



ACI NSW Agency
for Clinical
Innovation



CHOP
CARE OF CONFUSED
HOSPITALISED OLDER PERSONS



VOLUNTEER
DEMENTIA & DELIRIUM CARE

A Hospital Volunteer Program Implementation Guide



ACKNOWLEDGEMENTS

This Implementation guide has built on the work and project implementation resources developed by Cath Bateman Dementia Delirium Clinical Nurse Consultant in Southern NSW Local Health District. The initial work involved the establishment, implementation and research evaluation of a dementia delirium hospital volunteer program implemented in Bega NSW in 2009. The research outcomes of this work can be accessed at <http://www.canberra.edu.au/researchrepository/items/6d6d1b04-832c-ab2f-ddd1-4626cff49c5f/1/>

The purpose of this resource is to facilitate the implementation of the Dementia and Delirium Care with Volunteers Program in other NSW health services.

The ACI Aged Health Network has overseen the development of this resource. The following members of the ACI consultative committee for this project are acknowledged for their consultation and contribution to the development of this implementation guide.

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SECTION 1: INTRODUCTION


The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- Service redesign and evaluation – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.
- Specialist advice on healthcare innovation – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment.
- Initiatives including Guidelines and Models of Care – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.
- Implementation support – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.
- Knowledge sharing – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.
- Continuous capability building – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign
- ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.
- A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care. “<http://www.aci.health.nsw.gov.au>” www.aci.health.nsw.gov.au

The purpose of this implementation guide is to provide health services with a project plan to implement a person centred dementia delirium care hospital volunteer program. The volunteer program is designed to support hospital patients with cognitive impairment. This includes patients with or without a diagnosis of dementia, patients with delirium or patients who have identified risk factors for delirium.

The Care of the Confused Hospitalised Older Persons Program (CHOPS) was established under the NSW Agency of Clinical Innovation to improve the experiences and outcomes of confused older people in hospital. The program is part of the NSW Government’s Dementia Services Framework and is funded by the National Health and Medical Research Council (NHMRC) Cognitive Decline Partnership Centre.

The CHOPS Program targets seven key principles of care for the older person with confusion. A suite of resources have been developed to support the key principles. The Dementia Delirium Care with Volunteers Program has been developed to support **key principle 4 management of the older person with confusion**. This work builds on the successful Person Centred Dementia Delirium Hospital Volunteer program established by the Southern NSW Dementia Delirium CNC in partnership with Alzheimer’s Australia NSW in 2009.



Dr Nigel Lyons

Chief Executive, Agency for Clinical Innovation

Definition

The term 'cognitive impairment' is used as a broad term to encompass and describe collectively the specific terms of 'dementia' or 'delirium' or the term 'confused older person'. It is also used in recognition that not all patients admitted to hospital with dementia or delirium has a formal diagnosis (Australian Institute of Health and Welfare [AIHW], 2007; Inouye, 2006).

Background

Older patients with cognitive impairment are known to experience fear, anxiety and increased confusion when admitted to hospital (Borbasi et al., 2006, Cunningham et al., 2006). They are more susceptible to falls, functional decline, delirium, prolonged length of stay, premature nursing home placement and death (Hill et al., 2007; King et al., 2006). Staff stress and care burden can be greatly increased in the care of confused older patients with lack of time to support the necessary emotional care and safety needs highlighted (Borbasi et al., 2006; Byers & France, 2008; Jones et al., 2006; Nolan, 2006; 2007, Poole, 2009).

The use of volunteers in health care settings is wide spread and supportive to many organisations (Warburton & Cordingley, 2004). Direct correlations have been found in the relationship of formal volunteering and the benefits to the physical and mental health of those who volunteer (Onyx & Warburton, 2003). The use of volunteers in hospitals has been shown to be cost effective and result in increased levels of patient satisfaction (Hotchkiss, Fottler, & Unruh, 2009). Increasingly the use of volunteers has been promoted as a supportive adjunct to care for patients with dementia or delirium (Jones et al., 2006; Kaplan, 2003; Schofield 2008). A more recent study has shown the beneficial outcomes associated with using volunteers to support person centred care of patients with dementia and delirium in hospital (Bateman, 2012). Using volunteer programs to support patients with dementia in hospitals has also been advocated by consumer and carer groups (Australian Government, 2012).

About the Program

The aim of the person centred care (PCC) dementia and delirium care hospital volunteer program is to enhance the emotional care and security of hospital patients with cognitive impairment and reduce their risk of adverse outcomes. Through this process the program also aims to assist and support family carers in their care. The program has been shown to be supportive and assistive to staff and is a valuable adjunct to the bedside clinician in the delivery of care.

The volunteers support patients in two ways. Firstly, they provide emotional security and care through one to one person centred communication and gentle touch including hand and foot massage. Secondly they provide practical assistance and delirium preventions strategies. This includes assisting patients with eating and drinking, encouraging gentle exercises, promoting the wearing of visual and hearing aids and engaging in appropriate therapeutic activities.

The volunteer program is underpinned by the principles of person centred dementia care (Kitwood,1997). A personal profile is used and completed by the volunteers in partnership with carers and patients to collect the patients personal information and preferences. This is then used to support communication, interaction and appropriate therapeutic activities.

Volunteers undergo appropriate selection processes, management, and a specific training program. A facilitator training manual and DVD resource accompanies this implementation guide to support staff in the conduct of both group and individual volunteer training.

The identification and referral of patients to the volunteer program is based on specified criteria. This includes patients with identified cognitive impairment and those patients with other additional risk factors for delirium. Identification and referral of appropriate patients to the volunteer program is the responsibility of nursing and allied health staff and managers.

This Volunteer Program model, integrates trained volunteers as part of the care team. It incorporates feedback mechanisms to support volunteer ownership, staff feedback and continuing program improvements.

RESOURCE CONSIDERATIONS

Establishment of the volunteer program will require consideration for the following:

1. A governance structure with designated volunteer coordination and project implementation resources are required for both successful implementation and sustainability of the volunteer program. The level of project implementation resources required will be dependent on the size of the service and existing full time equivalent (FTE) volunteer coordinator.
2. Short term project resources of 3 to 6 months are required for leading the implementation including establishing the project team; refining program referral process and procedures, conducting staff information/education sessions, conducting volunteer training, overseeing the volunteer program implementation and evaluation. Volunteer coordination is required for volunteer recruitment, coordination of training, support and management.
3. Additional resource considerations include:
 - The purchase and supply of the volunteer uniform
 - Volunteer filing cabinet, desk and chair space on the ward
 - Patient activity resources to support therapeutic activities with volunteers as well as distraction resources for agitated patients.
 - 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. A list of suggested activity resources is included in this implementation guide.



The Volunteer Uniform

The identification of volunteers in relation to their patients care role is important.

Within the initial volunteer program in Southern NSW LHD, the volunteers are identified by wearing a gold polo t-shirt. They have affectionately become known by staff as "The Golden Angels"

You may like to consider gold or another colour volunteer uniform for the implementation of the program at your site.

DOCUMENTS TO BE USED IN CONJUNCTION WITH THE IMPLEMENTATION GUIDE

The NSW Health Policy Directive PD2011_033

The NSW Health Policy Directive PD2011_033 *Volunteers – Engaging, Supporting and Managing Volunteers* should be used in conjunction with this Implementation guide as the guiding document for volunteer program governance. This Policy Directive outlines the responsibilities of Local Health Districts in supporting and managing volunteers. Some Local Health Districts will have developed their own policy and procedures based on this Policy Directive. The NSW Health Policy Directive also aligns with the NSW Government's *Statement of Principles for the Recognition of Volunteers* which can be found at: <http://www.volunteering.nsw.gov.au/volunteers/statement-of-principles>.

A list of other policy directives and guidelines which have direct or indirect implications for NSW Health volunteers is available at: <http://www.health.nsw.gov.au/business/volunteering/Pages/policies-and-guidelines.aspx>

CEC programs relevant to this implementation guide

CEC Partnering with Patients, Top 5 Initiative: The Top 5 initiative engages carers to gain information to personalise care of patients with dementia and/or delirium. Strategies are developed in partnership with the carer to assist staff in understanding and communicating with patients. The Dementia Delirium Care with Volunteers Program complements get to know you programs such as Top 5. Hospitals implementing this Top 5 should include volunteers in their Top 5 training. http://www.cec.health.nsw.gov.au/_documents/programs/falls-prevention/one-page-flyers/top5-one-page-flyer-v1.pdf

CONTENTS OF THE IMPLEMENTATION GUIDE

The implementation guide incorporates:

Section 2: A Project Implementation Plan

This provides a table listing the key activities, outcomes and outcomes measures for implementing the Volunteer Program. The key activities in the table are designed to prompt you to consider important strategies in the development of your site specific project plan.

Section 3: Suggested Project Time Frame

This suggested time frame uses a **Clinical Redesign Framework**. While not prescriptive, it provides a structured time frame to support you in the process of implementation of the Volunteer Program.

Table 1: Volunteer Program forms and templates contained in appendices

A list of the templates included in this implementation guide is in Table 1. These forms and templates can be adapted for site specific use.

SECTION 2: THE PROJECT IMPLEMENTATION PLAN

OUTPUT <i>key activities planned</i>	PROJECT OUTCOMES <i>What will occur?</i>	PROJECT OUTCOME MEASURES <i>How will it be monitored/ measured</i>
1. Executive sponsorship Develop brief /position paper for Executive	<ul style="list-style-type: none"> Brief will identify rationale including project aims, expected outcomes, project lead, stakeholders, proposed project timeframe 	<ul style="list-style-type: none"> Brief accepted by Executive Project lead defined
2. Establish Project Governance 2.1 Establish a project Steering Committee with managers, staff and key stakeholders: - Define time frame for project - Develop Terms of Reference with project reporting lines - Monitor and oversee project implementation - Schedule regular meeting times 2.2 Identify project evaluation criteria	<ul style="list-style-type: none"> The project team will have regular meetings throughout the implementation phase with sponsorship support and reporting mechanisms An effective communication and feedback process for the implementation of the program will ensure that any issues/problems that arise are discussed and addressed. It will also ensure that all stakeholders are fully informed. Establishment of processes to support sustainability and continuous improvement of the project. Consider possible measures: <ul style="list-style-type: none"> Staff knowledge and care confidence Staff feedback Carer satisfaction Volunteer Feedback 	<ul style="list-style-type: none"> Sponsorship and Governance of project in place Meeting minutes Timely resolution of issues Continuous quality improvement process in place <ul style="list-style-type: none"> Evaluation criteria defined
3. Planning 3.1 Determine person/s responsible for recruiting, training and ward orientation or volunteers 3.2 Identify minimum number of volunteers needed and start date of volunteer program on the ward 3.3 Identify space requirements for volunteers and program resources in the ward area 3.4 Review and adapt the existing Generic Staff and Volunteer Procedures and Resources for the facility/site	<ul style="list-style-type: none"> Examine staff capacity to undertake various roles Consider size of facility, potential number of patients and structure of volunteer shifts Consider existing ward space and where volunteers will be best located. Including an allocated desk and chair and storage space for their documentation and patient activity resources <ul style="list-style-type: none"> Review of procedures will determine referral processes, program structure, governance and reporting Forms and templates will be made site specific 	<ul style="list-style-type: none"> Responsibility for recruitment, training, orientation allocated Minimum number of volunteers identified Start date of volunteers defined Volunteer space requirements on the ward identified and allocated <ul style="list-style-type: none"> Program procedures in place, as appropriate for the facility systems of care, ensuring a safe procedural framework for staff, patients and volunteers. Site specific forms and templates in place Governance and reporting structures for volunteers will be defined and documented

OUTPUT <i>key activities planned</i>	PROJECT OUTCOMES <i>What will occur?</i>	PROJECT OUTCOME MEASURES <i>How will it be monitored/ measured</i>
<p>3.5 Determine how volunteer will be identified</p> <p>3.6 Identify resources required for volunteer training and stationary</p> <p>3.7 Explore potential training partnerships eg Alzheimer's Australia NSW, other facilities</p> <p>3.8 Define and explore funding options for activity and other dementia friendly ward resources such as analogue clock calendars to support the program</p>	<ul style="list-style-type: none"> • Consider and plan for purchase of volunteer uniform • Consider and plan for resources required for volunteer training - venue, equipment, stationary, catering, etc. • Where available - approach relevant organisations re possible training partnerships • Review activity resource list • Determine patient activity resource requirements • Prepare and provide presentations about the planned program to hospital auxiliary or other fund raising groups (eg, local council, service groups such as Rotary) 	<ul style="list-style-type: none"> • Volunteer uniform and associated funding for purchase defined • Volunteer training resources defined and budget allocated • Training partnerships explored and adopted where appropriate • Presentations about the program provided to fund raising groups • Funding is secured for necessary patient activity and dementia friendly ward resources
<p>4. Volunteer Recruitment and Training Preparation</p> <p>4.1 Promotion and advertising for volunteers</p> <p>4.2 Plan and determine structure and dates for the volunteer training program</p> <p>4.3 Recruit Volunteers</p> <p>4.4 Establish initial volunteer shift roster</p>	<ul style="list-style-type: none"> • Review and adapt existing volunteer Information and application kit • Consult with managers and LHD media unit. Devise media release or utilise media release template • Media promotion and advertising for volunteers e.g. information sessions through local service groups, local radio and newspaper promotion advertise on volunteer websites (eg SEEK) • Review Volunteer Program facilitator training manual. Determine the structure of the training in relation to what days and times the eight sessions will be provided Eg. Over two full days or 4 half days • Book training venue • Discuss training requirements with presenters Approach allied health staff to provide sessions on assisting with eating and drinking and safe walking with patients • Send information and application kit to interested volunteers • Interview, screen and recruit volunteers, complete recruitment documentation as per facility, LHD, MoH requirements • Confirm volunteer availability to attend all required training sessions. If volunteer/s unable to attend all sessions, plan using the DVD training resource to provide the sessions a volunteer may be unable to attend • Determine individual volunteer availability and preferred times for weekly or fortnightly shifts • Consider responsibilities for coordination of ongoing volunteer rosters 	<ul style="list-style-type: none"> • Information and application kit updated. Includes volunteer training dates. • Program promoted through media and other outlets. • Volunteer training dates and times defined • Training dates included in the information and application kit • Training venue and presenters booked • Sufficient numbers of suitable volunteers recruited • Recruitment and CRC requirements completed • Attendance sheets and training records for volunteer training • Preferred individual volunteer shifts documented and initial monthly roster defined • Options for ongoing volunteer rostering identified

OUTPUT <i>key activities planned</i>	PROJECT OUTCOMES <i>What will occur?</i>	PROJECT OUTCOME MEASURES <i>How will it be monitored/ measured</i>
<p>4.5 Mandatory Training for Volunteers</p> <p>4.6 Vaccination for volunteers</p>	<ul style="list-style-type: none"> Determine mode of mandatory education – i.e HETI online or face to face depending on computer literacy of applicants Ensure all volunteers complete mandatory training Liaise with staff health or immunisation clinics to plan and coordinate volunteer vaccinations 100% of volunteers vaccinated and screened for TB as per MoH policy Directive 	<ul style="list-style-type: none"> Register of volunteers who have completed mandatory training. Staff health clinic or vaccination records of volunteer vaccinations
<p>5. Staff education and feedback systems</p> <p>5.1 Provision of staff information and education re: - The program’s aims, objectives and outcomes - Program procedures and referral processes - Working with volunteers</p> <p>5.2 Processes are in place for staff feedback throughout the implementation phase</p>	<ul style="list-style-type: none"> Staff information sheets developed Information and education sessions undertaken, for nursing allied health, medical officers, domestic and clerical/administrative staff Development and display of promotional posters for the program implementation Staff will have an understanding of the process for the program implementation, the program procedures and their role in referring patients to the program Staff understand the importance of acknowledging appreciation to the volunteer The process to report inappropriate volunteer behaviour is understood by staff Formal and informal staff feedback is encouraged throughout the implementation 	<ul style="list-style-type: none"> Record of staff attending information sessions Evaluation/feedback from participants in information and education sessions % of appropriate patients will be referred to the program Number of complaints Staff feedback mechanisms through ward meetings or other processes are in place.
<p>6. Dementia and delirium education for nursing and allied health staff</p> <p>6.1 Identify baseline knowledge and care confidence using CHOPS knowledge and care confidence survey</p> <p>6.2 Schedule and conduct delirium and dementia education sessions</p> <p>6.3 Promote additional online dementia and delirium education</p>	<ul style="list-style-type: none"> Negotiate with managers and CNE’s to distribute CHOPS knowledge and care confidence survey and collate survey results <p>Content of education to include:</p> <ul style="list-style-type: none"> Differentiation of dementia and delirium Risk factors and early identification of delirium Cognition screening Disturbed behaviours associated with dementia and/or delirium The impact of the hospital environment Resources on the CHOPS web site <p>Collaborate with Clinical Nurse, Educators/Managers to encourage staff completion of:</p> <ul style="list-style-type: none"> HETI online module ‘Confusion in the older person - Is it Dementia or Delirium 12 week Positive Approaches to Care of the Older Person Acute Care e-learning course. 	<ul style="list-style-type: none"> Baseline staff knowledge and care confidence collected. Comparison of care confidence and knowledge change to occur post implementation % of staff completing education on dementia and delirium

OUTPUT <i>key activities planned</i>	PROJECT OUTCOMES <i>What will occur?</i>	PROJECT OUTCOME MEASURES <i>How will it be monitored/ measured</i>
<p>7. Volunteer Training</p> <p>7.1 Provide the eight volunteer training sessions using Dementia and Delirium Care with Volunteers Facilitator Training Manual and DVD resource</p> <p>7.2 Include presentations by: - A physiotherapist for Safe walking with patients - A dietitian and/or Speech Pathologist for assisting patients with eating and drinking</p> <p>7.3 Rostering and volunteer network meetings covered as part of session 1 The Volunteer Role</p>	<ul style="list-style-type: none"> • Volunteers will be provided with the necessary skills and knowledge to be effective volunteers for the program • Volunteers are familiar with their role, role boundaries, the program procedures and referral process. • Volunteers will gain an understanding of dementia and delirium and person centred care • Volunteers will be supported to feel confident in the practical and safety aspects of patient care <ul style="list-style-type: none"> • Initial roster confirmed and ongoing volunteer roster arrangements communicated • Dates/times of volunteer network meetings discussed according to volunteer availability and preference 	<ul style="list-style-type: none"> • 100% volunteers attending training • Evaluation feedback measuring volunteer pre post education in dealing with patients with dementia and delirium • Training program survey feedback <ul style="list-style-type: none"> • A roster system established and in place • Roster and shift availability of volunteers documented for coordination/managers • Date of first volunteer network meeting scheduled
<p>8. Orientation and commencement of new volunteers</p> <p>8.1 Review orientation checklist template for facility/ward</p> <p>8.2 Plan and provide orientation to physical ward environment and introductions to staff</p> <p>8.3 Volunteers start on ward</p> <p>8.4 Provide a daily supported implementation process for first group of program volunteers</p>	<ul style="list-style-type: none"> • Orientation checklist template developed to suit facility/ward • Volunteers feel oriented to all aspects of the physical hospital environment, staff and ward processes. • Volunteers commence providing support to patients with cognitive impairment or who have delirium risk factors over two shifts 5 days/week as per program role and procedures • Daily monitoring of initial group of volunteers during their first month on the wards • Consultation with ward managers and other key staff to maximise volunteer support • Feedback processes for managers and staff established 	<ul style="list-style-type: none"> • A completed and signed orientation checklist by all new volunteers • Volunteer Program commences • Volunteer feedback survey 1 month post implementation • Staff and volunteer feedback
<p>9. Initial and ongoing volunteer support</p> <p>9.1 Formal and informal volunteer supervision and feedback systems in place - Establish and facilitate regular volunteer network and feedback meetings - Establish regular (suggest 3 monthly then 6 monthly volunteer survey) - Establish other feedback systems such as suggestions book/box - Provide debriefing</p>	<ul style="list-style-type: none"> • Volunteers receive invitation and communication about regular meeting dates and times • Meetings are fun and enjoyable with positive feedback about their performance communicated • Volunteers feel supported through the program implementation • Volunteers are encouraged to provide suggestions for program improvements 	<ul style="list-style-type: none"> • Volunteer meeting documentation and attendance • Positive volunteer feedback through meeting process • Positive feedback in volunteer surveys • Feedback from volunteers about perceptions of program and program improvements

OUTPUT <i>key activities planned</i>	PROJECT OUTCOMES <i>What will occur?</i>	PROJECT OUTCOME MEASURES <i>How will it be monitored/ measured</i>
<p>9.2 Identify ward staff for volunteers to approach if in need of guidance, support, debriefing</p> <p>9.3 Volunteer ownership of the program is fostered</p>	<ul style="list-style-type: none"> • Volunteers have regular opportunities to network feedback and debrief • Cohesion is fostered amongst volunteers • Volunteers feel valued in their role • Volunteers feel part of the care team • Exit interviews are encouraged and provided 	<ul style="list-style-type: none"> • Retention of volunteers and/or monitoring or reasons for volunteer attrition.
<p>10. Evaluation of program outcomes Staff knowledge and care confidence Staff feedback Carer satisfaction survey Volunteer Feedback</p>	<ul style="list-style-type: none"> • Monitoring staff satisfaction 6 months then yearly • Monitoring of volunteer feedback, 1 month, 3 month and then 6 monthly • Monitoring of Carer satisfaction 1 year post implementation • Positive feedback from volunteers is communicated to staff • Positive feedback from staff is communicated to volunteers 	<ul style="list-style-type: none"> • Improvements in staff knowledge and care confidence 1 year post implementation • Positive staff feedback about program and volunteer support. • Positive volunteer feedback about program and level of responsibility • Positive carer feedback about the volunteer support
<p>11. Ongoing recruitment and training for new volunteers</p>	<ul style="list-style-type: none"> • There is designated responsibility for ongoing volunteer recruitment and training • Volunteers are recruited and trained on an individual and group basis as needed. • Utilisation of Dementia and Delirium Care DVD volunteer training resource for ad - hoc individual volunteer training • Conduct of group volunteer training using facilitator training manual 	<ul style="list-style-type: none"> • Responsibility/resources for ongoing recruitment in place. • There are an adequate number of volunteers to sustain the program
<p>12. Establish support systems to support subsequent volunteers. Establishment of a volunteer buddy system for subsequent volunteer support following their training</p>	<ul style="list-style-type: none"> • Existing volunteers work in pairs with a new volunteer 	<ul style="list-style-type: none"> • Volunteer satisfaction through feedback surveys
<p>13. Continuing Quality Improvement</p>	<ul style="list-style-type: none"> • 6 monthly volunteer feedback surveys and annual staff surveys to evaluate ongoing program • Carer feedback • Adjust the program resources and procedures based on staff and volunteer survey feedback 	<ul style="list-style-type: none"> • Report to site/LHD quality committee

SUGGESTED TIME FRAME FOR IMPLEMENTATION

	PHASE	PURPOSE	STEPS		
4 WEEKS	PROJECT PLANNING AND INITIATION	Review project implementation plan resource for implementing the Volunteer program	<ol style="list-style-type: none"> 1. Define the aim, objectives and scope of the implementation at local site level 2. Generate executive sponsorship and governance systems for the implementation of the project at local site level 3. Identify key roles and develop a project team /working group to oversee and monitor the implementation of the volunteer project 4. Identify the time frames and develop a communication plan to guide the implementation of the project. 	PROJECT MANAGEMENT	COMMUNICATION
	BASELINE ASSESSMENT	To assess the current environment, ward processes and potential barriers to implementation	<ol style="list-style-type: none"> 1. Develop a process map for identification and management of patients with cognitive impairment 2. Assess existing resources and physical ward environment and identify additional resource needs 3. Review generic program procedures and identify any issues/gaps 4. Hold meetings with staff to inform and gain their feedback on the implementation 5. Collect baseline data 6. Prioritise the issues or gaps 		
4 WEEKS	STRATEGY DESIGN	To design and prioritise strategies to address any issues that may impact on implementation	<ol style="list-style-type: none"> 1. Facilitate problem solving and brainstorming with a variety of stakeholders 2. Identify feasible strategies that will address any issues or gaps. 3. Prioritise strategies for implementation. 		
	IMPLEMENTATION PLANNING	Follow the key activities 1, 2 and 3 of the project implementation plan and address issues that may impact on implementation.	<ol style="list-style-type: none"> 1. Outline the steps for implementing strategies to address issues that may impact on successful implementation. 3. Define roles and responsibilities for implementing each key activity. 4. Define what measurements will need to be recorded and how this will occur 4. Establish feedback and support loops 5. Communicate your plan 		
8 WEEKS	IMPLEMENTATION	To implement strategies that address the gaps/barriers identified in the implementation of the Volunteer Program	<ol style="list-style-type: none"> 1. Maximise staff awareness and support 2. Education program for volunteers 3. Provide a supportive environment for volunteer commencement 4. Encourage continuous feedback and review from staff and volunteers 		
4 WEEKS	EVALUATION, FEEDBACK AND SUSTAINABILITY	To assess and monitor the success of the implementation of Hospital Volunteer Program	<ol style="list-style-type: none"> 1. Monitor through established feedback processes 2. Review and revise procedures/process 3. Establish an ongoing loop for reviewing and revising the implementation 4. Communicate and celebrate success and outcomes 		

LIST OF PATIENT ACTIVITY AND DISTRACTION RESOURCES

RESOURCE	DESCRIPTION
CD PLAYERS	Small portable CD players, labelled with numbers to allow loan monitoring
MUSIC CD'S	A range of music – classical, country, jazz, blues, easy listening, war songs, hymns, Christmas carols. Op shops and donations good sources
PORTABLE DVD PLAYERS	Need to be labelled and securely stored.
DVD'S	A range of DVD's including musicals, old favourites, comedy, documentaries, football and rugby matches, serene scenes such as underwater fish
GAMES	Large and normal size domino's Large and normal size cards Scrabble Backgammon All need to be able to be wiped over
CROSSWORDS	Easiest to download as A4 sheets that can be copied or photocopy pages of large print crossword books
DRAWING OR COLOURING	Coloured pencils Colouring in books or templates. Templates can be downloaded and copied
MAGAZINES AND BOOKS	A broad range: Gardening, Golf, Cricket, fishing knitting, flowers, history, geography, pets. These can be sourced from donations, op shops and garage sales. A continuing source is needed as often can only be used once.
LAMINATED A4 PICTURES	These are useful to generate conversation once you know the person interest. Old or \$2 calendars are a good source. A range of topics such as: Animals, flowers, gardens, scenery, sport etc. The benefit of these is that they can be wiped over and reused.
RUMMAGE OR DISTRACTION ITEMS	
RUMMAGE HANDBAGS OR BOXES - WOMEN	Source from op shops or donations. Need to be vinyl or material that can be wiped over for infection control. Fill with different textured materials and items. E.g. small purse, scarfs, bubble wrap, soft material, old keys, squeeze balls
RUMMAGE TOOL BOXES - MEN	Small plastic box filled with large plastic bolts and screws that can be put together, short pieces of tubing, squeeze balls, different textures items
MEN'S DISTRACTION BOX	These can be purchased readymade or ask the local wood working group if they would make one. They are coloured wooden boxes with lots of latches and locks to fiddle with
FIDDLE RUGS, APRONS OR CUSHIONS.	Fiddle aprons can be purchased. However more innovative items are handmade. Local knitters and craft groups or volunteers themselves are happy to make them. They involve having different textured materials and fiddle items that can be sown on. They all need to be washable for infection control
WASHING BASKET	A small washing basket filled with items such as handtowels, pillow cases, face washer etc that can be folded
OXYGEN TUBING	Can be taped and bandaged over existing IV cannula as a distraction and an alternative to pull at
OTHER ITEMS	
KNITTED OR CROCKET RUGS	Allows a more homely feel for the bed. They need to be washable
KNITTED OR SOFT ANIMALS	Patients with more advanced dementia may find comfort with these
A DOLL	These can also be appropriate for some patients with more advanced dementia
OLD PHOTOS' OR OTHER MEMORABILIA	This assists with reminiscing
MAGNIFYING SHEETS	To assist patients who may not have their glasses in reading things
A SMALL WHITEBOARD AND WHITEBOARD MARKER	This can support visual prompts for patients with poor memory and communication
MOISTURISING CREAM	To assist with gentle hand or foot massage

LIST OF TEMPLATES AND FORMS CONTAINED IN APPENDICES

TEMPLATES/FORMS		DESCRIPTION
1.	Sample media release	Example of an approved media release. All media released will require approval through your LHD media approval process.
2.	Program information sheet	A one page sheet about the program.
3.	Volunteer information and application kit 1. For use when starting a new program	Information about the application process and training for interested volunteers. A volunteer program information sheet. A Volunteer Duty Statement.
4.	Volunteer information and application kit 2 – subsequent recruitments	As above
5.	Continuing Volunteer Feedback Survey	Designed to be completed 2-3 monthly on initial implementation and then 6 monthly or annually. The survey assists in identifying problematic issues and gaining volunteer input for improvements. The survey results can guide/support regular volunteer meeting discussion.
6.	Continuing staff feedback Survey	To be completed as part of initial and ongoing evaluation.
7.	CHOPS Knowledge and care confidence staff survey	To be completed pre and post implementation of the program' Form to be included on page 30 and 31.

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APPENDICES

DATE

media release

HOSPITAL VOLUNTEER PROGRAM

.....Health Service invites applications by volunteers to participate in an innovative program to support older people in hospital with dementia or patients who experience confusion during their hospital stay.

Volunteering has many benefits. Apart from the satisfaction experienced from helping others, volunteering is also a way of learning and gaining new skills and developing new friendships.

Thehospital hopes to recruit a significant number of volunteers for the program. Successful applicants will be provided with initial training and ongoing support to ensure confidence for volunteers and safety for patients.

The aim of the program is to improve the overall hospital experience for people with dementia or other memory and thinking problems, when they are admitted to hospital. Volunteers will provide one on one support aimed at assisting those experiencing dementia or confusion to feel more relaxed. In addition volunteers provide assistance to patients who require help with eating and drinking.

Staff are enthusiastic about the opportunity to work with volunteers. They value the support given to patients as well as recognising the value of volunteers complementing the current care provided.

Volunteers are expected to participate in the program for a few hours each week, with the specific days and times flexible.

Those interested in taking part in this volunteer program are encouraged to contactfor further information and an application package. Applications close.....

Ends

Media Note: for an interview opportunity please contact.....

Dementia Delirium Care Hospital Volunteer Program

Information Sheet

What is the hospital volunteer program?

The program uses trained volunteers to provide person centred emotional support and practical assistance to vulnerable patients in hospital.

What type of patients do volunteers support?

- Patients with memory and thinking problems or who have dementia
- Patients who experience memory and thinking problems such as delirium as a result of their illness or operation
- Patients who have vision and hearing impairment
- Patients who require assistance with eating and drinking OR who have special feeding requirements
- Other vulnerable older patients who would benefit from someone sitting with them one to one.

What is person centred care?

Person centred care puts the person at the centre of their care. It involves gaining an understanding of the person, their background, personality traits, personal preferences and activities or interests which provide them with pleasure or enjoyment. This information is then used to support communication and individualised care. Family carers are important participants in gaining this information.

What do the volunteers do?

The volunteer role provides similar support to that which would be provided by a family carer. In this way the program is also designed to support family carers when they are unable to be with their loved one.

Consent from the patient or their family is requested by staff before a volunteer can visit a patient.

The volunteer firstly gains an understanding of the patient's background, family members, personal preferences and activities they enjoy using a personal profile. The role of the volunteer includes:

- Sitting with a patient on a one to one basis
- Talking to the patient about current events and surroundings
- Assisting with making the patient comfortable to support their sleep and rest – this may include adjusting pillows or providing warm drinks or a hand or foot massage
- Making sure the patient is wearing their glasses and hearing aides and checking that these are clean and working properly
- Assisting the patient with eating and drinking and when needed regularly offering fluids to drink
- Assisting the patient with completion of their menus
- Accompanying the patient with walking as advised by the nurses or physiotherapist
- Supporting the patient with activities they enjoy such as reading to them, playing cards etc.

What is required to become a Hospital Volunteer?

All volunteers are required to undergo a formal application and recruitment process including Criminal Record Check and are bound by the health service confidentiality requirements. Volunteers complete a specific training program including buddy support with existing volunteers. Hospital Volunteer Program volunteers are identified by wearing a gold polo t-shirt which is supplied and they have health service name badge identification

Dementia & Delirium Care Hospital Volunteer Program

Volunteer Information Pack 1

This application pack contains:

1. An overview of the recruitment and training program
2. The volunteer selection criteria and application process
3. A duty statement which outlines the duties of the Dementia & Delirium Care Hospital Volunteer
4. Program information sheet
5. The volunteer application form
6. National Criminal Record Check Form

1. Overview

Interested people applying to become a volunteer with the program, will be asked to attend an informal meeting to discuss their interest before formal selection occurs.

As part of the recruitment process, volunteers will be required to undergo the necessary processes and checks according to the policy and recruitment processes of the Local Health District. This will be further explained as part of the meeting process. Following recruitment, volunteers will undergo a comprehensive training program.

The training program

The dementia & Delirium Care Hospital Volunteer Training is conducted either as a group training program or individually with a DVD training resource. In addition volunteers will be required to complete what is called mandatory education. This mandatory training is a health service requirement for all staff and volunteers.

The training program is designed to provide information and experiential learning that will enable a volunteer to understand the philosophy of person centered dementia care and develop practical strategies to communicate with and support people with dementia and delirium or other vulnerable older patients in the hospital setting.

The training program incorporates:

- Introduction to the program and the volunteer role
- Understanding dementia and delirium
- Effective communication for the person with dementia and person centred care
- Activities for enjoyment and pleasure
- Understanding behaviours which can occur in dementia and delirium
- Assisting patients with eating and drinking
- Safe walking with patients

Following training, new volunteers will be provided with orientation to the hospital as well as support in their new role while the program is being established.

Anticipated time commitment as a Hospital Dementia Care Volunteer

Once recruitment and training has occurred, the time commitment as a volunteer for the program will be flexible depending on availability. There are two shifts for volunteers. The morning shift is from 8am – 12.30pm and the afternoon shift is from 3pm – 7pm. Volunteers are asked to commit to one shift a week or fortnight. There is also an on call roster. However we are always flexible depending on your availability.

2. Selection Criteria for a Dementia & Delirium Care Hospital Volunteer

1. Applicant must be over 18 years of age.
2. Applicants are preferred not to have experienced a major personal loss in the past year.
3. Have an interest or experience in older people or people with dementia
4. Respect for the beliefs, values and culture of others.
5. Good communication skills.
6. Ability to work as part of a team
7. Current NSW driver's license.
8. Desire and availability to become a volunteer

Written application should include a short (one page maximum) written information briefly describing:

1. How you meet the above criteria.
2. Your background, including any experience or qualifications relevant to caring for older people of people with dementia.
3. Why you want to become a hospital dementia care volunteer.

Please address written applications to:

Insert name and contact details of person responsible

If you have any questions, please do not hesitate to contact

Insert contact details

Thank you for your interest

DUTY STATEMENT FOR Dementia & Delirium Care Hospital Volunteers

Volunteer Duties

1. Work within the team of nurses and allied health staff in supporting people with dementia and or delirium or those who are at risk of delirium in the hospital.
2. Volunteers will adhere to the roles, responsibilities, procedures and duties of the volunteer program.
3. The volunteer will be assigned patients as allocated in the volunteer referral folder and in consultation with hospital staff.
4. In the circumstance where information about the patients feeding, fluids and walking needs are not completed in the referral form, volunteers are not to accept patients to the program until the referral form is completed clarifying this.
5. The volunteer will respect the uniqueness of each patient and their family and will be guided by the care plan needs of the person. Specific duties include:
 - Sitting with the patient on a one to one basis or in group activity sessions
 - Assisting with making patients comfortable to support their sleep and rest – this may include adjusting pillows or providing warm drinks or a hand massage or gentle back rub,

- Making sure the patient is wearing their glasses and hearing aides and checking that these are clean and working properly.
- Talking to the patient about current events and surroundings
- Assisting the patient with eating and drinking and when needed regularly offering fluids to drink
- Assisting patients with completion of their menus
- Accompanying and encouraging the person with walking as advised by the nurses or physiotherapist.
- Supporting the person with activities they enjoy such as reading to them, playing cards etc.
- Using dementia friendly communication when interacting with the person with dementia.
- Communicating any concerns that may arise to the RN in Charge or NUM.
- Communicate to the RN in charge and write down any changes that are noticed in the behavior of the patient in the volunteer records

Role Responsibilities

The volunteer is:

1. Responsible for cleaning any activity items used with patients before returning them to the activity resource storage location.
2. To maintain the confidentiality and the privacy of the patient and their family, in the hospital or other relevant places, while working in a voluntary capacity
3. To refer the patient to the staff when a specific situation arises, i.e. with regard to health related questions, and when professional input is required.
4. To report any changes they notice in the patients to the NUM or RN in charge.
5. To remove themselves from any patients they feel uncomfortable or unsafe with and report this to the RN in charge or NUM
6. To report any hazardous incidents they identify to the NUM or RN in charge and comply with manual handling smart lift practices.
7. To adhere to hand washing and hand hygiene and other required infection control practices (as directed by staff) when visiting patients.
8. To keep a record of time spent, activities conducted the response of patients to those activities, and any other relevant information each shift.
9. To maintain copies of volunteer program documentation.
10. Where relevant, to keep a record and communicate to the RN or NUM the approximate amounts of fluids the patient has while with the volunteer, the level of meal assistance and how much of their meal they ate.
11. To record relevant information about the patients and their behavior in the volunteer record documentation and report any changed behaviour to the RN in charge or NUM
12. Not to attend their shift if they are have a cold, other respiratory infection or are generally unwell.
13. Not to attend their shift if they are suffering from a bout of gastroenteritis. In this circumstance the volunteer should not return to the hospital until 48 hours after their last episode of vomiting or diarrhoea.
14. Try to arrange a substitute for or notify Volunteer Coordinator/s or hospital staff of any unplanned absences
15. To attend supervision, de briefing, ongoing education and support meetings

As a Hospital Volunteer, I agree to the duties, roles and responsibilities in this duty:

Signed

Signed

Name of Volunteer

_____ Date: ___/___/_____

Name of Supervisor/coordinator

_____ Date: ___/___/_____

Dementia & Delirium Care Hospital Volunteer Program

Volunteer Information Pack 2

This application pack contains:

1. An overview of the recruitment and training program
2. The volunteer selection criteria and application process
3. A duty statement which outlines the duties of the Dementia & Delirium Care Hospital Volunteer
4. Program information sheet
5. The volunteer application form
6. National Criminal Record Check Form

1. Overview

Interested people applying to become a volunteer with the program, will be asked to attend an informal meeting to discuss their interest before formal selection occurs.

As part of the recruitment process, volunteers will be required to undergo the necessary processes and checks according to the policy and recruitment processes of the Local Health District. This will be further explained as part of the meeting process. Following recruitment, volunteers will undergo a comprehensive training program.

The training program

The dementia & Delirium Care Hospital Volunteer Training is conducted either as a group training program or individually with a DVD training resource. In addition volunteers will be required to complete what is called mandatory education. This mandatory training is a health service requirement for all staff and volunteers. Following training, new volunteers will be provided with orientation to the hospital and support in their new role with buddy shifts. In the buddy shifts, new volunteers will double up over a period of time with an experienced volunteer until they develop their confidence in the role.

The training program is designed to provide information and experiential learning that will enable a volunteer to understand the philosophy of person centered dementia care and develop practical strategies to communicate with and support people with dementia and delirium or other vulnerable older patients in the hospital setting.

The training program incorporates:

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- Activities for enjoyment and pleasure
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15. To attend supervision, de briefing, ongoing education and support meetings

As a Hospital Volunteer, I agree to the duties, roles and responsibilities in this duty:

Signed

Signed

Name of Volunteer

Date: ___/___/_____

Name of Supervisor/coordinator

Date: ___/___/_____

DEMENTIA AND DELIRIUM CARE HOSPITAL VOLUNTEER PROGRAM

Volunteer Feedback Survey

Please indicate to what level you agree with the following statements.

1. I am happy with how the program has been running.

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

2. I am happy with the level of responsibility I have as a volunteer in the program.

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

3. I feel well supported in my role

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

4. Generally, at the end of my shift I feel satisfied

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

5. What is working well with the program?

6. What is not working well with the program? (It is important that we hear about any difficulties you may be experiencing or concerns you have)

7. What suggestions do you have for improving any aspect of the program? (please use back of page if more space is needed).

Thank you for taking the time to complete this feedback

Dementia and Delirium Care Hospital Volunteer Program

Staff feedback Survey

As a staff member involved in the program we would welcome your feedback about how the program is running and any suggestions you have for improvement. It would be appreciated if you could complete this brief survey and return to..... by

The survey feedback is anonymous.

Please indicate to what level you agree with the following statements.

1. I am happy with how the program has been running.

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

2. I believe the program is supportive in my care of patients

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

3. I am aware of the referral criteria and how to refer a patient to the program

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

4. I believe volunteers are well prepared for their role

1	2	3	4	5
Strongly agree	agree	Neither agree or disagree	Disagree	Strongly disagree

5. What is working well with the program?

6. What is not working well with the program? (It is important that we hear about any difficulties you may be experiencing or concerns you have)

7. What suggestions do you have for improving any aspect of the program?

8. Other comments you may have (please use back of page if you need more room)

Thank you for taking the time to complete this survey

Many people with dementia and delirium can develop behaviours that can pose challenges for staff (eg. repetitive questions or actions, wandering, aggression, withdrawing, resisting care). We would like you to take some time to think about your experiences in caring for people with delirium and dementia in the hospital setting, and then answer the below questions.

1. Designation (eg RN, CNC, Allied Health, Intern) _____
2. Years of service _____
3. Have you received training on managing confused older patients? YES /NO
4. Do you feel the training has been sufficient? YES /NO
5. Thinking over the last month, what is the behaviour you find most difficult when caring for a patient with dementia and/or delirium?

<input type="checkbox"/> Confusion	<input type="checkbox"/> Disorientation	<input type="checkbox"/> Drowsiness or lethargy
<input type="checkbox"/> Agitation	<input type="checkbox"/> Aggression	<input type="checkbox"/> Resistance to care
<input type="checkbox"/> Pulling out tubing	<input type="checkbox"/> Lack of co-operation	<input type="checkbox"/> Crying or calling out
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Trying to climb out of bed or abscond	
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Suspiciousness or paranoia	
<input type="checkbox"/> Other: _____		
6. Have you been exposed to any episodes of aggressive behaviour? YES /NO
7. How confident do you feel in recognising when a patient has delirium?

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>
8. How confident do you feel in the management of a patient with delirium?

0	1	2	3	4	5	6	7	8	9	10
<i>Not confident at all</i>										<i>Very confident</i>
9. How much stress does managing a patient with dementia and/or delirium cause you?

0	1	2	3	4	5	6	7	8	9	10
<i>No stress</i>										<i>Extreme Stress</i>

Please turn over

Please answer true or false to the following statements

Questions	True	False
1. Fluctuating between orientation and disorientation is not typical of delirium		
2. Acute alteration in cognition is normal for old people		
3. Treatment for delirium always includes sedation		
4. Patients never remember episodes of delirium		
5. It is best practice to restrain confused patients		
6. Delirium never lasts for more than a few hours		
7. The care needs of a person with dementia need to be focused holistically and include their carer.		
8. A patient who is lethargic and difficult to rouse does not have a delirium		
9. Patients with delirium are always physically and/or verbally aggressive		
10. Delirium is generally caused by alcohol withdrawal		
11. Patients with delirium have poorer outcomes such as increase mortality rate and institutionalisation		
12. Behavioural changes in the course of the day are typical of delirium		
13. Dementia is the greatest risk factor for delirium		
14. Patients with delirium will often experience hallucinations		
15. A urinary catheter in situ reduces the risk of delirium		
16. The Confusion Assessment method (CAM) is the tool used to diagnose delirium		
17. An episode of delirium increases an individuals risk of developing dementia		
18. Dementia is the third leading cause of death after heart disease and stroke.		

Thank You

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