RESIDENT SAFETY

MANAGING THE RIGHT TO WANDER vs RISK FOR ELOPEMENT IN THE LONG TERM CARE SETTING

Mary Chiles, RN RAC-CT

Chiles Healthcare Consulting LLC

FACT

- Long term care facilities [nursing homes, assisted living facilities and retirement communities] struggle with the right of residents to move freely throughout the community, and the need to ensure that residents are safe, as both their cognitive and functional levels change.

Objectives -- Participants will:

- Explore methods to identify resident characteristics and behaviors that may place them at risk for unsafe wandering or elopement and possible injury.
- Examine strategies on a variety of modalities and interventions to reduce both resident and organizational risks for adverse outcomes, including environmental design, resident/family engagement, interdisciplinary team collaboration

Definitions

- **Unsafe wandering**
  - Wandering is random or repetitive locomotion. This movement may be goal-directed (e.g. the person appears to be searching for something such as an exit) or may be non-goal-directed or aimless. Non-goal-directed wandering requires a response in a manner that addresses both safety issues and an evaluation to identify root causes to the degree possible. Moving about the facility aimlessly may indicate that the resident is frustrated, anxious, bored, hungry, or depressed. Unsafe wandering and elopement can be associated with falls and related injuries
- **Elopement**
  - Elopement occurs when a resident leaves the premises, or a safe area, without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so.

Frequent Risk Factors

- Change in medical condition – i.e. acute illness or infection – hospitalization, UTI, blood sugar fluctuations, etc.
- Change in mood and/or mental status – i.e. anxiety, restlessness, hallucinations, delusions, etc.
- Change or fluctuation in cognitive status – i.e. change in short-term memory, recall, confusion, etc.
- Change in functional status – i.e. change in mobility, endurance, etc.
- Change in daily or customary routine – i.e. meal time, bedtime, change in caregivers, etc.
- Change in personal relationships – i.e. loss of spouse, family relocation, new roommate, etc.
- Change in environment – i.e. moved to new location within community or facility, recent hospitalization, etc.
- Change in medications

1st Step – Identification of Risk Factors

- Good and honest history of resident behaviors and daily routines while living in the community
- Risk Assessments
  - *Not mandated for nursing homes or assisted living, but are rapidly becoming a standard of care/practice*
  - *Often completed at time of admission, with a change in the resident's status, and periodically per facility protocol and/or policy*

2nd Step – Responding to the Risk Factors

- Each identified risk should have a plan in place that is responsive and reactive to the specific risk factor.
- The plan to minimize unsafe wandering, elopement, and injury must be individualized to the resident; one solution does not work for every resident
- The plan of care must be communicated to all interested parties – staff, family, etc.
- The plan must be monitored for outcome and need of modification
  - *For example: a resident who is dependent in mobility and requires staff assistance to move about the facility/community, but is a new admission with confusion, may be considered at risk for elopement; however as the resident's alertness changes and mobility improves to allow resident to be more independent, the risk may increase and require different interventions to promote resident safety*

3rd Step – Consistent Implementation and Carryover of the Plan

- It is a team effort
  - *Nursing, Activities, Social Work, Rehab and/or Restorative, Dietary, Housekeeping and other departments*
    - Knowledge of who is at risk
    - Knowledge of facility protocols
    - Knowledge of resident's plan of care
  - *Physician, pharmacy, mental health or behavioral consultant*
- Involves resident representatives and others that are significant to the resident

Goals:

- Resident will continue to be mobile throughout the facility/environment
- Resident will continue choice of movement throughout the facility
  - *Ambulation or use of mobility device*
- Resident will not elope from the facility or wander into unsafe areas that may place him/her at risk to self or others

Suggestions for Developing Plan of Care

- **Know your resident**
  - *What are the daily habits*
  - *What are the typical behaviors*
  - *Who / what is important to them*
  - *What are the likes / dislikes*
  - *Monitor, track, and trend when placing , wandering, or exit seeking behavior occurs – look for commonalities such as:*
    - In time of day/night
    - Associated with other tasks or previous history
    - Associated with visitors or facility schedule or events
    - Associated with indicators of discomfort, illness, hunger/thirst, etc..

Frequently Used Interventions

- Consistency
  - *Daily routine for resident and the location in which resident resides*
  - *Care giver assignment*
  - *Schedule – meals, toileting, medication administration, rest time, activates for socialization, etc.*
  - *Approaches in care and interaction*

Strategies to Promote Safe Wandering

- Personalization of resident's living quarters
- Involve family and friends
- Well lighted and clutter free environment
- Open areas for outside with walkways that are secured
- Develop "work or play" stations throughout the facility with opportunity for resident to self-initiate activity
- Use of rocking chairs or gliders if resident is at risk for falling
- Identification of key areas within the facility – i.e. Resident's room, toilet areas, etc.
- Secure hazardous areas such as janitor closets/carts, medication /supply storage; laundry rooms, etc.

Strategies for Re-direction

- Walk with resident and re-direct to other location
- Converse about topics of interest and/or surroundings
- Replicate activities that are part of resident's previous lifestyle, work, interests, etc. Make these personalized to the resident
  - *These need to be readily accessible for either independent use or for use in collaboration with others*
- Use of music – be selective to choice and tempo
- Use of animals / pets – birds, fish, cats, dogs, etc.

When Wandering Interferes with Care, creates risk for resident or “disturbs” other residents

- Break tasks into short, easy to complete segments
- Place chairs in various locations along walls or pathways to promote quick rest
- Use of “stop” signs on resident doors
- Keeping resident doors closed vs. open
- Offer frequent snacks, hydration and toileting
- Ensure proper fitting clothes and footwear

Strategies for Exit Seeking Behavior

- Track and trend when exit seeking behavior occurs – look for predicable patterns
  - *Be proactive in re-direction before behavior starts*
- Use of of “alert devices”
  - *Evaluate if audible alarms increase resident behavior or risks of injury when startled*
- Establish facility policy on “signing in/out” from facility and educate residents, resident representatives, staff, etc.
- Maintain current photo and visual descriptors of all residents at risk for elopement
- Use of secure memory units
- Educate family and visitors

Summary

- Mobility is more than a right; mobility is an important aspect of healthy living. When mobility, such as wandering, is restricted there may be adverse outcomes such as:
  - *Poor bone density*
  - *Depression*
  - *Feeling of isolation; loss of socialization*
  - *Risk for instability in chronic medical conditions*
  - *Poor nutrition*
  - *Change in bowel and/or bladder habits*

Thank you

Chiles Healthcare Consulting, LLC
804-355-1943 – mary@chileshealthcare.com

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