



Mechanisms and interventions
to prevent intrusive wandering
by residents with neurocognitive
disorders in long-term care facilities

EXECUTIVE SUMMARY

of the abridged ETMI report

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Neurodegenerative disorders are becoming increasingly prevalent in the aging population of Quebec, Canada and the rest of the world (WHO, 2021). Wandering is a frequent behavior among people with major neurocognitive disorders (MND) such as Alzheimer's disease and related disorders. One cannot overlook the consequences related to the temporal and spatial orientation difficulties present in people living with MND, which can lead the person to wander into an unauthorized or dangerous area (MacAndrew, 2017). Depending on the severity of neurocognitive impairment, the nature, perception and consequences of wandering, interventions may require a complex multifactorial process (Agrawal, 2021; MacAndrew, 2015). Several mechanical, physical, environmental, and electronic devices attempt to alleviate this situation to ensure safety and residents' needs.

CONTEXT

Over the past few decades, the literature has reported on a variety of strategies and approaches for long-term care facilities residents presenting with wandering (Alzheimer Society of Canada, 2011). Intrusive wandering (also known as invasive wandering or boundary transgression) can lead to a person entering a private place and represents a significant challenge in managing the well-being and safety of residents.

Some residents react badly to intrusions by other residents into their rooms in a specialized unit for people with severe cognitive impairment at the long-term care facility Le Faubourg at CIUSSS de la Capitale-Nationale. As a result, families of residents who have been victims of these intrusions are calling for measures to be put in place to prevent this phenomenon.

The management the long-term care facility Le Faubourg commissioned UETMISSS of CIUSSS de la Capitale-Nationale to investigate evidence concerning effective and safe mechanisms (mechanical, physical, environmental, or electronic) or interventions to counter intrusive wandering in other residents' rooms, to determine the best approaches to adopt for its clientele.

OBJECTIVE

The objective of this abridged ETMI is to report on the state of knowledge concerning effective and safe devices or interventions (physical, mechanical, environmental, or electronic) to counter intrusive wandering in private places, including other residents' rooms, or in restricted areas, and to paint an exploratory portrait of their use in group homes.

METHODOLOGY

A literature review using a systematic approach was performed in the CINHALL (EBSCO), Medline (OVID) and PsycINFO (OVID) databases and various web sites including google and google scholar to identify relevant literature published between January 2010 and December 2022. An update of the scientific literature was carried out on February 8, 2024. Studies were selected based on the PICOTS criteria, and the methodological quality of the included studies was evaluated.

Experiential data were collected via questionnaires and semi-structured interviews concerning devices, or interventions used in Quebec long-term care facilities. Triangulation was used to compare scientific and experiential data.

RESULTS

Nine studies and three grey literature documents were selected, including one thesis, one report and one rapid response. Questionnaires and semi-structured interviews were conducted with professionals from 26 long-term care facilities. The results relating to the dimensions of intervention effectiveness and safety, as well as the organizational dimension were triangulated to highlight the main findings.

FINDINGS

- › The heterogeneous nature of the results of this ETMISSS did not allow us to assess a level of scientific evidence for the devices and intervention identified. Consequently, findings presented here are based on the methodological quality of the studies, the credibility of the grey literature documents and data drawn from the experience of the people interviewed.
- › **Effectiveness of devices identified:**
Several devices and interventions have been identified in the literature and in the data collected. However, few studies have evaluated their effectiveness to control intrusive wandering in long-term care facilities.
- › **Safety of listed devices and interventions:**
No publications in the literature provide evidence on the safety aspect of the devices or interventions identified. A device or intervention always involves some risk, and should be use carefully, as stated by the participants who stopped using certain devices deemed unsafe.
- › **Organizational aspects of wandering control:**
Some studies and data collected from participants have identified the staff/resident ratio and staff training as important organizational aspects related to wandering control. The selected studies recommend revising caregiver staff ratios to supervise, intervene more quickly, and better direct and supervise residents with more complex needs.

CONCLUSION

Several devices and interventions aimed at reducing wandering have been identified. However, the review of evidence in the literature and the data collected from participants do not allow us to comment on the effectiveness and safety of the devices and intervention used to control intrusive wandering.

Although most of the devices and interventions identified in the literature were also identified by the survey participants, some studies suggest solutions that had not been identified by the participants. This is the case for the potential avenue of Wander Guard bracelets, the observation of frequency, peaks and wandering patterns to help implement management strategies, and the wearing of different-colored clothing on day and night shifts to help residents orient themselves in time. Some long-term care facilities have also created or modified devices to solve the problem of intrusions, such as curtains or handmade banners in bedroom doors. However, practices are not well documented or standardized from one facility to another.

The characteristics and causes of wandering may be idiosyncratic, and the strategies for managing this behavior specific to everyone. No single approach will suit all residents who were wandering. Creative devices and interventions are encouraged within a safe framework to meet residents' needs and autonomy, as well as their preferences, values, and beliefs. Data collected in the field indicate that all long-term care facilities could benefit from greater sharing of information both on the devices and interventions used and wandering-related incidents.

It is vital to remember that analyzing the causes of wandering is fundamental. Physical, psychological, social, and even religious needs have been raised in the literature and by some participants. The literature on occupational or sensory activities and therapies is abundant and could lead to other solutions.

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