BACKGROUND

It is estimated that nearly one third of patients admitted to hospital have some form of cognitive impairment (dementia and delirium) is directly related to our aging population. Older patients with confusion due to dementia and/or delirium have particular vulnerabilities and risks. They are much more susceptible to falls, pressure injury, malnutrition, dehydration and functional decline. They are also much more likely to be prematurely admitted to residential care or die from hospital related complications.

Patients with confusion can experience fear, stress and anxiety when admitted to the busy, noisy hospital environment. They frequently experience difficulties with language and communication. This in turn can pose particular challenges and stresses for family carers and clinical staff providing care.

Volunteers are known to positively contribute to patients care in health care settings and in turn volunteers report their interactions with patients and staff as satisfying and rewarding.

There is now strong evidence that delirium can be prevented with the use of multicomponent intervention strategies which are supported by the use of volunteers or family carers.

The Dementia and Delirium Volunteer program resource is based on a volunteer program implemented and evaluated at Bega Hospital in 2009 by Cath Bateman (Southern NSW LHD). The initial program was established in partnership with Barbra Williams (Alzheimer's NSW).

Outcomes of this Volunteer program demonstrated high acceptance by nursing staff and volunteers who perceived there to be improved safety and quality of care for patients. This program has now been sustained for 6 years and replication has occurred in other hospitals.

For information or to obtain a copy of the resource contact: Cath Bateman
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THE VOLUNTEER ROLE

The volunteer role provides similar support to that of a family carer. In this way the volunteer program can be of support and reassurance to families and carers when they are not able to be with their loved one.

Volunteers provide emotional security though one to one interaction and engagement in therapeutic activities. A personal profile is completed by volunteers with the patient and/or family carers to gain information about the patient’s background and personal preferences. Volunteers also provide practical assistance, such as: assisting with eating and drinking; ensuring patients are wearing their vision and hearing aids and encouraging patients to walk when it is safe to do so.

THE VOLUNTEER TRAINING PROGRAM

Sessions covered in the volunteer training are:
- The volunteer role
- Dementia and delirium
- Communication and person centred care
- Activities for patients
- Understanding behaviours which can occur in patients with dementia and delirium
- Assisting patients with eating and drinking
- Safe walking with patients
- Commencing in the volunteer role

HOW IS THE PROGRAM RELATED TO CHOPS?

The aim of the ACI Confused Hospitalised Older Persons Program (CHOPs) is to improve the care and outcomes of older people with confusion in hospital. CHOPs has 7 key principles of care for the care of confused older persons in hospitals. The volunteer program is seen as a model supporting the management of patients with confusion (Key Principle 4).

The ACI funded the development of the Volunteer Dementia and Delirium Care implementation and training resource to support the programs introduction into NSW hospitals.

IMPORTANT CONSIDERATIONS

A governance structure and resources for both project implementation and ongoing volunteer coordination are essential for program’s successful establishment, implementation and sustainability.

CONTENTS OF THE VOLUNTEER RESOURCE

The folder resource comprises:
- A project implementation guide
- Staff and volunteer procedures
- A facilitator training manual for running an 8 session group volunteer training program.
- A Volunteer training DVD
- A Volunteer training handbook