

Maximizing Aging Using Volunteer Engagement (M.A.U.V.E.) - Meeting Needs of Older Adults and Volunteers!

Jenny Carr
Carmelina Marziliano
April 30 2010



Outline

- Background
- Conceptualization of M.A.U.V.E
- Getting M.A.U.V.E Moving
- Volunteer Training (Orientation, EAT, Booster)
- Materials (Direct and Indirect Care)
- Preliminary results
- Areas of growth/successes
- Future directions

Mount Sinai Hospital

600 University: 472 Beds, Acute Care



Background

Demographic trends

- Canada: ↑ older adults (Statistics Canada 2006)
- Mount Sinai: ↑ older adults (Sinha, 2008), becoming focus

Geriatric Team Geriatric NP CNS, SW, OT, Pharm.

Literature and Older Adult Hospital Admission:

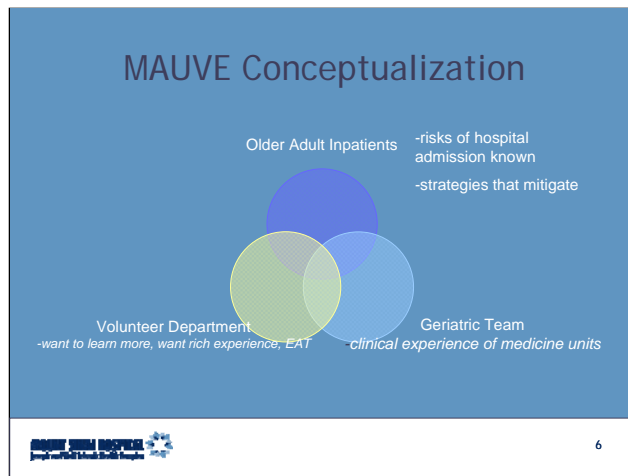
- Poor fit of hospital environment (Kleinpell, Fletcher, Jennings, 2008)
- Functional decline (McCusker, Kakuma, and Abrahamowicz, 2002) (Inouye et al., 2000)
- Hazards of bedrest (Sutton, Grimmer-Somers, Jeffries, 2008) (King, 2005)
- Poor quality of life related to extended LOS (Sutton, Grimmer-Somers, Jeffries, 2008)

Background (cont'd)

Needs Assessment Priorities from staff:

- Delirium/Dementia/Depression
- Consent and capacity
- Community support

- Geriatric medical knowledge/skills
- Team Processes
- Philosophy and culture of care



-So the stage was set for an initiative to begin

I want to elaborate a bit. The normal life of a clinician in an acute care hospital is quite fast paced. There are lots of patients to be seen, charting to do, students to teach, committees to participate in. The team had been given the mandate to take time to develop something extra, that our colleagues did not already deliver.

The social worker I spent time on program development. We were literally out of circulation as clinicians for a bit, and allowed to think and research what we could do. This initiative wasn't the only proposal or bright idea we had. But it was the one that resonated the most with the stakeholders, and seemed to meet a bunch of needs. The conceptualization of MAUVE happened in the context of a variety of factors, but these are the primary ones.

GERIATRIC TEAM

We have talked about the availability of our team and our roles...- we were to concentrate on some clinical work, some non-clinical

OLDER ADULT INPATIENTS

-We have talked about the down side of what happens to older adults in hospital – deconditioning and decrease in QOL are among these happenings.

-We also knew some e.g.s of what helps to mitigate- e.g. early screening for at risk patients, continuity after discharge, - see below too...

-e.g. specially prepared environments, patient and family involvement, staff as a whole taking on mobility as a responsibility

– but we were quite interested in Inouye's research on the Hospital Elder Life Program or HELP showed that a volunteer program when coordinated with staff intervention can prevent delirium and reduce use of sleep medication, as well as prevent cognitive and functional decline of older adults. (*Original program = patients over 70 screened for 6 risk factors- cog. Impairment, sleep dep., immobility, dehydration, vision/hearing impairment*) AND intervention that included daily visitors/orientation, therapeutic cognitive stimulation 3 times/day, early mobilization including exercise 3 X day, vision protocol, sleep protocol, hearing protocol, feeding assistance.

-The other circle is the volunteers, who are ready and waiting to work with the patients. They volunteer for a myriad of reasons, ranging from school credit to personal satisfaction, and beyond. They want to interact with patients and want to be as helpful as possible. They benefit from as rich an experience as possible, and we thought that with some education and support they may be able to feel more effective and develop skills that will help our patients even more. Goes without saying the experience the volunteers bring with them ranges from being a patient themselves or a family member of a patient, to never having set foot in a hospital before. We wanted the volunteers to all have an equal amount of knowledge when they started. One of the original goals was for this to be a mutually beneficial relationship- the volunteers would be able to benefit from having had a human connection with the patients, and the patients would benefit from interacting with the volunteers.

-The volunteer dep't already had purchase the rights to use a training program for volunteers on how to help pts eat, as well

Getting MAUVE *Moving*

Formulated goals Reduce functional decline risk
 Increase quality of life

Met with Stakeholders

Clinical leads, dep't directors, volunteer dep't director,
NUAs, steering committee -> POSITIVITY!

Thought re: what was missing

Operationalizing- where to start, topics essential for
volunteers' knowledge, training, communication, materials

Training

- Orientation Session
- EAT Training
- Booster Session

Orientation Session

- Goals of MAUVE
- Aging Sensitivity
- Activities of Engagement
- Age Related changes
- Anatomy of a hospital room
- Steps to visiting a patient
- Binder/Communication



Activities of Engagement

- Reminiscence
- Leisure
- Orientation
- Esthetics/Grooming
- Meaningful Projects
- Eating/Hydration
- Comfort



EAT Training

- Eating Assistance Training (EAT)
 - Mechanisms of eating physiologically
 - Importance of intake
 - Eating from perspective of pt and family,
 - Role of nurse in EAT
 - Signs of eating difficulty
 - Emergency procedure
 - Actual eating of thickened juice!

EAT Form

Volunteer Eating Care Plan

1. **DIET TYPE:** _____

2. **PATIENT CAN BE ASSISTED BY:**
 Nurse Volunteer
 Service Assistant Family

3. **POSITIONING:**
 Describe: _____
 Ensure patient is in upright position, Assister should be at eye level if possible.

4. **SENSORY NEEDS** Dentures in
 Glasses on Hearing aids in and on

5. **SET UP STRATEGIES**
 Cut food
 Open lids & containers
 Give straw
 Put soup in a cup
 Give only one item at a time
 Remove unnecessary items from tray
 Position food
 Other _____

6. **NUTRITION AND HYDRATION STRATEGIES:**
 Give high calorie items first
 Push fluids

7. **ENVIRONMENTAL STRATEGIES:**
 Minimize distractions
 Quiet environment

8. **VERBAL PROMPTS:**
 Tell client which utensils to use
 Identify foods on the tray
 Alert patient by stating his / her name
 Tell patient what to do next

9. **TYPE OF ASSISTANCE:**
 a) **Partial Assistance**
 Place food on utensil and hand to patient
 Give patient the cup
 Hand finger food to patient
 Initiate feeding then allow patient to continue
 Hand-over-hand assistance
 Gently touch patient's forearm to alert
 Take turns
 Alternate taste, texture and temperature
 Observe a completed swallow with each mouthful
 b) **Full Assistance**
 Complete spoon-feeding
 Served ease of feeding
 Gently rub spoon on lower lip
 If any coughing, choking or spitting occurs during meal time please inform nurse.

10. Assist with menu marking

11. **FOOD PREFERENCES:**
 Likes: _____
 Dislikes: _____
 Food allergies: _____
 Other Notes: _____
 Evaluator: _____
 Date: _____

Addressograph _____

Booster Session

- Communication
- Boundaries

Materials for Indirect Patient Care

- Binder
 - Patient Profile Form
 - Steps to visiting a patient
 - Orientation sessions
 - Engagement Inventory
 - Communication Logs

Patient Profile Form

M.A.U.V.E. Personal Profile Sheet

Person: _____ prefers to be called: _____ Room: _____

Start date: _____ D/C date: _____

Engagement:

- | | |
|--|---|
| <input type="checkbox"/> Reminiscence | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Leisure | <input type="checkbox"/> Eating/hydration |
| <input type="checkbox"/> Esthetic/Grooming | <input type="checkbox"/> Comfort Activities |
| <input type="checkbox"/> Meaningful Projects | <input type="checkbox"/> Pet therapy |
| <input type="checkbox"/> Walking on/off unit | <input type="checkbox"/> Big dog |
| <input type="checkbox"/> Going off unit | <input type="checkbox"/> Small dog |
| <input type="checkbox"/> Other: _____ | |

Check with Nursing:

- | | |
|--------------------------|--------------|
| NPO | Precautions |
| Isolation | Exit Seeking |
| Non-weight bearing | |
| Acute Behavioural Change | |
| Other: _____ | |

Functional/Cognitive Alerts

Communication Log

Date	Volunteer	Volunteer comments (what you did today)	# minutes and visit frequency	Co-ordinator Comments



Please do not hesitate to call a M.A.U.V.E. contact for any questions or concerns. For a rapid response, you can page the geriatric team at (416) 380-5678. For a call back, leave a message on x7296 (this voicemail box is checked daily).



Materials for Patient Care

- Comfort Blankets
- Leisure Bag
 - cork stickers, writing tablet, pipe cleaners, magnifying glass, word finding puzzles, play dough, playing cards, bowling game set, pencil crayons, pencils, pens, paint, artificial flowers, foam, construction paper

Ongoing Tasks

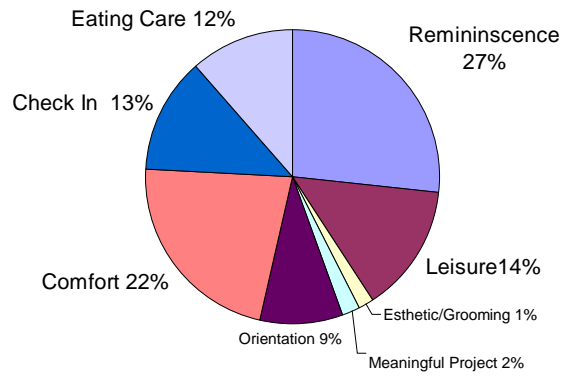
Patient Identification

- Morning rounds
- Lunch time/ unit resource nurse
- Other health care professionals

Tasks (cont'd)

- Keeping binder up to date
- Discharging patients from program
- Review comments from volunteers and f/u if required
- Keep stats to see how many patients being seen and what volunteers are doing with the patients

MAUVE Components



Areas to grow

- More use of personal profile sheets to help us know what activities volunteers are doing
- More volunteers assisting patients eat

Successes

- Word has spread in hospital
- Volunteers using binder
- Studying of initiative

Future Plans

- Formalize results of studies
- Expand to other units
- Find a way for medical unit to take this on themselves, without involvement of Ger. Team

Acknowledgments

- Volunteer Department
- Jocelyn Bennett
- Rebecca Ramsden
- Raynia Sauvageau
- Occupational Therapy Department
- Social Work Department

Contact information

Jenny Carr

JCarr@mtsinai.on.ca

Carmelina Marziliano

CMarziliano@mtsinai.on.ca

First Part of Needs Ax:

Geriatric Team Needs Assessment

Please rate the following statements and feel free to add additional comments as needed.

1. When encountering seniors at risk of falls:
- | | Strongly Disagree | | | Strongly Agree | |
|---|---------------------|---------------------------|-----------|----------------|---|
| a) I am confident in my practice | 1 | 2 | 3 | 4 | 5 |
| b) I would like more support in this area | 1 | 2 | 3 | 4 | 5 |
| c) Types of support that would help me in this area include (please circle) : | | | | | |
| assessment skills | intervention skills | treatment skills | education | | |
| 2nd opinion | advocacy | other-please write below: | _____ | | |

Top 10 things to do on the Unit if you are stuck for things to do...

1. **Ensure white boards are updated.** This could include asking the patients if they want you to tell them the day and month as well. Once you've updated the board (don't forget the nurse's name for the shift) you can ask them if they can read the printing. If they cannot- write the words in larger letters. Also see #2...
2. **Help people locate their glasses and clean them** – using the cloth they have there. If no wiping cloth exists, get a rag from ziplock bag on unit and clean with soap and water, with patient's permission.
3. **Ensure people have a cup of water within reach if they would like/if they are able to drink water.** NPO on the wall or door means they should not have anything to eat or drink. Check with a nurse if you are unclear
4. **Ask someone on MAUVE if they would like to wash their face with warm water and soap. Ask them if they would like to brush their hair. Ask them if you can help them access their supplies. If they need supplies, feel free to ask a nurse about how to get some (eg towels, lotion, soap).**
5. **Give out blankets.** Make sure you check if people have already received one (one blanket per person, please) and let them know that a hospital volunteer knit these great things!
6. **Untangle phone cords and make sure the phones are within reach of the patients. Ask if they need help to call anyone. Ask if they know their phone number and extension.** (To find their extension, dial 0 on the phone, and explain you are calling from a patient's room and need to know the extension there).
7. **See if any plants need watering. Ask a patient to help you do this.**
8. **Read to a patient**- it could be something that is in their room already and that they've started, or something they want to have read to them.
9. **See if any visitors would like a break. You can visit with the patient or do what the family/friend was doing.**
10. **Check if the leisure bag is empty, and how many blankets are around. If any of these are running low, leave a message for Jenny (X7595) or Carm (X5226).**