Quality in Advanced Dementia Care Transitions: One Family Care Partner's Experience

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Lessons Learned

- Progressive disease experiences change patient/family goals and preferences.
- Person-centered quality of care is improved during care transitions when clinicians incorporate the family as a resource for understanding the patient's goals.
- Geriatrics trained primary care clinician teams enhance quality of hospital care for the family and the patient.
- A concerned primary family/friend of someone with advanced dementia is the (de facto) communicator during care transitions.

Quality dementia care is about processes and relationships

- Hospital care managers and SNF clinicians must establish trusting working relationships to facilitate effective discharge planning.
- Structure, system, and protocols may limit effective processes and relationships.
- Ongoing communication, understanding, and timely translation to action are keys to quality dementia care transitions