Dementia and Delirium Care with Volunteers Program

NSW FALLS PREVENTION NETWORK RURAL FORUM

8th October 2015
The significance
Aim of the program

- To improve the emotional security and care for patients with cognitive impairment (dementia and delirium) and reduce their risk of adverse outcomes

- To assist and support staff and family carers in their care
What the Volunteers do

Person centred care
emotional security and
support

- Finding out about the person – personal profile
- One to one emotional care & supporting interaction
- Touch through massage
- Engagement in therapeutic/enjoyable activities
- Practical assistance and reducing delirium risk
- Assisting with and promoting eating and drinking
- Walking with patients
- Assisting with vision and hearing aids
- Supporting orientation
Volunteer Training

- 8 session over 2 days or 4 half days
  - The volunteer program role
  - Understanding dementia and delirium
  - Communication and person centred care
  - Activities for patients
  - Understanding behaviours that can occur in dementia and delirium
  - Assisting patients with eating and drinking
  - Safe walking with patients
  - Commencing as a volunteer
Structure of the program

- Formal referral process and procedures
- Volunteer communication and documentation
- Patients at risk to self or other excluded
- Volunteer support provided 5 days/week
- Two shifts
  - Morning 8am – 12.30pm
  - Afternoon 3pm – 7pm
- Identified by gold polo shirt
Volunteers as part of the care team - role similar to that of a family carer
Background

- Pilot project implemented at Bega hospital in 2009 in partnership with Alzheimer’s NSW

Results
- Trend towards a reduction in falls
- Volunteers - greater confidence in care post program \( f(1.5, 22.9)=11.78, p=.001 \) and increased positive PCC attitudes post program \( f(1.4, 19.6)=13.54, p=.001 \)
- High acceptability by nursing staff and volunteers with perceptions of improved safety and quality of care for patients
- Anecdotal evidence of support for family carers
Perceptions of program by staff

- 96% either strongly agreed or agreed that the program was worthwhile & should continue

“It highlighted need for increase in care - one on one. The increased care provided by the volunteers was exceptional. I believe it complimented what we did really well. The personal one on one approach was excellent and had a significant impact on patient outcomes”

“Volunteers were exceedingly helpful to have around because they took the "heat" off the staff with dementia/delirium patients. Meant that patients had better care and better outcomes”
Perceptions of program by volunteers

- 100% either strongly agreed or agreed that program should continue

“The benefits I experienced working with the patients is to see the change they go through. Some patients on the program, when first admitted are anxious, insecure, suspicious and lacking of trust. After a period of time with them one sees the unfolding of trust, love, respect and cooperation. Very rewarding”

“I enjoyed interactions with patients: learnt a lot about interacting with different people; believe program really makes a difference to quality of people's hospital stay”
Continuing Quality Improvement

Staff surveys 2011, 2012, 2013

• 100% agree or strongly agree that program is supportive and assistive to them in their care of patients.

• Perception of improved emotional care, nutrition and safety

“I love the program. It assists in the care and supervision of patients”

‘Golden Angels’
Continuing Quality Improvement

6 monthly volunteer surveys

- 100% agreed or strongly agreed that they were happy with how the program was running
- 100% agreed or strongly agreed that they were happy with their level of volunteer responsibility.
- Feel valued by staff, patients and carers in their role
- Have input into ongoing improvements
Volunteer feedback

“the staff are very appreciative of the work we do, and of course to the patients we are priceless. The appreciation from the patients and families is often overwhelming, and of course gives them peace of mind knowing that someone else is looking out and being with their loved one at such a stressful time.”
Volunteer experiences
Key lessons

• Project governance with executive support

• Designated project implementation resources and ongoing volunteer coordination resources are required for both successful implementation and sustainably of the volunteer program

• Involve clinical staff such as EN’s, RN’s and Allied Health staff in planning
Translation

- Project continues at Bega & has been replicated at Pambula and other hospitals in NSW & other states
- Included in the NSW Health Dementia Services Framework 2010 – 2015
- Showcased on Innovations Exchange web sites in US and NSW
- Further roll out a recommendation of the Southern NSW LHD Health Care Services Plan 2013-2018
Partnerships

- 2014 – NSW Agency for Clinical Innovation (ACI) under the Care of Confused Hospitalised Older Person Program (CHOPs) funded the development of a training and implementation package to support further roll out in NSW.
Contents of the resource

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DEMENTIA & DELIRIUM CARE
HOSPITAL VOLUNTEER TRAINING

Further copies of this DVD can be obtained by contacting the AGENCY FOR CLINICAL INNOVATION (02) 9484 4698 or by emailing info@aci.health.nsw.gov.au

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ACI NSW Agency for Clinical Innovation
CHOPs
NSW Government
Southern NSW Local Health District
Continuation, translation and partnerships

- Department of Social Services funding grant 2015 - 2017 to implement and evaluate in seven Southern NSW LHD acute facilities

- Moruya, Batemans Bay, Cooma, Queanbeyan, Yass, Crookwell and Goulburn

- Aims to establish a stronger evidence base to support investment in volunteer patient care models
Project Plan

- Site based project officers employed to oversee implementation at each site
- Project Coordinator to oversee & assist with implementation, training and support for project officers
- Project management - Southern NSW LHD Aged Care Evaluation Unit
- Cognitive Decline Partnership Centre Activity
Project summary

- Quasi-experimental, mixed methods design incorporating data from patients (n=450), carers/families (n=350), volunteers (n=70) and hospital staff (n=160).

- Patient outcome measures will include falls

- Cost analysis

- Evaluation of the implementation and training resource
Where we are up to

- Ethics approval gained
- Establishment of governance steering committee
- Communication plan developed
- Recruitment of site based project officers
Thank you

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