Florida’s Silver Lining: The Silver Alert Program

A safety net for some of our most vulnerable citizens.

June 2015
PURPOSE OF FACILITY TRAINING

To provide guidance to managers and staff of adult day care centers, assisted living facilities and skilled nursing facilities regarding the scope of the “lost on foot” risk and mechanisms for minimizing these events and facilitating the best outcomes.
• Name two aspects of the current scope of the lost on foot problem
• Describe two benefits of obtaining a quality diagnosis for a patient’s/resident’s symptoms of dementia
• Name two potential triggers for exit-seeking behavior
• Demonstrate “validation” (versus “reality orientation”) as an effective means of communicating with an adult with Alzheimer’s disease or related neurocognitive disorder
• Name two benefits of validation
• Name two additional communication techniques
Coordination & Support Project
Task Force

211 Brevard County
211 Broward County
211 Palm Beach/Treasure Coast
Agency for Health Care Administration
Alzheimer’s Community Care
Broward Health North
Carlin Rogers Consulting
Florida Assisted Living Association
Florida Department of Children and Families
Florida Department of Elder Affairs
Florida Department of Law Enforcement
Florida Highway Patrol
Palm Beach County Sheriff’s Office
Plantation Police
Nina M. Silverstein PhD
SafetyNet by LoJack
St. Lucie County Sheriff’s Office
Switchboard Miami, Inc.

June 2015
Lost on Foot Silver Alert GRANT

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* Administered by: Broward Health North

* Subcontractor: Alzheimer’s Community Care

June 2015
Governor Charlie Crist signed Executive Order 08-211 enacting the Florida Silver Alert on October 8, 2008.

Allows the broadcast of information to the public regarding missing adults with Alzheimer’s disease or related neurocognitive disorder, who are driving a vehicle, or are “lost on foot”.

There have been 1,022 Silver Alerts issued from October, 2008 through March, 2015 for those missing in a vehicle. (1)

(1) Florida Department of Law Enforcement
• Over 5 million Americans are currently diagnosed with Alzheimer’s disease.
• 500,000+ live in Florida. (2)
• 60 – 70% of people with Alzheimer’s disease WILL wander away from a supervised setting at some point during the course of the disease. (3)
• Of those missing more than 72 hours, only 20% survive. (4)

(2) Florida Department of Elder Affairs
(3) Missing Persons with Alzheimer’s Disease, IACP National Law Enforcement Policy Center, Concepts and Issues Paper, April, 2011
(4) Alzheimer’s Reading Room, 2009
The first **six hours** of a reported lost person event are the most critical, requiring law enforcement assistance to be found alive.

The Agency for Health Care Administration reports the following number of “elopements” from assisted living facilities and nursing homes in Florida:

- **2013**: 505 elopements
- **2014**: 446 elopements

From January 9, 2012 to November 22, 2014, **66** residents **eloped** from Florida assisted living facilities:

*Twelve were deceased when found.*

(5) Florida Department of Children and Families

June 2015
• Lewy Body Disease
• Frontal Temporal Lobe Disorder ("Pick’s disease")
• Vascular Dementia
• Huntington’s Disease
• Parkinson’s Disease (end-stage)
• AIDS
• Syphilis (end-stage)
Silver Alert Criteria

• The missing person is **60 years or older** and there is a clear indication that the individual has an irreversible deterioration of intellectual faculties (for example, Alzheimer’s disease).

  This must be verified by law enforcement.

• Extraordinary circumstances:

  **18 to 59 years of age** with irreversible deterioration of intellectual faculties, verified by law enforcement.
The current Silver Alert program, has aided law enforcement in the rescue of persons with Alzheimer’s disease or related neurocognitive disorder, who are driving a vehicle, by broadcasting information to the public.

The **Lost on Foot** Silver Alert protocol is designed to facilitate the rescue of persons with Alzheimer’s disease or related disorders who have “eloped” from a supervised setting in the home, or from an adult day center, assisted living facility or skilled nursing home.
Silver Alert legislation provides for law enforcement to share information about the missing person with local media outlets, other law enforcement agencies, the community, local Alzheimer’s organizations, Aging and Disabled Resource Centers (ADRC’s), Florida Department of Elder Affairs.
Pursuant to Florida Statute 937.021, broadcasting information on the missing person does NOT constitute a HIPAA violation:

“Upon receiving a request to record, report, transmit, display, or release information and photographs pertaining to a missing adult or missing child from the law enforcement agency having jurisdiction over the missing adult or missing child, the department, a state or local law enforcement agency, and the personnel of these agencies; any radio or television network, broadcaster, or other media representative; any dealer of communications services as defined in s. 202.11; or any agency, employee, individual, or person is immune from civil liability for damages for complying in good faith with the request to provide information and is presumed to have acted in good faith in recording, reporting, transmitting, displaying, or releasing information or photographs pertaining to the missing adult or missing child.”
• The risk of wandering and becoming “Lost on Foot” for a patient or resident with Alzheimer’s disease is substantial!

• As above, 60 - 70% of patients WILL wander away from a supervised setting at some point in the course of the disease.

• If the patient/resident can walk or self-propel a wheelchair, he/she is at risk to become “lost on foot”.

• It is vital to view this risk as a matter of “WHEN” (not “IF”).
Suggested questions, National Council of Certified Dementia Practitioners:

- Is the patient/resident independently mobile?
- Is the patient/resident cognitively intact?
- Does he/she have competence decision making capability?
- Does he/she “exit-seek”?
- Is there past history of wandering or exiting a home or facility without needed supervision?
Risk Assessment, continued

- Does he/she accept the current residency in the facility?
- Does he/she verbalize a desire to leave?
- Has he/she asked questions about the facility’s rules about leaving the facility?
- Is there a special event/anniversary coming due that he/she would normally attend?
- Is he/she exhibiting restlessness or agitation?
Facilities are encouraged to develop an elopement risk assessment tool appropriate to the facility.

*Sample* “Decision Tree” attached to this handout (content follows on the next two slides)
Sample Risk Assessment Tool “Indicators”

- Resident is ambulatory or self-mobile in wheelchair?
- New admission who has made statements questioning the need to be here or,
- Resident is cognitively impaired, with poor decision-making skills, and/or pertinent diagnosis (e.g., diagnosis of Alzheimer’s disease or related neurocognitive impairment) or has a BIMS score of < 12 or,
- Resident is alert but non-compliant with facility protocols regarding leaving the unit.

If yes to the above, continue:
- Resident has a history of wandering and/or elopement (either in the facility or elsewhere) or,
- “Exit-seeks” - opens, or attempts to open doors within the facility or to the outside, or,
- Makes statements about “going home”, or that they are leaving or seeking to find someone/something
- Resident takes medication(s) that may increase restlessness and/or agitation
If yes to the above, continue:

- Establish Care Plan for high risk for elopement residents identifying strategies for the cognitively intact vs. cognitively impaired individuals.
- Ensure that any and all medical/medication issues are evaluated and addressed.
- Educate staff as to individualized risk, risk factors and care plan strategies.
- Utilize wander detection/prevention systems appropriate to the facility.
- Add the name and photo of the resident to the facility’s “alert” process.
- Re-evaluate all interventions at least quarterly and verify which residents continue at high risk and that their information is on the facility’s “alert” documentation.
- Notify security, reception desks, etc. – forward resident information and photo.
- Conduct elopement drills monthly and additionally as indicated.
Preventive Strategies

Identify potential elopement “triggers”

• Fear, anxiety, agitation
• Change in staff caregiver
• Inability to locate bathroom, bedroom, activity room, dining room, etc.
• Overstimulation (lights, noise, visitors)
• Wanting to “go to work”, “go to church”, “go home”
• Relocation stress – room change, nursing unit change
• Conflicts with other patients/residents
• Evaluate/treat medical and/or medication issues

• Disseminate photos/names of those at risk, to all manned exits

• Ensure the ALL facility staff are oriented to elopement risk in general and to those at high risk

• Conduct elopement drills – preferably quarterly and additionally as indicated
Individualize plans of care with specific behavioral interventions

- Identify favorite activities
- Provide opportunities for “success”, “recognition”, based on social history
- Assign a room that is away from exits
- Employ the appropriate wandering device
• **Structure** the process for manning exit doors in the event of a fire alarm (because locks will disengage automatically)

• Assign specific staff members to specific search areas – same assignment for every missing person event

• **Call 9-1-1 at the FIVE (5) minute mark if the patient/resident has not been found**

*The FIVE minute search limit for calling 9-1-1 is the request of Florida Law Enforcement!*
Provide ALL staff with Level I and Level II training in Alzheimer’s Disease and Related Disorders

• All staff members play a role in safeguarding patients/residents from elopement when they understand the risk, “triggers” and effective communication techniques!

• Ensure that all staff recognize the risk as a function of “when” rather than “if”!
Addressing Behaviors

- Anxiety, agitation, restlessness
- Increased confusion, forgetfulness
- Combativeness, aggression
- Hallucinations, delusions, paranoia
- Wandering, pacing “exit-seeking”
Behaviors may be due to UNMET NEEDS

- Fear (Provide reassurance)
- Pain (Illness? Infection?)
- Hunger and/or thirst (*Show* the snack/drink – if diabetic, blood sugar may be low)
- Need to toilet (Consider a schedule)
- Wearing uncomfortable clothing/shoes
- Medication side effects and/or interactions
PROACTIVELY addressing needs may reduce the incidence of challenging behaviors and wandering/exit-seeking!
VALIDATION works best! (vs. challenging/correcting)

Examples:

• Person says “I am trying to find my mother”
  
  Suggested responses: “Tell me about your mother, what is her name? Where does she live?”, etc.

• Person says “I need to get to work”
  
  Suggested responses: “Tell me about work – what do you do?”, etc.
More Communication Tips

• Speak to the patient/resident at EYE LEVEL
• Do not touch the person (or anything he/she is holding or wearing) without first explaining what you are doing and asking permission
• Do not approach from behind
• Give ample time for responses
• Give simple instructions, **ONE step at a time**
• Demonstrate what you want the patient/resident to do – he/she may not remember what your words mean
• There is NO required waiting period!

• Facilities are encouraged to call 9-1-1 after a FIVE (5) minute* search, if the search did not locate the person.

*Request of Florida Law Enforcement!
Full name/nickname *(which will he/she respond to?)*
- Age, physical description, scars, tattoos
- Photograph
- Height, weight, hair and eye color
- Language of origin – *(language he/she will respond to)*
- Time/place of last known location
- Clothing worn
- Results of the initial search by the facility
- History of similar events – where was he/she found?
- Medical conditions and medications – *(Is he/she at risk for a medical emergency if a dose of medicine is missed?)*
• Is he/she wearing “medical alert” jewelry?

• Work history – *(might he/she be carrying a former work item – tool or “weapon”?)*

• Which door or window did he/she leave from?

• Are there familiar locations nearby? *Church? Former workplace?*

• Would he/she be drawn to a nearby “landmark”?

• Is he/she fearful of, (or dislike) crowds?

• Is he/she likely to walk *toward or away* from water? from sun?

• Does the person have a close friend/confidant who might be able to provide information on possible destinations?
Document:

- Where, how the person was found
- Any identified “triggers” for the event
- Interventions used to return the person to the facility
- Findings of the assessment of the person upon return
- Notifications to law enforcement, family, physician
- New or changed physician orders
- New or changed care plan approaches/preventive strategies
- Incident report, per facility policy/procedure
As mentioned, drills on a quarterly basis are recommended.

Document the results of each drill:

- Time person was noticed to be missing
- Time 9-1-1 was called
- Number of staff participating in the drill
- Adequacy of staff response to the missing person alert – did staff response follow established policies and procedures?
- Retrain staff based on the results of the drill
Date Drill Conducted:_________ Time Drill Conducted:_________ (“time person noted to be missing”)

<table>
<thead>
<tr>
<th>Search Areas</th>
<th>Staff/Department Assigned to Each Search Area:</th>
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</thead>
<tbody>
<tr>
<td>Outdoor Areas</td>
<td></td>
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<tr>
<td>Common Areas</td>
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<tr>
<td>Resident Rooms</td>
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<tr>
<td>Activity/”Day” Rooms</td>
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<tr>
<td>Bathrooms/Shower Rooms</td>
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<td>Dining Rooms/Kitchens</td>
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<td>Etc.</td>
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Was facility administration notified promptly?  [ ] Yes  [ ] No  Explain ________________________________

Was resident “found”?  [ ] Yes  [ ] No  *Time 9-1-1 called __________(should be at the FIVE minute mark if resident is not found)

Did staff respond immediately to their search assignments?  [ ] Yes  [ ] No  Explain ________________________________

Retraining needed?  [ ] No  [ ] Yes  Describe ________________________________________________________________

June 2015
Lost on Foot - References

- Florida Statutes – Chapter 937
- Executive Order of the Governor #08-211
- Model Policy and Training Key #648 - IACP, 2010
- IACP Alzheimer’s Initiatives – www.theiacp.org/alzheimers
- Missing Persons with Alzheimer’s Disease, IACP National Law Enforcement Policy Center, Concepts and Issues, Paper, April 2011
- Lost and...FOUND- Alzheimer’s Foundation of America, Oct. 2011
- FBI-Awareness of Alzheimer’s Disease, Oct. 2011
- Lantana, Florida Police Dept.-Missing Persons, SOP#18.07
- Guidelines for Best Practice, www.WeArePendulum.com, 2009
- www.floridasilveralert.com
Ensuring the safety and security of vulnerable adults