

PEOPLE WITH DEMENTIA SHOULD BENEFIT FROM THE TRANSITION CARE PROGRAM

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When Sue Kurrle invited me to be on this panel, she said she wanted a perspective from people with dementia and their family carers.

The articles I read on the Transition Care Program and on the evaluation of four programs suggested a degree of agnosticism about the effectiveness of Program in terms of both service and consumer outcomes. None of the articles contained the word dementia. I look forward to reading the evaluation released by the Minister.

I approached the Department of Health and Ageing in Canberra to ask for their view on the relevance of the Transition Care Program to people with dementia. With an honesty I found refreshing they said that it had not been an issue on their agenda. Nor do the guidelines refer to people with dementia at any point.

I leave others to judge whether it makes sense to graft a transition program onto a health care system that should provide for proper discharge planning, sub acute/rehabilitation and adequately resourced community and residential care services. But as long as there is a transition care program it is important that those people with dementia who can benefit from it should do so.

I take this view because:

- Hospitals by common agreement are a difficult environment for people with dementia, as care in hospitals inevitably involves many different staff carrying out many different tasks, often involving physical interventions, invasion of privacy and requiring informed co-operation from the patient. Australian Institute of Health and Welfare figures for 2003-04 show there were 82000 hospital separations for people with either a principal or additional diagnosis of dementia.
- Like any other person, people with dementia should be treated equally in the opportunity to be discharged to the destination of their choice. It is an opportunity for diagnosis, assessment, treatment and planning.

- It embraces the principle of enabling the person with dementia and their family carer to be partners in the decisions that are taken for future care consistent with consumer directed care and optimum outcomes for the person with dementia.
- Perhaps more than any other group, people with dementia and their family carers need time to reflect on what is realistic in terms of community and residential care options.
- This is important because for many people with dementia delirium is likely to be a consequence of hospitalisation and time for restorative therapy is likely to be of particular value.

I am grateful to the geriatricians and service staff, as well as officers in the Department of Health and Ageing who were prepared to talk to me about transition care. It confirmed what I suspect most of you know, namely that some services have a great commitment to assisting all people who might benefit, including people with dementia, and that others select people with dementia out as being too difficult.

A little knowledge is dangerous, but on the basis of the feedback I have had from people with dementia and family carers and discussions with those engaged with transition care, I have reached the following conclusions:

- First, the program guidelines say all the right things but they say them in many different ways. I would like an unequivocal statement of objective along the lines that “”. "Transition care is care which maximises a person's ability to move from hospital to the most independent living situation possible and minimises the chances of their return to hospital due to inadequate post acute care."
- Second, that experience with transition care seems to confirm what has been learnt in other program contexts. Namely, that if people with dementia are not mentioned as part of a target group they will be neglected by those who choose, for whatever reason, to select them out as being unsuitable. We have seen it in residential care and it is the reason why Alzheimer's Australia has advocated for Dementia EACH and the Dementia Care Supplement. In a world where there is stigma and prejudice about dementia care, positive discrimination is needed and incentives to go with it
- Thirdly, that more thought needs to be given to what is meant by restoration of capacity in respect of people with dementia. Transition care should not be

restricted to physical rehabilitation, but should also address cognitive and behavioural deficits. Some research directed at those services providing transition care to people with dementia might bring some benefits in terms of better understanding of what the particular challenges and approaches are to assisting people with dementia through transition care.

- Lastly, the \$64000 question - transition to where? The limited numbers of high care community places will make transition back to the community harder for those with such needs and, in particular, for people with dementia. Transition care cannot solve the problems of the universe, and those responsible for policy should be focussing more on the funding of community care as well as the planning of other parts of the health and care system if discharge from hospital is not to be a nightmare for many, especially those with dementia.