AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Caring for Cognitive Impairment

Webinar No 9: Setting up a volunteer program

Outline

- Overview of key requirements and activities of a well-structured volunteer program
- Lessons learnt in implementation
- The experience of the program from a volunteer's perspective
- Questions

Presenters

- **Cath Bateman**
  Dementia Delirium Clinical Nurse Consultant, Southern NSW Local Health District
- **Dianne van Clarke**
  Cognitive Impairment Project Officer, WA Country Health Service - Central and Great Southern
- **Helen Hallett**
  volunteer at South East Regional Hospital, Bega NSW

Questions

- You can type your questions or comments in the control panel as we go along

- The session will be recorded and the recording and slides uploaded on the campaign website

http://cognitivecare.gov.au/

CARING FOR COGNITIVE IMPAIRMENT

Cognitive Impairment

is an important safety and quality issue for all Australian hospitals

Patients with cognitive impairment such as dementia and/or delirium have more falls, pressure injuries and functional decline

Dementia and delirium are poorly recognised

30-40% of delirium cases can be prevented

Learn how to recognise cognitive impairment

Prevent delirium

Act to keep people with cognitive impairment safe

We can all make a difference

NSQHS Standards (second edition)


Clinical Governance Standard


Partnering with Consumers Standard


Preventing and Controlling Healthcare-associated Infection Standard


Medication Safety Standard


Comprehensive Care Standard


Communicating for Safety Standard


Blood Management Standard


Recognising and Responding to Acute Deterioration Standard

Preventing delirium and managing cognitive impairment

Action 5.29

The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to:

a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard[226], where relevant

b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

Action 5.30

Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to:

a. Recognise, prevent, treat and manage cognitive impairment

b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care

Implementing a Hospital Dementia and Delirium Care with Volunteers Program

VOLUNTEER DEMENTIA & DELIRIUM CARE

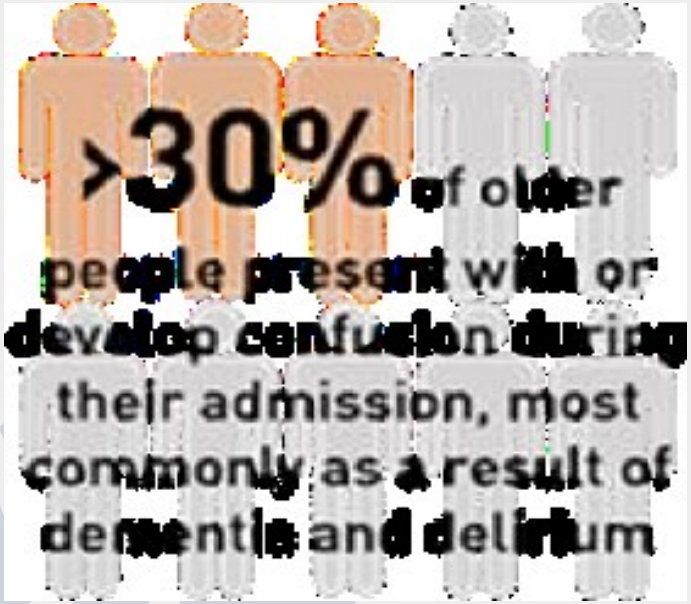
Cath Bateman RN Ma Nursing (Research)

Dementia Delirium Clinical Nurse Consultant

ACI NSW Agency for Clinical Innovation

NSW GOVERNMENT Health Southern NSW Local Health District

Context



- Older patients with dementia and/or delirium are at far greater risk of adverse events and outcomes such as falls & pressure injury
- Patients with confusion can experience significant fear, stress and anxiety when admitted to the busy, noisy hospital environment. This in turn can pose particular challenges and stresses for staff and family carers

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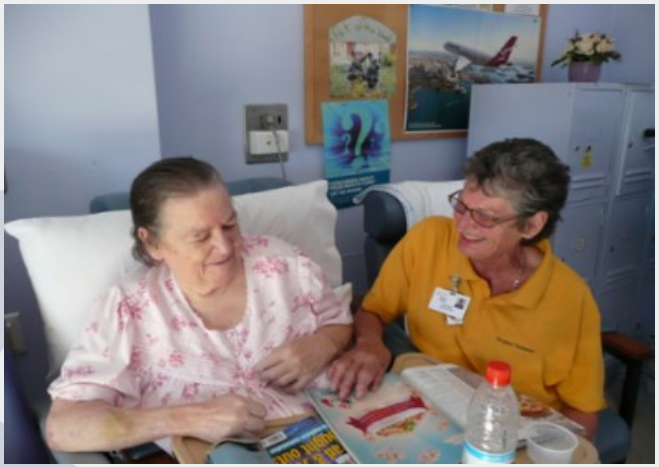
Aim of the program

- To provide person centred emotional support and practical assistance to patients with dementia and delirium (or those patients with identified risk factors for delirium) to reduce their risk of adverse outcomes
- Volunteer role similar to that of a family carer



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Structure of the program

- Recruited and trained volunteers provide person centred emotional support and practical assistance such as assisting with eating and drinking
- Personal profile used to identify individual preferences
- Volunteers provide two shifts over 5 days. Morning shift 8am – 12.30 and evening 3pm – 7pm
- Formal referral process by staff and volunteers have their own documentation and communication process
- Volunteers are part of the care team and identified by a gold polo t-shirt

The beginning

- Pilot project implemented at Bega hospital in 2009 in partnership with Alzheimer's NSW. This program continues
- Results of pilot
  - 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

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The Volunteer Dementia and Delirium Care Implementation and Training resource

- 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
- Now a web based resource: VOLUNTEER DEMENTIA & DELIRIUM CARE
- https://www.aci.health.nsw.gov.au/resources/aged-health/confused_hospitalised_older_persons/dementia-and-delirium-care-implementation-training

CHOPs CARE OF CONFUSED HOSPITALISED OLDER PERSONS

ACI NSW Agency for Clinical Innovation

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Further research

- In partnership with Aged Care Evaluation Unit (Annaliese Blair and Katrina Anderson) further roll out and research in another 7 rural NSW hospitals. 4 project officers employed for site implementation

- Outcomes:
  - **Patients**: Reduction on 28 day readmission and one to one specialling
  - **Families**: Reduced family care burden; Respite; Information and support. 89% rated volunteer program as helping a lot
  - **Staff**: High satisfaction, Improved time to plan and prioritise clinical care, reduced care burden. 97% agreed the volunteer role supported them in their care

COGNITIVE DECLINE PARTNERSHIP CENTRE

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Key considerations in implementation of the program

- A governance structure with a designated project lead is essential for successful and sustainable implementation
- Use of a project management framework
- Ongoing volunteer manager or coordinator is required for volunteer recruitment, screening and vaccination, coordination of training, support and management post project implementation

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Governance

- Project implementation committee
- Communication and reporting
- Stakeholders

Evaluation and monitoring

- Measures and feedback processes
- Patient, carer, staff, volunteers

Planning

- Program procedures
- Resources – patient activity, volunteer
- Staff awareness – roles and boundaries
- Volunteer recruitment, vaccination and training

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Recruitment

- Promotion – media
- Volunteer interviews, employment screening, vaccination

Training

- Training resources, volunteer handbook
- Other presenters, venue, catering
- Mandatory training

Commencement

- Orientation
- Rostering
- Initial shift support

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Resource considerations

- Catering for volunteer training
- The purchase and supply of the volunteer uniform
- Allocated volunteer space on ward with filing cabinet, desk and chair space
- Patient activity resources to support therapeutic activities as well as distraction resources for agitated patients. A list of suggested activity resources is included in the implementation guide
- Secure storage for patient activity resources

- Partnering with other health service fund raising groups such as Hospital Auxiliary's can assist in accessing funding for the patients activity resources.

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Planning and conducting staff information and education sessions

- Positive promotion – be innovative
- Focus on roles and boundaries
- Consider embedding into staff orientation

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Other Key considerations:

- Establishing volunteer networking and feedback processes
  - Volunteers can positively contribute to program improvements and changes
- Ensuring staff feedback processes are in place and address any issues early

Final steps

- Ongoing volunteer mentoring, support, feedback and recognition
- Determining ongoing rostering and recruitment responsibilities
- Monitoring the implementation
- Evaluation
- Continuous quality improvement and ongoing program governance

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Be prepared for challenges

- Staff resistance
- Unrealistic expectations of the volunteer role
- Volunteer priorities versus staff
- Delays with recruitment and vaccination
- Volunteer counselling and management

Success is not final, failure is not fatal: it is the courage to continue that counts *(Winston Churchill)*

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Acknowledgements

- NSW Agency for Clinical Innovation
- Barbara Williams – Alzheimer's Australia
- Mike Bird, Katrina Anderson & Annaliese Blair
- Brigid Crosbie, Peter Davis, Kirsty Herbert, Chantelle Tiskins
- Bega Hospital staff and volunteer actors
- The many wonderful and dedicated volunteers

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Government of **Western Australia**
Department of **Health**

ACI NSW Agency for Clinical Innovation

THE UNIVERSITY OF WESTERN AUSTRALIA

Hospital Dementia / Delirium Care with Volunteers Program

Dianne van Clarke - RN, Cognitive Impairment Project Coordinator






Healthier country communities through partnerships and innovation

Our Values: Community | Compassion | Quality | Integrity | Justice

Project Development

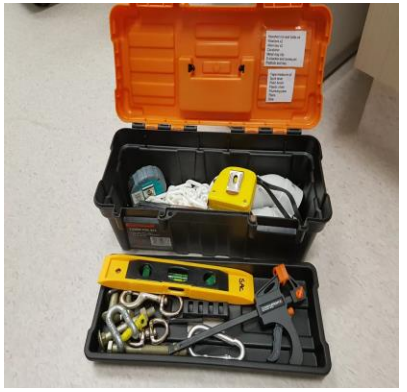
- Use of the ACI resource - training package and tools to implement the volunteer program
- Research in partnership with UWA – “Can volunteers make a difference to the experience of patients with dementia /delirium?”
- Commenced volunteers on the wards in November, 2016
- Three wards , M-F 7.45am - 7.45pm over 3 shifts

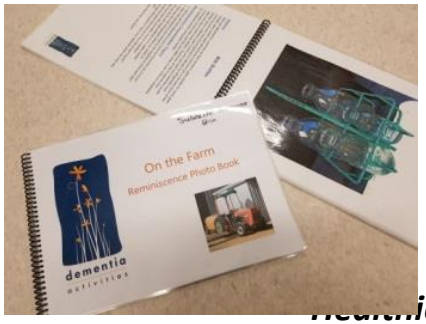
Recruitment of volunteers

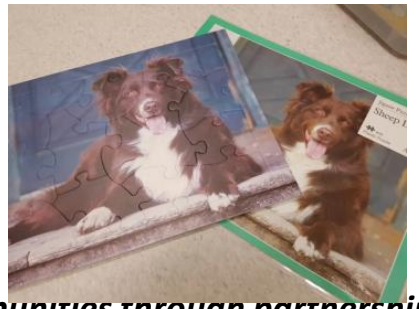
- Advertisements – local volunteer centre, newspaper article, TAFE, word of mouth
- Employment status = same as paid staff. Therefore same HR requirements. Mandatory training – loads, hand hygiene etc
- Initially, two day training programs -speech therapist, dietician, physio, Alzheimer's WA

Resource Boxes

- Developed in partnership with local TAFE- allied health assistant students
- Box for each ward (3 wards plus ED)
- Funded by Hospital Donations funds
- Some items purchased through *Box n Dice*
- Aim to reduce boredom, provide distraction, stimulation and decrease anxiety







Role of the Volunteers

- Can provide a break to the “companion” staff member (if being used) or family member
- Support patients with eating and encourage fluids
- Take patients for a walk (Physio Ax indicating independent in walking)
- Engage in conversations to support person’s

well being- provide a sense of security, identity

(person-centred care)

Benefits of the program

- Finds out about the interests/ routine of person
- Provides a sense of safety and emotional security
- Improves wake / sleep cycle
- Improves nutritional intake
- Opportunities for patient mobilisation
- **Prevents delirium!**

Anecdotal Evidence

Volunteers: “I feel valued and I love going home and knowing I have made a difference”

Families: “Knowing there is someone else visiting means I don’t need to stay for long hours with the person I care for.”

Staff: “I love seeing the volunteers coming in their bright yellow tops….I feel reassured that my patient will be getting the extra attention they need.”

Research findings

- Audited 122 admissions (N=61 baseline, N=61 intervention)
- 925 volunteer visits across 10 months. 50/61 intervention admissions had a volunteer visit (median duration = 37 min, range = 1 - 240 min)
- Interrupted time series (segmented regression) analysis measured trends during baseline and intervention.
- 28-day readmission rate down 33% to 8%, p=0.07
- 28-day mortality rate down 21% to 8%, χ^2 =4.2, p=0.04
- 'Any benzo' admissions down 41% to 21%, χ^2=5.5, p=0.02 (but no change in dose rates per admitted bed day)
- No change in rates of falls, adverse events, agitation, specialling, or length of stay

Challenges

- Maintaining numbers of volunteers – need to have some experience as now using a self learning package for training
- New staff = extra reminders of program to maintain referrals
- Staff not always having time to fill in referral and not always able to locate referral form
- Staff needing reminded of the role of volunteers
- Volunteers needing reminding of their scope of role.

Outcomes -18 months on

- Mainly ran by two lead volunteers who have a nursing background
- Training is on a memory stick - videos, quizzes and handouts
- Hospital provide HR and admin support
- Extended program into ED – volunteers hold a phone for a responsive service
- Volunteers assist with filling in referral forms
- Lead volunteers prompt referrals when they are on shift.

Thank you

For more information:

dianne.vanclarke@health.wa.gov.au

Acknowledgements: Dr Craig Sinclair – Rural School of Western Australia; Cath Bateman; Albany Health Campus- Aged and Subacute Unit, WA

References:

- https://www.aci.health.nsw.gov.au/resources/aged-health/confused_hospitalised_older_persons/dementia-and-delirium-care-implementation

www.boxndice.com.au (located in Perth)

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Questions

You can type your questions or comments in the control panel

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cognitive.impairment@safetyandquality.gov.au

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Please provide your feedback by participating in a short survey after this webinar

Thank you