SWEDISH MEDICAL CENTER

MISSING ADULT PATIENT: CODE PURPLE

Clinical Procedure	
Approved: October 2012	**Next Review:** October 2015
Clinical Area: All clinical areas	
Population Covered: All adult inpatients and outpatients	

Purpose

To provide guidance for preventing adult patient elopement and responding when an adult patient is reported missing.

Policy Statement

Swedish Medical Center recognizes a patient's right to leave the hospital against medical advice.

Only under emergent, acute, and/or life-threatening conditions does Swedish Medical Center staff intervene to keep a patient under care against his or her will. See *Leaving Against Medical Advice*.

LIP Order Requirement

None.

Responsible Persons

All staff.

Prerequisite Information

Follow *Code Amber Alert* procedures for missing or abducted infants, children or juveniles (see page 86 of the *Environment of Care (Safety/Disaster) Manual*).

Licensed independent practitioners (LIP) and staff attempt to educate the patient regarding the risks and consequences of leaving against medical advice.

In situations in which the patient is not mentally and/or physically competent to make the decision to leave, the patient's LIP evaluates the safety of the patient leaving the facility. In addition, there may be times when a mental health specialist is called to evaluate the patient's mental capacity to make sound decisions.

When a Code Purple is called, the Hospital Incident Command System (HICS) provides the structure to manage the event. The Incident Commander and Public Information Officer govern interactions with or through the media as needed, with advice from Legal Services or Risk Management department as appropriate.

PROCEDURE

Responsible Person	Steps

All clinical staff	**Section 1. PREVENTING PATIENT ELOPEMENT**
	
	1. Determine whether a patient is a risk for wandering or elopement upon admission and assesses the patient risk for elopement throughout his/her stay..
	2. If patient is deemed an elopement risk, staff consult with the LIP and patient's family/significant others to revise the plan of care accordingly (e.g., patient/family education; code purple prevention tactics).
	3. Consider and implement (as appropriate) the following interventions to reduce the risk of elopement:
	
	   a. Place patient close to the nursing station.
	   b. Remove the patient's clothes and shoes from the room (so patient won't be tempted to dress and leave).
	   c. Place the patient on a unit that has wandering patient alert technology, if appropriate.
	   d. Alert all staff on unit to remain aware of the patient's location.
	   e. Put the patient in a purple gown obtained via the linen department for ease of visibility.
	
	   A purple gown is available from the linen department and is a community standard for elopement risk patients. Request through linen services at 2-2099 (CH), 3-5506 (B), 4-4110 (FH), or 3-37904 (Issaquah).
	
	   Contact the administrative supervisor or Safety Team if unable to locate a purple gown.
	
	   f. Consider taking a picture of the patient for identification if eloped (or is at risk for elopement) and returned and place in patient medical chart or link in Epic. (Ask for assistance from Security Services if camera is needed.)
	
	   The *Conditions of Admission* permits photo to be taken.
	
	   g Inform the patient of SMC non-smoking policy and offer alternatives for assistance with not smoking while hospitalized, as appropriate.
	
	   In most incidents of missing patients, the patient has left the unit to smoke despite being told this is against hospital policy.
	
	   h. Inform the patient of unit policy regarding leaving the unit.
	   i. If there are concerns about the patient leaving with visitors, place a sign outside of the patient room instructing visitors to check in at the nursing station prior to entering the room.
	   j. Validate that the patient and family contact telephone numbers are working; collect both home and cell phone numbers for as many contacts as possible, and ensure accurate demographic information on the patient, such as full name.
	   k. Verify that FYI notes have been documented in Epic related to elopement risk and mitigation activities, as inputted by administrative supervisor or delegate for prior events.

	4.	Document any specific concerns and the action plan in the progress notes. Also document possible risks to the patient or the public should the patient leave the hospital without authorization.
All Staff	**Section 2. POSSIBLE CODE PURPLE – PATIENT IS DISCOVERED TO BE MISSING** 1. Call ext. 3000 and announce a **possible** Code Purple. The administrative supervisor, Security Services, and Safety Team will respond to the scene to help staff evaluate the situation. 2. While waiting for support to arrive, all staff on the unit missing the patient are to participate in checking the surrounding units and stairwells (above, below and adjacent). Discuss possible reasons for why the patient has left the unit and collect any additional information that may be helpful in locating the patient. **In most incidents of missing patients, the patient has left the unit to smoke despite being told this is against hospital policy.**	
Code Purple Response Team (Administrative Supervisor, Security Services, Safety Team Member)	3. The Code Purple response team convenes to ask the following questions to determine the level of concern and next steps: • How long has the patient been missing? • Is there a current medical hold on the patient? • Was the patient a known risk for wandering or elopement (e.g., gave verbal indication, made prior attempts)? • Is the patient a known smoker? • Has a picture or thorough description of the patient been provided (e.g., height, weight, identifying characteristics, hair color, etc.)? • What mitigating actions were taken to prevent elopement (e.g., does the patient still have street clothes, is s/he in a purple gown, does s/he have a wallet and cell phone, etc.)? • Is the patient in danger of harming him/herself or others? • Is the patient incapacitated in any way that compromises his/her ability to make informed decisions about care? • Does the patient have an emergent, acute, life-threatening condition? • What are the directives from the LIP for finding and retrieving the patient? • Does the LIP feel comfortable discharging this patient AMA or are there life-safety reasons that the patient must return to the hospital? **For assistance with this assessment and initial briefing, see the** *Code Purple Checklist*.	
Administrative Supervisor or Safety Team	4. The administrative supervisor or a safety team member records the patient description on 386-NEWS and documents the same information on the Emergency Alert Tool, a part of the Swedish Online home page, before the campus Code Purple notification is initiated.	
Clinical Staff, Security	5. The patient's nurse or delegate calls the patient's last known telephone number and his/her emergency contact number to determine if the patient has returned home or if the contact person has knowledge of the patient's whereabouts. If no one answers, a message is left to call the unit as soon as possible. 6. Security Services collaborates with clinical staff to contact the Police Department to request a welfare check at the patient's home address. 7. Notify the attending LIP.	

Clinical Staff or LIP	8.	If there are no emergent, life-threatening conditions warranting the patient's retrieval, the RN or LIP documents the concluding facts and indicates the patient left against medical advice in a progress note.
Security	9.	Security Services completes a Security Services incident report.

Section 3. CODE PURPLE (occurs after step #3, above)

Incident Commander or Safety Team	1.	The administrative supervisor assumes the role of incident commander, or if unable to manage the situation, assigns the role of incident commander to another capable person.
	2.	The incident commander or Safety Team calls ext. 3000 and announces a Code Purple, the location and provides a complete description of the missing patient to the on-call Safety Team member (age, height, weight, clothing, hair color, physical build, etc.) for 386-NEWS and the Swedish Online home page.
	3.	Within 45 minutes, the incident commander determines whether internal and external search efforts were successful. Consults with the Safety Team, nursing and/or administrator on-call, and Legal Services / Risk Management. The response team decides if the next steps of the Code Purple response are warranted.
All Staff	4.	Upon hearing Code Purple paged overhead, all staff reviews the information on the Swedish Online home page or via 386-NEWS, searches their immediate department area for the missing patient, and continues to remain alert until the Code Purple is cleared by overhead page.
	5.	If the patient is located, call ext. 3000 and attempt to maintain visual contact with the patient.
	6.	A search of public areas within the hospital is divided among available staff such as Environmental Services, Engineering, and Central Dispatch & Transport / transportation staff.
Security	7.	Security Services conducts a perimeter search within a 250 yard radius of the healthcare campus.
	8.	Security Services and clinical staff contact the Police Department and elicit their assistance with locating a missing patient.
Incident Commander	9.	Assigns a spokesperson who assumes the responsibility for keeping the patient's family/significant others informed.
	10.	Keeps staff informed of any progress and status reports.

PATIENT IS FOUND AND RETURNED

All Staff	1.	If the patient is found within the hospital campus, verbally encourage and assist the patient to return to the hospital either via the Emergency department or directly back to the admitting unit. If patient is found outside the hospital campus, follow procedure *Leaving Against Medical Advice*.
RN	2.	When the patient is returned to the patient care unit, assess the patient and document all findings.
RN, Security	3.	Determine whether the patient is likely to stay or is at high risk for wandering/elopement again and determine an appropriate plan of care:
		a. Follow suggestions found in the "Preventing Patient Elopement" section above.

		b. Consider completing a Healthcare Agreement as may be appropriate if the patient has the capacity to understand the agreement. See *Using Health Care Agreements for Behavioral Management: Patient*. c. If the patient is at risk of intentional self harm or accidental self injury, complete an assessment to determine what measures can be utilized to provide for the patient's safety. Restraint may be indicated if other alternatives are determined insufficient to assure the patient's safety. See *Restraint or Seclusion Management*. d. Place an FYI flag detailing the plan.
RN	4.	Educate the patient and family/significant others regarding the risks of leaving against medical advice.
Incident Commander	5.	The incident commander calls ext. 3000 to have the Code Purple cleared.
		PATIENT IS FOUND AND REFUSES TO RETURN
All Staff, Security	1.	If the patient will not follow verbal requests and encouragement to return to the hospital, Security Services contacts the Police Department for physical assistance if necessary. **If the patient is mentally incapacitated, is in danger of harming self or others, and refuses to return to their unit, Security assists in returning the patient, which may involve a Code Gray procedure and restraint. The mental health professional is contacted by a member of the treatment team to request a mental health evaluation.**
	2.	If the patient has tubes/lines in place but refuses to return and a determination has been made not to forcibly hold the patient, attempt to convince him/her to return to the unit or Emergency Department briefly only to have the tubes/lines removed in order to prevent infection and other complications.
RN, Security	3.	If patient does not return, RN documents in progress notes the events, procedures followed, any notification of family/significant others, and any adverse patient outcomes.
	4.	Security Services completes a security incident report.
Incident Commander	5.	The incident commander notifies Patient Safety Director and/or Legal/Risk Management if needed, depending on the outcome.
	6.	The incident commander calls ext. 3000 to have the Code Purple cleared.
		PATIENT IS NOT FOUND
Security, RN	1.	Security Services and clinical staff notifies the Police Department to conduct a welfare check at last known address and provides description of the missing patient for their ongoing search.
Incident Commander	2.	The incident commander notifies nursing and/or the administrator on call, safety officer, Legal Services / Risk Management, and public information officer in the event of media concerns.
	3.	The incident commander seeks input and consent to ask for help from the media and offers support to the patient's family/significant others. **NOTE:** If patient's family/significant others refuse to give consent from media, consult Risk Management for overrule.

	4.	Public Information Office obtains final input from Legal Services / Risk Management and Administrator-On-Call before notifying the media.
	5.	Public Information Officer secures a spokesperson in case of follow-up by the media.
	6.	Document processes and results in the patient's electronic medical record progress notes.
	7.	The incident commander calls ext. 3000 to have the Code Purple cleared when all information has been collected and shared.
Incident Commander	**AFTERMATH AND DEBRIEFING**	
	1.	The incident commander or designee conducts a debriefing as soon as possible.
	2.	The incident commander determines the need for staff and family/significant other for critical incident discussions.
RN	**DOCUMENTATION**	
	1.	Ongoing documentation of findings and actions.
	2.	Complete documentation for Leaving Against Medical Advice, if appropriate.
	3.	Document any follow-up calls by the Police Department.
	4.	Consider adding an FYI note in Epic to warn staff of risk with future admissions.
Security	5.	Document police case numbers in security report.

Definitions

None.

Forms

None.

Supplemental Information

None.

Regulatory Requirement

The Joint Commission (2012), EC 01.01.01, 02.01.01,

References

None.

Additional Search Words/Terms

AMA, wander, lost, elope

Addenda

Code Purple Checklist
Code Purple Process Chart

STAKEHOLDERS

Author/Contact

Administrative Director: Accreditation, Safety, Injury Management, & Patient Relations

Expert Consultants

Seattle Police Department
Legal Services
Ethics Committee

Sponsor

John Vassall, MD, Chief Medical Officer

01290504.doc(rev.10/25/12)

Addendum.
CODE PURPLE CHECKLIST
(for use by Incident Commander / Safety / Security)

Date/Time:_____

TIME	WHAT	FINDINGS	FOLLOW-UP
	Safety Team notified		
	How long has patient been missing		
	Patient condition/concern for leaving		
	Patient age/height/weight/ name/other description		
	Patient has lines/tubes		
	Directions for search and response by security		
	Obtain information from security cameras		
	Notification and directive by attending MD		
	Results of searching roofs/public locations		
	386-NEWS and intranet updated		
	Code Purple announced		
	Security notified Seattle Police Department (get name, contact number, case file #)		
	Manager notified		
	Public information officer (media on-call) notified		
	Nursing, Administrative On-Call, Risk/Legal notified		
	Patient's next of kin notified and/or message left to contact unit		
	SMC contact assigned to next of kin		
	Welfare check results by Seattle Police Department (document in Epic)		
	Patient found and returned		
	Patient put in purple gown, picture taken and other flight risk tactics taken		
	FYI Security note placed in Epic		
	Patient found and refused return		
	Patient not found		
	PIO Bulletin approved and sent to media		
	Debriefing		
	After action items defined		
	Reports written and submitted		

Clinical Procedure: **MISSING ADULT PATIENT: CODE PURPLE**

Addendum.