Mitigating Relocation Stress and Transitioning Residents with Dignity

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Introductions

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Objectives

- Understand how to recognize and mitigate relocation stress.
- Understand Wisconsin's approach to mitigating relocation stress according to state statute.
- Understand how to apply this information when transitioning any resident.

Changes in Long-Term Care

- Funding
- Caregiver shortages
- Low census

Results

- Stress
- Increasing relocations

What is Relocation Stress Syndrome? (RSS)

"Physiologic and/or psychosocial disturbances as a result of transfer from one environment to another."

NANDA International formerly North American Nursing Diagnostic Association, 1992

What is Relocation Stress Syndrome? (RSS)

"The combination of medical and psychological reactions to abrupt physical transfer that may increase risk of grave illness or death."

Role of the Ombudsmen in Nursing Home Relocations

Recognizing Relocation Stress Syndrome

- Depression
- Restlessness
- Insecurity
- Distrust
- Confusion
- Despair
- Anxiety
- Withdrawal
- Anger
- Indecision

Strategies for Minimizing Relocation Stress

- Notify and Inform
- Assess needs and preferences
- Provide information about options
- Coordinate referrals and assessments
- Support on tours and visits
- Thoroughly plan
- Actively support and assist with moving
- Educate and monitor for Relocation Stress

Wisconsin's Requirement to Mitigate Relocation Stress

Wis. Stat. §§ 50.03(5m) and 50.03(14)
https://docs.legis.wisconsin.gov/statutes/statutes/50/I/03

Resident Relocation Requirements: Settings

- Skilled nursing facility
- Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
- Community-based residential facility (CBRF)

Resident Relocation Requirements: Numbers

At least **five** residents will relocate

Resident Relocation Requirements: Conditions

When a facility intends to:

- Close
- Change level or type of services provided
- Change means of reimbursement accepted

Timeline: Planning

Resident Relocation Plan Approval

- Develop and submit a resident relocation plan to the Department of Health Services.
- Plan is reviewed and approved or resubmitted for modifications.
- After plan approval, relocation team is installed.
- No resident may be relocated until relocation plan approval.

Timeline: Implementation

Fundamentals of the Chapter 50 Relocation Plan

1. Relocations must be safe and done in an orderly fashion.
2. Process must be person directed and focus on relocation stress mitigation.
3. Process must protect the residents' health, safety, welfare, and rights.

Fundamentals of the Chapter 50 Relocation Plan

4. Process must allow for the development of relocation and discharge plans that:
   a. Assist the resident to identify and explore options.
   b. Fully prepare the resident and subsequent care providers to adequately serve the resident.
5. Residents must be kept informed and involved in the process and receive required notices.

Fundamentals of the Chapter 50 Relocation Plan

6. Residents must be provided with options that take proximity to family and friends into consideration.
7. No resident can be forced to relocate or to remain in any placement without a court order.

Fundamentals of the Chapter 50 Relocation Plan

8. Residents must be offered opportunities to tour proposed alternate living arrangements.
   a. May require up to three visits for increasingly longer periods of time
   b. Unless medically contraindicated

Fundamentals of the Chapter 50 Relocation Plan

9. Residents must be provided with adequate assistance and support with moving and should not have to bear the cost of relocation.
10. Facility can not close until each resident has been relocated to a suitable and acceptable alternate living arrangement.

Process: Notification

Transferring Home

- Notice of intent to close
- Invitation to the Informational Meeting

Receiving Home

- Opportunity to confirm with the transferring home
- Evaluate capacity to admit

Process: Informational Meeting

Transferring Home

- Formally announce the need to relocate
- Introduce stakeholders
- Provide details of support and services
- Explain rights

Receiving Home

- Communicate with transferring home to begin strategizing
- Be sensitive to the process

Process: Initial Planning Conferences

Transferring Home

- Explain need to relocate
- Discuss options and preferences
- Develop a plan to explore options

Receiving Home

- Limited involvement
- Refer back to the transferring home

Process: Referrals

Transferring Home

- Make referrals when appropriate and upon consent
- ADRC referrals
- Referrals directly to other facilities

Receiving Home

- Allow the transferring home time
- Continue communicating

Process: Assessments

Transferring Home

- Coordinate with Managed Care Organization
- Have medical records and key staff available during face to face assessments

Receiving Home

- Contact transferring home to schedule face to face assessment
- Include all necessary parties in assessment process

Process: Tours and Visits

Transferring Home

- Provide transportation
- Provide support staff to accompany
- Facilitate up to three visits per state statute

Receiving Home

- Allow ample time to explore
- Greet and engage
- Accommodate multiple visits if needed to become acclimated prior to admission

Process: Discharge Notice

Transferring Home

- After the location and discharge date are decided, notice can be issued
- Must include the date, location and appeal rights

Receiving Home

- Work with transferring home, resident and legal decision maker to agree upon admission date
- Allow up to 30 days

Process: Discharge Planning Conference

Transferring Home

- Coordinate meeting with all necessary parties
- Finalize details of the move
- Answer all questions

Receiving Home

- Participate
- Assist in developing a plan for admission
- Ask questions

Process: Day of Move

Transferring Home

- Ensure resident has all belongings
- Allow time for goodbyes
- Provide staff to accompany the resident
- Remain with the resident as needed

Receiving Home

- Be ready and welcoming
- Orient and allow time to acclimate
- Assist with unpacking and settling in
- Begin assessment

Process: Follow Up

Transferring Home

- Visit or phone call
- Check in with staff and resident or family
- Ensure needs are met
- Provide additional information as needed

Receiving Home

- Provide accurate update to transferring home
- Report issues
- Ask questions

Make Contact Early

- Chronically low census
- Financial distress
- Persistent staffing shortages
- Physical plant issues
- Regulatory non-compliance leading up to revocation

When The Process Is Not Followed

Waiting too long results in:

- Prolonging the inevitable
- Precipitating conditions worsening
- Rushing or side-stepping the process
- Adding to workload of multiple agencies
- Exhausting nearby service capacity
- Diminishing options and choice
- Creating confusion, disappointment, and anxiety

Negative Outcomes

- Belongings not accounted for
- Lost mail or funds
- Not having appropriate durable medical equipment
- Care plans not followed
- Medication errors
- Emergency room visits
- Hospitalizations

When The Process Is Followed

Being proactive results in:

- Mitigating worsening conditions
- Thoughtfully implementing the process
- Balancing the workload
- Enhances local options and choices
- Diminishes anxiety and confusion

Positive Outcomes

Resident's Experience

- Feeling involved in the process
- Ability to make choices
- Sufficient time to prepare
- Well planned transitions
- Continuity of care

Apply the Process to Any Transitioning Resident

- Person-centered approach
- Communicate and inform
- Prepare
- Support and assist
- Allow time

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Questions

Resources

Resident Relocation Manual and Template Forms
www.dhs.wisconsin.gov/relocation/index.htm

State of Wisconsin Board on Aging and Long Term Care
longtermcare.wi.gov/index.asp?locid=123

Resources

42 C.F.R. § 483.15(c)
www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R168SOMA.pdf

Wis. Admin. Code §§ DHS 83.11 and DHS 83.31(4)
http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/II/11

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