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POSTER ABSTRACT

Enhancing Dementia Care in Emergency Departments: A Community-based Approach to Avoiding Hospital Admissions

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Background: In Canada, people living with dementia (PLWD) stay in emergency departments (EDs) an average of 2.5 hours longer than other older adults, experience 65% higher hospitalization rates, and have median lengths of stay 1.3 to 2 times higher(1). PLWD are often taken to the ED due to caregiver burnout and difficulty managing behavioural and psychological symptoms of dementia, rather than for acute medical issues.

Approach: To reduce non-acute hospital admissions, the DREAM (Dementia Resource Education Advocacy Mentorship) program was developed in Brantford, Ontario through the Dementia Strategy Working Group of the Brantford Brant Norfolk Ontario Health Team. The program was co-designed with caregivers and families during an engagement session that used empathy mapping to capture their experiences and needs.

Based on these insights, DREAM embeds Alzheimer Society Dementia Resource Consultants (DRCs) within hospital EDs as part of a multidisciplinary team that includes hospital staff and home care coordinators. DRCs collaborate with ED staff to prevent unnecessary admissions, providing one-on-one support and consultation to PLWD and their caregivers at the bedside.

They deliver immediate behaviour management strategies to reduce triggers for responsive behaviours, build capacity among ED staff through education and mentorship, and navigate patients and caregivers to appropriate community resources. Coordinated care ensures seamless transitions from hospital to home, with follow-up support from respite programs delivered by the Alzheimer Society and other community agencies to maintain continuity of care and prevent future crises. The approach recognizes the dyadic nature of dementia care by ensuring that the needs of both PLWD and their caregivers are reflected in the care plan.

Results: Since the initial pilot in Brantford in 2021, the program has scaled to serve 28 hospitals across 9 local Alzheimer Societies in Ontario by 2025. Each site has been adapted to work within its specific hospital context to ensure sustainable integration into existing workflows and team composition. The program has served over 7,400 people, successfully diverting more than 2,800 non-acute patients from hospital admission and safely returning them to the community, generating over $45.9 million in healthcare system savings. The program has also supported over 7,800 caregivers and decreased ED return visits through targeted interventions that address caregiver burnout and build resilience.

Implications: The DREAM program demonstrates that embedding dedicated dementia expertise within acute care settings, combined with robust care coordination and timely community-based support, can successfully shift care from institutional to community settings while improving outcomes for PLWD and their caregivers. This integrated, person-centred model offers a replicable framework for addressing the growing challenge of dementia-related ED presentations through multi-disciplinary collaboration, workforce capacity building, and recognition of people as partners in care.

References

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