

ELOPEMENT OF PATIENTS UNDER PEC/CEC/JC

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WHAT IS ELOPEMENT?

- **Elopement** occurs when a resident leaves the premises or a safe area without authorization, and /or any necessary supervision to do so.
- A resident who leaves a safe area may be at risk of (or has potential to experience), heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle.
- Facility policies that clearly define the mechanisms and procedures for monitoring and managing residents at risk for elopement can help to minimize the risk of a resident leaving a safe area without authorization and/or appropriate supervision.
- In addition, the resident at risk should have interventions in their comprehensive plan of care to address the potential for elopement.

Definition from LDH website (<http://ldh.la.gov/index.cfm/page/1076>)

REPORTING REQUIREMENTS: ABUSE/NEGLECT

- Pursuant to LA R.S. 40:2009.20, facilities/health care workers shall report allegations of abuse or neglect within 24 hours of receiving knowledge of the allegation to **either**:
 1. the local law enforcement agency, **or**
 2. the Department of Health and Hospitals (LDH) (or the Medicaid Fraud Unit as applicable).
- Although facilities are required to report knowledge of incidents of abuse, within 24 hours, to *either* the local law enforcement agency or LDH (or the Medicaid Fraud Unit as applicable), many facilities find it beneficial to self-report to LDH even if they have notified law enforcement.
- **It is important to note that contacting law enforcement on behalf or at the request of the patient/complainant (e.g. to press charges, etc.) does *not* satisfy the statute's intent regarding facility notification.**

PEC/CEC/JC PATIENTS

- If the event involves patients identified as having behavioral health issues and/or cognitive impairment (regardless of the setting), the LDH requires that the following information be included in the initial report:
 - **Whether the individual is on an involuntary hold** (i.e., PEC, CEC, or JC) or **being evaluated for one.**
 - The patient's observation status prior to, during, and subsequent to, the event.
 - If the event occurred on a behavioral health unit; the patient census of the unit, the number and types of special observation status patients, the number and types of staff members assigned to *and present on* the unit at the time of the event.

DEFINITIONS

- **Abuse** is the infliction of physical or mental injury or the causing of the deterioration of a consumer by means including but not limited to sexual abuse, or exploitation of funds or other things of value to such an extent that his health or mental or emotional well-being is endangered.
- **Neglect** is the failure to provide the proper or necessary medical care, nutrition, or other care necessary for a consumer's well-being.

La. R.S. 40:2009.20

WHO MUST REPORT ABUSE/NEGLECT?

- Any person who is engaged in the practice of medicine, social services, facility administration, psychological or psychiatric services;
- Any registered nurse, licensed practical nurse, nurse's aide, home- and community-based service provider employee or worker, personal care attendant, respite worker, physician's assistant, physical therapist, or
- Any other direct caregiver having knowledge that a consumer's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation.

La. R.S. 40: 2009.20

TIME FRAME FOR REPORTING

- Health Standards, the Louisiana Department of Health (LDH) Legal Services Division, and the Office of the Attorney General have interpreted this to mean that the **24-hour time frame begins as soon as any employee or contract worker at the facility (including physicians) becomes aware** that an incident of abuse/neglect has been alleged, witnessed, or is suspected, regardless of the source of information and regardless of the existence or lack of supporting evidence.

GUIDELINES FOR DETERMINING IMMEDIATE JEOPARDY

- **Immediate Jeopardy** - “A situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” (42 CFR Part 489.3.)
- **Abuse** - “The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.” (See 42 CFR Part 488.301.)
- **Neglect** - “Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.” (See 42 CFR Part 488.301.)

IMMEDIATE JEOPARDY TRIGGERS

- “Failure to prevent neglect” is likely to create jeopardy to an individual’s physical and/or psychological safety. Some examples of a failure to prevent neglect include:
 - Lack of supervision of cognitively impaired individuals with **known elopement risk**.
 - Failure to adequately monitor individuals with known severe self-injurious behavior.
 - Unsupervised smoking by an individual with a known safety risk.

FEDERAL REGULATIONS

- The following federal regulations apply to Centers for Medicare & Medicaid Services:
 - The patient has the right to receive care in a safe setting. CFR 482.13(c)(2).
 - The patient has the right to be free from all forms of abuse or harassment. 482.13(c)(3).
- These regulations create standards that may not be met in the event of a failure to report patient elopement.
- Note: In accordance with CFR 482.13, an allegation of abuse or neglect must be reported and processed as a grievance, *regardless of whether the complainant recants the allegation or expresses satisfaction with resolution*. Staff members' assurance that the allegation is unsubstantiated is not relevant to this process (other than to provide supporting evidence as part of the investigation).

OTHER ISSUES

- Is a report required if the patient hasn't been PEC'd yet?
- Should you chase after an eloping patient?
 - How far should you chase them?