

# Recognising, assessing and care planning for those who wander walk

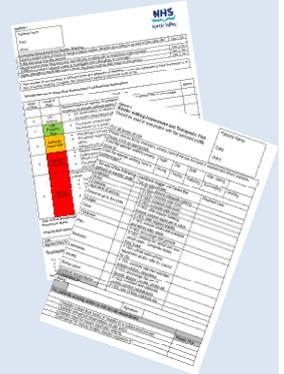
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## Aims

A number of patients within our inpatient areas wish to walk (wander walking). This can be a positive experience that potentially provides multiple physical and psychological benefits however there may be concerns that the person is at risk of experiencing harm.

The aim of this initiative was to:-

- Anticipate and reduce risk of harm to people who wander walk
- Improve knowledge and confidence levels of staff
- Increase quality of risk assessment
- Ensure less restrictive options explored before locked door policy initiated
- Increase episodes of people being supported to wander walk in a person centred manner in line with the 2020 vision
- Reduce the number of people reported missing from ward areas



## Methodology

- A guideline was developed which included a screening tool, risk assessment and therapeutic care plan with potential triggers and interventions for staff to consider<sup>1</sup>
- Guidance compliments other local policies including locked door, delirium management and falls reduction
- Senior Charge Nurses informed and cascaded with staff teams
- Dementia Champions advise and drive utilisation of the guidance document within their clinical areas
- Dementia Nurse Consultant reviews all incidents of locked doors

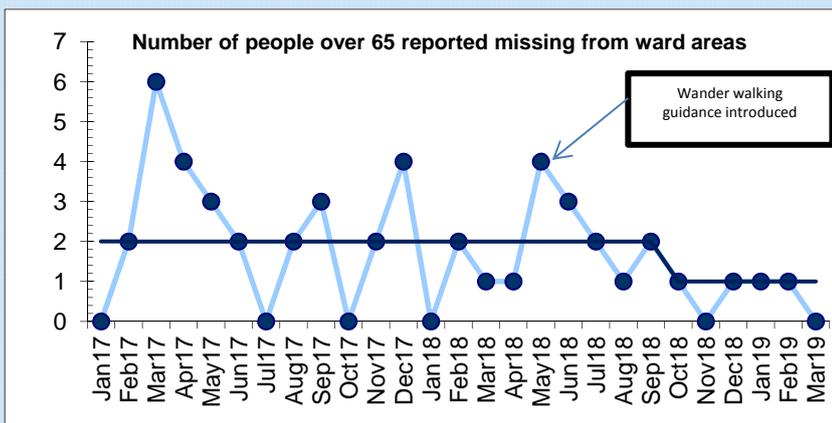
## Results

- Improved staff knowledge and confidence in assessment and management of people who may wander walk
- Structured process in place for risk assessment
- Appropriate interventions now being utilised to reduce the risk of harm
- Patients supported to wander walk where assessed to be of benefit
- 96% of locked door incidents had explored less restrictive options and appropriate procedures followed
- 36% reduction in the number of people over 65 reported missing from ward area in 2018 compared with 2017 with figures continuing to decrease

Staff focus group comments before guidance



Staff focus group comments after guidance



## Conclusions

The introduction of this guidance has resulted in increased staff awareness, confidence levels, person centred approaches and has reduced the risk of harm to people who wander walk within a hospital setting. Supporting people to safely wander walk will reduce deconditioning that can occur in hospital which will ultimately positively impact on lengths of stay.

## References

1. Dewing J (2005) Screening for wandering and Older Persons with Dementia. Nursing Older People 17 (3) 20-22