

MISSING PATIENT (IN PATIENT) POLICY, PROCEDURES AND CHECK LIST

Version 1 Ratified by: Management board (New policy / procedure)

Date : October 1998

Version 2 Ratified by: Management Board (Document revised and checklist added)

Date: August 2004

Version 3

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Ratified by: Management Board (Document and checklist updated, Search lists added)

Date of next review February 2008

Comments on this document to: Rex Cassidy, General Manager, Facilities

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MISSING PATIENT (IN PATIENT) POLICY PROCEDURES AND CHECK LIST

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Missing Patient Policy (In Patient) Procedures and Check List

See Also: Policy and guidelines for the risk management of falls and accidents caused through wandering
Standards for Practice and Care numbers
 10 Patient Safety
 12 Patient Identity Bands
 36 Shift Leader Responsibilities
Abuse or suspected abuse of vulnerable adults – guidelines for staff
Reporting and Management of Incidents Policy and Procedures
Guidelines for the provision of 1:1 Care for Patients (“Specialing Patients”)

1 POLICY

1.1 INTRODUCTION

The Trust has a duty of care for the safety of its patients. At the same time, patients have a legal right to leave the hospital unless they are detained under the Mental Health Act 1983.

This document advises staff of action to be taken, and by whom, in the event of a patient being identified as missing.

The Trust needs to be vigilant in its care of all patients particularly those deemed as vulnerable which include those that are:

- self harming
- confused elderly
- confused due to physical condition or medical treatment
- depressed / state of mind
- under the age of 16

All patients who after a risk assessment are considered likely to wander away from the ward should wear a green wrist band for easy identification

1.2 AIMS

This policy and procedures will enable staff to:

- identify when a patient should be regarded as a missing patient
- take the appropriate action in an effective and timely manner
- reduce the possibility of any harmful outcomes to the patient
- ensure that relatives of any missing patient are informed as soon as possible
- ensure that relatives are notified of all developments
- establish the principles for the recognition and search for patients missing from the wards/hospital
- involve external agencies as appropriate

1.3. DEFINITION OF A “MISSING PATIENT”

All patients noted to be absent from the ward or department, without prior arrangement must be treated as missing and the Matron and/or Head of Nursing and Site Co-ordinator are to be informed immediately.

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2 **PROCEDURES**

2.1. IMMEDIATE ACTION (Appendix A)

If a patient is found to be missing the Shift Leader must be informed immediately.

The shift leader will organise a local search of the ward / department and immediate vicinity (within 20 metres of all exits to the area). The nurse checklist to be followed / completed is in Appendix B)

The shift leader will liaise with persons in charge of other nearby wards / departments to complete a search of their area. Areas contacted will be noted (Appendix C)

2.2. SECONDARY ACTION (Appendix D)

The shift leader decides when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient's daily routine or usual patterns of behaviour.

Having decided that a patient is missing the missing patient checklist must be completed (Appendix E). The checklist will include the following information that may be useful to other parties (e.g. Matron, site coordinator, security/ portering staff, police etc.):

- Patients name
- Age
- Full description (Facial features, clothes etc.)
- Mental status (Depressed, agitated, confused etc.)
- Is the patient wearing a green wristband?
- Mobility (any aids used?)
- Any other pertinent information.

The following must be informed, giving them details from the missing patient's checklist:

- Security/portering
- Switchboard
- Matron/Head of Nursing and/or site co-ordinator who will provide assistance and inform senior management if and when necessary.
- The patient's medical team or the out of hours on call team

If it is a mental health patient inform the bleep holder at Abraham Cowley Unit or the mental health unit at Ashford as appropriate

Security /portering staff and / or Security Manager will commence searching in accordance with their missing patient check list (Appendix F) and Search checklist (Appendix G or H)

The Site Co-ordinator will liaise with other wards / departments in the vicinity of the missing patient's ward / department and others as necessary and ask them to search their areas for the missing patient (See appendix B and C).

2.3. TERTIARY ACTION (Appendix I)

If the patient is not found, following liaison with the Matron/Head of Nursing and Site Co-ordinator the shift leader will notify the police, giving details from the missing person checklist (Appendix E). Details of the time of the call and the name of the police controller should be recorded.

The Site Co-ordinator will liaise with other wards / departments in the vicinity of the missing patient's ward / department and others as necessary and ask them to search their areas for the missing patient.

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Shift leaders should report result back to the Site Co-ordinator. Site Co-ordinator to document ward / department checks on Appendix C.

All reasonable effort must be made to contact the patient's family or place of residence as quickly as possible. This is to notify them of the situation and ensure the patient has not arrived with their family or place of residence. They must be asked to notify the Trust if the patient makes contact. Details of all calls must be recorded.

In line with the search checklist (Appendix F,G /H) , Security / Portoring staff will search the Trust buildings, hospital streets and grounds. If the police are on site, the Security / Portoring staff will liaise with police for taking over responsibility for further searches of the site.

Security / Portoring and the Site Co-ordinator should liaise regularly and keep each other updated.

2.4 PATIENT NOT FOUND

The patient's medical and care team will carry out a risk assessment and advise what further action, if any, should be taken.

Their decision and rationale will be recorded in the patient's notes and a copy attached to the missing patient checklist documentation.

All involved parties will be advised of the decision and any further action required.

If the missing patient is not found and is considered to be a vulnerable adult, Social Services should be informed as per the Abuse or suspected abuse of vulnerable adults guidelines.

Ensure relatives / carers kept up to date

2.5 PATIENT FOUND

Notify all persons involved in the search that the patient has been found

Finish completing the missing person checklist(s) (Appendices A,B, D,E,F, G/H)

Complete an Incident Event Form

Attach the completed checklists providing a record of actions to the Incident Event Form. Forward to appropriate manager as per policy.

Ensure relatives / carers informed

3. RESPONSIBILITIES

3.1 SHIFT LEADER

The Shift Leader will decide when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient's daily routine or usual behaviour patterns.

Having decided that a patient is missing, commence completing the missing person checklist (Appendix B) .

Organise a local search of the ward / department and adjacent areas within 20 metres of the ward / department exits.

Liaise with other persons in charge of nearby wards / departments and arrange for them to carry out a thorough search of their area and to report back. Record feedback on Appendix D)

Inform security / portoring staff and / or Security Manager giving full details and description and request them to initiate their search protocol (Appendix F, G/H).

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Inform switchboard, Matron/Head of Nursing (or Site Co-ordinator), the patient's medical team and if appropriate the mental health Trust (see section 2.2).

Contact the patient's family and/or place of residence, explain the situation, and ask them to contact ward / department if patient arrives.

Inform police as necessary

3.2. MATRON/HEAD OF NURSING AND/OR SITE CO-ORDINATOR

Ensure that the Shift Leader has taken all the appropriate action.

Ensure that contact is maintained with the patient's family and police.

Request shift leaders in other wards / departments in near vicinity or as deemed appropriate to search their areas for the missing patient. Record areas searched and time on Appendix C.

Cascade information up the management line as and when necessary. In hours this will be the General Manager, Senior Support Manager and/or an Executive Director. Out of hours this would be the Senior Support Manager via the Site Co-ordinator, as necessary. Depending on the circumstances this may also include the patient's consultant or out of hours, the relevant on call consultant.

Ensure that all appropriate documentation is completed and any relevant statements requested. Collect in feedback from others involved including checklists and search checklists as in Appendices B,C,E,F,G/H. These should be forwarded with the incident event form.

3.3. PATIENT'S DOCTOR (ON CALL TEAM OUT OF HOURS)

Ensuring that the relevant documentation is made in the patient's care plan and health care record.

Carrying out a risk assessment if patient is not found

Notifying the patient's consultant or on call consultant as appropriate

3.4 SECURITY / PORTERING STAFF OR SECURITY MANAGER

Ensure that sufficient staff and equipment are available to carry out a search.

Co-ordinate the search activities

Complete the search record (Appendix F, G/H)

Liaise with Site Co-ordinator ward / department and police as necessary

4 OTHER PERTINENT INFORMATION

4.1. DETENTION OF PATIENTS

The law allows for a patient's detention if:-

- If they are under an appropriate section of the Mental Health Act 1983
- A young person under the age of consent (16), whose parents/guardians have not consented to their discharge.
- Patients who do not fulfil the above criteria are legally entitled to discharge themselves. In the event of a discharge against medical advice, the patient must be seen by a doctor (SHO and above) and the appropriate form must be signed by the patient before leaving. An entry to that effect must be made in the patient's records. The form must also be kept in the patient's records.

There will be other occasions when the situation will not be as clear cut, examples include:-

- Patient waiting for psychiatric assessment
- Patient who appears confused

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- Patient found wandering

On these occasions, staff should use every effort to persuade the patient to return voluntarily, but if there is a refusal, no more than reasonable force should be used and only that necessary to keep the patient safe until help arrives. At all times, account should be taken of the patient's overall condition.

Although staff are required to take all possible action in accordance with this procedure to ensure patient safety they should never jeopardise their own physical safety in doing so.

4.2 TRAINING

Heads of Departments will ensure that all necessary training is given to staff to allow the execution of this policy.

4.3 RECORD KEEPING

Any incident whereby this policy and procedure is invoked, with particular regard to the restraining of a patient, must be fully documented in the patient's records and an incident event form completed. See also section 2.5 above.

5 REFERENCES AND BIBLIOGRAPHY

Ashford and St Peter's Hospitals NHS Trust (2005) Standards for Practice and Care for all Clinical and support staff working with patients. 5th Edition ASPH

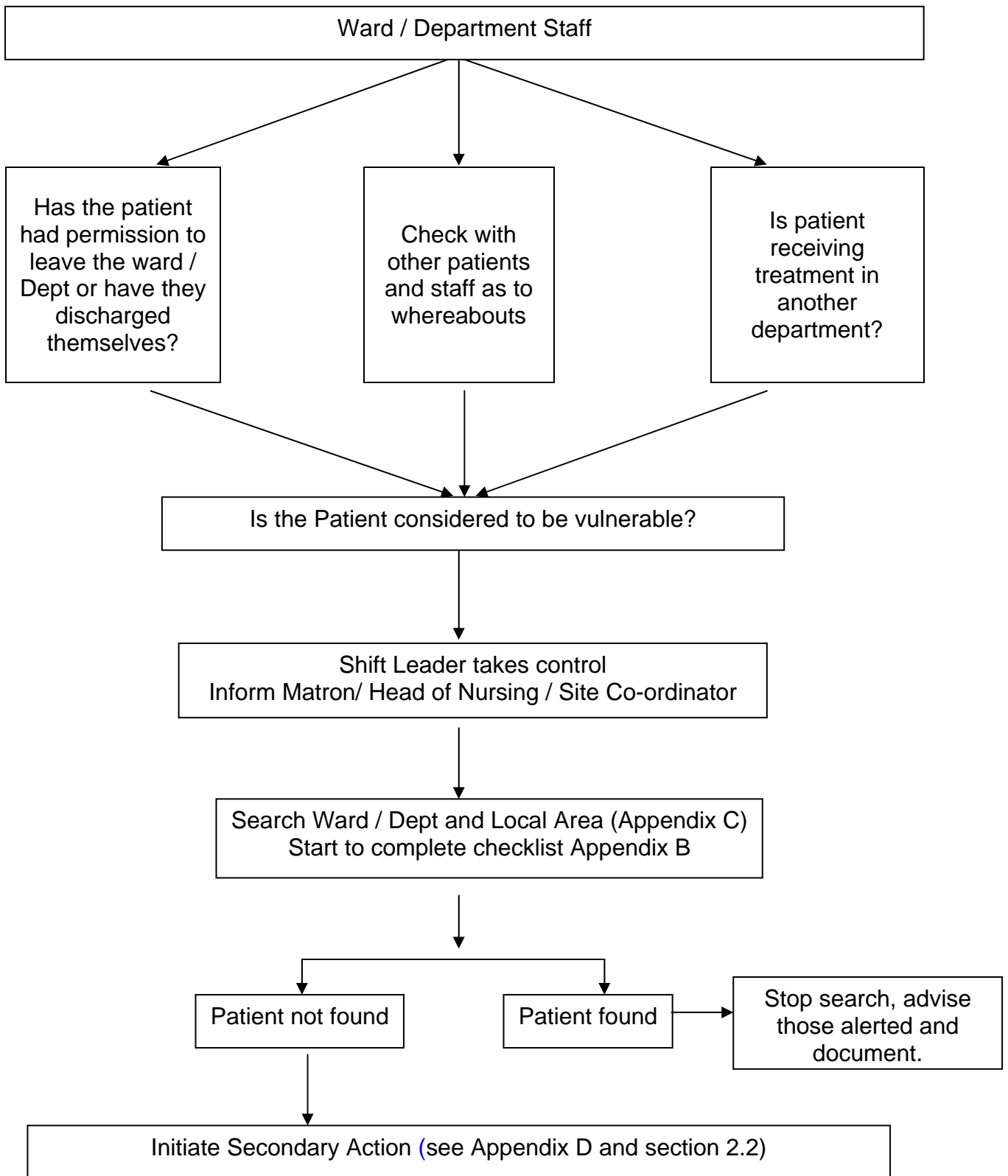
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Missing Patient Search – Immediate Action



Missing Patient Checklist (Nursing Staff Actions)

ACTION	DATE/TIME	SIGNED
Ward searched (including 20m from exits)		
Liaise with persons in charge of other nearby wards / departments to complete a search of their area	<i>List those contacted and the response / time on Appendix C.</i>	
Patient details checklist completed		
Matron/HON or site coordinator advised		
Security advised		
Medical team advised		
Switchboard advised		
Mental Health advised		
Patient's family advised and updated		
Police advised		
Patient found (<i>following 3 points relate to patient being found</i>)		
Search called off		
Patient care plan and health record completed		
Incident event form completed		
Patient not found (<i>following 3 points relate to patient not found</i>)		
Detail further actions taken (continue overleaf as necessary) see also section 4		
Patient care plan and health record completed		
Incident event form completed		
Records from other staff (Appendices checklists) obtained and forwarded with incident event form to manager		

NOTE: Completed Missing Patient checklists should be kept with the incident event form

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St PETER'S HOSPITAL WARD / DEPT SEARCH CHECKLIST for use by shift leader / site co-ordinator
This list does not dictate the order of the search – this will depend on from which ward / area the patient is missing

1st Search is requested by the ward / area shift leader. 2nd Search is requested by Site Co-ordinator

Location	1st Search Time Start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
Labour Ward								
NICU								
Jean Bowyer Suite								
Falcon Ward								
Kestrel Ward								
Kingfisher								
Surgicl HDU								
Joan Booker								
A&E								
Rowley Bristow								
ITU								
Day Surgery								
MAU								
Maple								
Elm Ward								
Juniper Ward								
Ash Ward								

Location	1st Search Time start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
Oak Ward								
Chestnut Ward								
May Ward								
Birch Ward								
Coronary Care								
Medical HDU								
Holly Ward								
Cedar Ward								
Aspen Ward								

Other areas / Comments:

ASHFORD WARD / DEPT SEARCH CHECKLIST for use by shift leader / site co-ordinator

This list does not dictate the order of the search – this will depend on from which ward / area the patient is missing

1st Search is requested by the ward / area shift leader. 2nd Search is requested by Site Co-ordinator

Location	1st Search Time Start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
Arnold Ward								
Wordsworth Ward								
Keats Ward								
Dickens Ward								
Emergency Dept / RAC								
Day surgery Unit								
Outpatient Dept								
Merlin Ward								
Other:								

Missing Patient Checklist (Patient Details)

Name of patient	
Age	
Full description of clothing worn	
Facial features	
Is the patient confused?	
Mental status: (depressed, agitated, withdrawn etc.)	
Is the patient wearing a green wristband	
How mobile is the patient, any aids used?	
Does the patient have car/door keys?	
Does the patient have any communication difficulties?	
Possible destinations and transport options	
Any other pertinent information e.g. is the patient a risk to themselves or others	

Missing Patient Checklist
(Security / Portering Staff / Security Manager Actions)

ACTION	DATE/TIME	SIGNED
Notify CCTV control		
Assemble Search team		
Issue equipment (Site plan, torches, radios etc)		
Brief search team		
Open search log		
Report progress to Matron/ HON /Site coordinator		
Hand over copy search log to police		
Shift handover		
Debrief from search team		
Patient found		
Search called off		
Checklist / Search checklist completed and signed and given to site co-ordinator to go with incident event form.		

Further records / information – particularly if patient not found.

St Peter's Hospital SITE SEARCH CHECKLIST for use by Security / Porters / Security Manager

This list does not dictate the order of the search. This will depend on from which ward / area the patient is missing. List is not exhaustive. Please add areas as necessary

Location	1st Search Time Start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
Ultrasound								
EPU								
Ante Natal Clinic								
Abbey Wing Reception								
Abbey Wing Courtyard								
Abbey Wing Staff Car Park								
Abbey Wing Public CarPark								
Roundabout and Bus Shelter								
Wooded Car Parks								
Outpatients Car Park								
Runnymede								
Outpatients Level 1								
Outpatients Level 2								
Outpatients Level 3								
Link Bridge								
Theatres								
Level 2 Street								
Level 3 Street								

Location	1st Search Time Start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
A&E Car Park								
Chapel								
Rowley Bristow								
Operations Offices								
Maple Car Park								
Maple Rear Area								
DoK Car Park								
PGEC								
Abraham Cowley Unit								
Holloway Hill Entrance								
The Ramp								
Choices Restaurant								
Accommodation Blocks								
Estates Compound Other areas:								

ASHFORD HOSPITAL SITE SEARCH CHECKLIST for use by porters / security

This list does not dictate the order of the search. This will depend on from which ward / area the patient is missing. List is not exhaustive. Please add areas as necessary

Location	1st Search Time Start	1st Search Finish	Name	Signed	2nd Search Start	2nd Search Finish	Name	Signed
Porters Lodge / Switchboard								
Chapel								
Pharmacy								
Sewing Room								
Chaucer Ward								
X Ray								
Other Ground floor areas:								
Fielding Ward								
Eliot Ward								
Management Offices								
Secretaries offices								
Shakespeare Ward								
Bronte Ward								
Secretaries Offices								
Therapies								
Day Surgery Unit								

Emergency Dept + RAC								
Restaurant								
Education Centre								
Outpatients								
Theatres								
Other first floor areas:								
West Wing Grd Floor								
West Wing 1st Floor								
West Wing 2nd Floor								
West Wing 3rd Floor								
Car Parks								
Estates								
Tescos								
Mental Health Unit								

Missing Patient Search – Secondary and Tertiary Actions

