DukeHealth

Policy/Procedure:	DUH - Durham Campus Only: Inpatient Requests to Leave the Unit, Inpatients Off the Unit Without Permission, and Inpatient Elopement	
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Applicability:

- ☐ Ambulatory Surgery Center Arringdon
- ☐ Davis Ambulatory Surgery Center (DASC)
- ☐ Duke Health Integrated Practice (DHIP)
- ☐ Duke Health Technology Services (DHTS)
- ☐ Duke HomeCare & Hospice (DHCH)
- ☐ Duke Primary Care (DPC)
- ☐ Duke Regional Hospital (DRH)
- ☐ Duke University Hospital (DUH) (both campuses)
  - ☒ Durham Campus Only
  - ☐ Duke Raleigh Campus Only
- ☐ Patient Revenue Management Organization (PRMO)
- ☐ Population Health Management Office (PHMO)

Purpose:

Level:

Personnel:

Competencies/Skills:

Policy:

Duke University Hospital ("Hospital") personnel shall follow the Procedures below in responding to requests by inpatients with healthcare decision-making capacity to leave their inpatient unit for non-clinical reasons; responding to suspected instances of inpatients with healthcare decision-making capacity who are "off the unit"; and responding to suspected instances of Elopement.

The policy does not apply to any emergency department, or behavioral health unit, which are subject to separate policies. *See* the "Policies" section below.

EMTALA Policies will apply and must be followed in the birthing center with regards to patients who present to the birthing center in active labor.

This Policy is intended as general guidance and not as a substitute for, or to supersede, the independent clinical judgment of any DUHS provider in individual cases.

Definitions:

Elopement – Any departure of an Incapacitated inpatient from the Hospital without required advance notification to the patient's health care team. Note: an inpatient who possesses the ability

to make or communicate health care decisions and who Leaves Against Medical Advice is not eloping.

First Call Provider – A treatment team designation within Maestro to identify the primary point of contact for patient care issues. Providers, nurses, laboratories, and radiology go to the treatment team in Maestro looking for First Call Provider designation to identify the correct provider to contact.

Incapacitated – Lacking the ability to make or communicate health care decisions on one's own behalf, as determined by an attending physician. For purposes of this Policy, a patient is deemed to be Incapacitated if, at the time of their request to leave AMA, an actual departure from a clinical unit, or suspected Elopement, the patient: (i) has been referred for, is under evaluation for, or is the subject of a petition or order for, guardianship, protective services, or commitment, (ii) is under a DUH Medical Hold Order (as defined below), or (iii) is a Minor who, per their attending physician, is seeking medical care requiring the consent of their parent or other Surrogate Decision- Maker.

Leaving Against Medical Advice (AMA) – Circumstances in which an inpatient (or, if the patient is Incapacitated, their Surrogate Decision Maker) has the ability to make or communicate health care decisions, and, against the prior advice of the patient's healthcare team, attempts to leave the Hospital prior to completion of prescribed treatment. *See, e.g.,* the Patient Rights and Responsibilities, "Informed Consent," and "Hospital Inpatient Departure Against Medical Advice" Policies linked in the "Policies" section below.

Medical Hold Order (MHO) – An emergency order entered in accordance with applicable Hospital policy temporarily detaining an adult inpatient known or suspected to be both Incapacitated and at imminent risk of harming self or others. *See* the DUH Incapacitated Inpatient Medical Hold Policy linked in the "Policies" section below.

Minor - A person under 18 years of age and not otherwise emancipated (by marriage or judicial order).

Surrogate Decision-Maker – An individual other than an Incapacitated patient who is presently authorized to make healthcare decisions for that patient. *See* the Informed Consent Policy in the "Policies" section below. If an inpatient is Incapacitated, the Surrogate Decision-Maker generally has the authority to make decisions for the patient, except in certain circumstances described below in which this Policy does not apply.

Procedure:

1. **Requests to Leave Hospital Inpatient Units (inpatients with healthcare decision-making capacity only):**

a. On admission, patients and their Surrogate Decision-Makers will receive a patient guidebook that explains the importance of the patient staying on the unit or in their room in order to receive timely care and treatments. It is expected that patients will be in their rooms for hourly care (nursing & provider rounding, medication administration, laboratory tests, *etc.*). This is a best practice and essential to provide safe, quality care.
b. Each time an inpatient with healthcare decision-making capacity requests to leave the unit for non-clinical purposes, nursing will remind them of concerns about leaving the unit, the importance of staying in their room to receive care, and to "Please read the Hospital expectations and safety guidelines provided in our patient guidebook if you want to request to leave the unit."
c. The following guidelines apply for patients requesting to leave their units:
    i. The patient's primary care nurse and the responsible covering attending physician will discuss and determine whether the patient is permitted to be off the unit. It is not recommended that the following patient populations be permitted to leave the unit:
        1. Incapacitated patients, unless appropriately supervised as determined by the staff nurse and attending physician.
        2. Patients on airborne or contact isolation fall precautions, or cardiac monitoring.
        3. Patients given sedative medications (opiates, benzodiazepines, etc.) within the prior hour or otherwise evidencing ongoing impairment, unless accompanied by the appropriate personnel.
    ii. When a patient permitted to leave the unit requests permission to leave, the nurse should ask the following questions.
        1. Where they are going? The patient will be reminded of the need to not leave the hospital building or pass through any security checkpoints.
        2. When are they returning? The patient will be reminded of the need to return to the unit within 1 hour (or a longer period agreed upon in advance by the patient, the responsible covering attending physician, and the primary care nurse). The patient will also be informed that a failure to return to the unit within 1 hour or other agreed upon time may result in their discharge AMA from the hospital, the loss of their room/bed, and a requirement that they report to the Emergency Room for evaluation and consideration of readmission.
        3. Cell phone number or another contact number if a family member/visitor is with them? The patient and family

member/visitor will be reminded to answer all calls while off the unit.

iii. Minors must have the permission of their responsible covering attending physician (and *Surrogate Decision-Maker* where required) to leave the unit.
iv. Staff should not accompany a patient off the unit for non-clinical reasons unless authorized to do so by their manager and OA.
v. In order for a patient to leave the unit, Nursing must remove from the patient all pertinent medical devices (i.e., IV to saline lock, PCA, telemetry, etc.) and receive appropriate orders from the First Call Provider to remove that equipment. If equipment is to remain attached to the patient (e.g. portable oxygen tank and tubing), then permission must be obtained from the First Call Provider.
vi. Upon return to the unit, the patient will check in with their nurse. If the nurse suspects any change in the patient's condition, including impairment from the use of controlled substances, the nurse will inform the First Call Provider.
vii. A patient who fails to return to the unit at the agreed-upon time shall be treated as Off the Unit Without Permission, in which case the steps in Section 2 should be followed.

2. Inpatients "Off the Unit" Without Permission (inpatients with healthcare decision-making capacity only)

If an **inpatient with healthcare decision-making capacity** has left the unit without permission (including any patient granted permission to leave under Section 1 above who has failed to return within 1 hour or longer period agreed upon in advance by the patient, their responsible covering attending physician, and primary care nurse), then:

a. The primary care nurse will notify the unit charge nurse of the patient's failure to return.
b. The patient's record will be reviewed by the patient's staff nurse and unit charge nurse for documentation suggesting the patient's possible location.
c. The primary care nurse and charge nurses will immediately conduct a preliminary check of the patient room, care unit, adjacent units, and common areas (*i.e.* waiting room, elevator lobby, and public bathrooms).
d. If the patient's location remains unknown follow the steps above:
    i. The primary care nurse or charge nurse will immediately contact the OA, Nurse Manager, and the First Call provider to inform them of the

preliminary search, the patient's continued absence, and the next steps below.

ii. The Charge Nurse will contact Emergency Operator and provide the following information:
    1. An inpatient with healthcare decision-making capacity is missing from a DUH unit.
    2. Security's assistance is requested in locating the patient.
    3. Patient name and description (e.g. John Smith, 70-year-old white male).
    4. The location from which the patient is missing (e.g. 8100 Duke North).

    The OA will then coordinate communication between Security, Risk Management, the responsible covering attending physician, and others as necessary on the status of the search for the patient and determinations of safety risks.

iii. Responsibility of Security
    1. Report to the unit of the missing patient to obtain additional information and coordinate the search with the responsible covering attending physician, First Call Provider, care staff, nurse manager, and OA.
    2. See security policy on Response to Missing and Eloped Patients.
    3. Institute a search of the Hospital's common public areas (cafeteria, lobby, front, *etc.*) for the patient.
    4. If the patient is found, ask the patient to return to the unit and notify Charge Nurse or OA that the patient has been located.

e. If Nursing and Security do not locate the patient in the Hospital after following the steps above, then the responsible covering attending physician will be notified by nursing, and that physician will, following consultation and in coordination with the nursing staff and OA:
    i. Contact and inform the patient's Surrogate Decision-Maker (minor)/emergency contact (noted in the patient's electronic health record) of the patient's missing status.
    ii. Confirm with the above contacts that the patient has not been removed from Hospital.
    iii. Remind the above contacts of (1) possible Leaving Against Medical Advice (AMA) status if the patient is not found, (2) the risks, and benefits of the patient's untreated medical condition, the remaining treatment, and leaving AMA.
    iv. Enlist the above contacts' assistance in locating the patient.

v. If the patient has a reportable infectious disease, notify Infection Prevention (Pager 919-970-9721).

f. If the patient's location remains unknown after the above steps a.-e. above, then the patient may be considered to have left the hospital AMA and may be discharged from the facility by the responsible covering attending physician. If the patient is discharged, then:
   i. The responsible covering attending physician will (1) communicate this decision to the nurse, who in turn will communicate it to the charge nurse and Operations Administrator; and (2) document the above steps taken to locate the patient, as well as the patient's discharge AMA from the Hospital, in the medical record.
   ii. Following discharge AMA, the care team may attempt to follow up with the patient and their known primary care, specialist, or other community provider (s), as appropriate. All such follow up will be documented in the patient's medical record.
   iii. The charge nurse will work with the primary care nurse to secure any patient belongings,
   iv. If the patient returns, the patient will be directed to the Emergency Department for evaluation and consideration of readmission.

g. If the patient is located during steps a.-e. above, then:
   i. The patient will be asked to return to their room,
   ii. The responsible covering attending physician will notify the emergency contact and Surrogate Decision-Maker (minor)/emergency contact, that the search is complete and that the patient has been asked to return to the unit.
   iii. If the patient returns, Nursing and the responsible covering attending physician will reassess the patient and work with the care team to develop (additional) appropriate actions needed to discourage leaving the unit.
   iv. If the patient refuses to return to the unit per request, the patient may be considered to have left the hospital AMA and may be discharged from the facility by the responsible covering attending physician.
   v. The primary care nurse or charge nurse will complete SRS and document the event and remedial actions in Maestro.
   vi. OA will inform other parties, as needed (i.e. Senior Leaders, Managers, Directors, Risk Management, AOC) of the outcome of the search and the request for the patient's return to the care unit.

3. Elopement (Incapacitated patients only)

a. Inpatient Procedure for Identifying "At Risk" Patients

i. Every patient, whether previously identified as "at risk" for elopement or not, must be reassessed at the time of admission to the inpatient unit and as warranted with change in patient condition (as related to elopement risk).

1. DUHS Elopement Risk Assessment Tool:

    a. For patients who are unable to ambulate, the DUHS Elopement Risk Assessment Tool is not applicable.
    b. For patients who are ambulatory or self-mobile in a wheelchair, the following conditions will designate the patient to be at risk for elopement:
        i. Altered mental status from baseline
        ii. Current SI/HI
        iii. History of elopement, wandering, or running away
        iv. Current IVC
        v. Physician/Medical Hold
        vi. Surrogate Decision Maker (Adult Only)
        vii. Diagnosis of Dementia or other cognitive impairment
        viii. Appears to be intoxicated by drugs, alcohol, or medications
        ix. Arriving from group home/locked facility
        x. Making irrational statements/exhibiting irrational behavior

2. Upon identification or reconfirmation of a patient "at risk" for elopement, nursing staff will:
    a. Place Elopement Risk ID band on patient
    b. Verbalize to patient or legal surrogate reasons for elopement ID band
    c. Document the interventions used to reduce the risk of elopement as per the DUHS Elopement Risk Assessment Tool
    d. Implement the Elopement Care Plan and any individualized interventions put in place to prevent elopement

3. If an "at risk" patient is overheard talking about leaving, or attempts to leave the care area:
    a. Do not leave the patient unattended
    b. Make all attempts to engage the patient in conversation and encourage them to stay in the care area
    c. Escalate to the unit charge nurse and First Call Provider
    d. Alert Security and/or consult the Behavioral Emergency Response Team (BERT)/Therapeutic Containment Team as

directed following reassessment and as appropriate thereafter

e. Interdisciplinary team will collaborate to reassess risk for elopement and need for further interventions
f. Document outcomes via care plan/progress note in the patients electronic medical record

b. Initial Response to Possible Elopement

i. Notification to Primary and Charge Nurses

- Any DUH, staff who suspects an inpatient Elopement should immediately inform both the patient's primary care nurse and charge nurse(s) in the patient's care unit.

ii. Preliminary Check of Immediate Area and Medical Record; Notification of Care Team Members

- The care team will validate that patient is Incapacitated and that the patient's location is not otherwise known to care team members.
- The patient's record will be reviewed by the patient's primary care nurse and/or First Call provider for documentation suggesting the patient's possible location.
- The primary care nurse and charge nurses will immediately conduct a preliminary check of the patient room, care unit, adjacent units, and common areas (i.e. waiting room, elevator lobby, and public bathrooms).
- If the patient is located, during any of the above steps, then:
    - The patient will be returned to their room.
    - If the patient refuses to return to their room, coordinate efforts with the care team and hospital security.
    - Nursing and the responsible covering attending physician will reassess the patient and work with the care team to develop (additional) appropriate remedial actions needed to prevent elopement.
    - The primary care nurse or charge nurse will document the event and the resulting remedial actions in the patient's medical record.
- If the patient's location remains unknown following the above steps, the primary care nurse will immediately contact the OA, Nurse Manager, and responsible covering attending physician to inform them

of the preliminary search, the patient's continued absence, and the next steps below.

- If Elopement is suspected, the OA or an Administrative Director will immediately notify the Duke University Hospital Administrator On-Call ("DUH AOC"), and Risk Management to coordinate team response as provided in b. below.

c. Coordinated Team Response Following Unsuccessful Preliminary Search

i. OA or Charge Nurse contacts the Emergency Operator and provides the following information: Security Alert- Patient Elopement

- An Incapacitated inpatient is missing from a DUH unit.
- Security's assistance is requested in locating the patient.
- Patient name and description (e.g. John Smith, 70-year-old white male).
- The location from which the patient is missing (e.g. 8100 Duke North).

ii. Responsibility of Security

- A security officer will report to the unit of the missing patient to obtain additional information and coordinate the search with the responsible covering attending physician, First Call Provider, care staff, nurse manager, and OA.
- See security policy on Response to Missing and Eloped Patients.
- Institute a search of the Hospital's common public areas (cafeteria, lobby, front, etc) for the patient.
- If the patient is found, return the patient to the unit and notify Charge Nurse or OA that the patient is located.

iii. Responsibility of the Responsible Covering Attending Physician

If Security does not locate the patient in the Hospital, the responsible covering attending physician will, following consultation and in coordination with the nursing staff and OA:

- Contact and inform the patient's Surrogate Decision-Maker (and, if different, the patient's emergency contact noted inpatient medical record) of suspected Elopement.
- Confirm with the above contacts that they have not removed the patient from the Hospital. If so, consider the applicability of policy "DUHS Recognizing and Reporting Suspected Abuse, Neglect, Human

Trafficking, or Exploitation of a Patient ." If not, enlist the contacts' assistance in locating the patient.

iv. Responsibility of Charge Nurse

- Work with primary care nurse to secure any patient belongings.

v. Responsibility of Operations Administrator

- Coordinate communication between Security, Risk Management, the responsible covering attending physician, and others as necessary on the status of the search for the patient and determination of safety risks.
- Assist responsible covering attending physician with communication to Surrogate Decision-Maker and emergency contacts per subsection (iii) above, as requested.

d. Follow-Up Assessment and Responsibilities

i. If Patient is Located and Returned to Unit

- Responsible covering attending physician will notify Surrogate Decision-Maker/emergency contact(s) that the search is complete and that the patient has returned to the unit.
- Nursing staff and responsible covering attending physician will reassess the patient and work with the care team to develop (additional) appropriate actions needed to prevent Elopement.
- The primary care nurse or charge nurse will complete SRS and document all events and remedial actions in Maestro.
- OA will inform other parties, as needed (i.e. Senior Leaders, Managers, Directors, Risk Management, AOC) of the outcome of the search and the patient's return to the care unit.

ii. **If Patient is Not Located**

- The responsible covering-attending physician will coordinate with the DUH AOC in continuing communication with Surrogate Decision-Maker and document events in Maestro.
- The OA will coordinate with Security to promptly contact Duke Police.

- Duke Police will coordinate with local law enforcement to continue searching for the patient and determine when to discontinue search efforts.
- The DUH AOC in consultation with Senior Leaders, Office of Counsel, Duke Health Communications, Duke Police, ACNO, OA, Risk Management, and others as necessary will determine additional necessary actions, including Missing Persons reports and initiation of alerts, media response, meeting pertinent reporting, and other regulatory requirements, support resources for staff, *etc*.
- Primary care nurse or charge nurse will work with Risk Management and the Office of Counsel to appropriately document events in Maestro.

REFERENCES

Citations:

Associated Policies:
DUHS Nursing Documentation Process Standard
DUHS Suicidal or Risk of Harm to Patient Safety
DUH Incapacitated Inpatient Medical Hold Order
DUHS Patient Attendant
DUHS Patient Rights and Responsibilities
DUHS Informed Consent or Refusal to Consent to Care
DUHS Restraint (Restraints) Policy
DUH Durham Campus Only: Newborn Safety and Security
DRH Behavioral Health Elopement
DUHS Patient Leaving Against Medical Advice
DUHS Recognizing and Reporting Suspected Abuse, Neglect, Human Trafficking, or Exploitation of a Patient
DUH Durham Campus Only: Behavioral Response Team (BRT) - Adult and Pediatrics
DUHS Emergency Medical Treatment and Labor Act (EMTALA)
DUHS Emergency Department Elopement Policy

Authoritative Source:

Additional References:

Attachment Names:
Inpatient healthcare Decision Making Capacity_Leaving Unit Process Map
Visio-Incapacitated Inpatient Leaves Unit_Process Map

Entities:
DUH