Volunteer Dementia and Delirium Care: from strength to strength

Cath Bateman
Southern NSW LHD Aged Care Evaluation Unit
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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
Program structure

- Comprehensive volunteer training program
- Referral criteria and process
- Scope and boundaries for volunteer role
- Program procedures for staff and volunteers
- Volunteer documentation and communication
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 $f(1.5, 22.9)=11.78, p=0.001$ and increased positive PCC attitudes post program $f(1.4, 19.6)=13.54, p=0.001$
- 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
Results cont.

- No difference in LOS, use of antipsychotics or death rates. No difference in staff knowledge and attitudes within or between groups
- Increased use of analgesia
- Study limitations – differences in patient and staff groups
- Statistical power – falls
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”
Key lessons

- Project governance with executive support

- Multidisciplinary project planning & staff awareness

- Designated project implementation resources and ongoing volunteer coordination resources are required for both successful implementation and sustainably of the volunteer program
  - Screening & recruitment
  - Vaccination
  - Training
  - Mandatory education
  - Volunteer support and network meetings
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
- Dementia and Delirium Care with Volunteers Implementation & training resource
Contents of the resource
Continuation, translation and partnerships

- Department of Health 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

- Cognitive Decline Partnership Centre (CDPC) activity 2016
Project methodology

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

- Cost analysis

- Evaluation of the implementation and training resource
The project

- Four 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 (Katrina Anderson & Annaliese Blair)
- Project Steering Committee
Our Project Officers

Brigid in Eurobodalla

Chantelle in Queanbeyan/Yass

Kirsty in Cooma

Peter in Goulburn/Crookwell
Some of our volunteers
Outcomes to date

- 109 volunteers recruited
- Volunteers trained and commenced
- Site based and LHD governance steering committees
- Staff dementia and delirium training
- Data collection
- High acceptability by staff and volunteers
- Positive family carer feedback
Where to from here

- Embedding the program
- Planning for sustainability
- Outcome data collection
- Analysis and write up
- Project completion June 2017
Thank you

Cath Bateman – CNC Project Coordinator
Cath.bateman@gsahs.health.nsw.gov.au

Annaliese Blair – Program Manager
annaliese.blair@gsahs.health.nsw.gov.au

Katrina Anderson
Katrina.Anderson@health.nsw.gov.au