

Doorways

The following recommendations are intended to promote individual well being and address one's natural interest in going in and out of doors. Persons with dementia (PWDs) do not lose this interest, however may lack judgment as to what will happen if they do enter or exit from one area to another. In a secured environment, **a PWD'S desire to look or go outside can cause them great anxiety and frustration if they are not able to satisfy this need.** Please reference the Fire Code and Long-Term Care Home regulations for requirements

Ideally environments will be designed to avoid bringing attention to exits, however, where high traffic exits exist, whenever/wherever possible it is best to lead PWDs attention away from doors using positive cueing or redirection with other interesting stimuli (e.g. aquariums, life skills station).

To lead PWDs to, and engage them with another area, redirection can be as simple as

- **having an open door to a safe area beside a secured door, or**
- **offering sensory cues like the smell of freshly baked breads, vanilla, or coffee to draw people away to a safe area**



Visual Redirection from Restricted Areas

RECOMMENDATION:

Adapt doorways to restricted areas (e.g. staff/maintenance doors), co-resident rooms and exit doors from dementia units for visual redirection/blending

Rationale: Feelings of entrapment can lead to anxiety and/or exit seeking behaviour hence adaptation of doorways can help to reduce 'exit seeking' or 'elopement' behaviour by PWDs (1-7). Staff/visitors are required to be oriented to the location and operation of all doors.

NOTE: this should not be a stand-alone strategy; other proactive measures to address security/elopement must also be addressed. Windows in doors can have both a conscious and unconscious effect on behaviour and desire to "go out" (6,13).

Strategies for camouflaging doors include:

- paint/wallpaper them the same shade/pattern as the surrounding walls
- cover handles/panic bars with a cloth apron of the same colour/pattern (1)

Strategies to decrease exit seeking/entrance to off-limit rooms:

- place large bold grid lines, a large STOP sign, or sign that states
- "[name of resident] this is not your room" in front of doors (8,5)
- add blinds, or other window coverings to doorway windows (consider translucent film /glazing that shows shadows but not details)

Strategies to decrease entrance to co-resident rooms:

- place a STOP sign, Velcro / magnet fabric ribbon, or signage
- (please refer to way-finding section of signage recommendations)
- in front of doors (8,5)

Therapeutic Redirection

RECOMMENDATION:

Adapt doorways to restricted areas (e.g. staff/maintenance doors), co-resident rooms and exit doors from dementia units for visual redirection/blending

Rationale: Comfortable and interesting safe locations are necessary to redirect the attention of residents from exits (13). Positive stimulation reduces anxiety and leads to reduced exit seeking

Strategies:

- provide, guide and settle residents in reading areas with books
- bird watching areas with binoculars and directive signage for staff to reference (i.e. "Look for the robins")
- aquariums

Enhanced Access to Safe Areas

RECOMMENDATION:

Provide doorway design that enhances access to safe wandering areas

Rationale: Enhanced access to safe areas promotes well-being through opportunities for safe wandering (9,10,2) and promotes a feeling of freedom and control. Exercise and restorative functions are promoted and boredom is reduced.

Strategies:

- doorways lead to secure outdoor areas and / or safe wandering paths
- doorways are visually distinctive from the wall
- doorways use lever handles for independent use

DEMENTIA - Friendly Design Considerations: Doorways

Positioning of Prompts

RECOMMENDATION:

Post Fire Exit instructions above or at eye level

Rationale: Avoidance of unnecessary prompting of exit behaviour. Persons with dementia tend to focus on the lower half of the visual field.

Doorway Entrance Seating

RECOMMENDATION:

Provide seating just inside building entrances to allow vision time to adjust. Avoid seating areas near dementia unit entrances.

Rationale: For additional information, please refer to lighting recommendations regarding graduated lighting to decrease temporary blindness (11). Activity near dementia unit exit door triggers exit seeking behaviour.

Strategies:

- provide elder-appropriate seating area (e.g. bench, chairs, etc.)
- close to building entrance
- see therapeutic redirection section for strategies regarding dementia unit doors

Limitations to Doorway/ Elevator Traffic

RECOMMENDATION:

Ensure exits from dementia units are low-traffic areas

Rationale: Lowered attention to doors and elevators avoids attracting the attention of PWDs, thus reducing desire to leave (12).

Strategies:

- encourage staff and visitors to use stairwells and alternative entrances as much as possible
- have service staff use alternative entrance to the unit and/or consider timing of service traffic
- when possible, locate elevators outside of secure area

Door Code Redirection

RECOMMENDATION:

Incorporate door / elevator code pads into visual redirection adaptations.

Rationale: Due to fire regulations, code pads need to be visible however, exit seeking behaviour can be reduced by incorporating code pads into surroundings.

Strategies:

- keypad as part of bookshelf design or wall painting
- incorporate upside down code pads

Enhanced Privacy

RECOMMENDATION:

Consider Dutch Doors to enhance privacy and offer opportunities for engagement.

Rationale: Dutch doors allow for opportunities to view and passively engage with activity on the opposite side of door without entry.

Strategies:

- install for individual rooms or activity areas to limit uninvited entry to bedrooms

Do you have design considerations to suggest? Please send us your feedback by visiting the brainXchange website and submitting your questions and / or comments to the Design and Dementia Knowledge to Practice Recommendations online: brainxchange.ca/design

References Cited

1. Silverstein NM, Flaherty G, Salmons Tobin T. Dementia and Wandering Behavior: Concern for the Lost Elder. New York:Springer Publishing Company; 2006.
2. Wisconsin Department of Health & Family Services Bureau of Aging and Disability. Guide for the Use of Disguised Doors and Other Preventative Exiting Strategies for People with Dementia 2006.
3. Kincaid C, Peacock J. The Effect Of a Wall Mural on Decreasing Four Types of Door-Testing Behaviors. The Journal of Applied Gerontology. 2003;22(1):76-88.
4. American Psychological Association (APA) 1997. In: Futrell M, Melillo KD, Remington R. Evidence-based practice guideline. Wandering. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation Dissemination Core; 2008.
5. Canadian Coalition for Seniors Mental Health (CCSMH). National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Mental Health Issues in Long Term Care Homes 2006.
6. Dickinson JI, McLain-Kark J, Marshall-Baker A. The Effects of Visual Barriers on Exiting Behavior in a Dementia Care Unit. Gerontologist. 1995;35(1):127-130.
7. Dickinson JI, McLain-Kark J. Wandering behavior and attempted exits among residents diagnosed with dementia-related illnesses: A qualitative approach. Journal of Women and Aging. 1998;10(2).
8. Forbes DA. Strategies for managing behavioural symptomatology associated with dementia of the Alzheimer type: a systematic overview. Canadian Journal of Nursing Research. 1998;30(2):67-86.
9. Namazi KH, Johnson BD. Pertinent autonomy for residents with dementias: modification of the physical environment to enhance independence. American Journal of Alzheimer's Disease and Related Disorders and Research. 1992;7(1):16 -21.
10. McMinn BG, Hinton L; 2000. In: McGonigal-Kenney ML, Schutte DL. Non-pharmacologic management of agitated behaviors in persons with Alzheimer disease and other chronic dementing conditions. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004.
11. Brawley, EC. Designing for Alzheimer's Disease. John Wiley & Sons; 1997. p. 57-60.
12. Fleming R, Forbes I, Bennett K. Adapting the Ward for People with Dementia. Sydney:The Hammond Group; 2003.
13. Edvardsson D. Therapeutic Environments for Older Adults, Journal of Gerontological Nursing. 2008;34(6):32-40.

Acknowledgements

The brainXchange Design and Dementia Community of Practice is pleased to share the following ***Dementia-Friendly Design Considerations*** document focusing on **DOORS**. This is the second in a series of dementia friendly design consideration documents that, with permission, have been adapted and build upon both the foundational work and senior friendly hospital audit tool developed by ***Regional Geriatric Program of Eastern Ontario***.

DEMENTIA-Friendly Design Considerations is a series of Knowledge to Practice Recommendations related to important physical design elements to facilitate the process of persons with dementia and their care partners to make sense of their environment and improve well-being.

The Knowledge to Practice Recommendations are living documents which will be continually edited and updated by the brainXchange Design and Dementia Community of Practice based on emerging quality evidence and the integration of both practice-based and experiential knowledge of those with lived experience.

For More Resources

Visit us online: brainxchange.ca/design Contact us: support@brainXchange.ca

DEMENTIA - Friendly *Design Considerations*: Doorways