Reducing Relocation Stress Syndrome

Presented by: Tara Nenahlo
Customer Service Leadership Project

Introduction

Relocation Stress Syndrome (RSS) is defined as the physiological and/or psychosocial disturbances that may result when an individual relocates from one environment to another. In the frail, elderly population, these symptoms can shorten a person’s life expectancy. Those who were relocated were up to 3.76 times more likely to expire than a non-transferred patient within the first six months of the transition.

Knowledge & Objectives

Current Knowledge and Research:
Very few sites are proactively thinking about stress related to moving residents into a new environment. Relocation stress is not a new topic, in fact it has been discussed since the early 1960’s, but little research has been done on the topic. The State of Wisconsin Board on Aging and Long Term Care Ombudsman Program recently released an awareness brochure on RSS that provides good insight on the topic.

Objectives and Desired Outcome:
The end goal of my project was to reduce stress in residents who are experiencing symptoms of RSS. This project measures success by evaluating residents BIMS and PHQ9 scores over a period of seven months.

Specific Goals:
- Reduce the following symptoms caused by relocation
  - Dependency
  - Confusion
  - Anxiety
  - Depression
  - Withdrawal
- Create a smooth transition for resident relocating from Syverson to River Pines
- Improve the quality of life for residents experiencing a transfer

Methodology

The Deming Cycle, PDCA, played a large role in planning and implementing the methods in reducing RSS. This project is intended for continuous improvement and evaluation.

Plan: Educate staff on the identification of signs and symptoms of relocation stress syndrome.

Do: Move the residents to River Pines and individualize their care plans to reflect the results of their Myers Briggs personality test. The basic results are shown in Figure 2.

Check: Evaluate BIMS and PHQ9 scores of each resident over time to find any trends in data.

Act: Discuss any negative trends with the Interdisciplinary Team and identify the next step in treatment care.

Methodology

- Provided education to staff on the signs and symptoms of Relocation Stress Syndrome and who to report it to
- Conducted a Myers-Briggs Personality Test for each resident moving
- Moved residents from Syverson to River Pines in August 2016
- Met with the local ombudsman to discuss how residents and staff coped with the initial move
- Assessed and evaluated initial BIMS and PHQ9 scores of each resident
- Individualized resident care plans to match their Myers-Briggs personality results
- Assessed and evaluated Quarter 1 BIMS and PHQ9 scores of each resident in November 2016
- Collected the staff’s activity reports to address and correct any concerns
- Assessed and evaluated Quarter 2 BIMS and PHQ9 scores of each resident in February 2017
- Identified trends in data

Results

Brief Interview for Mental Status (BIMS):
- Cognitive assessment
- Score range: 15 (cognitively intact) to 0 (severe impairment)

Patient Health Questionnaire (PHQ9):
- Depression module - Screening, Diagnosing, Monitoring, & Measuring Severity
- Score ranges from 5-9 (minimal symptoms) to >20 (severe depression)

Recommendations

In order for the continued success of this project, recommendations include the following:

1. Designate a lead. Having a House Manager take the reigns and focus on each resident will help guide the individualized care.
2. Continue to track and analyzes the BIMS and PHQ9 assessments on a quarterly basis.
3. Results and trends should be discussed at quarterly care plan meetings.
4. Provide education on an annual basis to employees on how interactions with resident should be based on the individual Myers-Briggs test results, unless otherwise noted.

Summary of Success

The data collection does not do justice for the success of this project. It shows an improvement of the residents’ BIMS and PHQ9 scores, but is unable to express the improvements of individual residents. For example, Resident 1 at Syverson was bedridden, unable to speak, and showed little expression. After the move, Resident 1 was out for activities, smiling, and conversing with staff.

As seen in Figure 1, the sample size decreased as the study progressed due to disqualification or resident expiration. It is important to note the small sample size, as that could have affected results, but both quarters stayed above the baseline. Individualized care plans based on the Myers-Briggs personality test made significant improvements.

Other positive contributors include: natural homelike living areas, resident centered schedules, natural lighting, and more family involvement due to the relocation.

Data References

- Figure 1
- Figure 2

ACKNOWLEDGEMENTS: Randy Rennock, NHA • Katie Zierden, Assistant NHA • Kelley Breaker, Director of Social Services • Cheri Bourget, Eau Claire County Ombudsman • Marissa Coulter, House Manager • Karen Park, Director of Activities • Syverson Lutheran Home • Grace Lutheran Communities-River Pines Certified Nursing Assistants • Grace Lutheran Communities-River Pines Activity Assistants • Grace Lutheran Communities Chaplaincy Services • University of Wisconsin • Eau Claire Health Care Administration Professors • UWEC Learning and Technology Services