



APPENDIX 1

Bega Valley Health Service

Dementia – Delirium Hospital Volunteer Pilot Program

May 2009 – April 2010

Volunteer & Staff Information and Resource Manual

A person centred care volunteer support program aimed at improving the emotional and psychological wellbeing of people with dementia and delirium as well as supporting the implementation of delirium prevention strategies for older people in Acute Care

Developed by Cath Bateman GSAHS Eastern Dementia Delirium (Acute) CNC, April 2009

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Appendix 2	Rights and responsibilities of volunteer
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Purpose of the Manual

The purpose of this manual is to provide staff and volunteers with clear documentation regarding:

1. The scope, purpose, implementation and evaluation of the Bega Hospital dementia delirium volunteer project
2. The role, duties, daily routine, reporting lines and supervision and support processes for the volunteers.

This procedure manual is to be read in conjunction with the following GSAHS volunteer documents:

- GSAHS Volunteer information handbook (updated 2008) (*appendix 1*)
- Rights and responsibilities of volunteer (*appendix 2*)
- Code of Practice for volunteers (*appendix 3*)
- Confidentiality for Volunteers (*appendix 4*)
- Tips for Volunteers (*appendix 5*)

Definition of a Volunteer

- A volunteer is anyone who without compensation or expectation of compensation beyond reimbursement performs a role or tasks at the direction of or on behalf of an agency (CASAnet 1990).
- Within the NSW Health Code of Conduct [Policy, PD2005_626, page 8], NSW Health defines "staff" as "...any person working in a permanent, temporary, casual, termed appointment or honorary capacity within NSW Health. It includes **volunteers**, patient advocates, contractors, visiting practitioners, students, consultants and researchers performing work within NSW Health facilities." Volunteers are therefore required to be aware of and adhere to all relevant NSW Health policies and guidelines

Definition of the Dementia-Delirium Hospital Volunteer

- A person who has expressed an interest in participating in the dementia delirium hospital volunteer program and who has undergone an interview, formal recruitment and training associated with the program. The role and function of the volunteer is determined by the roles and responsibilities of the volunteers, duty statement, guidelines of the program and the policies and procedures of GSAHS.

About the Dementia Delirium Hospital Volunteer Pilot Program

- ❖ The program is a person centred care volunteer support program aimed at improving the emotional and psychological wellbeing of people with dementia and delirium as well as supporting the implementation of delirium prevention strategies for older people in Acute Care
- ❖ The program is being coordinated and implemented Cath Bateman GSAHS Dementia/Delirium (Acute) Clinical Nurse Consultant and Barbra Williams Alzheimer's Australia NSW Bega Valley and Eurobodalla Dementia and Memory Service.

- ❖ The volunteer program is being evaluated as a GSAHS research project. Moruya Hospital is the control hospital. Outcomes of patients assigned a volunteer at Bega will be compared to a similar patients at Moruya who have not had a volunteer assigned
- ❖ Cath Bateman is the Principle Researcher for the project and Barbra Williams, Ass Prof Mike Bird and Psychologist Katrina Anderson (from GSAHS Aged Care Evaluation Unit) are associate researchers.
- ❖ As a requirement of the research, volunteers have been asked to sign a consent form agreeing to participate in the project and have completed pre and post education program questionnaires.
- ❖ The formal evaluation of the program will occur between June – December 2009.
- ❖ A post program questionnaire as well as focus group feedback from volunteers form part of the evaluation.
- ❖ Staff have also been asked to sign a consent form agreeing to participate in the research program. This includes completion of pre and post program staff questionnaires, participating in post program staff focus groups and completing 6 weekly behavior monitoring charts for patient's assigned volunteers.
- ❖ **A staff information sheet** about the program is at (*appendix 6*)
- ❖ The Program coordinators will continue to coordinate and support the hospital volunteers for a 12 month period up until 30th April 2010.
- ❖ Responsibility for ongoing coordination of the program after this time is to be reviewed in consultation with volunteers and hospital management.
- ❖ Volunteers commencing in the program have undergone a formal application, interview and recruitment process including a criminal record check clearance.
- ❖ All volunteers have completed a 4 day training program (page 6)
- ❖ All volunteers have a copy of and have signed their duty statement (see volunteer duty statement page 11)

Volunteers as part of a team

The role of the volunteer in supporting the older person with cognitive impairment is an important one. In this context the success of this program will be influenced by the respect, support and acknowledgment volunteers receive by staff in their role as part of the health care team.

The key principles of trust, recognition, respect and valuing the contribution of the volunteers is embedded in the philosophy of this program

Aims of the dementia delirium hospital volunteer project

1. To improve the emotional and psychological experience and care outcomes of patients with dementia and delirium admitted to hospital
2. To support the implementation of delirium prevention strategies for those patients identified at risk of delirium.

Commencement of the volunteer project

- The dementia delirium hospital volunteer project commences on Monday 4th May 2009 at Bega Hospital
- Volunteers will cover 2 shifts each day for 5 days/week.
- Volunteers will provide one to one support for eligible patients on medical and surgical ward and on the medical ward will use room 209 to provide group based activities for eligible patients on the morning shift.

Shift times for Volunteers

Shift times for the volunteers are:

Morning 8am – 12.30pm - Monday to Friday

Evening 3 pm – 7 pm – Monday – Friday

Volunteers will not be rostered for public holidays.

Allocation of a volunteer for a weekend shift may be considered in exceptional circumstances of specific patient need. Weekend rostering of a volunteer will only occur after consultation with the project coordinator Cath Bateman and will be dependant on volunteer availability.

Patient eligibility criteria for being assigned a volunteer

- ❖ A one page eligibility checklist will need to be completed by staff for patients assigned to the program. (*appendix 7*) **Eligibility includes:**
 - SMMSE < 24/30; a diagnosis of dementia; a diagnosis of delirium or evidence of high level risk factors for a delirium.
 - Patient and/or carer consent
- ❖ Exclusion includes any patients with behavioural issues which will place the volunteer at risk.

Patient/Carer consent for being assigned a Volunteer

All patients are to be asked by staff for their verbal consent to have a volunteer assigned. The volunteer coordinator (or delegate) will be responsible for obtaining written consent during the formal evaluation period of the program.

Where the patient has a carer, staff are to request verbal consent from the carer confirming that they are happy for the person they care for to have a volunteer assigned and if possible ask them to complete the patient profile.

The coordinator (or delegate) will obtain written consent from the carer and ask that the carer complete the patient profile questionnaire if this has not been completed.

The patient profile

The patient profile is designed to be completed by the carer as part of their questionnaire. The purpose of the profile is to provide the volunteer with information about the patient they are assigned to assist in communication and appropriate person centered activities. (*appendix 8*)

In the circumstance where a patient has consented to having a volunteer and does not have a carer, the volunteer can use the patient profile form/template to support them in getting to know the patient and identifying appropriate activities.

Principles of Person Centered Care

- ❖ Respect for uniqueness of person
- ❖ Knowledge and value of persons past history
- ❖ A focus on abilities
- ❖ Supporting choice
- ❖ Enhancing Communication
- ❖ Valuing attachments
- ❖ Maintaining social environment

Person centered dementia care

- ❖ Shifts the focus from the behaviour to a holistic view of what may be causing or contributing to the behaviour.
- ❖ Is based on the fact that cognition does not determine our capacity for emotional well being or ill being;
- ❖ Rather it is how people relate to and understand us in terms of interpersonal relationship.

The volunteer training program

- ❖ The Hospital dementia volunteer training program has been 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 in the hospital setting.
- ❖ The training program consists of eight sessions over 4 days covering the following topics:
 - ✚ Roles and responsibilities of volunteers
 - ✚ Person centered care
 - ✚ Understanding dementia and delirium
 - ✚ Communicating effectively with the person with cognitive impairment
 - ✚ Activities for enjoyment and pleasure
 - ✚ Introduction to challenging behavior
 - ✚ The Impact of dementia and delirium
 - ✚ Practical assistance for the patient with dementia and delirium
 - ✚ Commencing as volunteer, procedures, documentation and evaluation
- ❖ The volunteers are also required to undergo the hospital mandatory training sessions in manual handling, Infection control, safety and security and OH&S.

- ❖ The volunteers have access to the staff health clinic for vaccinations and have been provided with information and advice regarding this as part of their training.

Recruitment and training records of volunteers

Recruitment and training records, copies of signed roles and responsibilities and current drivers licenses are securely stored and maintained by the Dementia Delirium CNC Cath Bateman for the term of the project

Orientation

Following completion of the training program all volunteers are to undergo individual orientation for their first/initial shift with supervision and support by the coordinators. The areas covered are contained in the orientation checklist (*appendix 9*)

Identification of Volunteers

- The Volunteers will be identified by a gold polo shirt and the wearing of Volunteer ID badges.

Scope and Boundaries of the Volunteers

- ❖ The volunteers are required to abide by the roles and responsibilities of a volunteer. All volunteers have signed a copy of the GSAHS Volunteer Roles and responsibilities and are bound by the GSAHS Code of Practice and confidentiality for volunteers.
- ❖ Volunteers are not to accept or give gifts to patients or witness any legal documents on behalf of patients (see page 11 of handbook)
- ❖ Additional information is contained within the Volunteer handbook and code of practice for volunteers.

Maximum number of patients to be assigned a volunteer

- ❖ **The maximum number of patients any one volunteer can be assigned each shift individually or in a group is 4 unless otherwise negotiated with project volunteer coordinator/s.**
- ❖ The coordinator will prioritise patients on the volunteer patient list based on need.
- ❖ Rostering of two volunteers per shift can occur depending on need and availability of volunteers.

Do's and Don'ts for Volunteers

Volunteers are not to complete any duties outside the roles defined in their duty statement and this manual even if requested by staff or the patient/carer. Staff and Volunteers have been provided with a copy of the Dos and Don'ts for Volunteers (page 13)

Activity Resources

- ❖ Activity resources for the volunteer to use with patients are kept in the two drawer filing cabinet in room 209.

- ❖ Where possible/appropriate patients and carers are encouraged to bring in personal belongings such as pictures/photos/knitting that may support their emotional well being during their hospital stay.
- ❖ Volunteers are to keep a record of any replacement or additional resources that may support hospitalised patients and communicate this to the coordinators.
- ❖ A form for volunteers to communicate additional activity resource needs will be kept in the back of the volunteer folder.

Cleaning of Activity resources and equipment

- ❖ All activity resources or equipment purchased or available for use by the volunteers must be able to be either machine washed or be of a material that can be wiped down
- ❖ Volunteers are responsible for wiping down resources (with detergent wipes) before returning them to their storage location after patient use
- ❖ Any washable items such as soft toys, fiddle aprons etc are to stay with the allocated patient until discharge. They are then to be placed in a plastic bag for machine washing before they are returned to the resources storage.

Volunteer Rosters

- Volunteer rosters will be coordinated by the volunteer training program coordinators in consultation with the volunteers.
- The rosters will be reviewed and drawn up monthly
- A copy of the roster will be kept in the volunteer folder and held by the NUM on both surgical and medical ward and emailed to volunteers who have email access.

Signing on and off duty

All volunteers are required to sign on and off for each shift. The volunteer shift record is kept in the volunteer record folder in the medical ward NUM office.

A copy of the sign on and sign off form is at (*appendix 10*)

When a volunteer is unable to attend their shift

- If a volunteer knows in advance they are not available for their shift they are to notify one of the coordinators, so that rosters can be adjusted.
- Volunteers can negotiate a change or swap of their shift with other volunteers at any time. They can then either notify a coordinator of the change or note it as a change in the roster themselves.
- When a volunteer is unable to attend their shift, they are firstly to try and arrange a substitute volunteer for their shift.
- If the volunteer is too unwell and/or unable to arrange a substitute for their shift, they are requested to inform the ward clerk on medical ward of their absence.

Volunteer Documentation Record

- ❖ As part of the program, volunteers are required to document their individual or group activities with patients, the patient's response to these activities, fluids or food they have given to the patient, any changes in the patient and any issues

they wish to communicate to the next volunteer. This documentation is to occur at the end of their shift.

- ❖ The volunteer is also to communicate verbally to the RN or EN responsible for the patient, the approximate amount of fluids given and food eaten by each patient and any issues of concern they may have regarding the patient.
- ❖ A volunteer documentation record will be kept for each patient allocated a volunteer throughout the program.
- ❖ The volunteer documentation record related to amount of food and fluids given, and what specific assistance was provided is kept in the front of the patients Medical Record folder. An additional handover information sheets for each patients is kept in the Volunteer folder kept in the medical ward NUM office. See volunteer documentation record (*appendix 11*)

Ongoing training and support of the volunteer

The project coordinators, Cath Bateman and Barbra Williams will provide ongoing volunteer support, supervision and education for the period of the project. This will include, individual counseling and support when any issues arise, the holding of regular group meetings with volunteers and the coordination of ongoing education sessions for volunteers as required.

Volunteers also have access to the Employee Assistance Program (EAP) and have been provided with a copy of the EAP brochure with contact number (*appendix 12*)

Volunteer Appraisal/ Feedback

- ❖ Support and feedback processes for volunteers is an important part of the program
- ❖ The coordinators will arrange regular group meetings and individual feedback sessions for the volunteers for the course of the project.
- ❖ The coordinators will incorporate debriefing as part of regular sessions. The volunteers are encouraged to contact the coordinator/s if one to one debriefing is required.
- ❖ Additional feedback is encouraged at any time.
- ❖ The volunteer coordinators will also negotiate one to one de briefing with volunteers as required
- ❖ The individual feedback sessions will be used to discuss any issues the coordinators or the volunteers may have in respect to individual volunteers and their roles.

Grievances

If a volunteer is unhappy with any aspect of the pilot program or program coordination they are encouraged to discuss this with the coordinators who will work with them to try to resolve the issues.

If volunteers experience any negative or upsetting interactions with hospital staff they are requested to report and discuss these with the volunteer coordinators as soon as possible after they occur.

Occupational Health and Safety of Volunteers

- ❖ Volunteers are responsible for verbally reporting any hazard or risk they identify in the course of their volunteer duties to the NUM or RN in charge.
- ❖ The volunteer is to remove themselves from any patients or situations in which they feel unsafe or uncomfortable and report this to the RN in charge or NUM
- ❖ If a volunteer witnesses any incident that causes distress to them while on duty they are to report this to the RN in charge, NUM or Coordinator who will arrange debriefing and support.
- ❖ Volunteers are to immediately report any injury they sustain to the RN in charge or NUM who will follow the incident reporting process with IIMS notification
- ❖ If medical treatment is required the volunteer is to attend the emergency department for assessment and obtain a certificate before reporting back to the RN in charge or NUM who will advise further.
- ❖ The coordinator (Cath Bateman) is to be notified of any injury or incident pertaining to a volunteer.
- ❖ Volunteers are not to lift or assist with any lifting or manual handling transfer of any patients.
- ❖ Volunteers are required to complete Manual handling units 1 & 2 as part of mandatory training and undergo the associated practical competency assessment.
- ❖ Volunteers are to comply with smart lift procedures for all manual handling tasks they perform as part of their role
- ❖ Volunteers who are on an evening shift are to have access to the after hours car parking in front of the hospital.
- ❖ Entrance and exit to the hospital after hours is to be via the front hospital entrance.

Infection control

- ❖ As a GSAHS volunteer you are required to comply with NSW Health Infection Control Policy (No. PD2007_036)
- ❖ Volunteers are to comply with standard hand hygiene (washing) procedures before and after each patient contact or contact with their surroundings.
- ❖ The cleaning of activity resources has been previously detailed (page 7)
- ❖ All patients admitted from residential aged care or other facilities are isolated on admission until pathology has cleared them of having any potential transmissible infection. In this circumstance staff or volunteer entering the room are required to wear personal protective equipment (PPE)
- ❖ Volunteers are not to be allocated patients requiring additional infection control precautions such as personal protective equipment (PPE) unless there is consultation and agreement by the NUM and coordinator.
- ❖ In this circumstance the volunteer must be provided with clear explanation and instruction regarding the use of PPE and be agreeable to being assigned the patient.
- ❖ Any activity resources used by patients requiring PPE are to stay with that patient. Decisions regarding disposal or washing of used activity resources on discharge will be the responsibility of the NUM or delegate

Dress code

- ❖ It is advised that volunteers wear loose fitting comfortable trousers or skirt with their polo shirts and flat comfortable shoes with rubber soles which cover toes.

Wearing of dangling earrings or chains that could possibly be grabbed by patients is discouraged during the course of volunteer duties.

Personal Valuables

- ❖ Volunteers are responsible for securing their personal belongings at the beginning of each shift in the allocated locker space.
- ❖ It is advised that volunteers do not bring valuables or large sums of money with them on their volunteer shifts.

Meal Breaks

- ❖ Volunteers are entitled to morning, afternoon tea and a meal break on the evening shift
- ❖ Tea and coffee making facilities are available for the volunteers in the small kitchens on the wards or in the staff dining room.
- ❖ Volunteers are entitled to one free meal per day (either lunch or dinner) as per the menu of the day.
- ❖ It is requested that volunteers on the morning shift have their meal at the completion of their shift 12.30pm, after they have assisted patients with their meals.
- ❖ For evening shift, the evening meal can be eaten between 5.30 – 6.00pm in the staff dining room after patients have been assisted with their meals.
- ❖ Volunteers requiring a meal are to go to the kitchen and select a meal from the menu in the meal order folder and write their selection with (V) for volunteer noted in the cost column.
- ❖ Lunch order selection will need to occur by 10am. Volunteers on evening shift are to go to the kitchen and place their meal order at the commencement of their 3pm shift.

Completion of service

- ❖ Volunteers may resign at any time. However discussion with the volunteer coordinators is encouraged before this occurs.
- ❖ Resignations need to be in writing and forwarded to the volunteers coordinator – Cath Bateman
- ❖ When completing their service all volunteers are to be given a letter of appreciation for their services
- ❖ Volunteers are required to attend a closure Interview with either or both of the project co-ordinators Cath Bateman or Barbra Williams.
- ❖ On completion of their service, volunteers are required to return their identification badge to the volunteer coordinator Cath Bateman or delegate

Potential Benefits of being a Volunteer with the dementia delirium Volunteer Program

- ❖ The opportunity to contribute in a worthwhile way to the care and well being of people with dementia and delirium in hospital
- ❖ The opportunity to be part of a project that is researching the benefits of volunteers assisting patients with dementia and delirium in hospital.

- ❖ The opportunity of working as part of a team
- ❖ The opportunity to undergo education and training in dementia and delirium.
- ❖ Development of new skills and confidence particularly in communicating with people with dementia
- ❖ Personal satisfaction through helping others
- ❖ Development of new friendships

Contact numbers for the volunteer coordinators

Cath Bateman: office phone: 64929677: Mobile: 0417276489

Barbra Williams: office phone: 64926158: Mobile 0427007442

DUTY STATEMENT FOR DEMENTIA DELIRIUM HOSPITAL VOLUNTEERS WITH BEGA VALLEY HEALTH SERVICE

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 and duties of a volunteer
3. The volunteer will be allocated patients as documented in the volunteer record folder, guided by the hospital staff or the Dementia/Delirium CNC
4. 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 helping the person with walking and exercise 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 hospital staff or the CNC for Dementia/Delirium as per volunteer guidelines
 - ❖ 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 issues or concerns each volunteers visit with the patient.
9. 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.
10. To record the behaviour of assigned patients on the volunteer behaviour record sheet as instructed during training and report any changed behaviour to the RN in charge or NUM
11. Not to attend their shift if they are have a cold, other respiratory infection or are generally unwell.
12. To try to arrange a substitute for or notify Volunteer Coordinator/s or hospital staff of any unplanned absences
13. To attend supervision, de briefing, ongoing education and support sessions with coordinator's - Cath Bateman and Barbra Williams

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

Signed

Signed

Name of Volunteer

Name of Supervisor/coordinator

Date: ___/___/_____

Date: ___/___/_____

Dos and Don'ts for the Dementia Delirium Hospital Volunteers Information for Bega Hospital staff and Volunteers

DO

- Sit with assigned patients one to one and in group activities
- Assist and support assigned patients with therapeutic activities
- Talk to assigned patients about current events and surroundings
- Assist assigned patients with completion of their menus
- Assist assigned patients with eating and drinking
- Assist assigned patients with wearing visual and hearing aides
- Report any concerns or changes in the assigned patients to the nurse
- Report any other concerns or worries to the coordinator or NUM
- Keep a record of time spent with assigned patients
- Encourage assigned patients with gentle exercises or walking when instructed by coordinator or NUM.
- Adhere to confidentiality and privacy of patients
- Adhere to the roles and responsibilities of volunteers

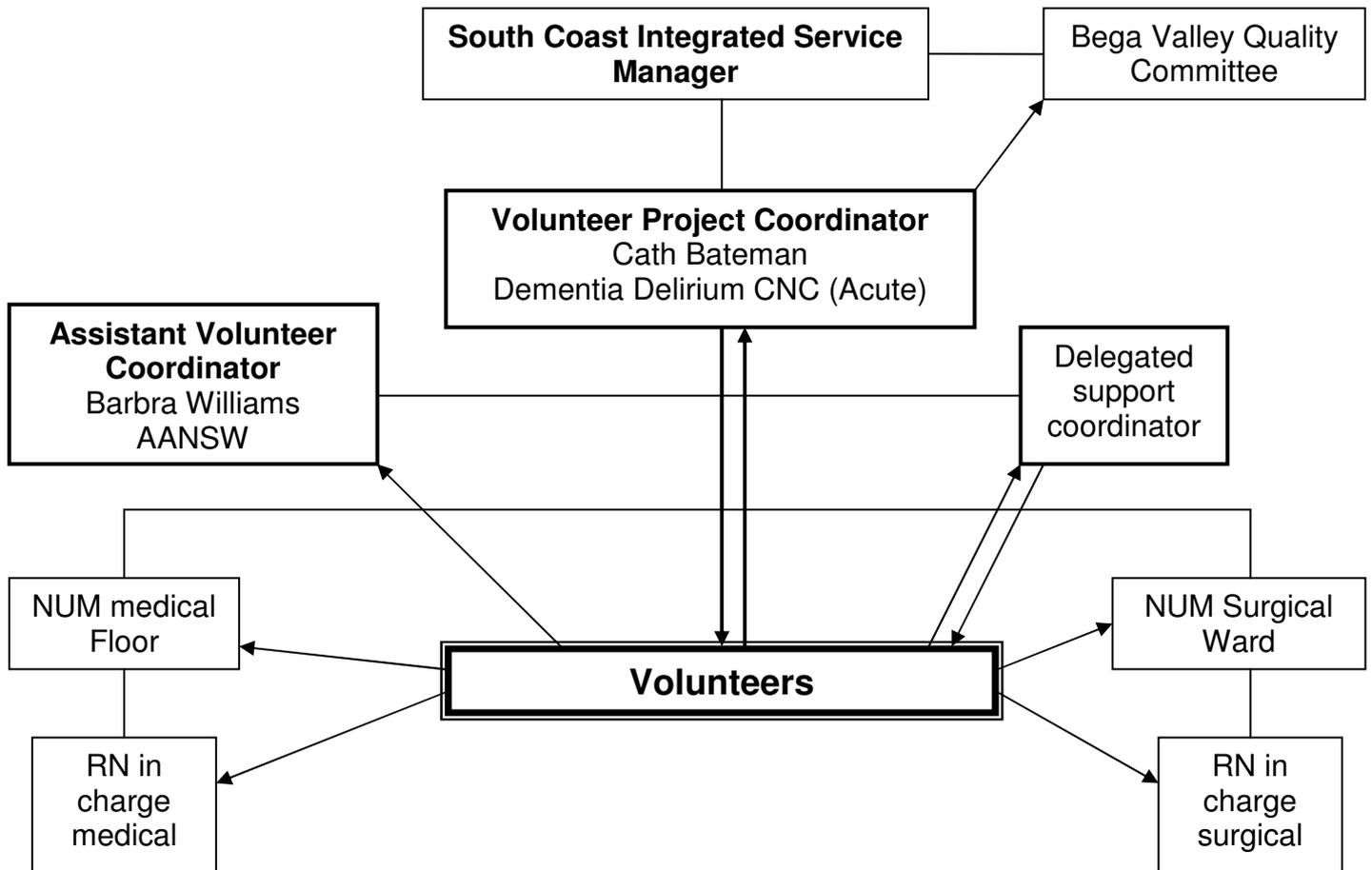
DON'T

- Assist with or perform any lifting or moving of objects or patients
- Assist assigned patients with walking unless instructed or agreed to by volunteer coordinator or NUM or in charge RN
- Assist with care of any other patients that you are not assigned to - always talk with the NUM or RN in charge if you are concerned.
- Assist with duties a nurse might ask you to do that is not in your duty statement
- Assist any other patients (you are not assigned) with feeding or drinking
- Buy food or other items for patients unless permission is obtained from the Nurse Unit Manager (NUM)
- Enter a room where the door is closed without requesting or receiving approval from the NUM or RN in charge.
- Discuss or criticise a patients treatment with them, their carers or relatives
- Discuss any aspects of the patients care outside of the health service.

Reporting lines for the Volunteers

The Hospital Dementia Volunteer is responsible to the Volunteer Project Coordinator the Nurse Unit Manager or delegated RN in charge.

The below diagram outlines the Dementia Volunteer program structure and reporting lines that will be covered in training and orientation.



Procedure for volunteer shifts and patient allocation

Morning shift

- ❖ Inform NUM or RN when you arrive on the ward
- ❖ Sign on in the volunteer folder located in the Medical ward NUM office
- ❖ Patients allocated to volunteers will be documented in the Volunteer folder
- ❖ Check additional information section of admission checklist.
- ❖ If unsure about patient suitability or needs, discuss with NUM or coordinator
- ❖ Read notes made by volunteer/s of previous shifts.
- ❖ If available, read the personal profile of patients allocated to determine appropriate activities in conjunction with previous volunteer notes.
- ❖ Where appropriate, assist assigned patients with meal set up or eating breakfast
- ❖ Assist assigned patients with completion of their menus for the following day
- ❖ Sit one to one with assigned patients as required on medical or surgical ward
- ❖ Utilise activity resources for therapeutic activity as appropriate
- ❖ Assist assigned patients with other needs as outlined in duty statement
- ❖ Accompany assigned patients with walking as directed by NUM/RN
- ❖ Volunteers to assist assigned patients with lunch as needed.

Medical ward Group Activities

- ❖ Where more than one patient is assigned on medical ward, the dementia friendly group room (ward 209) may be used for group activities
- ❖ Group activities may be conducted at any time between 8.30am – 11.30am
- ❖ The ward's person or nursing staff will assist patients to the ward 209, which may include bringing them in a wheel chair or assisting them to walk.
- ❖ Volunteers can accompany patients walking to ward 209 as advised by NUM/RN
- ❖ The patient personal profile will be used to assist volunteers in identifying appropriate activities
- ❖ Morning tea will be provided to patients in the group room by the hospital staff.
- ❖ Volunteers can use the tea and coffee making facilities for their own use at anytime.
- ❖ Following group activities, dependant on the direction of nursing staff, patients may be returned to their rooms or stay in ward 209 for lunch

On completion of shift

1. Volunteers are to report any concerns or issues identified with assigned patients as well as approximate amounts of food and fluids taken and toilet visits by the patients during their shift to the EN or RN in charge of the patient or NUM.
2. Volunteers are to document activities provided and the patients response to the activity, amounts of fluid and food given or amount of assisted food and fluids given to the patients and other assistance types provided.
3. Volunteers are also to document the patient behaviours in the behaviour monitoring chart for the patient they are assigned which will be kept in the volunteer folder (*appendix 13*). Any changes in behaviour are to be reported to the NUM or RN.
4. Volunteers are to sign off at the end of shift

Evening Shift

- ❖ Inform NUM or RN when you arrive on the ward
- ❖ Sign on in the volunteer folder located in the Medical ward NUM office
- ❖ Patients allocated for volunteers will be documented in the Volunteer folder
- ❖ Check additional information section of admission checklist.
- ❖ If unsure about patient suitability or needs, discuss with NUM, RN in charge or coordinator
- ❖ Read notes made by volunteer/s of previous shifts.
- ❖ If available, read the personal profile of patients allocated to determine appropriate activities in conjunction with previous volunteer notes.
- ❖ Where appropriate, assist assigned patients with meal set up or eating of their evening meal.
- ❖ Volunteers may take their evening meal break between 5.30 – 6.00pm
- ❖ Volunteers can use the tea and coffee making facilities for their own use at anytime.
- ❖ Sit one to one with assigned patients as required on medical or surgical ward
- ❖ Utilise activity resources for therapeutic activity as appropriate
- ❖ Assist assigned patients with other needs as outlined in duty statement
- ❖ Accompany assigned patients with walking as directed by RN in charge
- ❖ Assist with night time settling of patients as required.
- ❖ Volunteers are to leave the hospital by the front entrance of the hospital.

On completion of shift

1. Volunteers are to report any concerns or issues identified with assigned patients as well as approximate amounts of food and fluids taken and toilet visits by the patients during their shift to the EN or RN in charge of the patient or the NUM.
2. Volunteers are to document activities provided and the patients response to the activity, amounts of fluid and food given or amount of assisted food and fluids given to the patients and other assistance provided.
3. Volunteers are also to document the patient behaviours in the behaviour monitoring chart for the patient they are assigned which will be kept in the volunteer folder (*appendix 13*). Any changes in behaviour are to be reported to the NUM or RN.
4. Volunteers are to sign off at the end of shift

Early completion of the volunteer shift

- ❖ Where all allocated patients are settled prior to 7pm, volunteers may choose to leave early after informing RN in charge. This will be up to the volunteer's discretion.

Circumstance where there may be no requirement for a volunteer to attend their shift

- ❖ In the rare circumstance where there are no assigned patients when the volunteer arrives, please check with the NUM or RN in charge to confirm the need for a volunteer for that shift
- ❖ In the circumstance where staff know in advance that there are no eligible or appropriate patients to be assigned a volunteer, they are to attempt to contact the volunteer prior to their commencing their shift.

Staff requirements in supporting the volunteer program

A staff information sheet about the program is contained in appendix 6

Identifying eligible patients

- ❖ The Volunteer coordinator (or delegate) will check with medical ward and surgical ward NUMs twice weekly to identify potential patients to be assigned a volunteer.
- ❖ Nursing staff on medical and surgical ward are responsible at other times for identifying and communicating potential patients for assignment of a volunteer to the coordinator Cath Bateman (0417276489).
- ❖ Staff are required to complete the eligibility checklist (appendix 7) before assignment of the volunteer. The completed checklist is to be placed in the volunteer folder in the medical ward NUM office or given to the volunteer coordinator.

Patient and/or Carer Consent

- ❖ As a requirement of eligibility, staff are to obtain verbal consent from the patient that they agree to have a volunteer assigned. If the patient has a primary carer, staff are also to gain verbal consent from the carer that they are agreeable to the person they care for having a volunteer assigned.
- ❖ In the circumstance where the patient is unable to consent (ie. Lack of capacity due to cognitive impairment), the carer is asked for their verbal consent agreeing to the person they care for to have a volunteer assigned.
- ❖ Where a carer has verbally consented either with patient or independently, they are requested to complete a questionnaire containing information and a personal profile form related to the patient.
- ❖ A volunteer is not to be assigned where a patient and/or carer has not consented.
- ❖ The project coordinator Cath Bateman will assume responsibility for obtaining written consent from the patients and/or carers.
- ❖ In the circumstance that the patient does not have capacity to consent and does not have an identified primary carer, the volunteer project coordinator Cath Bateman is to be consulted.

Completion of carer questionnaires with personal profiles

- ❖ Where possible/practicable it would be helpful if staff could ask the carer to complete this questionnaire at the time of verbal consent and place the completed information in the patient medical record.

- ❖ Copies of eligibility checklist and carer questionnaires will be located in the medical and surgical ward office area. Location to be determined in consultation with the ward clerk and NUM.
- ❖ The project coordinator Cath Bateman will assume responsibility for arranging for the completion of the patient profiles that have not been completed.

Behaviour Monitoring of patients assigned a volunteer

- ❖ When assigned a volunteer all patients are to have a behaviour monitoring chart placed in their Medical Record which is to be completed by staff for any changed behaviour (*appendix 13b*)
- ❖ Additionally for one week every six weeks over the duration of the program evaluation, staff are asked to complete a tick box behaviour record chart at handover or each shift. (*appendix 14*)

Assisting with transfer of patients to ward 209 medical Floor

In the circumstance where there are 2 or more patients assigned a volunteer, the volunteers may provide morning group activities to assigned patients in ward 209 on medical floor,

Independently ambulant patients who are not at risk of falls can walk with the volunteer from their room to ward 209. Medical ward staff are responsible for the transfer of any patients at risk of falls and/or requiring mobility assistance to ward 209 for activities

Scope and boundaries of volunteers

Volunteers are bound by the roles and responsibilities and duties defined in the duty statement. This has been covered in detail during the training of volunteers. The volunteers have been advised to refuse to complete tasks that are not within their duty statement or guidelines of this manual.

A Dos and Don't sheet has been developed to assist staff in understanding the boundaries of the volunteer duties. Laminated copies will be placed on the wards. (page 14)

If staff are concerned about or observe volunteers acting outside their boundaries or roles they are asked to communicate this to the volunteer project coordinator Cath Bateman

Respect and acknowledgement of the volunteer

The volunteers in this project are part of the health care team and are there to support staff in the care of people with cognitive impairment and those at risk for delirium. In this context the success of this program will be influenced by the respect, support and acknowledgment volunteers receive by staff in their role as part of the health care team.

The key principles of trust, recognition, respect and valuing the contribution of the volunteers is embedded in the philosophy of this program.

Staff Feedback regarding the program

Staff feedback regarding the implementation and evaluation of the dementia delirium hospital volunteer pilot program is seen as very important.

Staff are encouraged to feedback any issues or suggestions for changes to improve any part of the volunteer program at any time with the coordinator/s

Contact numbers for the volunteer coordinators

Cath Bateman: office phone: 64929677: Mobile: 0417276489

Barbra Williams: office phone: 64926158: Mobile 0427007442

Consultation process in the development of this manual

The following staff/people have been consulted and provided feedback in the development of the manual:

- ❖ The volunteers
- ❖ Barbra Williams AANSW Dementia Advisor for the Bega Valley and Eurobodalla Dementia and Memory centre
- ❖ Cathy Blacker - Bega Surgical Ward NUM
- ❖ Sharon Hoye – Medical Ward NUM
- ❖ Jenni Sorensen – Aged Services Emergency Team/Acute to Age Related Care CNC

Storage and circulation of the volunteer resource manual

- ❖ A copy of this manual will be kept on medical and surgical floor.
- ❖ All volunteers have been provided with a copy of the manual
- ❖ Electronic copies have been sent to:
 - Ray Toft SNM Bega Hospital
 - Dorothy Holmes Bega Valley Community Nurse manager
 - Annette Nichols – Equip coordinator Bega Valley
 - Gwynne Kelland the Bega Valley Quality coordinator
 - Allied Health staff participating in the training program
 - Mike Bird and Katrina Anderson from the GSAHS Aged Care Evaluation Unit

Acknowledgements for assistance in establishment of the volunteer program

- ❖ Barbra Williams
- ❖ Sandra Bill – GSAHS Bourke Street Health Service Volunteer Coordinator
- ❖ Sally Anne Ehms – POWH *ReVive* volunteer program coordinator
- ❖ Hospital NUMs Sharon Hoye and Cathy Blacker. as well as Linda Hoyle and other members of the Improving Dementia Care in Bega Valley Hospital working group
- ❖ Moruya Hospital NUM Jim Herford & ASET/AARC CNC's Jenni Lockwood and Brigid Crosbie
- ❖ UOW Eastern Australia Dementia Training Study Centre Grant which funded the purchase of Gold Polo T-Shirts.
- ❖ Harry Simmes – Bega Hospital Hotel Services for catering support for the volunteer training.

REFERENCES

- ❖ CASAnet resources: *Sample volunteer management policies* accessed 2009 at <http://www.casenet.org/program-management/volunteer-manage/sample-manage.htm>
- ❖ Bourke Street Health Service Volunteer Manual (2006)
- ❖ NHMRC (2003) Working with volunteers and managing volunteer programs in health care settings. *Volunteering Australia*. NHMRC publications

Please place completed form in the Volunteer record manual in the NUM office medical Floor, or for Surgical ward in NUM pigeon Hole

**Bega Hospital
Dementia Volunteer Program
Assessment checklist for
Volunteer allocation**

APPENDIX 2

Date: ___/___/___
Ward: _____

SURNAME	UNIT NO/UAID	
FIRST NAMES	DOB	SEX
AFIX PATIENT LABEL		

INCLUSION CRITERIA FOR PROGRAM (circle response)

Patient is aged >65 years (or if aboriginal > 45 years) AND	YES	NO
Scored 24/30 or less on SMMSE	YES	NO
SMMSE Score: ___/___ Date completed ___/___/___		
OR Patient has a diagnosis of dementia	YES	NO
OR Is positive for suggested Delirium with Confusion Assessment Method	YES	NO
OR Patient is >65 (> 45 ATSI) and has one or more of the following delirium risk factors		
Please tick: Cognitive impairment € Severe medical illness € Dehydration € Depression € #NOF € Visual impairment € Hearing impairment €		

**CONSENT is required before the allocation of a volunteer
Completed consent and personal profile to be placed in the volunteer folder**

Written patient & carer consent with patient profile information completed	YES	NO
If no; has verbal consent been obtained from the patient or carer/s	YES	NO
If written consent has not been obtained, please ask patient & carer (if applicable) to complete the consent and personal profile or contact Dementia Delirium CNC Cath Bateman on 0417276489		
Patient meets inclusion criteria and consent has been obtained	YES	NO
A behaviour monitoring chart been placed in the patients MR	YES	NO

Additional information from nursing staff to advise volunteers

Specific suitability considerations;	YES	NO
Does the patient have communication difficulties that would prevent them from talking to a volunteer (eg aphasia)		
If YES please discuss suitability for allocation of a Volunteer with NUM or CNC		
Is the patient at risk of falls	YES	NO
If at risk for falls has the patient been assessed by a physiotherapist	YES	NO
Does the physiotherapist think the patient would benefit from additional walks with a volunteer?	YES	NO
Does the patient need assistance with eating and drinking	YES	NO
If yes- type of assistance: Menu completion () Set up and supervision () Full assist ()		
Is the patient on thickened fluids?	YES	NO
Does the patient need reorientating	YES	NO
Has the patient been weighed on or since admission	YES	NO
If No please weigh and record weight in MR observations chart		
Are there any particular special needs for this patient?	YES	NO

IF YES please specify:

What particular advice would you give the volunteer/s visiting this patient?

Name: _____ Designation: _____ Signature: _____

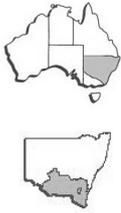
Please place completed form in volunteer folder and include name of patient on daily visiting list

EXCLUSION CRITERIA FOR PROGRAM

Does the patient have behaviours that would place a volunteer at risk (eg; hitting out; aggression)	YES	NO
The carer or patient <u>has not</u> consented to having a volunteer	YES	NO

If yes to any of the above the patient is to be excluded from program

APPENDIX 3



Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital; PO Box 173
BEGA NSW 250
Ph: (02) 64929677
Fax: (02) 64929685

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Research Project: Evaluation of hospital based volunteer project

Information for the patient

Incorporating

Health Services
Adelong
Albury
Ardlethan
Barellan
Barham
Barmedman
Batlow
Batemans Bay
Bega
Berrigan
Bombala
Boorowa
Braidwood
Coolamon-
Ganmain
Coleambally
Cooma
Cootamundra
Corowa
Crookwell
Culcairn
Darlington Point
Delegate
Deniliquin
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Finley
Goulburn
Griffith
Gundagai
Gunning
Hay
Henty
Hillston
Holbrook
Jerilderie
Jindabyne
Junee
Leeton
Lockhart
Mathoura
Moama
Moruya
Moulamein
Murrumburrah-
Harden
Narooma
Narrandera
Pambula
Queanbeyan
Tarcutta
Temora
The Rock
Tocumwal
Tooleybuc
Tumbarumba
Tumut
Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

It can be common for the person with memory and thinking problems to experience significant stress when they are admitted to an unfamiliar hospital environment.

It can also be common for many older people (both with and without memory and thinking problems) to develop delirium whilst in hospital.

Delirium is a medical problem that comes on suddenly and is characterised by changes in the mental function of a person. When delirium occurs people are confused and may be either agitated or quiet and withdrawn. The person with delirium may have behaviours that are not characteristic for them such as being agitated, aggressive and wandering or be very sleepy. This can be distressing for everyone and can place the person at greater risk of having a fall or additional medication to settle them.

Studies have shown that when a carer is not available some or all of the time, volunteers who sit and assist with the person with memory or thinking problems (or delirium) can reduce their anxiety and improve their wellbeing in hospital.

We have trained volunteers for a hospital volunteer support program, and we are looking to evaluate the subsequent benefits for people with memory and thinking problems and/or delirium, as well as carers and relatives. As a person who has either has memory and thinking problems or is at risk of developing delirium, we would like to ask your permission for you to have a volunteer sit with you if needed during their hospital stay.

The volunteer will provide support such as assisting with eating and drinking, talking to or reading to the person, accompanying patients on walks and making sure patients are wearing their glasses and hearing aides.

If you choose to participate in the volunteer program, nurses will be observing and monitoring your mental status and any changes in your condition before during and after the program.

Incorporating

Health Services
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Batlow
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Bega
Berrigan



As part of the program your medical record will be also be accessed to obtain information about the care and treatment you received while in hospital.

Participation is voluntary. We will also be asking your carer if they are happy for you to participate. You can choose to withdraw your consent to participate in the research project at any time. This will not affect the medical or nursing care you receive in hospital. Nor will it affect your relationship with staff of the Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or your relative or carer.

If you or your carer or relative have any questions about the project, please ring Cath Bateman on (02) 64929677. This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

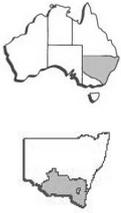
The Complaints Officer
GSAHS HREC
PO Box 395
Albury NSW 2640
Tel 02 60808900 Fax 02 60808999

As novice researchers for this project we will be working under the supervision of Associate Professor Mike Bird (GSAHS Aged Care Evaluation Unit).

For your information, we have also attached a patient and family carer information brochure on delirium.

Cath Bateman
GSAHS
Clinical Nurse Consultant
Dementia/Delirium (Acute)

Barbra Williams
Alzheimer's Australia NSW
Coordinator – dementia and
Memory Community Centre



Research Project: Evaluation of hospital based volunteer project

PATIENT CONSENT FORM

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- Health Services**
- Adelong
- Albury
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- Barham
- Barmedman
- Batlow
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- Berrigan
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- Gunning
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- Hillston
- Holbrook
- Jerilderie
- Jindabyne
- Junee
- Leeton
- Lockhart
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- Moama
- Moruya
- Moulamein
- Murrumburrah-
- Harden
- Narooma
- Narrandera
- Pambula
- Queanbeyan
- Tarcutta
- Temora
- The Rock
- Tocumwal
- Tooleybuc
- Tumbarumba
- Tumut
- Ungarie
- Urana
- Wagga Wagga
- Weethalle
- West Wyalong
- Yass
- Young

I (patients name)

agree to participate in the research project. I understand that participation will involve a volunteer sitting with me. The volunteer may assist me with eating and drinking, talk or read to me, accompany me on walks and make sure I am wearing my glasses and hearing aides.

I also understand that while I am in hospital, the nurses will be observing and monitoring my mental status and any changes in my condition before during and after the program and, that my medical record will be accessed by the researchers to obtain information about my care and treatment while in hospital.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue my participation at any time without prejudice.

I understand that this page will be removed from the information concerning me

I also agree that research data gathered from the study may be published, provided that neither myself, nor my relative or carer, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Incorporating

- Health Services**
- Adelong
- Albury
- Ardlethan
- Barellan
- Barham
- Barmedman
- Batlow
- Batemans Bay
- Bega
- Berrigan

Print name

Print name

.....

.....

Date

Date



Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital; PO Box 173
BEGA NSW 2550
Ph: (02) 64929677
Fax: (02) 64929685

APPENDIX 4

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

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Health Services

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Tumbarumba
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Research Project: Evaluation of hospital based volunteer project

Information statement for relatives and carers

Experience has shown that the person with dementia or memory problems can experience significant stress when they are admitted to an unfamiliar hospital environment. This stress can result in changed behaviours that can be distressing for the carer or family and difficult for staff to manage.

Additionally, it can be common for many older people (both with and without dementia or memory problems) to develop delirium whilst in hospital.

Delirium is a medical problem that comes on suddenly and is characterised by changes in the mental function of a person. When delirium occurs people are confused and may be either agitated or quiet and withdrawn. The person with delirium may have behaviours that are not characteristic for them such as being agitated, aggressive and wandering or be very sleepy. This can be distressing for everyone and can place the person at greater risk of having a fall or additional medication to settle them.

Recent studies have shown that when a carer is not available some or all of the time, volunteers who sit with the person with dementia or delirium providing reassurance and assisting them with eating and drinking can reduce their anxiety and stress and improve their wellbeing in hospital.

We have trained volunteers for a hospital dementia volunteer support program, and we are looking to evaluate the subsequent benefits for people with dementia and/or delirium, as well as carers and relatives. As a carer or relative of a person who has dementia is at risk of developing delirium, we would like to ask your permission for the person you care for to have a volunteer sit with them if needed during their hospital stay. As part of the program nursing staff will be monitoring the mental status and any changed behaviours of the person you care for on the ward.

As part of the program the medical record will be also be accessed to obtain information about the care and treatment that the person you care for received while in hospital.

The volunteer will provide support such as assisting with eating and drinking, talking to or reading to the person, accompanying patients on walks and making sure patients are wearing their glasses and hearing aides.

If you are agreeable, the evaluation would involve you completing some questionnaires about the person you care for before the program and then completing a short questionnaire about your experience of the hospital volunteer program after the program.

If you do not wish to agree for the person you care to participate in the project, they will still have their mental status and behaviour monitored by nursing staff as part of normal routine care but this information will not be used in our project.

Participation is voluntary. You can choose to withdraw your consent for the person you care for to participate in the research project at any time. This will not affect the medical or nursing care the person you care for receives in hospital. Nor will it affect your relationship with staff of the Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or the person you are caring for.

If you have any questions about the project or the questionnaire, please ring Cath Bateman on (02) 64929677.

This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

The Complaints Officer
GSAHS HREC
PO Box 395
Albury NSW 2640
Tel 02 60808900 Fax 02 60808999



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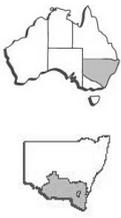
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As novice researchers for this project we will be working under the supervision of Associate Professor Mike Bird (GSAHS Aged Care Evaluation Unit).

For your information, we have also attached a family carer information brochure on delirium.

Cath Bateman
GSAHS
Clinical Nurse Consultant
Dementia/Delirium (Acute)

Barbra Williams
Alzheimer's Australia NSW
Coordinator – dementia and
Memory Community Centre



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- Young

Research Project: Evaluation of hospital based volunteer project

RELATIVE/CARER CONSENT FORM

I (carer/family member's name)

as legal guardian or "person responsible", for

.....(name of person with dementia)

agree to allow the person named above to participate in the research project. I understand that participation will involve observation and monitoring of mental status and behaviours before during and after the program and, that their medical record will be accessed by the researchers to obtain information about their care and treatment while in hospital.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue the participation of the person I care for at any time without prejudice.

I understand that all responses on the questionnaires will be treated with all the confidentiality required by ethical research standards. I understand that this page will be removed from the information concerning me or the person I care for so that my responses cannot be linked to me or the person I care for.

I also agree that research data gathered from the study may be published, provided that neither myself, the person I care for, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Print name

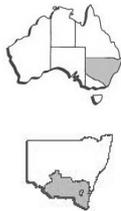
Print name

.....

.....

Date

Date



Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital;PO Box 173
BEGA NSW 250
Ph: (02) 64929677
Fax: (02) 64929685



Research Project: Evaluation of hospital based volunteer project

Information for the patient at Moruya

Incorporating

- Health Services**
- Adelong
- Albury
- Ardlethan
- Barellan
- Barham
- Barmedman
- Batlow
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- Bega
- Berrigan
- Bombala
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It can be common for the person with memory and thinking problems to experience significant stress when they are admitted to an unfamiliar hospital environment.

It can also be common for many older people (both with and without memory and thinking problems) to develop delirium whilst in hospital.

Delirium is a medical problem that comes on suddenly and is characterised by changes in the mental function of a person. When delirium occurs people are confused and may be either agitated or quiet and withdrawn. The person with delirium may have behaviours that are not characteristic for them such as being agitated, aggressive and wandering or be very sleepy. This can be distressing for everyone and can place the person at greater risk of having a fall or additional medication to settle them.

Studies have shown that when a carer is not available some or all of the time, volunteers who sit and assist with the person with memory or thinking problems (or delirium) can reduce their anxiety and improve their wellbeing in hospital.

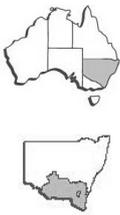
We have trained volunteers for a hospital dementia volunteer support program in Bega Hospital and we are looking to evaluate the subsequent benefits for people with dementia and/or delirium, as well as carers and relatives.

In doing this research evaluation, we are comparing the outcomes with Moruya Hospital which will not have a volunteer program for this period.

Incorporating

- Health Services**
- Adelong
- Albury
- Ardlethan
- Barellan
- Barham
- Barmedman
- Batlow
- Batemans Bay
- Bega
- Berrigan

As a patient who may have or is at risk of having memory and thinking problems we are asking your permission to have nursing staff monitor your mental status and any changes for the purpose of comparing this information to patients at Bega who have had a volunteer to support them.



As part of the program your medical record will be also be accessed to obtain information about the care and treatment you received while in hospital.

Participation is voluntary. If appropriate we will also be asking your carer if they are happy for you to participate. You can choose to withdraw your consent to participate in the research project at any time. This will not affect the medical or nursing care you receive in hospital. Nor will it affect your relationship with staff of the Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or your relative or carer.

If you or your carer or relative have any questions about the project, please ring Cath Bateman on (02) 64929677. This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

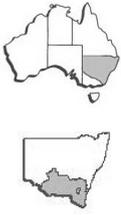
The Complaints Officer
GSAHS HREC
PO Box 395
Albury NSW 2640
Tel 02 60808900 Fax 02 60808999

As novice researchers for this project we will be working under the supervision of Associate Professor Mike Bird (GSAHS Aged Care Evaluation Unit).

For your information, we have also attached a patient and family carer information brochure on delirium.

Cath Bateman
GSAHS
Clinical Nurse Consultant
Dementia/Delirium (Acute)

Barbra Williams
Alzheimer's Australia NSW
Coordinator – dementia and
Memory Community Centre



Research Project: Evaluation of hospital based volunteer project

PATIENT CONSENT FORM MORUYA

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- The Rock
- Tocumwal
- Tooleybuc
- Tumbarumba
- Tumut
- Ungarie
- Urana
- Wagga Wagga
- Weethalle
- West Wyalong
- Yass
- Young

I (patients name)

agree to participate in the research project. I understand that participation will involve observation and monitoring of my mental status and behaviours while in hospital for the purpose of the project and, that their medical record will be accessed by the researchers to obtain information about my care and treatment while in hospital.

I also understand that while I am in hospital, the nurses will be observing and monitoring my mental status and any changes in my condition before during and after the program.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue my participation at any time without prejudice.

I understand that this page will be removed from the information concerning me

I also agree that research data gathered from the study may be published, provided that neither myself, nor my relative or carer, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

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Print name

Print name

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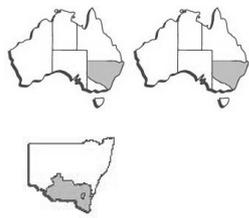
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Date

Date

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APPENDIX 6

Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital; PO Box 173
BEGA NSW 2550
Ph: (02) 64929677
Fax: (02) 64929685

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Research Project: Evaluation of hospital based volunteer project

Information statement for relatives and carers Moruya

Experience has shown that the person with dementia or memory problems can experience significant stress when they are admitted to an unfamiliar hospital environment. This stress can result in changed behaviours that can be distressing for the carer or family and difficult for staff to manage.

Additionally, it can be common for many older people (both with and without dementia or memory problems) to develop delirium whilst in hospital.

Delirium is a medical problem that comes on suddenly and is characterised by changes in the mental function of a person. When delirium occurs people are confused and may be either agitated or quiet and withdrawn. The person with delirium may have behaviours that are not characteristic for them such as being agitated, aggressive and wandering or be very sleepy. This can be distressing for everyone and can place the person at greater risk of having a fall or additional medication to settle them.

Recent studies have shown that when a carer is not available some or all of the time, volunteers who sit with the person with dementia or delirium providing reassurance and assisting them with eating and drinking can reduce their anxiety and stress and improve their wellbeing in hospital.

We have trained volunteers for a hospital dementia volunteer support program in Bega Hospital and we are looking to evaluate the subsequent benefits for people with dementia and/or delirium, as well as carers and relatives.

In doing this research evaluation, we are comparing the outcomes with Moruya Hospital which will not have a volunteer program for this period.

As a carer or relative of a person who has dementia or is at risk of developing delirium, we would like to ask your permission for the person you care for to have their mental status and behaviour

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monitored by nursing staff for the purpose of comparing this information to patients at Bega who have had a volunteer to support them.

As part of the program the medical record will be also be accessed to obtain information about the care and treatment that the person you care for received while in hospital.

If you are agreeable, the evaluation would involve you also completing a questionnaire about the person you care for when they are admitted to hospital and then completing a short questionnaire about your experience of their hospital stay on discharge.

If you do not wish to agree for the person you care to participate in the project, they will still have their mental status and behaviour monitored by nursing staff as part of normal routine care but this information will not be used in our project.

Participation is voluntary. You can choose to withdraw your consent for the person you care for to participate in the research project at any time. This will not affect the medical or nursing care the person you care for receives in hospital. Nor will it affect your relationship with staff of the Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or the person you are caring for.

If you have any questions about the project or the questionnaire, please ring Cath Bateman on (02) 64929677. This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

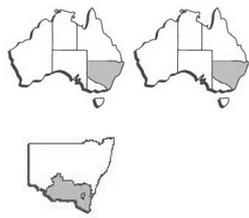
The Complaints Officer
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As novice researchers for this project we will be working under the supervision of Associate Professor Mike Bird (GSAHS Aged Care Evaluation Unit).

For your information, we have also attached a family carer information brochure on delirium.

Cath Bateman
GSAHS
Clinical Nurse Consultant
Dementia/Delirium (Acute)

Barbra Williams
Alzheimer's Australia NSW
Coordinator – dementia and
Memory Community Centre



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Research Project: Evaluation of hospital based volunteer project

RELATIVE/CARER CONSENT FORM

I (carer/family member's name)

as legal guardian or "person responsible", for

.....(name of person with dementia)

agree to allow the person named above to participate in the research project. I understand that participation will involve observation and monitoring of mental status and behaviours while they are in hospital for the purpose of the project and, that their medical record will be accessed by the researchers to obtain information about their care and treatment while in hospital.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue the participation of the person I care for at any time without prejudice.

I understand that all responses on the questionnaires will be treated with all the confidentiality required by ethical research standards. I understand that this page will be removed from the information concerning me or the person I care for so that my responses cannot be linked to me or the person I care for.

I also agree that research data gathered from the study may be published, provided that neither myself, the person I care for, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Print name

Print name

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Date

Date

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APPENDIX 7

Review of Medical Records

AUID: _____

Facility: Bega Moruya

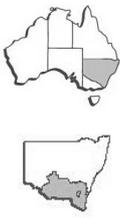
Please print the name of the patient: _____

Today's date: //

Section 1

1	Date of birth of the patient: □□/□□/□□
2	Sex (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
3	<p>(a) Date of current hospital admission for the patient: □□/□□/□□</p> <p>(b) Admitted from: <input type="checkbox"/> Home <input type="checkbox"/> Residential care Other: _____</p>
4	<p>(a) Date of discharge for the patient: □□/□□/□□</p> <p>(b) Discharged to: <input type="checkbox"/> Home <input type="checkbox"/> Residential care Other: _____</p>
5	What was the original reason for their admission: _____ _____
6	Diagnoses of dementia on admission? Yes <input type="checkbox"/> No <input type="checkbox"/> Other eg. depression: _____
7	<p>(a) SMMSE attended: Yes <input type="checkbox"/> No <input type="checkbox"/> Score: SMMSE: __/30</p> <p>(b) AMT attended: Yes <input type="checkbox"/> No <input type="checkbox"/> Score: AMT: __/10</p>
8	Diagnoses on discharge: _____ _____
9	<p>(a) If the patient developed a delirium during their stay, please list the date the delirium was identified (if they were admitted with a delirium write their admission date): □□/□□/□□</p> <p>(b) Confusion Assessment Method attended: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Who identified the delirium? <input type="checkbox"/> Doctor <input type="checkbox"/> RN <input type="checkbox"/> E N</p> <p>Other (please specify): _____</p>

10	Date that a volunteer was assigned to the patient: □□/□□/□□
11	Reason for Volunteer being assigned: Dementia/cog impairment <input type="checkbox"/> Delirium <input type="checkbox"/> Risk Factors for Delirium <input type="checkbox"/>
12	<p>(a) Did the patient fall during their stay in hospital (please tick): <input type="checkbox"/> Yes <input type="checkbox"/> No :</p> <p>(b) If the patient did fall, how many times? <input type="checkbox"/><input type="checkbox"/></p> <p>(c) If the patient did fall, please list the dates and times of the fall/s: ___/___/___ (____ hrs); ___/___/___ (____ hrs); ___/___/___ (____ hrs) ___/___/___ (____ hrs); ___/___/___ (____ hrs); ___/___/___ (____ hrs)</p>
13	<p>(a) Did the patient die (please tick)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) If Yes, please write the listed cause: _____ _____</p>
14	<p>(a) If the patient was discharged were they re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b) If Yes, how long after discharge was readmission? _____</p> <p>(c) Was the reason for readmission the same as the reason for the original admission? Yes / No</p>
15	Please list any other information of interest: _____ _____ _____



APPENDIX 8

Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital; PO Box 173
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Tumbarumba
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Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

Research Project: Evaluation of hospital based volunteer project Staff information and consent

The evidence has shown that persons with dementia can experience significant stress when they are admitted to an unfamiliar hospital environment, and they are particularly prone to develop delirium whilst in hospital, exacerbating existing impairment. This can lead to restless, disruptive and wandering behaviour, making management difficult for staff, and resulting in negative outcomes for the person (e.g. falls). Recent research has shown that volunteers sitting with the person with dementia and providing reassurance can improve hospital experiences.

We have trained volunteers for a hospital dementia volunteer support program, and we are looking to evaluate the subsequent benefits for people with dementia and/or delirium, as well as carers and nursing staff. The time frame of the project evaluation will be 12 months. As a staff member who is directly involved in patient care, we would like to ask you to be part of the research component of the project.

If you are agreeable, the evaluation would involve completing some questionnaires before and after the programme. We will be asking about the behaviours of those with dementia and/or delirium on the ward, your stress levels, your knowledge about dementia and delirium, and your experiences of the project. We would also like your permission to include your views on the project. If you are agreeable, at the end of the project, we would like you to participate in a focus group discussing your views of the project. These focus groups will be audio taped and transcribed.

Participation is voluntary. You can choose to withdraw your consent to participate in the research project at any time. If you choose to withdraw, your employer would not be aware of your withdrawal so there would be no negative consequences from your employer. Whether you choose to participate in the research project will not affect your relationship with Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or the residents.

If you have any questions about the project or the questionnaire, please ring Cath Bateman on (02) 64929677.

This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:



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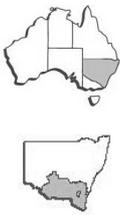
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Research Project: Evaluation of hospital based volunteer project

HOSPITAL STAFF CONSENT FORM

I (your name)

I agree to participate in the research project. I understand that participation will involve completing some questionnaires and a form monitoring the behaviours of those with dementia and/or delirium on the ward and I agree to this. I also understand that participation will involve the audio-taping of focus groups, and I agree to this. I understand that the audio footage will only be available to the research team.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue the participation at any time without prejudice.

I understand that all responses on the questionnaires will be treated with all the confidentiality required by ethical research standards. I understand that this page will be removed from the information concerning me so that my responses cannot be linked to me or any residents.

I also agree that research data gathered from the study may be published, provided that neither myself, the person I care for, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Print name

Print name

.....

.....

Date

Date



APPENDIX 9

Cath Bateman
Dementia/Delirium Acute CNC
C/- Bega Hospital; PO Box 173
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Research Project: Evaluation of hospital based volunteer project Moruya Staff

It can be common for people with dementia to experience significant stress when they are admitted to an unfamiliar hospital environment, and they are particularly prone to develop delirium whilst in hospital, exacerbating existing impairment. This can lead to restless, disruptive and wandering behaviour, making management difficult for staff, and resulting in negative outcomes for the person (e.g. falls). Recent research has shown that volunteers sitting with the person with dementia and providing reassurance can improve hospital experiences.

We have trained volunteers for a hospital dementia volunteer support program, in Bega Hospital and we are looking to evaluate the subsequent benefits for people with dementia and/or delirium, as well as carers and nursing staff.

In doing this research evaluation, Moruya hospital is being used as a control hospital for the 12 month period of the project evaluation. As a staff member who is directly involved in patient care in Moruya Hospital, we would like to ask you to be part of the research component for the control hospital for the project.

If you are agreeable, the evaluation would involve completing some questionnaires before and after the programme. We will be asking about the behaviours of those with dementia and/or delirium on the ward, your stress levels, your knowledge about dementia and delirium.

Participation is voluntary. You can choose to withdraw your consent to participate in the research project at any time. If you choose to withdraw, your employer would not be aware of your withdrawal so there would be no negative consequences from your employer. Whether you choose to participate in the research project will not affect your relationship with Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or the residents.

If you have any questions about the project or the questionnaire, please ring Cath Bateman on (02) 64929677. This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

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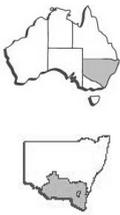
Albury NSW 2640

Tel 02 60808900 Fax 02 60808999

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Cath Bateman
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Dementia/Delirium (Acute)

Barbra Williams
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Research Project: Evaluation of hospital based volunteer project

HOSPITAL STAFF CONSENT FORM

I (your name)

I agree to participate in the research project. I understand that participation will involve completing some questionnaires and a form monitoring the behaviours of those with dementia and/or delirium on the ward and I agree to this. I also understand that participation will involve the audio-taping of focus groups, and I agree to this. I understand that the audio footage will only be available to the research team.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue the participation at any time without prejudice.

I understand that all responses on the questionnaires will be treated with all the confidentiality required by ethical research standards. I understand that this page will be removed from the information concerning me so that my responses cannot be linked to me or any residents.

I also agree that research data gathered from the study may be published, provided that neither myself, the person I care for, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Print name

Print name

.....

.....

Date

Date

ID _____
Facility _____



Evaluation of a Hospital based volunteer programme

Questionnaire for hospital care staff

(pre-programme evaluation)

Please print your name*: _____

Today's date: _____

* Your names are asked only to enable us to match your pre-programme questionnaire with the post-programme questionnaire. To maintain your confidentiality this cover sheet will be detached from the questionnaire by the evaluation team at the Aged Care Evaluation Unit.

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Demographics

1. Please describe your position in the hospital?

*Registered
Nurse*

Enrolled Nurse

*Allied Health (Please
specify classification
eg OT, Social Worker,
etc)*

*Other (please
describe)*

2. Have you received any specialist training or qualifications in Aged Care?

Yes

No

If yes, please briefly describe (eg Certificate III in Aged Care)

3. Have you attended any in service or other staff education sessions on dementia and/or delirium in the last 18 months?

Yes

No

4. How long have you worked in the hospital? _____

5. Have you ever worked in residential care or another aged care specific service?

Yes

No

If yes, for how long? _____

We would firstly like to ask you about your understanding and knowledge of dementia and/or delirium.

Please answer the following questions:

6. Which part of body is affected by dementia?

- lungs*
- brain*
- heart*
- don't know*

7. Dementia mostly affects people aged _____?

- 30–40 years*
- 40–60 years*
- 65+*
- don't know*

8. Is there a cure for dementia?

- yes*
- no*
- don't know*

9. How many types of dementia are there?

- one*
- ten*
- 100 or more*
- don't know*

10. The average rate of dementia in people at age 65 is _____?
- 1 in 5*
 - 1 in 15*
 - 1 in 20*
 - 1 in 100*
 - don't know*
11. Which factors can contribute to dementia? (tick as many boxes as you like)
- Diet*
 - Infection*
 - Hereditary factors*
 - Stroke*
 - Alcohol*
 - Increasing age*
12. Dementia can affect the following: (tick as many boxes as you like)
- Vision*
 - Personality*
 - Reasoning*
 - Memory*
 - Mobility*
 - Speech*
 - Incontinence*
 - Life expectancy*

13. If a confused patient you are caring for begins to wander around the hospital you would: (tick as many boxes as you like)

- Walk with them and try to find out what might be making them wander.*
- Sit in the room and wait for them to return*
- If they are agreeable guide them back into the room*
- Tell them that they are in the hospital, who you are and that you need to walk with them to keep them safe.*
- don't know*

14. If the patient you are caring for repeatedly asks you the same question you can help by: (tick as many boxes as you like)

- Constantly repeating things to them until they sink in*
- If appropriate write notes to remind them*
- Answer their questions and try to redirect them to another topic you know they are interested in*
- Ignore their constant questions*
- Tell them it's not important*
- Don't know*

15. If your patient is seeing or hearing things that are not there or are suspicious of people or situations you would: (tick as many boxes as you like)

- Argue with them*
- Avoid confrontation by seeking something to distract them*
- Tell them where they are and reassure them that you are there to help keep them comfortable and safe.*
- Document what you have observed.*
- Don't know*

16. A diagnosis of delirium is likely in a person who demonstrates

- An acute onset, fluctuating course, normal attention, disorganised thinking and an altered level of consciousness.*
- An acute onset, steady course, inattention, disorganised thinking and an altered level of consciousness*
- An acute onset, fluctuating course, inattention, disorganised thinking and alertness*
- An acute onset, fluctuating course, inattention, disorganised thinking and an altered level of consciousness*

17. Hallmark signs and symptoms of delirium include all of the following EXCEPT:

- Disorganised thinking*
- Transient memory loss*
- Day/night reversal*
- Inattention*
- Gradual onset*
- Altered and fluctuating level of consciousness*

18. Which of the following factors increases the risk of delirium?

- Age 70 or older*
- Pre existing dementia or cognitive impairment*
- Visual impairment*
- Abnormal sodium*
- Depression*
- None of the above*
- All of the above*

19. Delirium is a medical emergency (please circle):

True or False

20. Tick the strategies that can prevent delirium: (tick as many boxes as you like)

- Ensure the wearing of any visual or hearing aides*
- Encourage and assist with regular mobilisation*
- Relocate often*
- Restraining to prevent falls*
- Maintain regular bowel function*
- Manage discomfort or pain*

21. Family members or close significant others need to be involved in the initial assessment of delirium because
- They can give you good baseline history about the persons usual behaviours and abilities*
 - They will require support and education about delirium*
 - They will often assist in the intervention strategies*
 - All of the above*
 - None of the above*
22. The key factor in differentiating delirium from depression and dementia is:
- Alteration in mood*
 - Rapid onset of symptoms*
 - Change of sleep pattern*
 - Change of psychomotor activity*
23. The diagnosis of delirium using the Confusion Assessment Method (CAM) requires the presence of which of the following:
- Acute onset*
 - Fluctuating course*
 - Inattention*
 - Disorganised thinking and altered level of consciousness*
 - Disorganised thinking or altered level of consciousness*

24. Which of the following is NOT a causative factor for delirium?
- Multiple medications*
 - Severe acute illness*
 - Alcohol and benzodiazepam withdrawal*
 - Uncontrolled pain*
 - Regular mobilisation*
 - Cardiac and orthopedic surgery*
25. Which of the following can be clinical features of delirium:
- Repetitive behaviours (eg plucking at threads or sheets)*
 - Hallucinations*
 - Quiet and withdrawn*
 - Lethargic*
 - Agitation*
 - Hyper alert*
 - All of the above*
 - None of the above*
26. Circle the strategies which will reduce the risk of adverse event or injury for the person with delirium:
- One to one care or specialling*
 - Lowering the bed to the floor*
 - Keeping the bed high with cot rails up*
 - Leaving the lights on at night to watch the person*
 - Using non pharmacological interventions*

27. Circle which management strategies would be appropriate for a person with delirium:

- Monitor and document behaviours and symptoms*
- Use clear simple instructions*
- Where possible/appropriate encourage the family to stay with the patient*
- Reduce noise and activity*
- Discouraging family to visit*
- Maintain normal sleep and wake patterns*
- Maintain regular bowel function*
- Wake up regularly during the night to check on condition*
- Encourage adequate hydration and nutrition*
- Ensure wearing of visual and hearing aides*
- Maintaining optimal consistency with staff*

28. Non pharmacological strategies should always be utilised as a first line measure to manage the symptoms of delirium (please circle):

True or false

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

29. Thinking over the last month, what is the behaviour you find most stressful when caring for a patient with dementia and/or delirium?

Please describe:

How much stress does this behaviour cause you?

<i>No stress at all</i>	<i>A little bit of stress</i>	<i>Moderate stress</i>	<i>Quite a bit of stress</i>	<i>Extreme stress</i>
1	2	3	4	5

30. Compared to other patients, how difficult do you find caring for someone with dementia and/or delirium?

<i>Much easier</i>		<i>About the same</i>		<i>Much more difficult</i>
1	2	3	4	5

31. Compared to other patients, how stressful do you find caring for someone with dementia and/or delirium?

<i>Much less stressful</i>		<i>About the same</i>		<i>Much more stressful</i>
1	2	3	4	5

32. On average, how much time do spend caring for people with dementia and/or delirium compared to other patients on the ward?

<i>Much less time</i>		<i>Same amount of time</i>		<i>Much more time</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Please indicate to what extent you agree or disagree with each of the following statements:

33. It is important to have a very strict routine when working with people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

34. People with dementia are very much like children.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

35. There is no hope for people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

36. People with dementia are unable to make decisions for themselves.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

37. It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

38. People with dementia are sick and need to be looked after.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

39. It is important for people with dementia to be given as much choice as possible in their daily lives.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

40. Nothing can be done for people with dementia, except for keeping them clean and comfortable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

41. People with dementia are more likely to be contented when treated with understanding and reassurance.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

42. Once dementia develops in a person, it is inevitable that they will go down hill.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

43. People with dementia need to feel respected, just like anybody else.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

44. Good dementia care involves caring for a person's psychological needs as well as their physical needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

45. It is important not to become too attached to residents.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

46. It doesn't matter what you say to people with dementia because they forget anyway.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

47. People with dementia often have good reasons for behaving as they do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

48. Spending time with people with dementia can be very enjoyable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

49. It is important to respond to people with dementia with empathy and understanding.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

50. There are a lot of things that people with dementia can do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

51. People with dementia are just ordinary people who need special understanding to fulfill their needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Thank you very much for the time and effort you have taken to complete this questionnaire.

Version 3

ID: _____

Group: _____

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH



Evaluation of a Hospital based volunteer programme

Questionnaire for hospital care staff

(post-programme evaluation)

Please print your name*: _____

Today's date: _____

* Your names are asked only to enable us to match your pre-programme questionnaire with the post-programme questionnaire. To maintain your confidentiality this cover sheet will be detached from the questionnaire by the evaluation team at the Aged Care Evaluation Unit.

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1. Since the programme began, have you received any specialist training in Aged Care, dementia or delirium? (please circle)

Yes No

If Yes, please describe (eg in-service training):

We would like to ask you again about your understanding and knowledge of dementia and/or delirium.

Please answer the following questions:

2. Which part of body is affected by dementia?

- lungs*
- brain*
- heart*
- don't know*

3. Dementia mostly affects people aged _____?

- 30–40 years*
- 40–60 years*
- 65+*
- don't know*

4. Is there a cure for dementia?

- yes*
- no*
- don't know*

5. How many types of dementia are there?

- one*
- ten*
- 100 or more*
- don't know*

6. The average rate of dementia in people at age 65 is _____?

- 1 in 5*
- 1 in 15*
- 1 in 20*
- 1 in 100*
- don't know*

7. Which factors can contribute to dementia? (tick as many boxes as you like)

- Diet*
- Infection*
- Hereditary factors*
- Stroke*
- Alcohol*
- Increasing age*

8. Dementia can affect the following: (tick as many boxes as you like)

- Vision*
- Personality*
- Reasoning*
- Memory*
- Mobility*
- Speech*
- Incontinence*
- Life expectancy*

9. If a confused patient you are caring for begins to wander around the hospital you would: (tick as many boxes as you like)

- Walk with them and try to find out what might be making them wander.*
- Sit in the room and wait for them to return*
- If they are agreeable guide them back into the room..*
- Tell them that they are in the hospital, who you are and that you need to walk with them to keep them safe.*
- don't know*

10. If the patient you are caring for repeatedly asks you the same question you can help by: (tick as many boxes as you like)
- Constantly repeating things to them until they sink in*
 - If appropriate write notes to remind them*
 - Answer their questions and try to redirect them to another topic you know they are interested in*
 - Ignore their constant questions*
 - Tell them it's not important*
 - Don't know*
11. If your patient is seeing or hearing things that are not there or are suspicious of people or situations you would: (tick as many boxes as you like)
- Argue with them*
 - Avoid confrontation by seeking something to distract them*
 - Tell them where they are and reassure them that you are there to help keep them comfortable and safe.*
 - Document clearly what you have observed.*
 - Don't know*
12. A diagnosis of delirium is likely in a person who demonstrates
- An acute onset, fluctuating course, normal attention, disorganised thinking and an altered level of consciousness.*
 - An acute onset, steady course, inattention, disorganised thinking and an altered level of consciousness*
 - An acute onset, fluctuating course, inattention, disorganised thinking and alertness*
 - An acute onset, fluctuating course, inattention, disorganised thinking and an altered level of consciousness*

13. Hallmark signs and symptoms of delirium include all of the following EXCEPT:

- Disorganised thinking*
- Transient memory loss*
- Day/night reversal*
- Inattention*
- Gradual onset*
- Altered and fluctuating level of consciousness*

14. Which of the following factors increases the risk of delirium?

- Age 70 or older*
- Pre existing dementia or cognitive impairment*
- Visual impairment*
- Abnormal sodium*
- Depression*
- None of the above*
- All of the above*

15. Delirium is a medical emergency (please circle):

True or False

16. Tick the strategies that can prevent delirium: (tick as many boxes as you like)

- Ensure the wearing of any visual or hearing aides*
- Encourage and assist with regular mobilisation*
- Relocate often*
- Restraining to prevent falls*
- Maintain regular bowel function*
- Manage discomfort or pain*

17. Family members or close significant others need to be involved in the initial assessment of delirium because

- They can give you good baseline history about the persons usual behaviours and abilities*
- They will require support and education about delirium*
- They will often assist in the intervention strategies*
- All of the above*
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18. The key factor in differentiating delirium from depression and dementia is:

- Alteration in mood*
- Rapid onset of symptoms*
- Change of sleep pattern*
- Change of psychomotor activity*

19. The diagnosis of delirium using the Confusion Assessment Method (CAM) requires the presence of which of the following:

- Acute onset*
- Fluctuating course*
- Inattention*
- Disorganised thinking and altered level of consciousness*
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20. Which of the following is NOT a causative factor for delirium?

- Multiple medications*
- Severe acute illness*
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- Uncontrolled pain*
- Regular mobilisation*
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21. Which of the following can be clinical features of delirium:

- Repetitive behaviours (eg plucking at threads or sheets)*
- Hallucinations*
- Quiet and withdrawn*
- Lethargic*
- Agitation*
- Hyper alert*
- All of the above*
- None of the above*

22. Circle the strategies which will reduce the risk of adverse event or injury for the person with delirium:

- One to one care or specialling
- Lowering the bed to the floor
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- Leaving the lights on at night to watch the person
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23. Circle which management strategies would be appropriate for a person with delirium:

- Monitor and document behaviours and symptoms*
- Use clear simple instructions*
- Where possible/appropriate encourage the family to stay with the patient*
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- Ensure wearing of visual and hearing aides*
- Maintaining optimal consistency with staff*

24. Non pharmacological strategies should always be utilised as a first line measure to manage the symptoms of delirium (please circle):

True or false

Many people with dementia and/or delirium develop behaviours that concerning or stressful for staff (e.g. repetitive questions or actions, shadowing, aggression, withdrawing). We would like you to take some time to think about your experiences in caring for people with dementia in the hospital setting, and then answer the below questions.

25. Thinking over the last month, what is the behaviour you find most stressful when caring for a patient with dementia and/or delirium? Please describe:

26. How much stress does this behaviour cause you?

<i>No stress at all</i>	<i>A little bit of stress</i>	<i>Moderate stress</i>	<i>Quite a bit of stress</i>	<i>Extreme stress</i>
1	2	3	4	5

27. Compared to other patients, how difficult do you find caring for someone with dementia and/or delirium?

<i>Much easier</i>		<i>About the same</i>		<i>Much more difficult</i>
1	2	3	4	5

28. Compared to other patients, how stressful do you find caring for someone with dementia and/or delirium?

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29. On average, how much time do spend caring for people with dementia and/or delirium compared to other patients on the ward?

<i>Much less time</i>		<i>Same amount of time</i>		<i>Much more time</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Please indicate to what extent you agree or disagree with each of the following statements:

30. It is important to have a very strict routine when working with people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

31. People with dementia are very much like children.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

32. There is no hope for people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

33. People with dementia are unable to make decisions for themselves.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

34. It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

35. People with dementia are sick and need to be looked after.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

36. It is important for people with dementia to be given as much choice as possible in their daily lives.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

37. Nothing can be done for people with dementia, except for keeping them clean and comfortable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

38. People with dementia are more likely to be contented when treated with understanding and reassurance.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

39. Once dementia develops in a person, it is inevitable that they will go down hill.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

40. People with dementia need to feel respected, just like anybody else.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

41. Good dementia care involves caring for a person's psychological needs as well as their physical needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

42. It is important not to become too attached to residents.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

43. It doesn't matter what you say to people with dementia because they forget anyway.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

44. People with dementia often have good reasons for behaving as they do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

45. Spending time with people with dementia can be very enjoyable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

46. It is important to respond to people with dementia with empathy and understanding.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

47. There are a lot of things that people with dementia can do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

48. People with dementia are just ordinary people who need special understanding to fulfill their needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

Now we would like to ask you some questions about your experience of being involved in this programme.

49. Did you enjoy being part of this project? (Please circle)

Yes No

Why? What were some of the benefits or difficulties you experienced? *(remember – your responses will be kept confidential)* For example, patients in the programme were less challenging on the ward; there wasn't really time for paperwork

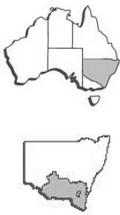
50. Do you think this programme is worthwhile?

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

51. Do you think this programme should continue?

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Thank you very much for the time and effort you have taken to complete this questionnaire.



Incorporating

Health Services

Adelong
Albury
Ardlethan
Barellan
Barham
Barmedman
Batlow
Batemans Bay
Bega
Berrigan
Bombala
Boorowa
Braidwood
Coolamon-
Ganmain
Coleambally
Cooma
Cootamundra
Corowa
Crookwell
Culcairn
Darlington Point
Delegate
Deniliquin
Eden
Finley
Goulburn
Griffith
Gundagai
Gunning
Hay
Henty
Hillston
Holbrook
Jerilderie
Jindabyne
June
Leeton
Lockhart
Mathoura
Moama
Moruya
Moulamein
Murrumburrah-
Harden
Narooma
Narrandera
Pambula
Queanbeyan
Tarcutta
Temora
The Rock
Tocumwal
Tooleybuc
Tumbarumba
Tumut
Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

Research Project: Evaluation of hospital based volunteer project
Volunteer Consent

We are conducting an evaluation of the hospital based volunteer project. As a volunteer who is undergoing training to assist and sit with people with dementia and/or delirium, we would like to ask you to be part of the research component of the project.

If you are agreeable, the evaluation would involve completing some questionnaires before and after the training programme and after the project. The time frame of the project evaluation will be 12 months. We will also be asking you to complete a log of your visits and we would like your permission to include your views on the project. If you are agreeable, at the end of the project, we would like you to participate in a focus group discussing your views of the project. These focus groups will be audio taped and transcribed.

Participation is voluntary. You can choose to withdraw your consent to participate in the research project at any time. If you choose to withdraw, you can still continue to be involved in the project as a volunteer. Whether you choose to participate in the research project will not affect your relationship with Greater Southern Area Health Service or Alzheimer's Australia. All information gathered will be securely stored and only available to the research team. When any information gathered from the project is presented, it will be impossible to identify you or the patients

A requirement of participating in the volunteer program is the completion of all sessions in the volunteer training course. Details related to the training course and the duty statement for volunteers is contained in the information kit for volunteers. The volunteer training course will cover all aspects of the volunteer role including care and support of the person with dementia and or delirium, understanding and dealing with challenging behaviours, working in the hospital environment, occupational health and safety of the volunteer and the roles and responsibilities of a volunteer in the program.

The health and safety of the volunteer in the program is a legislative responsibility of the health service employing volunteers. Any potential risk of physical injury or mental distress for the volunteer working in a hospital environment will be covered and discussed in the training program as well as in the policy and procedures related to volunteer occupational health and safety.

As part of the training program, it will be emphasised that volunteers are not to complete or assist with any manual handling tasks (such as lifting etc) that may place them at risk of injury. Additionally, training will cover what to do in the event that the person with dementia or delirium may become aggressive.



Incorporating

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Goulburn
Griffith
Gundagai
Gunning
Hay
Henty
Hillston
Holbrook
Jerilderie
Jindabyne
Junee
Leeton
Lockhart
Mathoura
Moama
Moruya
Moulamein
Murrumburrah-
Harden
Narooma
Narrandera
Pambula
Queanbeyan
Tarcutta
Temora
The Rock
Tocumwal
Tooleybuc
Tumbarumba
Tumut
Ungarie
Urana
Wagga Wagga
Weethalle
West Wyalong
Yass
Young

The welfare of the volunteers is paramount and will be monitored by the coordinators Cath Bateman and Barbra Williams who will also provide regular debriefing and support. Any additional support needs for the volunteers will be arranged through the coordinators Cath Bateman and Barbra Williams.

The specified roles and responsibilities of the volunteer will be covered in detail in the program and will form part of the volunteer handbook.

Information sessions for hospital staff on the volunteers program and the duties, roles and responsibilities of volunteers will be conducted by the coordinators. This is to ensure that hospital staff understand the duties of the volunteers and do not request them to complete tasks that are outside their role.

If you have any questions about the project, training program or the questionnaire, please ring either Cath Bateman on (02) 64929677 or Barbra Williams on (02) 64926158.

This research project has been approved by Greater Southern Area Health Service Human Research Ethics Committee. If you have any complaints about the conduct of the project, please contact the committee through:

The Complaints Officer
GSAHS HREC
PO Box 395
Albury NSW 2640
Tel 02 60808900 Fax 02 60808999

As novice researchers for this project we will be working under the supervision of Associate Professor Mike Bird (GSAHS Aged Care Evaluation Unit).

Cath Bateman
GSAHS
Clinical Nurse Consultant
Dementia/Delirium (Acute)

Barbra Williams
Alzheimer's Australia NSW
Coordinator – dementia and
Memory Community Centre



Incorporating

Health Services

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- Darlington Point
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- Deniliquin
- Eden
- Finley
- Goulburn
- Griffith
- Gundagai
- Gunning
- Hay
- Henty
- Hillston
- Holbrook
- Jerilderie
- Jindabyne
- Junee
- Leeton
- Lockhart
- Mathoura
- Moama
- Moruya
- Moulamein
- Murrumburrah-Harden
- Narooma
- Narrandera
- Pambula
- Queanbeyan
- Tarcutta
- Temora
- The Rock
- Tocumwal
- Tooleybuc
- Tumbarumba
- Tumut
- Ungarie
- Urana
- Wagga Wagga
- Weethalle
- West Wyalong
- Yass
- Young

Research Project: Evaluation of hospital based volunteer project
VOLUNTEER CONSENT FORM

I (your name)

I agree to participate in the research project. I understand that it is a requirement to have completed all sessions in the training course to participate as a volunteer in the project and that my participation will involve adhering to the roles, responsibilities and duties of a volunteer as will be covered in the training and detailed in the volunteer handbook.

Participation in the research project will require completing some questionnaires and maintaining a log of visits and I agree to this. I also understand that participation will involve the audio-taping of focus groups, and I agree to this. I understand that the audio footage will only be available to the research team.

I acknowledge that I have read and understand the Information Statement. I sign this consent form on the understanding that I am free to withdraw my consent and to discontinue the participation at any time without prejudice.

I understand that all responses on the questionnaires will be treated with all the confidentiality required by ethical research standards. I understand that this page will be removed from the information concerning me so that my responses cannot be linked to me.

I also agree that research data gathered from the study may be published, provided that neither myself, the person sit with, nor any other participant can be individually identified.

(You will be given a copy of this form to keep.)

Signed

Witness

.....

.....

Print name

Print name

.....

.....

Date

Date



ID _____
Facility _____

Evaluation of a Hospital based volunteer programme

Questionnaire for volunteers

(pre-education evaluation)

Please print your name*: _____

Today's date: _____

* Your names are asked only to enable us to match your pre-programme questionnaire with the post-programme questionnaire. To maintain your confidentiality this cover sheet will be detached from the questionnaire by the evaluation team at the Aged Care Evaluation Unit.

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We would like to ask you some questions about your understanding of dementia and delirium.

Please answer the following questions:

1. Which part of body is affected by dementia?

- lungs*
- brain*
- heart*
- don't know*

2. Dementia mostly affects people aged _____?

- 30–40 years*
- 40–60 years*
- 65+*
- don't know*

3. Is there a cure for dementia?

- yes*
- no*
- don't know*

4. How many types of dementia are there?
- one*
 - ten*
 - 100 or more*
 - don't know*
5. The average rate of dementia in people at age 65 is _____?
- 1 in 5*
 - 1 in 15*
 - 1 in 20*
 - 1 in 100*
 - don't know*
6. Which factors can contribute to dementia? (tick as many boxes as you like)
- Diet*
 - Infection*
 - Hereditary factors*
 - Stroke*
 - Alcohol*
 - Increasing age*

7. Dementia can affect the following: (tick as many boxes as you like)

- Vision*
- Personality*
- Reasoning*
- Memory*
- Mobility*
- Speech*
- Incontinence*
- Life expectancy*

8. If a confused patient you are caring for begins to wander around the hospital you would: (tick as many boxes as you like)

- Walk with them and try to find out what might be making them wander and ask a nurse for help*
- Sit in the room and wait for them to return*
- If they are agreeable guide them back into the room and ask a nurse for help.*
- Tell them that they are in the hospital, who you are and that you need to walk with them to keep them safe.*
- don't know*

9. If the patient you are caring for repeatedly asks you the same question you can help by: (tick as many boxes as you like)
- Constantly repeating things to them until they sink in*
 - If appropriate write notes to remind them*
 - Answer their questions and try to redirect them to another topic you know they are interested in*
 - Ignore their constant questions*
 - Tell them it's not important*
 - Don't know*
10. If your patient is seeing or hearing things that are not there or are suspicious of people or situations you would: (tick as many boxes as you like)
- Argue with them*
 - Avoid confrontation by seeking something to distract them*
 - Tell them where they are and reassure them that you are there to help keep them comfortable and safe.*
 - Inform the nurse and write down what you have observed.*
 - Don't know*

11. Tick the things you can do as a volunteer that can help prevent delirium: (tick as many boxes as you like)
- Make sure the person is wearing their glasses or hearing aides*
 - Encourage and assist with regular walking if requested*
 - Regularly tell the person where they are and what day and time it is.*
 - Read to them or assist with other activities they may enjoy*
 - Encourage and assist the person with eating and drinking*
 - Make sure the person is comfortable and inform the nurse if you think they are in pain.*
12. Which of the following can be features of delirium?
- Repetitive behaviours (e.g. plucking at threads or sheets)*
 - Hallucinations – seeing things that are not there*
 - Quiet and withdrawn*
 - Lethargic*
 - Agitation*
 - All of the above*
 - None of the above*

13. Tick as many of the following that you think would be important in supporting a person with dementia/delirium:

- Let the nurse know if there is a change in behaviour*
- Use clear simple instructions*
- Speak in a clear and calm way*
- Keep noise to a minimum*
- Letting the person know where they are and who you are.*
- Support rest and sleep*
- Inform nurses if you think the person is in pain*
- Wake them up regularly during the night to check on condition*
- Encourage and help with eating and drinking*
- Make sure the person is wearing their glasses and hearing aides.*

Please answer the following questions, by circling the number that best reflect your response.

14. How confident are you that you understand what dementia is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

15. How comfortable do you feel about the idea of spending time with a person with dementia?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

16. Sometimes, when a person with dementia becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

17. How confident are you that you understand what delirium is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

18. How comfortable do you feel about the idea of spending time with a person with a delirium?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

19. Sometimes, when a person with a delirium becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

Please indicate to what extent you agree or disagree with each of the following statements:

20. It is important to have a very strict routine when working with people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

21. People with dementia are very much like children.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

22. There is no hope for people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

23. People with dementia are unable to make decisions for themselves.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

24. It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

25. People with dementia are sick and need to be looked after.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

26. It is important for people with dementia to be given as much choice as possible in their daily lives.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

27. Nothing can be done for people with dementia, except for keeping them clean and comfortable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

28. People with dementia are more likely to be contented when treated with understanding and reassurance.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

29. Once dementia develops in a person, it is inevitable that they will go down hill.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

30. People with dementia need to feel respected, just like anybody else.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

31. Good dementia care involves caring for a person's psychological needs as well as their physical needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

32. It is important not to become too attached to residents.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

33. It doesn't matter what you say to people with dementia because they forget anyway.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

34. People with dementia often have good reasons for behaving as they do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

35. Spending time with people with dementia can be very enjoyable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

36. It is important to respond to people with dementia with empathy and understanding.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

37. There are a lot of things that people with dementia can do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

38. People with dementia are just ordinary people who need special understanding to fulfill their needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Finally, we would like to ask you some questions about your previous experiences with people with dementia

39. Have you ever cared for someone with dementia (please circle)?

Yes No

If Yes, please describe your relationship to that person

40. Have you ever worked as a volunteer with people with dementia?

Yes No

If Yes, please describe what your role (e.g. I sat with people with dementia in a residential care setting):

41. Have you ever engaged in paid work with people with dementia?

Yes No

If Yes, please provide a brief description of your job and how long you were employed in that position (e.g. I worked as a registered nurse in an aged care facility for 10 years):

42. If applicable, please describe any other circumstances where you have spent time with a person with dementia (e.g. my mother cared for my grandmother when I was growing up):

Thank you very much for the time and effort you have taken to complete this questionnaire.

version 3



Id _____

Facility _____

Evaluation of a Hospital based volunteer programme

Questionnaire for volunteers

(post-education evaluation)

Please print your name*: _____

Today's date: _____

* Your names are asked only to enable us to match your pre-programme questionnaire with the post-programme questionnaire. To maintain your confidentiality this cover sheet will be detached from the questionnaire by the evaluation team at the Aged Care Evaluation Unit.

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Based on the training you have received, we would now like to ask you some questions about your understanding of dementia and delirium.

Please answer the following questions:

1. Which part of body is affected by dementia?

- 1** *lungs*
- 2** *brain*
- 3** *heart*
- 4** *don't know*

2. Dementia mostly affects people aged_____?

- 1** *30–40 years*
- 2** *40–60 years*
- 3** *65+*
- 4** *don't know*

3. Is there a cure for dementia?

- 1** *yes*
- 2** *no*
- 3** *don't know*

4. How many types of dementia are there?

- 1** *one*
- 2** *ten*
- 3** *100 or more*
- 4** *don't know*

5. The average rate of dementia in people at age 65 is _____?

- 1** *1 in 5*
- 2** *1 in 15*
- 3** *1 in 20*
- 4** *1 in 100*
- 5** *don't know*

6. Which factors can contribute to dementia? (tick as many boxes as you like) **allocate 1 if ticked and 2 if not ticked**

- 6 a** *Diet*
- 6 b** *Infection*
- 6 c** *Hereditary factors*
- 6 d** *Stroke*
- 6 e** *Alcohol*
- 6 f** *Increasing age*

7. Dementia can affect the following: (tick as many boxes as you like)

- 7 a** *Vision*
- 7 b** *Personality*
- 7 c** *Reasoning*
- 7 d** *Memory*
- 7 e** *Mobility*
- 7 f** *Speech*
- 7 g** *Incontinence*
- 7 h** *Life expectancy*

allocate 1 if ticked and 2 if not ticked

8. If a confused patient you are caring for begins to wander around the hospital you would: (tick as many boxes as you like)

allocate 1 if ticked and 2 if not ticked

- 8a** *Walk with them and try to find out what might be making them wander and ask a nurse for help*
- 8 b** *Sit in the room and wait for them to return*
- 8c** *If they are agreeable guide them back into the room and ask a nurse for help.*
- 8d** *Tell them that they are in the hospital, who you are and that you need to walk with them to keep them safe.*
- 8e** *don't know*

9. If the patient you are caring for repeatedly asks you the same question you can help by: (tick as many boxes as you like)

allocate 1 if ticked and 2 if not ticked

- 9 a** *Constantly repeating things to them until they sink in*
- 9b** *If appropriate write notes to remind them*
- 9c** *Answer their questions and try to redirect them to another topic you know they are interested in*
- 9d** *Ignore their constant questions*
- 9e** *Tell them it's not important*
- 9 f** *Don't know*

10. If your patient is seeing or hearing things that are not there or are suspicious of people or situations you would: (tick as many boxes as you like) **allocate 1 if ticked and 2 if not ticked**

- 10a** *Argue with them*
- 10b** *Avoid confrontation by seeking something to distract them*
- 10c** *Tell them where they are and reassure them that you are there to help keep them comfortable and safe.*
- 10d** *Inform the nurse and write down what you have observed.*
- 10e** *Don't know*

11. Tick the things you can do as a volunteer that can help prevent delirium: (tick as many boxes as you like)

allocate 1 if ticked and 2 if not ticked

- 11a** *Ensure the wearing of any visual or hearing aides*
- 11b** *Encourage and assist with regular mobilisation*
- 11c** *Relocate often*
- 11d** *Restraining to prevent falls*
- 11e** *Maintain regular bowel function*
- 11f** *Manage discomfort or pain*

12. Which of the following can be features of delirium?

- 1** *Repetitive behaviours (e.g. plucking at threads or sheets)*
- 2** *Hallucinations – seeing things that are not there*
- 3** *Quiet and withdrawn*
- 4** *Lethargic*
- 5** *Agitation*
- 6** *All of the above*
- 7** *None of the above*

13. Tick as many of the following that you think would be important in supporting a person with dementia/delirium: **allocate 1 if ticked and 2 if not ticked**
- 13a** *Let the nurse know if there is a change in behaviour*
 - 13b** *Use clear simple instructions*
 - 13c** *Speak in a clear and calm way*
 - 13d** *Keep noise to a minimum*
 - 13e** *Letting the person know where they are and who you are.*
 - 13f** *Support rest and sleep*
 - 13g** *Inform nurses if you think the person is in pain*
 - 13h** *Wake them up regularly during the night to check on condition*
 - 13i** *Encourage and help with eating and drinking*
 - 13j** *Make sure the person is wearing their glasses and hearing aides.*

Please answer the following questions, by circling the number that best reflect your response.

14. How confident are you that you understand what dementia is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

15. How comfortable do you feel about the idea of spending time with a person with dementia?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

16. Sometimes, when a person with dementia becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

17. How confident are you that you understand what delirium is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

18. How comfortable do you feel about the idea of spending time with a person with a delirium?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

19. Sometimes, when a person with a delirium becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

Please indicate to what extent you agree or disagree with each of the following statements:

20. It is important to have a very strict routine when working with people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

21. People with dementia are very much like children.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

22. There is no hope for people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

23. People with dementia are unable to make decisions for themselves.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

24. It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

25. People with dementia are sick and need to be looked after.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

26. It is important for people with dementia to be given as much choice as possible in their daily lives.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

27. Nothing can be done for people with dementia, except for keeping them clean and comfortable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

28. People with dementia are more likely to be contented when treated with understanding and reassurance.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

29. Once dementia develops in a person, it is inevitable that they will go down hill.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

30. People with dementia need to feel respected, just like anybody else.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

31. Good dementia care involves caring for a person's psychological needs as well as their physical needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

32. It is important not to become too attached to residents.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

33. It doesn't matter what you say to people with dementia because they forget anyway.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

34. People with dementia often have good reasons for behaving as they do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

35. Spending time with people with dementia can be very enjoyable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

36. It is important to respond to people with dementia with empathy and understanding.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

37. There are a lot of things that people with dementia can do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

38. People with dementia are just ordinary people who need special understanding to fulfill their needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Thank you very much for the time and effort you have taken to complete this questionnaire.



ID: _____

Group: _____

Evaluation of a Hospital based volunteer programme

Questionnaire for volunteers

(post-programme evaluation)

Please print your name*: _____

Today's date: _____

* Your names are asked only to enable us to match your pre-programme questionnaire with the post-programme questionnaire. To maintain your confidentiality this cover sheet will be detached from the questionnaire by the evaluation team at the Aged Care Evaluation Unit.

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Now that you have completed the Volunteers program, we would like to ask you again about your understanding and knowledge of dementia and/or delirium.

Please answer the following questions:

1. Which part of body is affected by dementia?

- lungs*
- brain*
- heart*
- don't know*

2. Dementia mostly affects people aged _____?

- 30–40 years*
- 40–60 years*
- 65+*
- don't know*

3. Is there a cure for dementia?

- yes*
- no*
- don't know*

4. How many types of dementia are there?
- one*
 - ten*
 - 100 or more*
 - don't know*
5. The average rate of dementia in people at age 65 is _____?
- 1 in 5*
 - 1 in 15*
 - 1 in 20*
 - 1 in 100*
 - don't know*
6. Which factors can contribute to dementia? (tick as many boxes as you like)
- Diet*
 - Infection*
 - Hereditary factors*
 - Stroke*
 - Alcohol*
 - Increasing age*

7. Dementia can affect the following: (tick as many boxes as you like)

- Vision*
- Personality*
- Reasoning*
- Memory*
- Mobility*
- Speech*
- Incontinence*
- Life expectancy*

8. If a confused patient you are caring for begins to wander around the hospital you would: (tick as many boxes as you like)

- Walk with them and try to find out what might be making them wander and ask a nurse for help*
- Sit in the room and wait for them to return*
- If they are agreeable guide them back into the room and ask a nurse for help.*
- Tell them that they are in the hospital, who you are and that you need to walk with them to keep them safe.*
- don't know*

9. If the patient you are caring for repeatedly asks you the same question you can help by: (tick as many boxes as you like)
- Constantly repeating things to them until they sink in*
 - If appropriate write notes to remind them*
 - Answer their questions and try to redirect them to another topic you know they are interested in*
 - Ignore their constant questions*
 - Tell them it's not important*
 - Don't know*
10. If your patient is seeing or hearing things that are not there or are suspicious of people or situations you would: (tick as many boxes as you like)
- Argue with them*
 - Avoid confrontation by seeking something to distract them*
 - Tell them where they are and reassure them that you are there to help keep them comfortable and safe.*
 - Inform the nurse and write down what you have observed.*
 - Don't know*

11. Tick the things you can do as a volunteer that can help prevent delirium: (tick as many boxes as you like)
- Make sure the person is wearing their glasses or hearing aides*
 - Encourage and assist with regular walking if requested*
 - Regularly tell the person where they are and what day and time it is.*
 - Read to them or assist with other activities they may enjoy*
 - Encourage and assist the person with eating and drinking*
 - Make sure the person is comfortable and inform the nurse if you think they are in pain.*
12. Which of the following can be features of delirium?
- Repetitive behaviours (e.g. plucking at threads or sheets)*
 - Hallucinations – seeing things that are not there*
 - Quiet and withdrawn*
 - Lethargic*
 - Agitation*
 - All of the above*
 - None of the above*

13. Tick as many of the following that you think would be important in supporting a person with dementia/delirium:

- Let the nurse know if there is a change in behaviour*
- Use clear simple instructions*
- Speak in a clear and calm way*
- Keep noise to a minimum*
- Letting the person know where they are and who you are.*
- Support rest and sleep*
- Inform nurses if you think the person is in pain*
- Wake them up regularly during the night to check on condition*
- Encourage and help with eating and drinking*
- Make sure the person is wearing their glasses and hearing aides.*

Please answer the following questions, by circling the number that best reflect your response.

14. How confident are you that you understand what dementia is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

15. How comfortable do you feel about the idea of spending time with a person with dementia?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

16. Sometimes, when a person with dementia becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

17. How confident are you that you understand what delirium is?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

18. How comfortable do you feel about the idea of spending time with a person with a delirium?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

19. Sometimes, when a person with a delirium becomes stressed or anxious, they can become upset, angry or aggressive. How confident would you feel interacting with someone with dementia who demonstrated these behaviours?

<i>Not confident at all</i>		<i>Moderately confident</i>		<i>Very confident</i>
1	2	3	4	5

Please indicate to what extent you agree or disagree with each of the following statements:

20. It is important to have a very strict routine when working with people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

21. People with dementia are very much like children.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

22. There is no hope for people with dementia.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

23. People with dementia are unable to make decisions for themselves.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

24. It is important for people with dementia to have stimulating and enjoyable activities to occupy their time.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

25. People with dementia are sick and need to be looked after.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

26. It is important for people with dementia to be given as much choice as possible in their daily lives.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

27. Nothing can be done for people with dementia, except for keeping them clean and comfortable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

28. People with dementia are more likely to be contented when treated with understanding and reassurance.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

29. Once dementia develops in a person, it is inevitable that they will go down hill.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

30. People with dementia need to feel respected, just like anybody else.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

31. Good dementia care involves caring for a person's psychological needs as well as their physical needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

32. It is important not to become too attached to residents.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

33. It doesn't matter what you say to people with dementia because they forget anyway.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

34. People with dementia often have good reasons for behaving as they do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

35. Spending time with people with dementia can be very enjoyable.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

36. It is important to respond to people with dementia with empathy and understanding.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

37. There are a lot of things that people with dementia can do.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

38. People with dementia are just ordinary people who need special understanding to fulfill their needs.

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

Now we would like to ask you some questions about your experience of being involved in this programme.

39. Did you enjoy being part of this project? (Please circle)

Yes No

Why? What were some of the benefits or difficulties you experienced?
(remember – your responses will be kept confidential) For example, patients in the programme were less challenging on the ward; there wasn't really time for paperwork

40. Do you think this programme is worthwhile?

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

41. Do you think this programme should continue?

<i>Strongly Agree</i>	<i>Agree</i>	<i>Neither Agree nor Disagree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
1	2	3	4	5

Thank you very much for the time and effort you have taken to complete this questionnaire.

APPENDIX 16

Post Program Question 49b responses (participating Hospital)

P = Comment related to patients

S = Comment related to staff

B = Comment related to both patients and staff

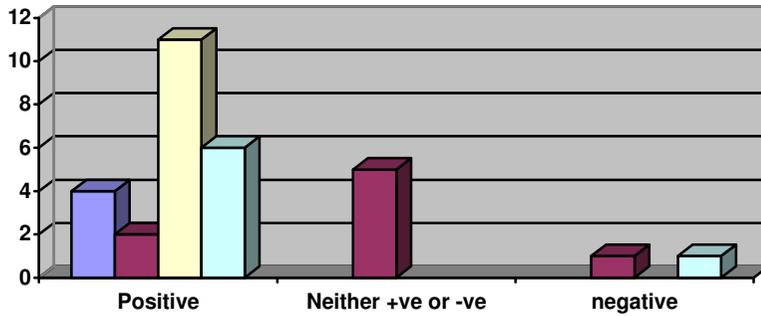
V= Comment related to volunteer

	Comment	Positive	Neither +ve or -ve	Negative
1	The volunteers were empathetic and caring and occupied the dementia/delirium pts time which resulted in more contented pts. Allowed time for acute pts orders who requiring aseptic/isolation procedures.	B V		
2	no great difficulties - there were times when we were very busy and not time for paperwork		S	
3	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	B V		
4	Enjoyed working with the very helpful volunteers. Nice to see how the clients with dementia seemed more content and settled when the carers were around.	B V		
5	I had been given no information or education on the programme		S	
6	Patients on the ward were kept occupied with volunteers. Patients appear to be more comfortable and settled in their surroundings.	P		
7	The hospital based volunteer programme on surgical ward has proved a great asset, firstly to the patient who has had a smoother recovery due to the empathy and physical help provided. Much of the worry has been eased for nursing staff, who on a busy surgical ward find it difficult to have the time to devote to patients with dementia and or delirium.	B		
8	I was not experienced enough in the clinical setting to deal with delirium patients. I feel much better equipped to deal with these situations today	S		

	Comment	Positive	Neither +ve or -ve	Negative
9	I don't remember being involved in this program - wasn't done at night times. But what I heard from some other staff it was helpful during the day and may be it would be helpful at night as well for these pts	P		
10	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.	B V		
11	Program took away a lot of pressure from nursing staff. The pts were more settled because they had one to one care. Also pts were accompanied in their meal times which resulted in them having a better dietary intake - nurses don't have enough time to provide this supervision time.	B		
12	Have only been here 3/12 but have really appreciated the assistance of carers - it's been great!	S		
13	Having the volunteers around to help with pts that needed a lot more help and attention than we could offer in our daily work has been a great help and load off our daily duties - we are able to concentrate on other parts of our nursing that would have been impossible without the volunteers.	B		
14	One to one contact beneficial for patient and freed up staff. Good for non-clinical staff/volunteers to have time talking etc rather than patients being slotted into ward routines.	BV		
15	There was a better quality of care given to all patients when dementia care workers/volunteers were able to help. Less stressful workload as they help assist with feeding, monitoring and comforting the patient.	B		
16	More paperwork. Caring for all pts is part of being a nurse.			S
17	The benefits have been knowing the volunteer girls are there with pts at meal times knowing they are going to be fed and watered - this is a great help. The difficulties are not having the time to spend with these special pts. You need lots of love and patience with these people	B		

	Comment	Positive	Neither +ve or -ve	Negative
18	It would be nice if we could have someone at night as they do wander around and we are unable to watch them as the work load is very heavy. Now there is only 1 RN and 1EN. Someone has to miss out on pt care!		S	
19	It was great having extra people on the ward who were able to spend the time with dementia patients. BUT some volunteers (maybe 1 or 2) were too interfering in pt/nurse care	P		V
20	There's so much change needed on this ward (medical) and surgical.		S	
21	I found this program very helpful in my place of work. Volunteer's comments were often helpful in pt management.	BV		
22	The program as a whole is a very positive approach to the care and wellbeing of these pts.	P		
23	I had no qualms about participating in this project - but I wouldn't use the word enjoy		S	
	Totals	P4,S2,B11:V6	S5	S1; V1

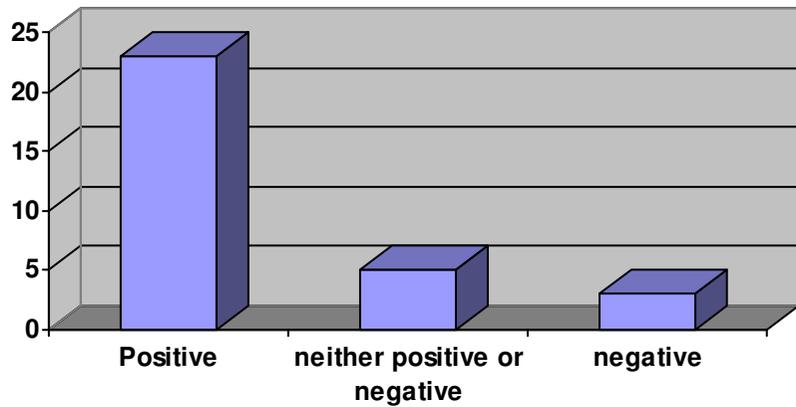
Staff feedback	Positive	Neither +ve or -ve	negative
Number of comments related to patients only (P)	4		
Number of comments related to staff only (S)	2	5	1
Number of comments related to staff and patients (B)	11		
Number of comments related to Volunteer (V)	6		1
TOTAL COMMENTS	23	5	2



- Number of comments related to patients only (P)
- Number of comments related to staff only (S)
- Number of comments related to staff and patients (B)
- Number of comments related to Volunteer (V)

Staff feedback	Positive	Neither +ve or -ve	negative
Positive Benefits for patients	4		
Positive Benefits for staff	2	4	1
Positive Benefits both patients and staff	11	1	
Positive Value of volunteers	6		1

Staff feedback	Positive	Neither +ve or -ve	negative
	23	5	2



- 3-D Column 1

APPENDIX 17

Post Program Question 39b responses Volunteers

P = Patients outcomes
S = Staff interactions
V= Volunteer experience
VP= Program process
C= Carers/family outcomes

	COMMENT	Benefit	Difficulties	Suggestions re process
1	I enjoy interacting with the patients. I have learnt so much from our patients. They have a lot to tell. All we need do is take time to listen.	P, V		
2	Knowing that the patients are kept hydrated and nourished, no difficulties noted.	P		
3	Enjoyment of being able to help and to see response from client. Achieving getting fluids and helping with eating.	PV		
4	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, and feel of being insecure, suspicious and lack of trust. After a period of time with them one sees the unfolding of trust, love, respect and cooperation. Very rewarding.	PV		
5	Patients were often quite sick and very happy (and grateful!) to have help or attention for little services. I don't know if it is necessary to duplicate paperwork in the folder and in individuals' files.	P		VP
6	Looking after dementia & delirium has been challenging for me & achievement as well. Could do with less paperwork at times.	V		VP
7	Benefits: support from cath Bateman & Barbra Williams & nursing staff; good reaction from patients and families to the program. Difficulties: trying to find stimulating methods to suit a patient - but only sometimes.	S, C	VP	
8	It is good to see the pleasure clients get from the help and company, and the positive response from them. Challenging when they can't talk.	P		
9	I felt really good after my shift. It was nice to see people so pleased to just have someone sit and talk to them. I have met many elderly people who have been delightful.	V,P		
10	A patient early in the year helped me to transcend my feelings. Finding out the history of the patients life was the key. This enabled me to disconnect between who my patient is now and how I be, am, with my patient, so it was not so distressing.	P,V		
11	I love to help people and if I can put a smile on someone's face, I'm happy too. I have had a couple of challenging patients, but have had good responses from them also. I get great enjoyment from seeing patients improve and of course there are the ones who go downhill and die, but they are in a better place now.	V,P		

	COMMENT	Benefit	Difficulties	Suggestions re process
1	I enjoy interacting with the patients. I have learnt so much from our patients. They have a lot to tell. All we need do is take time to listen.	P, V		
13	As I have previously stated, I enjoy evenings as patients seem more relaxed and want to spend time talking. Paperwork takes up time but it is necessary. I have had no problems with settling patients for the evening.	P		
14	I really enjoy every aspect of this programme. I like the challenges we come up against. I also like the fact I'm helping others. I am finding the paperwork very useful. It helps us all with each other by ways of contact - very resourceful.	V, VP		
15	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.	P,V		
16	It is challenging figuring out the needs of the different patients as each one is so unique. I enjoy meeting the family members.	V,C		
	Totals	P(13), V(11), VP(1), C(2), S(1)	VP (1)	VP (2)

Volunteer feedback	Benefits	Difficulties	Suggestions for improvement
Patient outcomes only (P)	13		
Staff interactions (S)	1		
volunteer experience (V)	11		
Program process (VP)	1	1	2
Family/carers outcomes (C)	2		
TOTAL COMMENTS	28		

