

LOS ANGELES GENERAL MEDICAL CENTER POLICY

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	Supersedes: 3/15/23	Effective Date: 7/6/23
Policy Owner(s): Patient Safety Committee Executive Sponsor(s): Chief Quality Officer		
Department(s) and Committee(s) Consulted: Patient Safety Committee Nursing Services Department of Psychiatry Los Angeles County Sheriff's Department Allied Security Office of Risk Management Quality Improvement Committee Clinical Social Worker	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Quality Officer
		(Signature on File) Chief Executive Officer

PURPOSE

To reduce the risk of elopement for patients on involuntary psychiatric holds, not in a locked unit and to delineate the reporting process if an elopement occurs.

POLICY

Any patient on an involuntary psychiatric hold, not in a locked unit, will have elopement precautions implemented. If an elopement occurs the nurse will report it in accordance with the procedures described in this policy.

DEFINITIONS

Elopement: An elopement is defined as any patient who is on an involuntary psychiatric hold and who departs the healthcare facility.

Involuntary Psychiatric Hold:

Pursuant to Section 5150 of the California Welfare and Institutions Code, when a person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled; a peace officer or other professional person designated by the County may, upon probable cause, take the person into custody and place him or her in a County designated facility approved by the State Department of Mental Health for 72-hour treatment and evaluation.

Within the Los Angeles General Medical Center, only the following individuals are authorized to write involuntary psychiatric holds for patients not placed on such holds prior to being brought to a Medical Center facility for evaluation and treatment:

- Attending Psychiatrists granted the privilege to initiate Lanterman-Petris-Short involuntary detention procedures; and/or
- Psychiatric physician trainees (residents) who have been designated by the Los Angeles County Department of Mental Health (DMH) after taking a Lanterman-Petris-Short course and passing a DMH provided exam and deemed competent by the Department of Psychiatry. Other involuntary psychiatric holds include: a 14-day hold, a second 14-day hold, a 30-day hold, a 180-day hold, temporary conservatorship, and conservatorship for adults and pediatrics.

Behavioral Med/Surg Unit:

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Secured unit with emergency fire exit doors that staff can open with delayed egress for fire safety

Fully Locked Psychiatric Unit (Psychiatric Emergency Department, Psychiatric Inpatient units): Fully locked psychiatric units for both adults and pediatrics.

PROCEDURE

A. ELOPEMENT PREVENTION

Upon placement of an involuntary psychiatric hold outside of a fully locked psychiatric unit, the Registered Nurse (RN) will initiate the following general elopement precautions:

- a. Place the psychiatric hold paper document in a red sleeve place it in the patient's paper medical record, and then ensure it is scanned into the patient's electronic chart as follows:
 - i. Emergency Department (ED) procedure – Patient Access Center staff will scan the psychiatric hold into the electronic chart.
- b. Other Adult Inpatient units – Psychiatry consultation-liaison clerk scans the psychiatric hold into chart and then notifies the primary physician team. The primary team will then:
 - i. For patients on psychiatric holds in the Medical Emergency Department (DEM): consult Psychiatric Emergency Services (PES).
 - ii. For admitted inpatients on psychiatric holds: Consult Consultation-Liaison (CL) Psychiatry. If after hours, weekends, or holidays, consult PES.
 - iii. For patients under 18, Notify the child and adolescent psychiatric ED/CL team physician on call

B. COMMUNICATION

The primary RN will notify the provider, nursing staff, and other care team members of the initial findings and interventions implemented as well as any changes.

C. DURING AND AFTER AN ELOPEMENT

Staff will safely attempt to redirect or apprehend the patient and notify appropriate individuals as detailed in Attachment B. Procedures to Follow After an Elopement has Occurred.

RESPONSIBILITY

Nursing Staff
Office of Regulatory Affairs
Attending Staff
Residents
Office of Risk Management
Los Angeles County Sheriff's Department.
Medical Administration
Clinical Social Services

PROCEDURE DOCUMENTATION

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Nursing Services and Education Generic Structure and Process Standards
Psychiatric Adult Nursing Services: Unit Structure Standards
Psychiatric Medical Inpatient Services Manual
Los Angeles County Sheriff’s Department Manual of Policy and Procedure

REFERENCES

California Welfare and Institutions Code, Division 5, Part 1, (Lanterman-Petris-Short Act)
Chapter 2 (Involuntary Treatment), Articles 1 - 7, Sections 5150 - 5337
California Welfare and Institutions Code, Division 5, Part 1, Chapter 3 (Conservatorship For Gravely Disabled Persons)
California Code of Regulation, Title 22, Section 70737 (General Acute Care Hospital)
California Code of Regulation, Title 22, Section 71535 (Acute Psychiatric Hospital)
Evidence Code, Sections 1157 and 1157.7 (Medical Professional Peer Review Confidentiality)
Government Code, Section 6254[c] (Personnel Records Confidentiality)
Los Angeles General Medical Center Policy 300 – Event Notification Guidelines
Los Angeles General Medical Center Attending Staff Policy & Procedure 102 – Disclosure of Outcomes: Anticipated and Unanticipated.

ATTACHMENTS

Attachment B: Procedures to Follow After an Elopement has Occurred

REVISION DATES

February 15, 2023; July 6, 2023

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ATTACHMENT B: Procedures to Follow After an Elopement has Occurred

Attachment B

A. Procedures to Follow During an Elopement

When a patient attempts to leave a designated area, the staff should do what they can to apprehend the patient:

- Call x111 to initiate a Code Gold while the patient is *still in the unit* (Nursing Behavioral Response Team (BRT), Security BRT, and Los Angeles County Sheriff’s Department (LASD) will respond)
- Call x111 to initiate a Code Green if the patient has *left the unit* (Nursing BRT, Security BRT, and LASD will respond. In addition, all security staff are notified to search for the patient)

The lead RN of the nursing BRT will provide evidence of the hold for LASD.

Nursing BRT & Security BRT/Security will respond as long as the patient is still on Los Angeles General Medical Center campus. Once the patient is off campus, Nursing & Security BRT will do a formal hand off (including evidence of the hold) to LASD.

Nursing BRT will assign 1 RN to remain available to assist with LASD. Security BRT assigns 1 member to remain available to assist LASD.

B. Patient is Unable to be Apprehended/Located:

In the event that a patient is unable to be apprehended or located the following shall be initiated:

Staff Nurse

The nurse providing direct care for the patient shall immediately notify:

- LASD, with the following information:
 - Name of patient
 - Gender and ethnicity
 - Age, height, and weight
 - Attire
 - Psychiatric hold status
- Treating provider or provider on call
- Nurse Manager/Nursing Supervisor

After notifying the designated individuals, the staff nurse shall:

- Document occurrence according to documentation standards;

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- Complete an "Event Notification Report" in accordance with Medical Center Policy 300

Event Notification Guidelines; and

- Provide a written statement including the detail of the event to the Nurse Manager or Nursing Supervisor.

Nurse Manager or Nursing Supervisor

The Nurse Manager or Nursing Supervisor shall:

- Complete a "Reportable Unusual Occurrence" form;
- Complete Los Angeles County Department of Mental Health Report of Adverse Event/Unusual Occurrence for Psychiatric Patients in LPS designated facility form and;
- Notify the Office of Regulatory Affairs.

Licensed Physician

The Provider providing direct care for the patient shall notify:

- Psychiatric Consultation and Liaison Service during regular business hours (for patients under 18, notify the Pediatric psychiatric crisis team or Pediatric Consultation Liaison Services) or the Psychiatric Emergency Room after hours and weekends.
- For patients under 18, parents or legal guardian (Probation if a child or adolescent is a ward of juvenile court or DCFS if the child or adolescent is a dependent of child welfare court)
- Conservator if the patient is on a conservatorship and Public Guardian's Office if patient is on a temporary conservatorship
- Individual designated by the patient to be notified in an emergency, if different from the conservator or Public Guardian's Office

After notifying the designated individuals, the physician shall:

Document the disclosure of the event according to documentation standards (ASA 102).

A licensed physician shall complete and sign the "Apprehension and Transportation Order. (Form #76R361A". The completed form shall be submitted to LASD.)

Los Angeles County Sheriff's Department (LASD)

- LASD personnel will be guided by LASD Manual of Policy and Procedure Section 4-16/020.00, Missing or Found Persons involving an elope patient.
- LASD will FAX the "Apprehension and Transportation Order" form to the local law enforcement agency having jurisdiction.

Clinical Social Services Worker

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The Clinical Social Services worker may contact the individual designated by the patient to be notified in an emergency. The purpose of this notification is to request assistance from the designated individual in helping the patient return to the facility for care and to support the designated person, friends, and family through the experience.