

Identification of Relocation Stress Syndrome and Transfer Trauma

Purpose: To ensure the rights of each resident observed during the resident relocation process and to ensure each resident experiences a safe and appropriate relocation while minimizing relocation stress syndrome and transfer trauma (RSS-TT).

Definition: Physiologic and psychosocial disturbances that may result for a resident during the process of relocation from one environment to another.

Symptoms: May include any of the following:¹

Depression	Anxiety
Anger	Fearfulness
Loss of trust	Excess need of reassurance
Insecurity	Withdrawal
Decreased vigor	Thought intrusion
Perceived loss of control	Sleep disturbance
Change in eating habits	Increased falls
Delirium	Loss of immunocompetence
Pressure sore formation	Weight loss
Medical visits	Mortality
Morbidity	Confusion

Strategies:

- Provide face-to-face meetings for resident, family, and guardian to provide information and offer reassurances throughout process. Questions can then be addressed in a timely manner.
- Educate residents, families, guardians, and staff regarding the relocation process so that all are aware of the process and who to contact with questions and concerns.
- Review resident rights and grievance procedures with residents, families, and guardians.
- Remind all staff to seek assistance for residents, families, and guardians when there are concerns.
- Role of closing facility:
 - Assess and implement temporary care plan to ensure process is resident-focused and the resident's needs are met throughout process.
 - Provide complete and appropriate information to receiving facility, setting, or entity upon relocation.
- Role of receiving facility, setting, or entity:
 - Create a caring and welcoming environment for resident upon arrival.
 - Assess and identify residents' risk for experiencing RSS-TT in their new home.
 - Implement initial care plan to address residents' risk for RSS-TT.

¹ Hirdes, J., et al. The MDS-CHESS Scale: A new measure to predict mortality in institutionalized older people. *Journal American Geriatric Society* 51, 96-100

