

National EMS Advisory Council Committee Report

Committee: Profession Safety

Title: Addressing Patient Elopement during EMS Transport

A. Executive Summary

Patient elopement is one of the most high-risk consequential patient safety issues EMS Practitioners face. Elopement is defined as ‘the departure of a patient from the scene at which the patient has refused to comply with established procedures for refusing care or treatment’. When patients unexpectedly decide to remove themselves from either a stationary location or moving vehicle, there is considerable risk of injury to both the patient and the caregivers. The EMS literature contains a fair amount of information about the use of physical restraint and chemical sedation, as well as response to behavioral emergencies. However, there is very little information available to assist EMS personnel in mitigating risk in situations that involve patient elopement while in the transport environment.

Quantification of the scope and severity of the problem in EMS is warranted. There may be a role for reporting these incidents to a patient safety organization (PSO). While we are only aware of one national PSO dedicated to emergency medical services, there are multiple PSO’s which provide services to hospitals. Currently, while many EMS practitioners can recite an anecdotal event involving elopement, there is no incidence data available regarding EMS patient elopement. Understanding the causes and consequences of elopement and exploring the issue in a white paper or by consensus group would assist EMS agencies in developing more informed policies and/or protocols to mitigate injury risk for both the patient and the caregivers. The development of educational tools that address the recognition of the problem, prevention strategies and methods for decreasing severity of the event if they do occur, would be useful for all EMS practitioners.

B. Recommended Actions/Strategies:

National Highway Traffic Safety Administration:

Recommendation 1:

Explore whether the National EMS Information System (NEMSIS) could serve as a repository for reporting patient safety issues – possibly for other patient safety issues but to include elopement. As part of this, determine whether it would be feasible to develop an “Administrative” data set within NEMSIS to assist with reporting of patient safety issues.

Recommendation 2:

Encourage EMS agencies to participate in a Patient Safety Organization as one means of documenting and addressing patient elopement events.

Recommendation 3:

In addition to Recommendation 1, consider inclusion of “Elopement” as a data element for reporting patient disposition in the next NEMSIS modification.

Recommendation 4: Convene an interdisciplinary expert group to develop a white paper or consensus document to recommend mitigation strategies and best practices, as well as educational materials, to address the issue of patient elopement in the out-of-hospital setting. Discussions and recommendations should include the issues surrounding the use of patient restraints. The group should include, at a minimum, representatives of: regulatory agencies, behavioral health, hospitals, field practitioners, dispatch, law enforcement, the International Association of Healthcare Security and Safety; risk and safety professionals, experts on EMS legal issues and others as appropriate.

Recommendation 5: Consider incorporating curriculum regarding elopement potential, communication and management into the National EMS Education Standards or other appropriate EMS education documents.

C. Scope and Definition

Elopement is defined as the departure of a patient from the scene at which the patient has refused to comply with established procedures for refusing care or treatment. Elopement is different from both ‘wandering off’ and from leaving Against Medical Advice. When patients elope, they are aware that they should not leave but do so with intent. This may be due to decreased mental capacity, temporary delirium or with intermittent mental status. Patient elopement is not limited to ground vehicles; there have been reports of combative patients attempting to exit the aircraft during flight. To illustrate the type of danger inherent in elopement, descriptions of actual incidents that occurred during air transport, 911 response and interfacility transfer of patients are provided in the appendix A.

Most of the literature about elopement is dedicated to its prediction and management in the hospital setting. In the EMS environment, it is very difficult to anticipate which patients may pose a risk for elopement as EMS professionals normally have no prior knowledge of the patient or his/her usual behaviors. The role of EMS in transporting patients between facilities does not lend itself to assessment of the patient as a flight risk, and EMS personnel must depend upon the transferring facility to provide such an assessment. However, this is rarely done. When treating a patient during an emergency response, there is little to no history of the patient’s regular mental condition available and it is unlikely that EMS professionals will have any knowledge of a person’s propensity to elope.

Regardless of the location of elopement: ground or air, during a 911 transport, an inter-facility transfer (IFT) or on-scene, when patients unexpectedly decide to remove themselves from either a stationary or moving vehicle, there is considerable risk of injury to both the patient and the caregivers. Despite the extremely high-risk nature of these events, there is little information available regarding best practices or strategies for anticipation of, prevention or management of patient elopement in the out-of-hospital setting.

The Agency for Healthcare Research and Quality Patient Safety Net, 2007 has made the following observations regarding hospital patients.(1) No similar information is available which is specific to EMS.

- Elopement is a serious event that requires a system-wide, organized response.
- Breakdowns in team communication and patient assessment are the top contributors to elopement events.
- Patients should be assessed for elopement risk on admission and throughout their hospitalization.
- Patients at risk for elopement should be put on special preventive precautions.
- Response to elopement by patients with diminished capacity should be immediate and include unit staff, security, and, when appropriate, local authorities.

Some information is available regarding the in-hospital experience of elopement in the psychiatric population, particularly patients with dementia or other psychological conditions, which is important in helping examine the causes of and strategies for prevention of elopement. (2)

While no incidence data are available for EMS elopements, other contributing factors to elopement include patient anxiety and combativeness. For some patients the effects of hypoxia can lead to confusion and possibly aggressive behavior. Likewise, resuscitation efforts, whether from drug overdose or cardiac arrest, may sometimes result in a combative and uncooperative patient.

When transporting patients between facilities, EMS relies on the sending institution to provide the best information available to ensure the safety of the patient and transporting crews. It is believed that many patients who pose an elopement or violence risk are not adequately assessed prior to transport, and that information available about a patient's propensity toward elopement or violence is not always communicated to the transporting ambulance crews. Adequate documentation of the patient's mental state, elopement history, voluntary or involuntary commitment status, aggressive demeanor, or level of anxiety, as well as other characteristics that might increase the risk of elopement, should routinely be communicated to the

transporting agency when possible. This includes communication from staff at a transporting facility, as well as scenarios in which patients are transferred from one agency to another during transport.

Education should be incorporated into EMT and Paramedic curriculum to address the importance of evaluating patients' reactions to transport, such as claustrophobia, altered mental status, and other behaviors that could alert the caregiver that combativeness or elopement may be possible. Training should be provided for EMS professionals to help them with identification of situations and conditions that might lead to elopement and to provide strategies for prevention and mitigation such as de-escalation, pre-transport telephonic safety screenings, pre-transport care team huddles, pre-transport restraint or sedation interventions, deployment of purpose engineered countermeasures, the proactive inquiry by the transport team of the sending facility or handing-off EMS crew regarding the patient's mental status and any concern for, or demonstrated attempt toward elopement.

Other Related Issues

Multiple areas of medical-legal risk are embedded in the elopement problem, including the patient's mental competence, ability to consent, the care-giver's duty to protect and duty to warn, as well as implications surrounding battery and false imprisonment claims by the patient. (3) These issues need to be addressed by EMS agencies and States. Each state has laws defining the procedure for holding patients against their will, and EMS Medical Directors should become familiar with their state's statutes.(3,4)

The use of restraints, both chemical and physical, comprises a large part of the concern for how to manage expectant elopement. The Joint Commission (TJC) has developed resource documents for the use of restraints in the hospital. (5) Both the American College of Emergency Physicians (ACEP),(6) and the National Association of EMS Physicians, (NAEMSP),(7) have published position papers on the use of patient restraints by EMS. Additionally, anecdotal evidence suggests that the term "chemical restraint" may cause a false sense of security for EMS practitioners, as these modalities are typically "chemical sedation", as true chemical restraint would require RSI and airway management with ventilation support. The terms chemical restraint and chemical sedation can have varying connotations in different localities. This nomenclature warrants further elucidation.

D. Analysis

There is a paucity of information about the scope and severity of patient elopement in EMS other than media reported events which occur on a nearly weekly basis. These events can be experienced in any EMS situation, in any geographic area, Inter-Facility Transport, at the scene or during transport. This is

particularly true with the current high number of drug overdose and mental health cases to which EMS responds. While there is information about the causes and mitigation strategies for psychiatric elopement in the hospital setting, more guidance is needed for EMS. Given the high-risk nature of elopement and the injury risk to the patient and to caregivers, an evidence-based approach to mitigating the risk in these situations is advisable.

E. Strategic Vision

The incidence of patient elopement from EMS transport vehicles should be reportable on a national basis and considered a Never Event for EMS. Root cause analysis should be mandatory for elopement events. Education should be included in the National EMS Education Standards Curriculum to ensure that EMS professionals understand the issues surrounding elopement and what they can expect in terms of communication from other caregivers. Inter-facility transports should all include a risk assessment of elopement prior to transfer of the patient.

F. Strategic Goals

EMS agencies across the US will report all elopement episodes to a patient safety organization or other entity which can assist with root cause analysis and mitigation and education strategies. National EMS Education Standards Curriculum should include elopement issues including, legal, and communication concerns and expectations. Research should be conducted to determine best practice. Evidence based measures should be developed to determine countermeasure outcomes.

Reference Material:

A. Crosswalk with other standards documents or past recommendations

This committee is not aware that this issue has been covered in other standards documents for EMS. The Joint Commission considers elopement a Never Event for hospitals when patient death or serious disability are associated with patient elopement. (8)

B. Sources/references related to the issue

1. Brumbles D, Meister A: Psychiatric Elopement: Using Evidence to Examine Causative Factors and Preventative Measures. Archives of Psychiatric Nursing 2013 v.27;1:Feb 3-9.
2. Gerardi, D. AHRQ Patient Safety Net Elopement <https://psnet.ahrq.gov/web-mm/elopement> 2007. Last accessed April 20, 2020.
3. Thomas J, Moore G. Medical-legal Issues in the Agitated Patient: Cases and Caveats. West J Emerg Med. 2013;14(5):559–565.
4. Rice MM, Moore GP. Management of the violent patient: therapeutic and legal considerations. Emerg Med Clin North Am. 1991;9(1):13-30.
5. Joint Commission Standards on Restraint and Seclusion/Nonviolent Crisis Intervention Training Program. Available at: <https://www.crisisprevention.com/CPI/media/Media/Resources/alignments/Joint-Commission-Restraint-Seclusion-Alignment-2011.pdf> last accessed 3/6/2020.
6. American College of Emergency Physicians. Use of Patient Restraint [policy statement]; Approved October 2007.
7. NAEMSP Position Statement. Patient Restraint in Emergency Medical Services. Prehospital Emergency Care. 21:3,395-396. DOI 10.1080/10903127.2017.1282564.
8. Sentinel Event Policies and Procedures. Joint Commission website. Available at: https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/assetmanager/se_camh_2016upd1pdf.pdf?db=web&hash=2A1AAC0CB8920BE77B01FF50696BED68 Last accessed May 2020.

Appendix A – Instances of Elopement during EMS Transport

Attempted elopement from a helicopter during flight:

A flight team was dispatched to a scene to transport a 19-year-old male involved in a single car MVC. He was stable with a closed head injury. Upon transfer to the air crew, the patient was calm and cooperative, but halfway through the flight, he became restless and agitated and decided to exit the aircraft. The flight team attempted to de-escalate the situation but the patient wriggled up the backboard, and placed the flight paramedic in a headlock insisting they "let [him] get up!" The flight nurse notified the pilot that she was out of her belts as she had to physically restrain the patient. She yelled to the pilot, "We need to land- put us down now!!" The flight nurse was able to administer medication to calm the patient. The helicopter made an emergency landing at a nearby airport where an ambulance met the flight crew who further medicated and intubated the patient and the transport was completed by ground. Follow up with the referring EMS agency, revealed that the patient was agitated prior to transfer to the air crew and was given Ativan, but this information was not communicated during the handoff.

Personal communication with Krista Haugen, RN, MN, CMTE. Director of Patient Safety & Risk Management, personal communication, February 2020.

Patient elopement from moving ambulance during interfacility transport to psychiatric hospital.

A 51 year old man lost his life during an ambulance transport from a university hospital to a psychiatric center. The man was sitting on the stretcher in the back of the ambulance, properly strapped in with an attendant sitting in a nearby jump seat. The man unexpectedly unfastened himself, opened the door of the moving ambulance, jumped out onto the road and was fatally struck by another vehicle. New York Post. February 2, 2016

<https://nypost.com/2016/02/02/patient-jumps-out-of-ambulance-is-killed-by-car-in-hit-and-run/>

Last accessed August 8, 2020.

Patient elopement during transport to hospital following 911 Call

California Highway Patrol responded to a woman driving erratically, after an altercation, she was detained and EMS was called to transport her to a local psychiatric facility. During the transport, she became combative forcing the ambulance to pull over on a highway connector. The woman bolted from the ambulance onto the highway and into the path of an oncoming truck. She died at the scene. NBC Bay Area TV, Associated Press. September 3, 2018.

<https://www.nbcbayarea.com/news/local/person-struck-killed-after-jumping-out-of-ambulance-chp/209451/> **Last accessed August 8, 2020**