



Improving Dementia Care Partner Recruitment in U.S. Inpatient Settings: Updates from a Hospital-Based Clinical Trial

Te-Lien Ku¹, Kayla Dillon², Henry P. Karelitz², Anne M. Mortensen², Shelly C. VanDenbergh³, Emmanuel Quarcoo³, Molly M. Gerhardt⁴, Dani M. Edwards³, Courtney M. Kuhlman³, Andrea McKenna⁴, Élise N. Arsenault Knudsen⁵, and Beth Fields²

¹Clinical Practice, Innovation, and Research Division, University of Wisconsin-Madison School of Pharmacy, ²Department of Kinesiology, University of Wisconsin-Madison School of Education, ³UW Health University Hospital, ⁴UW Health East Madison Hospital, ⁵University of Wisconsin-Madison School of Nursing

Background

- Recruiting dementia care partners (CPs) for inpatient studies in the U.S. is challenging due to short stays and complex clinical workflows.¹⁻⁵
- Last year, we reported early findings on barriers and strategies for dementia CP recruitment in inpatient settings.⁶

Aim

- Identify barriers and strategies for dementia CP recruitment in inpatient settings.
- Evaluate the long-term dementia CP recruitment following implementation of enhanced recruitment workflows.

Methods

Design

- Qualitative descriptive study with longitudinal evaluation of recruitment outcomes

Settings

- Three inpatient units at two hospitals within a Midwestern U.S. academic health system

Participants

- Research staff, nurse leaders from study settings, and hospital research coordinators

Data Collection

- 12 research meetings transcripts (April-Dec 2024)*
 - ✓ 8 full-team (academic + clinical) meetings
 - ✓ 4 academic-only meetings

Qualitative Data Analysis

- Inductive and deductive thematic analysis using Social Marketing Framework (SMF)⁷

Recruitment Outcomes

- Monthly CP enrollment; Average monthly CP enrollment; Overall CP enrollment rate

* See Supplement 1 for meeting characteristics

Acknowledgement

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If you are interested in the references or want to learn more about the Geriatric Health Services Research Lab, please scan the QR codes.

References



Supplement



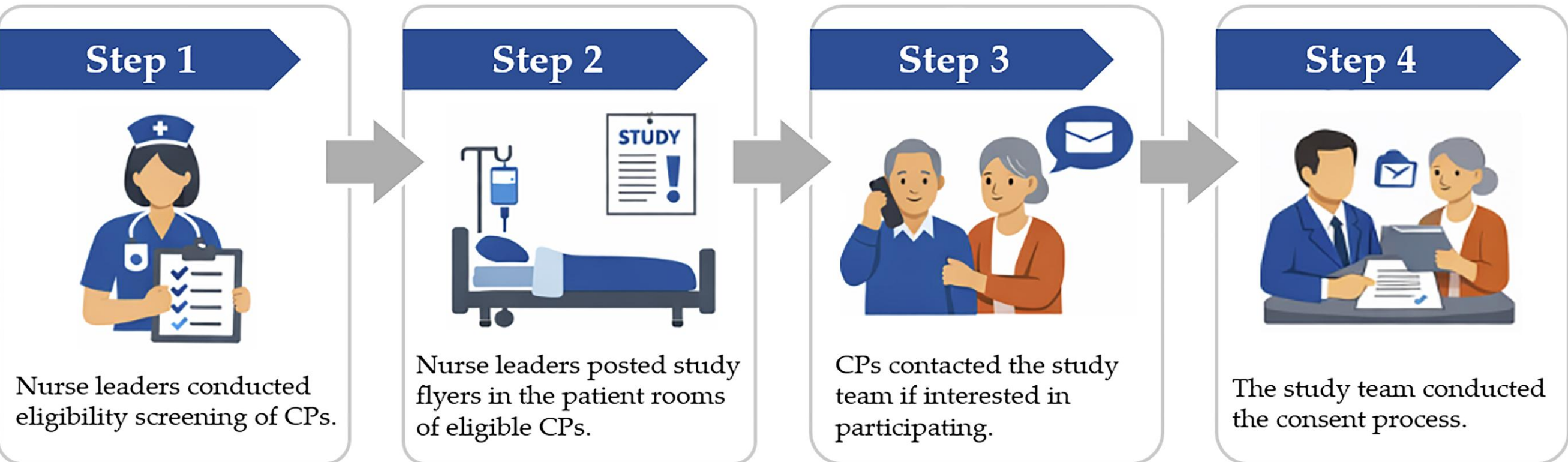
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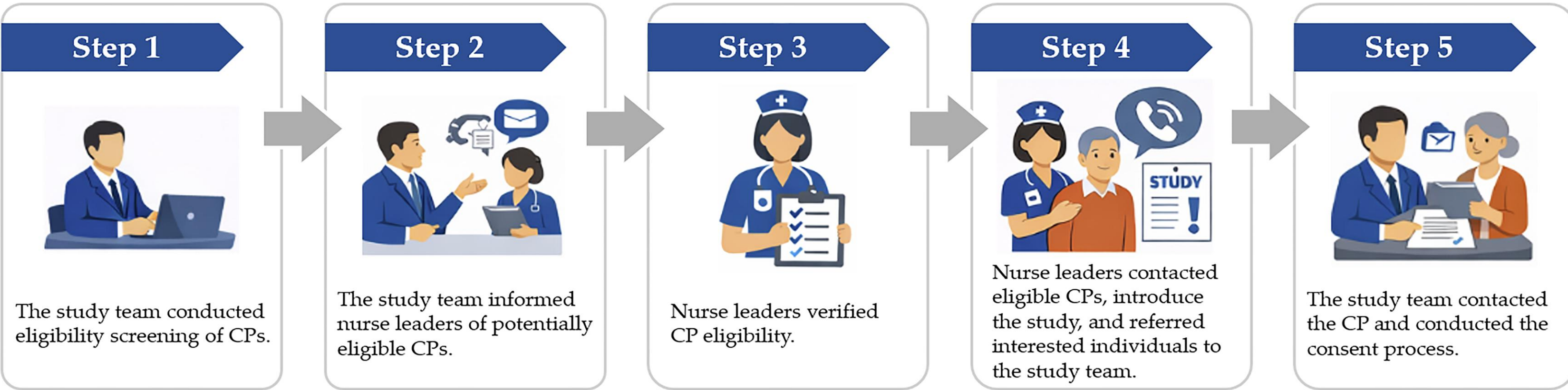
Results

Figure 1. Enhanced CP recruitment workflow through research-clinical collaboration and communication

Original CP recruitment workflow before Aug 2024



Enhanced CP recruitment workflow after Aug 2024



Recruitment Barriers*

- Fragmented EHR documentation
- Limited EHR access
- Unpredictable CP availability
- Competing clinical priorities
- Institutional constraints on study promotion
- Low-intensity participant outreach
- Inconsistent research-clinical communication
- Limited clinical staff awareness and buy-in

Recruitment Strategies*

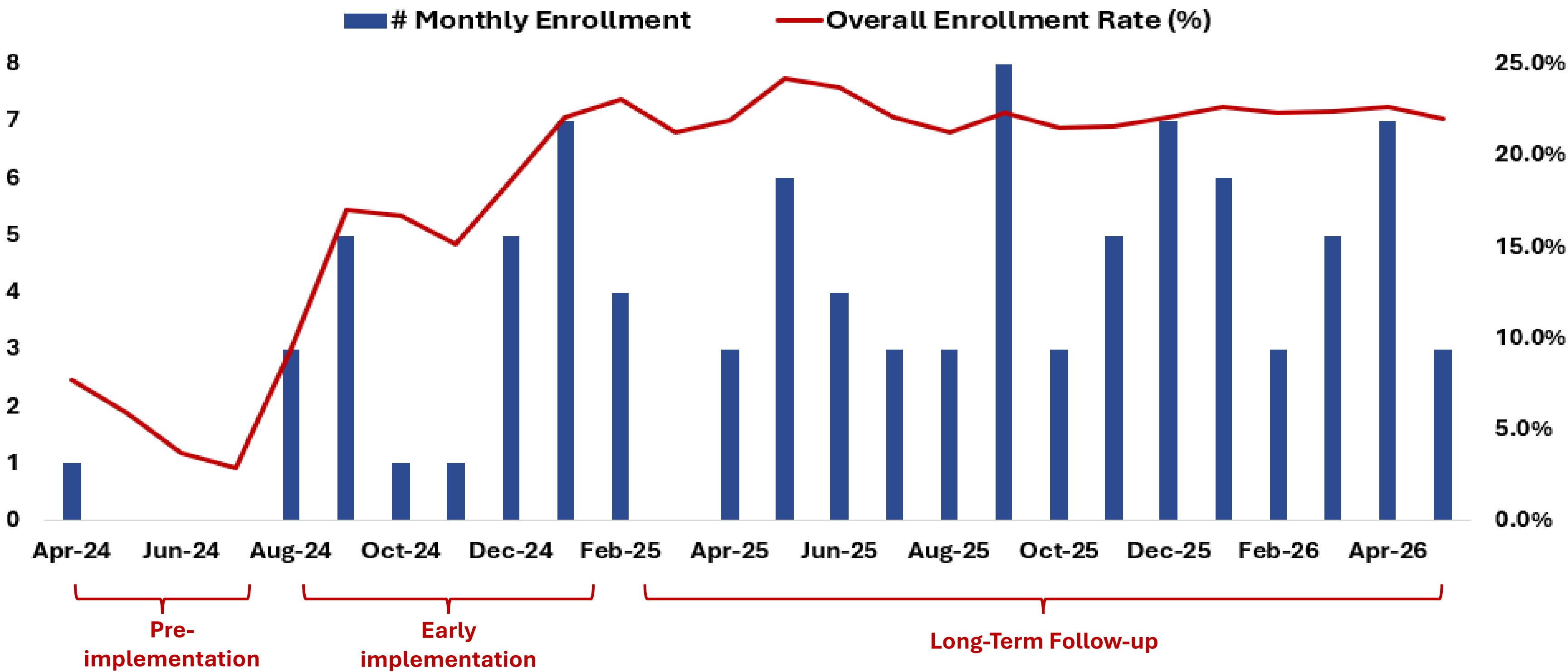
- Standardizing EHR screening process
- Improving dementia documentation in patients' EHRs
- Providing research staff EHR system training
- Proactive monitoring of CP presence
- Establishing recruitment accountability
- Increasing CP awareness of the study
- Strengthening clinician buy-in
- Facilitating timely research-clinical communication
- Enhancing cross-unit nurse leader collaboration

*See Supplement 2 for details of recruitment barriers, strategies, and illustrative examples.

Recruitment Outcomes

	Average monthly CP enrollment	Overall CP enrollment rate
Pre-implementation (Apr 2024 – Jul 2024)	0.25	2.9%
Early-implementation (Aug 2024 – Jan 2025)	3.7	31.4%
Long-Term Follow up (Feb 2025 – May 2026)	4.4	21.9%

Figure 2. Implementation of enhanced recruitment workflows was associated with sustained improvements in dementia CP enrollment



Discussion & Conclusion

Discussion

- Recruitment was strongly influenced by in-patient workflow complexity and unpredictable CP availability.
- EHR-supported screening and stronger research-clinical collaboration improved recruitment processes.
- Flexible and proactive recruitment workflows may improve sustainability of CP recruitment in inpatient settings.

Conclusion

- Multi-pronged, implementation-informed workflows may improve dementia CP recruitment in settings.