Supporting Dementia and Delirium Care with Volunteers

ACI RICH FORUM 18th March 2015
Cath Bateman: Southern NSW LHD Dementia Delirium Acute CNC
Background
The pilot intervention study (2009-2010)
Quasi experimental control group design

Main Aim
Train volunteers in person centred dementia care, establish & implement volunteer intervention & compare outcomes to a control

Sub Aims
Perceptions, Structure, impact & replication

**Bega Valley LGA:**
Population 2008: 32,956
Age > 65 = 19.2%

**Eurobodalla LGA:**
Population 2008: 37,064
Age >65 = 23.5%
(ABS, 2010)
Planning and implementation

- Program promotion and volunteer recruitment Feb/March 2009 – 12 volunteers

- Training program April 2009 – partnership with ALZ NSW

- Development of program procedures & referral criteria

- Staff information sessions and promotion

- Volunteers commenced 5th May 2009

- Second training session Oct 2009 – 6 volunteers

- Data collection December 2009
Volunteer training and role

- Partnership with ALZNSW
- Person centred care training program
- Mandatory Education
- Shifts
  - 8 am – 12.30pm
  - 3pm – 7pm
- Documentation responsibilities
- Uniform Identification with gold polo shirt

The main psychological needs of the person with dementia
(Kitwood, 1997)
The Volunteer Intervention

PCC, emotional security and support

- Finding out about the person – personal profile
- One to one emotional care & supporting interaction with others
- Touch through massage
- Engagement in therapeutic/enjoyable activities

Practical assistance and reducing delirium risk

- Assisting with and promoting hydration and nutrition
- Walking with patients
- Assisting with vision and hearing aids
- Supporting orientation
Results

Trend towards a decrease in falls.

No difference in falls, LOS, use of antipsychotics or death rates. No difference in staff knowledge and attitudes within or between groups

- **Study limitations** – differences in patient and staff groups. Statistical power falls

- **Volunteers**: all volunteers retained.
- Greater confidence in care post program $f(1.5, 22.9)=11.78, p=.001$
- Increased positive PCC attitudes post program $f(1.4, 19.6)=13.54, p=.001$
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 pt 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”
Program Continuation

- Hospital support for continuation post research
- Procedures reviewed & program renamed
- Volunteer coordinator 1 day/week appointed
- Support from hospital auxiliary
Volunteers as part of the care team
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
Family carer feedback

- Yet to be measured
- Anecdotally - very positive
- Reflected in health service compliments
- Carer feedback to individual volunteers
Replication

- Project implementation plan and resources developed to support replication
- Requests for resources nationally & Internationally – US Agency for Health Care Research and Quality - Innovations Exchange
- Program has been replicated in Maitland, Pambula, Nepean and Cobram in Victoria and is currently being implemented in Broken Hill and QLD
- Mentoring support provided to sites
- Model included in NSW Dementia Services Framework 2010-2015
- DSS Grant 2015 – 2017
Key lessons

• A governance structure with designated volunteer coordination and project implementation 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
Resources

Short term project resources of 3 to 6 months required for leading the implementation

- Establishing the project team
- Refining program referral process and procedures
- Conducting staff information/education sessions
- Conducting volunteer training
- Overseeing the implementation and evaluation

Volunteer coordination initial and ongoing recruitment, coordination of training, support and ongoing management
Further roll out

Volunteer Dementia and Delirium Care Implementation and training resource

Contents of resource

- Implementation guide - generic procedures, forms and templates for adaptation.
- Facilitator training manual for running group volunteer training sessions
- Training DVD to support individual volunteer training outside a group training program
- DVD Training handbook
DVD 7 Chapters
1. The Volunteer Role
2. Understanding Dementia and Delirium
3. Communication and PCC
4. Activities for patients
5. Understanding behaviours that can occur in dementia and delirium
6. Assisting patients with eating and drinking
7. Safe walking with patients
Accessing the Resource

- Register your interest for obtaining the resource by contacting Cath Bateman

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