



# PERSON-CENTRED DEMENTIA AND DELIRIUM VOLUNTEER PROGRAM

Older patients with dementia and/or delirium are at far greater risk of adverse outcomes such as falls, pressure injury and death. They can also experience 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.

The aim of the volunteer program is to provide person centred emotional support and practical assistance to patients with dementia and delirium (or at risk for delirium) to reduce their risk of adverse outcomes and to support family carers and staff. The volunteer role is seen as similar to that of a family carer.

## HOW THE PROGRAM IS STRUCTURED



Volunteers complete health service screening and recruitment



Volunteers undergo an eight session training program in the provision of person centred emotional support and practical assistance for patients with cognitive impairment.



Sessions include:

The volunteer role and boundaries, understanding dementia and delirium, communication and person centred care, therapeutic patient activities, understanding behaviour changes that can occur, assisting with eating and drinking and safe walking.



Volunteers provide care over a morning and afternoon shift five days/week.



There are formal referral process and procedures for both staff and the volunteers.

A personal profile is completed by the volunteer with patient or carer to identify individual preferences and support communication and individualised care.



The volunteers are seen as part of the care team and identified by a gold polo t-shirt.

## EVIDENCE THE PROGRAM WORKS

Blair A, Bateman C, Anderson K.

We implemented the volunteer program in 7 rural acute hospitals in Australia. We compared outcomes for 270 patients who were visited by a volunteer with 188 patients who visited the same hospital 12 months before the volunteer program. We used hospital records, surveys and interviews with family carers, staff and volunteers to measure outcomes for patients.

Patients who were visited by a volunteer were less likely to need one on one supervision from a nurse or security guard. They were more likely to stay longer in hospital but much less likely to have to return to hospital within 28 days of discharge. These outcomes meant reduced costs for the health service, showing that the program could pay for itself. The other outcomes such as falls, bed sores, admission to residential care, signs of distress, medication use and death rates were the same for those who received volunteer assistance and those who did not.

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**Training** volunteers in key principles of person-centred care  
(Kitwood,1997)



**Supporting** essential emotional/psychological needs of the person with dementia  
(Kitwood,1997:82)



**Reducing risk** and improving physical **well-being** of the person with dementia and/or delirium

## Volunteers complete a personal profile with patient and/or family carer for:

- > Knowledge of the person's past and their individual preferences
- > Interaction and communication
- > Provision of emotional reassurance and support
- > Engagement in meaningful activities



- > Assisting with eating and drinking
- > Supporting mobility
- > Encouraging use of visual and hearing aids
- > Supporting orientation
- > Supporting sleep and rest
- > Reducing fear and anxiety
- > Enhancing safety
- > Supporting carers

## VOLUNTEERS

## IMPACTS AND LINKAGES

### STAFF

- > Improved time to plan and prioritise clinical care
- > Upskilling in dementia
- > Access to person-centred strategies
- > Reduction in staff care burden

### PATIENTS

- > Improved person-centred care
- > Improved quality of care: nutrition/hydration
- > Reduced distress
- > Improved emotional wellbeing
- > Improved safety
- > Reduced readmissions and 1:1 special care

### FAMILY

- > Reduced family care burden
- > Respite
- > Information and insight
- > Emotional support

Families talk about a sense of relief that someone else is able to be with their loved one and in particular assist with their eating and drinking.

“Made me feel that he was safe while I could not be with him”

*Family member*

Staff found the program to be supportive in their care.

“It is fantastic to have their wonderful support. It is really helping with the overall staff workload. Excellent. They take a lot off pressure of us.”

*Staff members*

“They take a lot off pressure of us.”

*Staff members*

The key ingredients to success are carefully selecting the right volunteers, then training and supporting them. The most common challenges are ensuring everyone knows the limits of the volunteer role, building trust between staff and volunteers and getting funding to keep the program going well.

## WANT TO KNOW MORE?

The program originated as a pilot study in a rural NSW hospital in 2009. The NSW Agency for Clinical Innovation subsequently funded the development of the Volunteer Dementia and Delirium Care © Implementation and Training Resource.

The resource contains a project implementation plan, generic program procedures for adaptation, a facilitator training manual with power point presentations, videos and resources for running a training program, a business case, Essential Steps Guide and video for how to set up a volunteer program. It is freely downloadable at [https://www.aci.health.nsw.gov.au/resources/aged-health/confused\\_hospitalised\\_older\\_persons/dementia-and-delirium-care-implementation-training](https://www.aci.health.nsw.gov.au/resources/aged-health/confused_hospitalised_older_persons/dementia-and-delirium-care-implementation-training)



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