

## Long-Term Care Survey Alert

### Resident Assessment: 5 Reasons Why Residents Attempt To Elope

Use this handy taxonomy to target your interventions.

A word to the wise: "One size fits all" does not apply to care plans to prevent resident elopement.

Yet if you can figure out why a resident is trying to leave a facility, the care plan team can individualize interventions to prevent a potential tragedy from happening.

Most cases of elopement fall into the following five categories, according to the research and experience of **Bettye Rose Connell, PhD**, with the rehabilitation research and development department of the **Atlanta Veterans Administration Medical Center** in Decatur, GA:

**1. People who appear to have a purposeful reason to exit due to being caught in another time and place in their minds.** For example, one nurse saw a male resident walking behind a snowplow one morning as she drove to work. "The man knew exactly where he was going - he was just 40 years out of time in getting to that place," says Connell. "Residents who continue to exit may be worried about a spouse or child or something they feel a need to check on," she notes. For example, one resident kept trying to leave a facility each evening at 5 p.m. to catch a bus. Staff did a bit of sleuthing and found out that the resident used to cook dinner for her adult daughter every evening. So they asked the resident's daughter to call each evening for a couple of weeks to reassure her mother she had dinner plans. The daughter also came to the facility and ate dinner with her mother at least weekly. The resident's elopement attempts ceased.

**2. People reliving old schema/habits.** For example, Connell recalls one unit had a gentleman who would try to exit via the elevators in the mornings and evenings. Staff theorized that the elevators might have reminded the resident of the subway he'd taken to and from work. Knowing the resident could still read, staff put up signs saying "subway out of order" or "subway not running today." The man appeared frustrated by the signs but he stopped trying to get on the elevators. Another resident who'd worked in a post office would, like clockwork, begin to make his way through the facility each evening chatting with people as he "left for the day." Staff knew to stop him before he exited.

**3. The quintessential pacers who serendipitously end up at an exit at the same time as someone is walking in or out.** Thus, the wanderer simply makes his way off the unit or out of the building.

**Potential Solutions:** Develop safe walking trails inside that don't lead to exits. Assign a volunteer as a buddy to accompany wanderers who show a propensity to slip out an open door, especially when staffing is low.

**4. People avoiding what they perceive as a frightening or unpleasant experience.** Try to identify triggers, such as bath-time or doctors' visits, that appear to precede a resident's attempts to exit - and then find a way to change that experience for the resident. For example, nurse researcher **Joanne Rader, RN, MSN**, has found that the "no rinse" bath provides a comforting bathing alternative for dementia residents who battle tub baths or showers. For details, see "Bathe Residents Without a Fight Or F Tags," in the December 2002 Long-Term Care Survey Alert. Editor's Note: Subscribers can access current and past issues online. Go to: [www.eliresearch.com](http://www.eliresearch.com) and click on the OSS log in button at the top right. Enter your e-mail address and password (account number).

**5. People who may have a desire to go outdoors more often.** For example, some residents may have spent a great deal of time outdoors before coming to the facility, such as a former farmer, Connell notes. **Try This:** Consider using enclosed outdoor spaces where residents can exit the facility safely. That tack can work if the facility also provides programming to encourage residents to use the spaces, Connell suggests.

