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Review Article

Unexplained Absences and Risk of Death and Injury Among Nursing Home Residents: A Systematic Review

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A B S T R A C T

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Background: Unexplained absence of nursing home (NH) residents is one of the most challenging issues related to the care of older people. The aim of this review was to examine the death and injury outcomes of unexplained absence of NH residents.

Method: We searched MEDLINE, CINAHL, EMBASE, PsycINFO, AgeLine, and Cochrane Library to identify qualitative and quantitative studies published in the English language. Data on death and injury were collated, and aggregate proportions were calculated where possible.

Results: Nine studies were identified; most (n = 6) were conducted in the United States. Persons with dementia formed the study population in all studies. There were 1440 individual unexplained absences reported across the 9 studies. We calculated a rate of 82 deaths and 61 injuries per 1000 incidents of unexplained absence. Extreme temperatures were the most common cause of death. Most individuals left by foot, and were found within a 1-mile radius of place last seen in green vegetation and waterways.

Conclusion: This review provides valuable insight into death and injury outcomes. Further studies are recommended to improve understanding and prevent adverse outcomes.

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Unexplained absence of nursing home (NH) residents is one of the most challenging issues related to the care of older people, particularly persons with dementia.^{1,2} The term “unexplained absence,” commonly referred to as “wandering,” “elopement,” or “absconding,” describes behavior in which the resident leaves the NH without informing caregivers, and the whereabouts of the person are unknown.^{1,2} Unexplained absence is most often seen in residents with cognitive impairment; in particular, dementia.³ Risk factors include memory and recall deficits, disorientation, poor visuospatial ability, and expressive language deficits.⁴ However, residents may also purposefully exit the facility to, for example, visit family and friends.⁵

Considerable resources are needed to manage residents identified as at risk of leaving the NH and suffering harm.^{2,6} Once outside of the NH, the resident may enter unsafe areas and be harmed.⁴ There is also emotional distress experienced by family members and caregivers, and the event may affect the NH's reputation. In some circumstances, the event results in sanctions by regulatory bodies or legal claims by family members due to a breach in the NH's duty of care to residents to keep them safe and free from harm.^{4,5,7,8}

Preventing residents from leaving the NH facility poses an additional challenge for the care provider to be able to balance issues of safety with independence (enabling and supporting residents to leave when they express a wish to do so). This issue will become more acute as the population ages.⁹ Globally, most countries are now facing the unprecedented challenge of a rapidly aging society.² By 2050, the global population of those 80 years or older will increase fivefold, reaching 379 million.¹⁰ Alongside this rapidly aging global population is that the number of persons with dementia will double every 20 years, expecting to reach 65.7 million in 2030.²

Institutionalization may become inevitable for many people in the later stage of life, especially those with progressive functional and

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cognitive diseases.¹¹ Estimates of incidence of unexplained absence in published literature vary, with studies suggesting that 11% to 31% of older adults will have an unexplained absence while they are residents of NHs.^{4,5,11} The high prevalence is likely to increase in parallel with overall population growth.^{3,5}

Emerging research explores various aspects of unexplained absence, including identifying persons most at risk,^{4,12} investigating pharmaceutical and nonpharmaceutical interventions to reduce unexplained absence events,^{13,14} and presenting informative and educational literature,¹⁵ all of which aim to reduce the associated negative consequences and inform health care providers working in the field of aged care.¹⁵ A large part of this research reports unexplained absence as a high-risk activity associated with death and injury.^{1,3,4,12–17}

The aim of this review was to examine the death and injury outcomes of unexplained absence of NH residents. This review purposely excluded studies that exclusively focused on independent older people living in the community, as this population has been reported as being different from NH residents.^{18–20}

Methods

Protocol and Registration

This review was registered with the International Prospective Register of Systematic Reviews (PROSPERO), an international database of prospectively registered systematic reviews in health and social care; PROSPERO Registration Number: CRD42016035495.

Search Strategy

This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-P) statement.²¹

The review consisted of a search strategy of published literature in the English language. No date limit or country restrictions were set. The review was conducted in 3 phases. The initial phase consisted of a limited search of the databases MEDLINE, CINAHL Plus, and Google Scholar to identify key words contained in the title or abstract and relevant MESH headings and descriptor terms.

The second, more extensive, search was performed on July 26, 2016, using the appropriate keywords for each of the following databases: MEDLINE, CINAHL, EMBASE, PsycINFO, AgeLine, and Cochrane Library. Terms used in this review are outlined in [Supplementary Table 1](#), and an example of the MEDLINE search strategy is presented in [Supplementary Table 4](#). The final phase consisted of a bibliographic review of the articles and reviews identified for full-text search.

Results from the search strategy were exported into Endnote X7 software (EndNote, Thomson Reuters, New York, NY). Duplicates were removed using a standard function before being exported into Excel for screening. Titles, abstracts, and reviewed full texts were independently screened by researchers MW and CY. Discordances were resolved by a third reviewer, JEL.

Eligibility Criteria

This review considered all qualitative and quantitative study designs. Case studies were included in the review to provide richer and more detailed descriptions that would not normally be easily obtained by other research designs.²²

Participants

Participants were persons receiving continual nursing care and accommodation,²³ commonly referred to as “residents.”

Setting

NH: “A nursing home is a facility with a domestic-styled environment that provides 24-hour functional support and care for persons who require assistance with activities of daily living and who often have complex health needs and increased vulnerability.”²⁴ Terms used to describe these include: NH, residential aged-care facility, retirement home, care home, domiciliary facility, long-term care, and assisted living facility.²⁴ Exclusion: Where the study focus is exclusively on community-style accommodation such as private home, family home, private shared living, and community-based living facility.

Outcomes

Primary outcome. Death of the resident outside the NH building. The death occurred as a result of leaving the NH without the prior knowledge of the NH caregivers (unexplained absence).

Secondary outcome. Injury of the resident outside the NH building. The injury occurred as a result of leaving the NH without the prior knowledge of the NH caregivers (unexplained absence).

Exclusion. A resident who died or was injured without leaving the NH building. For example, the resident wandered within the NH building without the knowledge of nursing staff, fell and consequently died or was injured.

Data Extraction

Data were extracted by MW and results were checked by JEL. Extracted data items were recorded in a Microsoft Excel spreadsheet. From each eligible article, the following information was extracted: study characteristics, the unexplained absence (terms used to describe the incident, rates and frequencies, previous behavior, duration, method, location, time), and data on the death or injury relating to the unexplained absence. Other relevant findings, including individual and organizational risk factors relating to the death or injury event were recorded.

Quality Assessment

Risk of bias was assessed using the National Institutes of Health (NIH) quality assessment tool for observational cohort and cross-sectional studies.²⁵ The NIH assessment tool guides evaluation using 14 criteria and evaluates the internal validity of each included study.²⁵ A study that met all 14 criteria was considered as the highest quality. For this assessment, the included studies were categorized as “good” (met 10 to 14 criteria), “fair” (met 5 to 9 criteria), and poor (met 0 to 4 criteria). Thus, the greater the risk of bias, the lower the quality rating of the study.²⁵

Two independent investigators conducted the quality appraisal (MW and CW), and any disagreements were resolved by a third researcher CK.

Summary Measures

Data on demography, frequency, and death and injury were collated, and aggregate proportions were calculated where possible (if studies presented raw data). We did not perform a meta-analysis, as the included studies were heterogeneous in their reporting on the factors associated with the unexplained absence, death, and injury; and all provided limited statistical analyses. Therefore, we present here a narrative and descriptive statistics summary.

Results

The review identified 9 studies, 5 retrospective cross-sectional studies,^{1,9,17,26,27} and 4 case studies.^{7,8,28,29} [Figure 1](#) shows a flow-chart of the literature search.

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