

The First Ten Minutes

A Founder's Perspective on Wandering, Caregiver Attention, and What We May Be Missing

"We need to search the building!"

It is approaching 6:30 in the evening on a Tuesday in late autumn.

A care aide on the memory unit finishes helping a resident with dinner and pauses at the hallway junction. Something is off — she cannot name it yet. A resident who reliably sits near the television after dinner is not in her usual chair.

She checks the dining room. Not there.

She checks the corridor toward the garden. Not there.

She mentions it to the charge nurse at the station.

At this moment — 6:30 on a Tuesday, a care aide and a charge nurse standing at a nursing station — no one yet knows whether the next few minutes will end with a relieved laugh or with the phrase no facility administrator wants to hear: *we need to search the building*.

That gap — between not knowing and knowing — is the most consequential window in memory care operations.

Everything that follows depends on what happens inside it.

What the first minutes of a wandering response reveal is not a staffing problem.

Facilities have caring, trained, attentive staff. The challenge is not the people.

The challenge is that information about the incident is distributed — who last saw the resident, where, what she was wearing, which exits have been checked, who is currently searching where. In most facilities, that information lives in the heads of individuals, communicated by radio call, by phone, by the shouted update across a hallway.

By the time a formal response activates, minutes have passed. The picture assembled is retrospective. The window has already narrowed.

Consider what the search coordination actually requires in those first minutes:

- Who reported the concern, and when
- Where the resident was last observed
- Which areas have been cleared
- Who is currently searching, and where
- How many minutes have elapsed since the concern was first raised

In most facilities, assembling that picture requires a phone call to each searcher individually. By the time it is assembled, it is already out of date.

This is not a staffing problem. It is a **coordination architecture problem**.

The structural gap is not that facilities lack caring people. The gap is that caring people cannot coordinate faster than information moves — and in most facilities, information moves at the speed of a phone call.

WHY DETECTION IS NOT?

Most technologies designed for wandering and elopement focus on a common objective:

Detect the event.

Track the person. Trigger the alert. Initiate the response.

These are important capabilities.

But after spending time studying wandering, speaking with caregivers, reviewing research, and building within this space, we became increasingly convinced that detection may not be the deepest problem.

A different question emerged:

What happens before the event?

THE OBSERVATION

Caregivers often describe wandering incidents as sudden.

Yet many also describe subtle changes that seemed obvious in hindsight:

- increased pacing
- repeated transitions
- unusual restlessness
- disrupted routines
- fixation on certain locations
- changes in daily patterns

The challenge is not that these observations never exist.

The challenge is that they are difficult to recognize consistently while managing dozens of competing responsibilities.

This led me to a simple idea:

Perhaps the most important moments are not the incidents themselves.

Perhaps the most important moments are the small number of observations that precede them.

THE ATTENTION PROBLEM

Memory care environments generate continuous activity.

Residents move. Staff intervene. Routines change. Behaviors fluctuate.

No caregiver can process everything.

Nor should they.

The limiting resource in memory care is not information.

It is attention.

This suggests a different design objective.

Instead of asking:

"How can we detect more events?"

We might ask:

"Which observations deserve human attention?"

Those are not the same question.

A DIFFERENT PERSPECTIVE

Not all moments matter equally.

Not every deviation requires intervention.

Not every alert improves outcomes.

In practice, caregivers constantly make judgments about where their attention is most needed.

Yet most technology systems remain focused on reporting activity rather than helping prioritize it.

This raises an important possibility:

What if future care systems were designed to help identify the small number of situations where early attention may matter most?

REVERSIBILITY

One concept that continues to influence my thinking is reversibility.

In many situations, there appears to be a meaningful difference between:

- a behavior that remains easy to redirect
- a behavior that has become increasingly difficult to redirect

Caregivers understand this intuitively.

Early reassurance may work.

A familiar routine may help.

A brief intervention may be enough.

Later, those same actions may be less effective.

This suggests that timing may matter as much as detection.

The goal may not simply be preventing incidents.

The goal may be preserving opportunities for successful intervention.

WHAT RIENTRO IS EXPLORING

Rientro is not built around the assumption that every behavior should be monitored or every deviation should trigger action.

Instead, we are exploring a simpler question:

Can technology help caregivers recognize meaningful patterns earlier, while reducing unnecessary interruptions?

We have been speaking with memory care operators to better understand how these situations unfold across different communities — what protocols look like in practice, where they hold, and where the friction is.

We do not claim to have solved this problem.

We believe it deserves deeper exploration.

A NOTE TO MEMORY CARE LEADERS

Everything described in this paper emerged from a simple observation:

The most consequential moments in wandering incidents often occur before anyone knows an incident is unfolding.

Those moments are rarely documented.

They are rarely studied.

And yet they shape everything that follows.

We believe the future of dementia care may depend less on collecting more information and more on helping caregivers identify which observations matter, when they matter, and where attention is most valuable.

That belief continues to guide our work.

But meaningful solutions cannot be designed from theory alone.

They must be informed by the realities faced by caregivers, nurses, administrators, and operators every day.

WHO WE'RE HOPING TO LEARN FROM

We are particularly interested in speaking with memory care communities that:

- regularly care for residents at elevated wandering risk
- have established wandering or elopement response procedures
- are interested in reducing alert fatigue rather than increasing monitoring burden
- believe earlier intervention may be as important as faster response
- are willing to share operational experience and feedback as new approaches are explored

Not every community will find this work relevant.

That is completely fine.

We are looking for a small number of thoughtful partners rather than broad participation.

AN INVITATION

If your team has experienced wandering incidents, search events, overnight staffing challenges, or alert-fatigue concerns that resemble the situations described here, we would welcome a conversation.

No product presentation.

No commitment.

Simply an opportunity to compare experiences, understand operational realities, and learn from the people doing this work every day.

If future pilot opportunities emerge, they will be built from those conversations.

A brief email is more than enough.

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