Volunteers enhancing person centred dementia care in a rural hospital

Collaborations and Innovations Symposium Batemans Bay 1st November 2012

Cath Bateman: Southern NSW LHD Dementia Delirium Acute CNC

Barbra Williams: Regional Manager Alzheimer’s Australia NSW
Impetus for the Program

- Environment
  - Noise
  - Unfamiliar
  - Task driven

- Safety
  - Staff stress
  - Task driven

- Physical
  - Falls
  - Dehydration
  - Malnourishment
  - Delirium
  - Incontinence
  - Functional decline

- Psychological
  - Fear
  - Stress
  - Anxiety
  - Wandering
  - Agitation
  - Resistance to care
  - Carer stress

Psychological needs of the person with dementia

Kitwood 1997
I wish there was a more effective way for my clients with dementia to be managed in hospital.

I wish that we had more support to provide for the special care needs of people with dementia in hospital.
Main Aim

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

Sub Aims

- 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)
Methodology

- Quasi-experimental design
  - Post study medical record audit – Patients
  - Staff pre post dementia /delirium knowledge, attitudes and care stress
  - Volunteer pre post education and post program confidence, knowledge and attitudes
  - Post program acceptance
Project implementation

- Program promotion and volunteer recruitment
  Dec 08/March 2009 – 12 volunteers
- Training program April 2009
- Writing of program procedures
- Staff information sessions and promotion
- Volunteers commenced 5th May 2009
- Second training session Oct 2009 – 6 volunteers
- Data collection December 2009
Volunteer training & role

- 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)
SUPPORTING ESSENTIAL EMOTIONAL NEEDS

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

PRACTICAL ASSISTANCE & REDUCING DELIRIUM RISK

- Assisting with and promoting hydration and nutrition
- Promoting gentle exercise
- Assisting with vision and hearing aids
- Supporting orientation
Key Outcomes & Evaluation

Trend towards a decrease in falls at intervention

\[ \chi^2(1) = 1.65, \ p = 0.19 \]

One fall on a volunteer shift time at intervention compared to 3 at control

Most falls late evening/night

No Difference in LOS, use of antipsychotics or death rates – study limitations
Acceptance 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”
Acceptance 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”
Sustaining Change

Donated program resources to support a dementia-friendly hospital environment

Volunteers part of the care team

Volunteers part of the care team
Continuing Quality Improvement

Staff
- 100% agree or strongly agree that program is supportive and assistive to them in their care of patients.
- Perception of improved safety and emotional care

Volunteers
- 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
- Advocates for dementia care
Transferability and future scope

- Benefits of a shared and supported organisational approach with ALZNSW - Partnerships
- Replication of model – suited to rural settings.
- Project implementation plan developed and mentoring support
- A short term project focus (3-6 months) is required for establishment of the volunteer model.
- A governance structure and volunteer coordination resources are essential.
- Does not require substantial resources for maintenance; 0.2 to 0.5 FTE
- Future study recommendations
- Health excellence awards
- Model included in NSW Dementia Services Framework 2010-2015
Bega Hospital Volunteer Program
Helping patients with special care needs

A sustainable person centred care model of dementia care in acute settings
Acknowledgements

- The volunteers
- Tathra Ladies Hospital Auxiliary
- Medical NUM Sharon Hoye
- Catherine Hungerford - UC
- Mike Bird
- Katrina Anderson
- CETI
- Staff and Managers of Bega and Moruya Hospitals and
- Many others

Thankyou
References

- Australian Health Ministers’ Advisory Council (AHMAC), 2006 Clinical Practice Guidelines for the Management of Delirium in Older People, Victorian Department of Human Services, Melbourne, Victoria
- Dewing, J 2009 ‘Caring for people with dementia: noise and light Nursing Older People, vol. 21, no. 5, pp34-38
- Kitwood, T 1997 Dementia Reconsidered the person comes first. Buckingham: Open University Press
- Pritchard, E & Dewing, J 2001 ‘Older people with dementia in acute settings’ Nursing Older People vol.12 no.10 pp.21-25