and family, and that can easily be integrated into existing Elopement Policies & Procedures.

The **EERP** program includes:

- **Elopement Risk Assessment forms** – two to choose from (if needed)
- **Elopement Risk Agreement** – A negotiated risk agreement for staff to utilize when meeting with families of 'at risk' residents to discuss viable interventions (including placement in Memory Care) to reduce the risk of elopement, as well as the EmSeeQ Solution (see below)
- **EmSeeQ Solution for AT RISK residents** – Includes the EmSeeQ device and monthly monitoring to provide a practical and highly reliable solution for locating and returning a resident within minutes if an elopement were to take place

## **Document Attachments**

The following documents are provided for information and reference use:

1. EmFinders Elopement Risk Program Description
2. Exhibit A: ELOPEMENT RISK ASSESSMENT DECISION TREE
3. Exhibit B: Assisted Living Elopement Risk Assessment Form
4. Exhibit C: Elopement Risk Agreement
5. Exhibit D: Senior Living Billing Options
6. Exhibit E: EmFinder EERP Elopement Protocol
7. EmFinders Elopement Risk Program Implementation Guide



## EmFinders Elopement Risk Program For Senior Care Communities

Step-by-step tool to assist Care Community in implementing EmFinders Elopement Risk Program into Community's existing Elopement Policies & Procedures

Step	Action
1	<p>All senior living communities are required to conduct comprehensive resident assessments at specific intervals during the resident's stay based on state regulations.</p> <p>A variety of assessment tools may be used to identify residents at risk for elopement. As part of The EmFinders EERP program, attached are 2 industry accepted 3<sup>rd</sup> party assessment forms provided as a resource, if needed:            Exhibit A: <b>Risk Assessment Decision Tree</b> and/or the            Exhibit B: <b>Assisted Living Elopement Risk Assessment Form</b></p>
2	<p>Complete the summary of Assessment using Community's own assessment form, or one of the following assessment forms mentioned above.</p> <p>If the person has been assessed to be <b>AT RISK</b> for elopement at the time of assessment, review each of the <b>Potential Interventions</b> that are listed on each of the above forms. Select all Interventions that staff recommend to be implemented.</p>
3	<p>Corporate Decision to Recommend EmSeeQ device and monitoring for all residents who were assessed to be <b>AT RISK</b> ___YES ___NO</p> <p>Alternative Options for consideration. Residents NOT wearing the EmSeeQ device who are cognitively impaired and ambulatory who</p> <ul style="list-style-type: none"> <li>○ are going to off-site activity events (i.e. trips to mall, museum, movies, zoo etc.)</li> <li>○ are going home from the community for short term visits</li> <li>○ going to off-site doctor visits</li> <li>○ Other _____</li> </ul>
4	<p>Review in detail Exhibit C: <b>Elopement Risk Agreement Form</b>, a modified negotiated risk agreement. Recommend utilizing this form with family member/guardian for ALL Residents who were assessed to be <b>AT RISK</b>.</p>

	<p>Meet with family/guardian to determine resident/family preference, possible / probable consequences based on their preference, and alternatives/interventions to minimize risk of elopement, as well as recommendation of EmSeeQ device with monitoring.</p> <p>The family member / responsible party must <b>Agree</b> or <b>Refuse</b> the interventions discussed and sign/date the document along with the appropriate approved community staff representative. If the EmSeeq solution is recommended and resident/family has declined to accept, this form is critical in the event of an elopement.</p>
5	<p>Immediate implementation into Resident's Care/Service Plan the interventions recommended, agreed upon, and/or not agreed upon from the <b>Elopement Risk Agreement Form</b>.</p> <p>Care/Service Plan should also reflect caregiver participation with placing/removing device from resident, charging the device, etc.</p>
6	<p>Community selects EmSeeQ Billing Option See detailed explanations for the listed programs in <b>Exhibit D: Sample Senior Living Community EmSeeQ Billing Options</b></p> <ul style="list-style-type: none"> <li>a) <b>Community Integrated Care Option 1</b> – Community pays <b>total cost</b> of device and monthly monitoring</li> <li>b) <b>Community Integrated Care Option 2</b> – All fees are added to each residents monthly level of care invoice (cost passed directly to resident/family)</li> <li>c) <b>Community Supplied Device – Family Monitoring Option</b> - Community pays for cost of EmSeeQ device, resident/family pay recurring monthly monitoring cost</li> <li>d) <b>Referral Program</b> – Community refers resident/family to purchase EmSeeQ solution (device &amp; monitoring) from EmFinders directly</li> <li>e) <b>Hybrid Company Specific Program</b> - TBD</li> </ul>
7	<p>Community Decision: Whether or not to Mark Up Monthly Monitoring fee for additional revenue.</p> <p>Example: Community monthly cost payable to EmFinders (per unit) \$25 Suggested monthly cost to resident/family \$50</p>
8	<p>Contract Discussions based on Community decisions referenced above</p>
9	<p>Update Existing Elopement Policies &amp; Procedures to incorporate:</p>

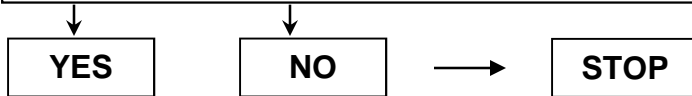
	<ul style="list-style-type: none"> <li>▪ Assessment form to be utilized (if changed)</li> <li>▪ Protocol as to determine which residents will be recommended for an EmSeeQ device with monitoring</li> <li>▪ Use of Elopement Risk Agreement</li> <li>▪ Protocol updating Care/Service Plan</li> <li>▪ Billing decisions (EmSeeQ device &amp; monthly monitoring)</li> <li>▪ Update Missing Person Protocol/Emergency Elopement Procedure (Call Tree during an Activation)</li> <li>▪ In-Service Training Topics &amp; Schedule for EERP</li> </ul>
<p><b>10</b></p>	<p>Schedule initial <b>In-service training sessions</b> for staff on EERP Program which should include:</p> <ul style="list-style-type: none"> <li>▪ Management</li> <li>▪ Clinical</li> <li>▪ Caregivers</li> <li>▪ Marketing</li> <li>▪ Family Members</li> </ul>
<p><b>11</b></p>	<p>Training Video</p>

## Exhibit A: ELOPEMENT RISK ASSESSMENT DECISION TREE

**Resident Name:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Instructions: Complete upon admission, thirty days after admission, quarterly, and with any significant change in condition/mental health status (or per state required guidelines). Place a check in each applicable box:

Resident is ambulatory or self-mobile in wheelchair?



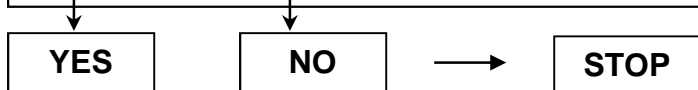
### Assessment 1

- New admission **or**
- Resident is cognitively impaired, with poor decision-making skills, and/or pertinent diagnosis (e.g., dementia, OBS, Alzheimer's, intellectual/developmental disability, retardation, delusions, hallucinations, anxiety disorder, depression, manic depression, bi-polar, schizophrenia) **or**
- Resident is alert but non-compliant with facility protocols regarding leaving the unit **or**
- Does the resident ambulate independently, with or without the use of an assistive device (i.e. walker, cane or wheelchair)? **or**



### Assessment 2

- New admission **or**
- Resident is cognitively impaired, with poor decision-making skills, and/or pertinent diagnosis (e.g., dementia, OBS, Alzheimer's, intellectual/developmental disability, retardation, delusions, hallucinations, anxiety disorder, depression, manic depression, bi-polar, schizophrenia) **or**
- Resident is alert but non-compliant with facility protocols regarding leaving the unit **or**
- Does the resident ambulate independently, with or without the use of an assistive device (i.e. walker, cane or wheelchair)? **or**



- Care plan for high risk for elopement residents differentiating strategies for the cognitively intact vs. cognitively impaired individuals.
  - Educate staff and enter notation on CNA care card.
  - Utilize Emergency location solution
  - Re-evaluate all interventions at least quarterly
- Continue on next page

**Exhibit A: ELOPEMENT RISK ASSESSMENT  
DECISION TREE page 2**

Summary of Assessment

\_\_\_\_\_ Resident is AT RISK for elopement at this time

\_\_\_\_\_ Resident is NOT AT RISK for elopement at this time (note: only if a no decision)

Potential Interventions

1. Schedule Physician cognitive assessment & medication re-assessment
2. Implement EmSeeQ Emergency Location solution with Monitoring Service
3. Secure/Memory Care Unit
4. Frequent monitoring: check every \_\_\_\_\_
5. Keep behavior logs
6. Exercise
7. Identification bracelet
8. Utilization of check in/out log
9. Schedule walks with staff
10. Schedule additional recreational activities
11. Music

List the Interventions that have been initiated:

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Has Care Plan been updated to reflect interventions? \_\_\_\_ YES \_\_\_\_ NO

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Exhibit B: Assisted Living Elopement Risk Assessment Form

**Resident Name:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Person Providing Assessment:** \_\_\_\_\_

**Instructions:** Complete upon admission, thirty days after admission, quarterly, and with any significant change in condition/mental health status (or per state required guidelines).

**Scoring:** Three (3) or more “RESIDENT STATUS/POTENTIAL RISK FACTORS” and / or one (1) or more “DEFINITIVE RISK FACTORS” indicate the resident **IS AT RISK FOR ELOPEMENT**.

Summary Of Assessment Below	AT Risk	Not At Risk
Resident is AT RISK for elopement at this time?		

RESIDENT STATUS/POTENTIAL RISK FACTOR	Check One	
Questions	Yes	No
Does the resident have a diagnosis of Dementia, OBS, Alzheimer's, Intellectual/Developmental Disability, Retardation, Delusions, Hallucinations, Anxiety Disorder, Depression, Bi-Polar, and Schizophrenia?		
Does the resident ambulate independently, with or without the use of an assistive device (i.e. walker, cane or wheelchair)?		
Does the resident have any hearing, vision or communication problems?		
If the resident has wandering behavior, is it tied to resident's past (i.e. their prior work, takes long walks, seeking someone they cannot find)?		
Had the resident been recently admitted or re-admitted to this community within the last 30 days and is NOT accepting of the situation?		
Does the resident take any medications that increase restlessness and/or agitation?		

## Elopement Risk Assessment Form (page 2 of 3)

### DEFINITIVE RISK FACTORS

### Check One

Questions	Yes	No
Is the resident ambulatory (able to walk without someone assisting them), yet cognitively impaired with poor decision-making skills (i.e. intermittent confusion, cognitive deficits, appear disoriented)?		
Has the family/responsible party voiced concerns that would indicate the resident may have 1) wandering tendencies inside the home/community, or 2) ever attempted to leave their home/community without supervision?		
Has the resident verbally expressed the desire to go home, packed belongings to go home, talked about going on a trip, or stayed near an exit door?		
Does the resident have a history of Wandering/Eloping (leaving without supervision) while at home?		
Does the resident have a history of Leaving the community without informing staff?		
Does the resident wander without a sense of purpose (i.e. confused, moves aimlessly, may enter other resident rooms and explore their belongings)?		
Is this wandering behavior new? Has there been any change in the resident's status or routine (i.e. change in medication, recent illness, pain, infection, loss of a loved one)?		

### Potential Interventions

1. Schedule Physician cognitive assessment & medication re-assessment
2. Order EmSeeQ device with Monitoring Service
3. Secure/Memory Care Unit
4. Frequent monitoring: check every \_\_\_\_\_
5. Keep behavior logs
6. Exercise
7. Identification bracelet
8. Utilization of check in/out log
9. Schedule walks with staff
10. Schedule additional recreational activities
11. Music

**Elopement Risk Assessment Form (Page 3 of 3)**

**List the Interventions that have been initiated:**

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<b>Summary Of Assessment Below</b>	<b>YES</b>	<b>No</b>
Has Care Plan been updated to reflect interventions?		

## Exhibit C: Elopement Risk Agreement

The Community assessed the following resident (resident name) \_\_\_\_\_ in Room/Apartment # \_\_\_\_\_ for wandering /elopement risk and **it was determined the resident should be considered an elopement risk at this time.**

The 'Risk Factors' identified through the Elopement Risk Assessment should be taken seriously, even if the resident has not attempted to elope, as there is no way to predict when, or if a person with cognitive impairment will attempt to leave our premises unsupervised and potentially put themselves at risk for bodily injury or even death.

<b>Resident/Family Preference:</b>	<b>Alternatives Offered to Minimize Risk:</b>
<input type="checkbox"/> Wait until Physician can re-assess resident *  <input type="checkbox"/> Remain in this assisted living community rather than a Memory Care Unit *  <input type="checkbox"/> Remain in Memory Care unit without interventions *  <b>* Possible/Probable Consequences of Resident Preference:</b>  <input type="checkbox"/> Leaving the premises unsupervised which could lead to bodily injury or even death  <input type="checkbox"/> Elopement risk should be reduced as resident is being transferred to Memory Care Unit	1. <input type="checkbox"/> Physician Cognitive Re-Assessment and Medication Re-evaluation  2. <input type="checkbox"/> Placement of EmSeeQ device w/ Monitoring  3. <input type="checkbox"/> Hire 24-hour sitter until conditions change /or other placement can be arranged  4. <input type="checkbox"/> The resident be moved to a Secured Unit on the premises immediately  5. <input type="checkbox"/> Transfer to another facility that can meet the cognitive needs of resident since we do not have a Limited Access Memory Care Unit  6. <input type="checkbox"/> Other (Please explain) _____ _____

### Agreement between Resident/Designated Agent and Community:

I, \_\_\_\_\_ **AGREE** to the decision to use these interventions (specifically list #) \_\_\_\_\_ to potentially reduce the risk of the resident eloping, although I acknowledge in any assisted living setting there remains an inherent risk for elopement due to the freedom, independence and autonomy our residents desire in this setting.

If a 24 hour sitter is recommended, I, \_\_\_\_\_ **AGREE** to pay the additional cost until the resident's Physician can reassess and/or until other placement can be made.

I, \_\_\_\_\_ **REFUSE** to allow the (community name) to use these interventions (specifically list #) \_\_\_\_\_ as an attempt to reduce the risk for elopement and acknowledge that I am fully aware that the community cannot guarantee the safety of my loved one in this setting. Furthermore, I acknowledge, accept, and take full responsibility that my family member could sustain potential bodily injury and even death.

Family Member/Responsible Party Signature : \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## Exhibit D: Senior Living Billing Options

Community Representative \_\_\_\_\_ Date \_\_\_\_\_

### **Option A: Community Integrated Care Service Program:**

- EmFinders EERP Program is integrated into the Community Care Program. The cost for the EmSeeQ device and recurring monthly monitoring fees **are paid directly by the Community.**

### **Option B: Community Integrated Care Service Program – Cost Pass Through with Revenue Potential:**

- EmFinders EERP Program is integrated into the Community Care Program. The cost for the EmSeeQ device and monthly monitoring fees **are added directly to the Resident's monthly level of care invoice (the cost is passed directly to each resident/family).**
- With this model, the community has the option of an appropriate mark-up to the monthly monitoring charges for value added services provided by Community staff, which include Policy & Procedure Implementation, battery monitoring/charging, physical device inspection, device placement and removal as needed, etc.
- Some family members will refuse the EmSeeQ device and monthly monitoring for their cognitively impaired loved one. To protect the community from a risk management perspective, recommend the Community purchase enough EmSeeQ devices and made available for activity based events and other off-campus trips for 'at risk' residents whose family refused to purchase.

### **Option C: Community Supplied Device – Family Services Program:**

- EmFinders EERP Program is integrated into the Community Care Program. The one time cost for the EmSeeQ device is paid by the Community, while the recurring monthly monitoring fee is paid by the family/guardian directly to EmFinders.

### **Option D: Referral Program:**

- EmFinders EERP Program is NOT integrated into the Community. **Community advises and directs family/guardian to purchase the device and pay recurring monthly monitoring fee directly with EmFinders.** Based on volumes, there may be discounts available and a discount code will be assigned to the community's corporate level and community will share with resident.

### **Option E: Hybrid Company Defined Program:**

- Corporate or community level program designed to implement an alternative solution.



## Exhibit E: EmFinders EERP Elopement Protocol

When it becomes certain that a resident with an EmSeeQ device is missing, below are the protocols to add to your existing Policies & Procedures.

Step	Action
1	If the person of interest is NOT found on the premises (utilizing existing Community Elopement Policy & Procedure) below are the steps that should be taken.
2	If resident is not found in the building within 5 minutes – A designated Nurse Manager/ or Director is responsible for contacting the appropriate police agency (911). They notify police of potential elopement and obtain a case or incident number from the dispatcher.
3	The Nurse Manager/designee or Director then calls Call EmFinders Operations Center to activate unit (1-800-215-8161) <ul style="list-style-type: none"> <li>- gives call taker the name of the missing person</li> <li>- gives the call taker the case or incident number</li> <li>- tells the call taker what the person was last seen wearing</li> </ul>
4	The designated supervisor will contact the resident's family member.
5	The Nurse Manager/designee remains in contact with the EmFinders Operations Center and E911 during the location and recovery process. EmFinders provides support and updates as often as possible.

Please note that EmFinders provides training tools and training support as part of its service implementation.

## EmFinders Elopement Risk Program Implementation Guide

The following document is provided to assist in integrating EmFinders EERP Program into Senior Care Community's existing Elopement Policies & Procedures.

Community Steps	Resources From EmFinders	Action Required	✓
All Residents assessed to determine who is 'at risk' – Standard AL and Memory Care	3 <sup>rd</sup> Party Elopement Risk Assessment Forms available Exhibit A & B	Determine Assessment Form	
Community decision to <b>recommend</b> EmSeeQ device & monitoring for ALL residents assessed to be 'at risk'	___ YES ___NO	Corporate Decision	
Introduction of Elopement Risk Agreement (Modified Negotiated Risk)	Elopement Risk Agreement Provided - Exhibit C	Corporate Sign Off	
Community selects EmSeeQ Program Option for Billing Determination – Exhibit D: <ul style="list-style-type: none"> <li>▪ Community Integrated Care Program</li> <li>▪ Community Supplied Device – Family Services Program</li> <li>▪ Referral Program</li> <li>▪ Other Company Specific Option</li> </ul>	EmSeeQ Program Options Exhibit D	Corporate Decision	
Decide on Additional Mark Up to Community for Monthly Monitoring	Sample ROI Example	Corporate Decision	
Discuss Contract Specifics	Prepare Contract based on Information Provided		
Recommend Client Update Existing Elopement Policy & Procedure to incorporate: <ul style="list-style-type: none"> <li>▪ EmSeeQ device/monitoring</li> <li>▪ Use of Elopement Risk Agreement with Family Members</li> <li>▪ Billing for device/monitoring</li> <li>▪ Staff maintenance for device (charging intervals)</li> <li>▪ Missing Person Prototols</li> <li>▪ In-Service Training Schedule</li> </ul>	N/A	Corporate & Legal Sign Off	
Training Video Rollout: <ul style="list-style-type: none"> <li>▪ Marketing Team</li> <li>▪ Clinical Staff</li> <li>▪ Caregivers</li> <li>▪ Family Members</li> </ul>	Staff Training video provided	Obtain Specific Date for Training Roll Out	