



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #5: Moving Persons with Dementia?

Suggestions for Family and Staff to Ease the Way

By Laura Struble, PhD and Deb deLaski-Smith, PhD

Introduction

Moving to a different location can be traumatic for any older adult. It becomes even more difficult if the person moving has dementia. Often a person with dementia is unable to problem solve and accurately judge when it is time to move. Important issues, such as planning the move, giving the person with dementia choice and control, and what to do after the move, frequently concern staff and family. The following suggestions are intended to help ease the way when moving a person with dementia into a care facility.

- **It's Time to Move:** When it becomes necessary to move a person with dementia the best time is while they are in good health. If the person is in a crisis, such as a stay in the hospital or when they are ill, they will not cope with the move as well. This is not always possible, but every attempt should be made to move the person with dementia while they are healthy.
- **Choice and Control:** People with dementia who are forced to move out will likely not do as well following the move as will people with dementia who move voluntarily. In order to facilitate a voluntary move, present an optimistic attitude. Give the person with dementia as much choice and control as possible. For example, visit two facilities you think the person with dementia may like and give them the choice of which one to move to.



- **Age In Place:** Minimize the number of moves the person with dementia has to make since each move will be stressful. Choose a facility that plans for and anticipates services the person with dementia may need in the future. For example, some facilities will ask the resident to move out of the facility if they cannot control their urine or cannot walk. Find out ahead of time what the facility will not allow.
- **Pre Plan the Move:** Family and staff should meet and iron out the details of the move. Along with a full admission assessment, discussions between staff and family members should include what type of habits and rituals the person with dementia performs at home (e.g., likes black coffee followed by a morning shower all before breakfast) that would be useful for staff to know. If there is more than one living space available, choose the one that has similar features and physical characteristics most familiar to the person with dementia. For example, choose a room where the bathroom is in the same place it was at home or choose the closest room to the dining room so the person with dementia will find his/her way.

Another important issue is how the person with dementia will get along with other residents. Investigate what types of residents are going to be living near or with the person with dementia. Will he/she get along with a roommate if a bedroom is to be shared? Are there residents with similar backgrounds or interests in the same hallway so that friendships can evolve? The best time to think about all these issues is before the move because each move can be stressful even if it is just to another room in the same facility.
- **Moving from One Institution to Another Institution:** People in middle and late stages of dementia usually do not remember a discussion about a move from institution to institution. This means that the person with dementia may become more upset and confused if you



talk about the move too far in advance. It is recommended that you discuss the move two to four weeks ahead of time and if possible visit the new place with the person with dementia. It is very important for family and staff to meet and organize the move well in advance and then closer to the time of the move, discuss the move with the dementia resident.

- **Moving Day:** The best time to move the person with dementia is in the morning while he/she is fresh and functioning at their highest level. Family should be there and bring a friend or other family member for support. Stay with the person with dementia until he/she is settled and having lunch. Try not to move the person with dementia on weekends because the staffing ratio may be lower and the administrator will not be there to handle problems should they arise. Frequent visits during the first few months after the move are very important. This will be the time to help solve problems and support the person with dementia during this stressful adjustment period.
- **Attitudes of Family and Staff:** An optimistic attitude about the move will encourage the person with dementia to see the change as positive. Remain calm and supportive. Expect some anxiety and negative reactions from the person with dementia.
- **Frequent Visits After the Move:** It is easy to forget that there is still work to be done after the person with dementia has moved. Family and friends should visit frequently and get to know the staff and the facility. Each individual move and resident is different. In some cases, family may need to call the person with dementia daily in addition to attending activity sessions in the facility. Staff should plan to spend more time with a new dementia resident; at least fifteen extra minutes a day just to visit and get to know him/her. This should be done for the



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services

THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #5
Moving Persons with Dementia?
Suggestions for Family and Staff
L. Struble & D. deLaski-Smith
Page 4 of 4

first month and it may be necessary to continue these steps longer depending on how the person with dementia adjusts.

© Copyright 1997 by L. Struble and D. deLaski-Smith (Page 4 and Header Revised 2018).

Citation: Struble, L & deLaski-Smith, D. (1997). #5 - Moving Persons with Dementia? Suggestions for Family and Staff to Ease the Way. *Dementia Care Series Caring Sheets: Thoughts & Suggestions for Caring*. Lansing, Michigan: Michigan Department of Health and Human Services.

Edited and produced by Eastern Michigan University (EMU) Alzheimer's Education and Research Program for the Michigan Department of Health and Human Services (MDHHS), with gratitude to the Huron Woods Residential Dementia Unit at St. Joseph Mercy Hospital, Ann Arbor, Michigan.

The author, Laura Struble was a research collaborator with the EMU Alzheimer's Research Program and was on the Nursing faculty at Michigan State University.

The author, Deb deLaski-Smith was Professor of Interior Design at Eastern Michigan University.

Editor: Shelly Weaverdyck, PhD, Former Director EMU Alzheimer's Education and Research Program; Email: sweaverd@umich.edu

All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at **<http://www.lcc.edu/mhap>** (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at **<https://www.improvingmipractices.org/populations/older-adults>** (Improving MI Practices website by MDHHS)

The Caring Sheets were originally produced as part of the in-kind funding for the Michigan Alzheimer's Demonstration Project. Funded by the Public Health Service, Health Resources and Services Administration (1992-1998) and the Administration on Aging (1998-2001) 55% federal funding and 45% in-kind match. Federal Community Mental Health Block Grant funding supported revisions to Caring Sheets (2002-2018).