

Key Recommendations

- ▶ Assess whether the physical environment supports both rest and activity, including safe wandering.
- ▶ Ensure that policies and procedures address the issues discussed in this Risk Analysis.
- ▶ Educate all staff on wandering, elopement, and organizational policies and procedures, including the use of related technologies.
- ▶ Ensure that assessments and interventions are individualized.
- ▶ Track outcome indicators to evaluate the effectiveness of interventions, repeating assessments and adjusting interventions and the service or care plan as necessary.
- ▶ Establish plans for responding to missing-resident incidents, and conduct regular drills.

See page 15 for more Action Recommendations.

Supplementary Material

- ▶ Self-Assessment Questionnaire: Wandering and Elopement
- ▶ Toolkit for Developing Missing-Resident Procedures

For more tools on this topic, see the HRC members' website at <http://www.ecri.org>.

► Hazardous Wandering and Elopement

People who wander unsafely or in unsafe environments may face a higher risk of injury, elopement, entrapment in unsafe areas, dehydration, malnutrition, fatigue, and sleep disruption.

However, wandering may represent "a behavioral expression of a basic human need" and support the individual's independence and sense of control. Potential benefits include stimulation, social interaction, and maintenance of mobility and function. Often, it is preferable to support an individual's safe wandering than to try to stop it.

WHAT HRC FOUND

Causes, triggers, patterns, and frequency of wandering and elopement attempts vary from person to person. Thus, organizations must perform individualized assessments, develop person-specific interventions, and evaluate the effectiveness of the interventions in managing the individual's behavior. The physical environment should support the safety of those who wander, and organizations must develop sound policies and procedures and provide thorough education to staff.

Route To:

- | | |
|---|---|
| <input type="checkbox"/> Facilities/building management | <input type="checkbox"/> Patient safety officer |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Security |
| <input type="checkbox"/> Long-term care services | <input type="checkbox"/> Staff education |
| <input type="checkbox"/> Nursing | |

Individualized Interventions

Interventions to manage wandering and prevent elopement should be tailored to the individual needs of the person with dementia. The following are examples of interventions; no single intervention is likely to be appropriate for all individuals.

Supervision

- Place the resident in a highly supervised area.
- Routinely assign the same staff members to the individual.
- Assign a staff member to check on the resident at a specified interval or to keep the resident in sight at all times.
- Perform nighttime checks at a specified interval.
- Watch for indications that the individual plans to leave (e.g., packing belongings).
- Determine whether the individual is trying to reach a location within the facility or home, and direct or escort him or her, if appropriate.

Activities

- Develop a consistent routine that follows the person's usual daily pattern.
- Regularly take him or her outside.
- Engage individual in
 - safe wandering, especially during times of day when his or her behavior peaks.
 - a structured exercise program (e.g., supervised walks at the same time every day).
 - air mat therapy, which involves exercise and relaxation on an inflatable mat, such as those used in gymnastics.
 - activities that address his or her needs or wishes.
 - tasks that echo pre-morbid activities (e.g., simulated chores, tasks that mimic previous job duties).
 - lifestyle activities and hobbies (e.g., dance class, gardening).
 - purposeful tasks (e.g., sorting, building).
 - music therapy.
 - aromatherapy, especially with calming, soothing scents.
 - ADLs (e.g., grooming).
- To reduce wandering during activities, play music or foster social interaction with staff or visitors.
- Encourage visits from family and friends, and invite them to participate in activities.
- Balance activities with quiet time for rest.

Safety

- Place the individual in a room that suits his or her travel patterns or is farther from exits and stairwells.

- To increase comfort and familiarity, decorate the individual's room with favorite personal items.
- Keep personal items that may cue exiting behavior (e.g., hat, keys, coat, purse) out of sight.
- Ensure the appropriateness of footwear and clothing for safe wandering.
- Give the person a form of identification to wear at all times (e.g., bracelet, label sewn onto clothing) that indicates what to do if he or she is found.
- Keep a photo of the resident in a secure area near main entrances or in an electronic database. Ensure confidentiality and compliance with federal and state laws.
- Train staff, including those who do not provide direct care, on resident-specific redirection techniques.

Unmet Needs

- Manage chronic and acute health problems (e.g., constipation, urinary tract infection).
- Screen for and address depression, pain, and vision problems.
- Use medication to treat symptoms that may contribute to wandering (e.g., delusions, anxiety, depression), but remember that no effective pharmacologic treatment exists for wandering.
- Limit the use of medications that increase confusion.
- Manage incontinence, or develop a toileting schedule.
- Ensure adequate hydration, and provide nutritional support; consider offering extra snacks and fluids.
- To keep the person's interest during meals, interact with him or her and have focused conversations about the meal, eating, and social aspects of the mealtime experience.
- Identify and address other unmet needs.

Sources: Alzheimer's Association. Dementia care practice recommendations for assisted living residences and nursing homes [online]. 2009 [cited 2011 Oct 5]. Available from Internet: http://www.alz.org/national/documents/brochure_DCPPhases1n2.pdf; Boltz M. *Wandering and elopement: litigation issues*. New York: Hartford Institute for Geriatric Nursing, College of Nursing, New York University; 2005; Futrell M, Melillo KD, Remington R, et al. Evidence-based guideline: wandering. *J Gerontol Nurs* 2010 Feb;36(2):6-16; New York State. Creating effective systems to manage wandering behavior: guidance for long term care facilities in New York State [online]. 2005 May [cited 2011 Sep 28]. Available from Internet: <http://www.nccd.org/WanderingBehavior-5-10-05Final.pdf>; Smith M, Schultz S. Hartford Center of Geriatric Nursing Excellence, University of Iowa. Great escapes: the wandering dilemma [brochure online]. 2009 [cited 2011 Sep 21]. Available from Internet: http://www.healthcare.uiowa.edu/igec/publications/info-connect/assets/great_escapes.pdf.