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The Visiting Nurses Association and Hospice Connection Program Binder Update: A Need for
Current Community Resources

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Abstract

Residents in Monterey and San Benito county need up-to-date information on resources and services in their communities to enhance their quality of life. In partnership with the Central Coast Visiting Nurses Association and Hospice, the Connection Program has helped to implement an update of their 2014 Connection Program Resource Binder to address this need. The 2017 Connection Program Resource Binder is a research and needs-based project that will supply staff members with information and applications necessary to help their patients and, in turn, for the community to become more aware of what resources are available to them. The project was carried out through a Pre-Connections Binder Distribution survey that determined what resources were needed and later, a Connection Program Binder Distribution survey that evaluated the updated binder and provided recommendations. Evaluation results indicated that eight out of nine participants felt there was new/relevant information and the binder was useful. Furthermore, five out of the nine participants in the evaluation survey contributed additional resources, compared to the four who contributed in the pre-distribution survey. Results showed that agency staff members felt an update was desirable and helpful. A diverse population means diverse needs, so it is important for employees to have a wide range of knowledge of the most current and most-used services every year. With an updated resource binder, agency staff members can help patients flourish as individuals or as family units.

Keywords: (5) resources, services, resource binder, monterey county, san benito county

The Central Coast Visiting Nurses Association

The Central Coast Visiting Nurses Association and Hospice (CCVNA & Hospice) is a nonprofit organization that provides home care services to Monterey, San Benito, and the southern parts of Santa Cruz and Santa Clara county (Central Coast Visiting Nurses Association & Hospice, 2017). Their services include: hospice care, home health care, wellness and immunization, and other resources that do not strictly adhere to their home care services. Established in 1951, CCVNA & Hospice's mission is to provide the "highest quality health care to residents of the Central Coast by meeting their individual needs in an ethical, effective, caring, and fiscally responsible manner" (2017, para.1). Their vision statement is:

We will continue to be the most comprehensive regional home health agency and hospice provider in scope of service, geography and volume. We will remain not-for-profit, and financially viable. We will be the premier community service provider in service and quality patient care. We will create an environment that will result in achievement of personal goals. We will create a work environment that will result in recruiting and retaining satisfied employees. We will achieve quality care through the teamwork of competent and experienced staff. We will retain and enhance brand recognition and market identity as a quality care provider. We will be innovative, unique and professional in our programs and customer service. We will achieve positive results everyday through empowerment, creativity, teamwork, quality and accountability. (Central Coast Visiting Nurses Association & Hospice, 2017, para.2)

CCVNA is the Central Coast's oldest and largest home healthcare agency (Central Coast Visiting Nurses Association & Hospice, 2017). Sarah Valencia, a medical social worker (MSW)

with CCVNA & Hospice, said they were one of the best providers in the area (personal communications, February 13, 2017).

Communities Served

According to their site, CCVNA & Hospice serves Monterey and San Benito County residents and the southern parts of Santa Cruz and Santa Clara (Central Coast Visiting Nurses Association & Hospice, 2017). Because of their Home Health Care and Hospice program, the primary population that they tend to are individuals with either a debilitating diagnosis, such as ALS or Cancer, or, in the case of hospice care, they tend to individuals with a prognosis of six months or less of life. As a result, many patients are typically older in age. The age requirement for hospice services, for example, is 18 years old and/or older (S. Valencia, personal communications, November 27, 2017). Although, CCVNA & Hospice primarily provides services to a mature population, other services provided yield vastly different patients. The agency, for example, holds a community flu clinic at their Monterey office.

A Need for Resources

Community Issue to Be Addressed

Residents in the Monterey, San Benito, Santa Cruz, and Santa Clara counties have little or no current information on resources/services within their communities. All members of the community experience this issue, because resources, services, needs, and the population change over time. These reasons create consequences for individuals and families, as well as for the agency itself. Understanding the community issue and the depth of its problem is key to finding a solution. Due to the agency's limited coverage in the Santa Clara and Santa Cruz county, much of the research presented will now cover Monterey and San Benito County.

Causes

The fact of the matter is that gathering resources is difficult when it comes to large communities. Monterey County, for example, is made up of a total of 29 cities with a population of 433,898, while San Benito County is made up of 13 cities and has a population of 57,557 (Census Reporter, 2015; Census Reporter, 2015). Comparatively, Santa Clara has a population of 1,919,402, and Santa Cruz has a population of 274,673 (Census Reporter, 2016; Census Reporter, 2016). Due to the size of these counties, CCVNA & Hospice staff members may not have the opportunity to visit all services areas. In fact, as previously stated, the agency only provides services to the southern parts of the Santa Cruz and Santa Clara county. Therefore, not every MSW will learn about resources in all the communities until they have a patient that lives there. Additionally, these are heavily populated areas with region-specific needs, which means what is applicable to one community may not be applicable to all communities. This is demonstrated by the demographic breakdown of Monterey and San Benito county (See APPENDIX A & B). While there are similarities, there are differences, such as Monterey county (15%) having a higher percent of the population below the poverty line than San Benito county (10%) (Census Reporter, 2015). Furthermore, nonprofits close or their requirements change. For example, during preliminary research there were certain resources and physicians in 2014 that were no longer available to provide services in 2017. Like the nonprofits, needs change within the community. New patients mean there is a potential for new needs.

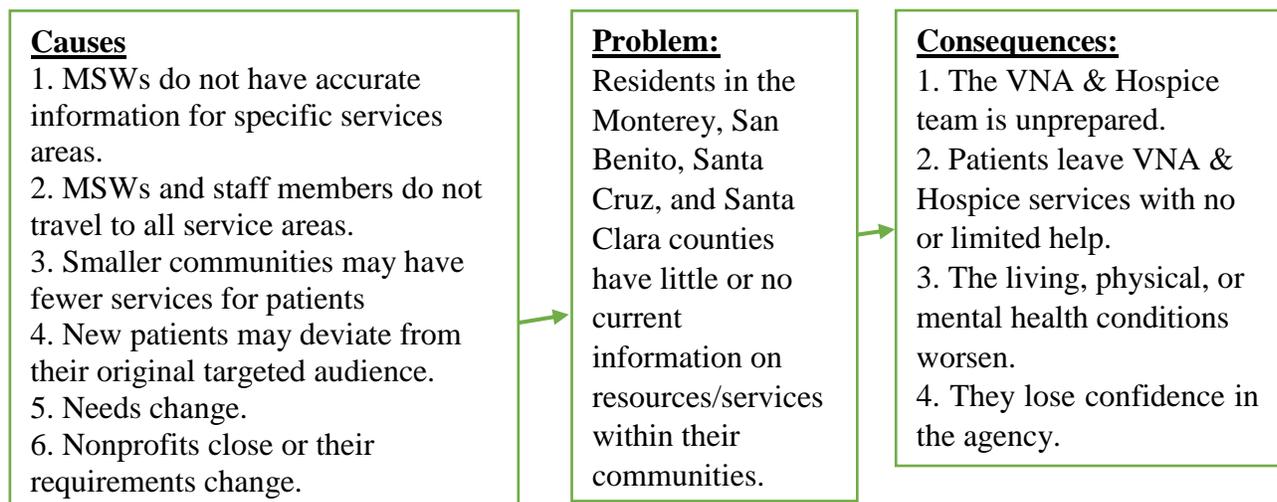
Consequences

These contributing factors create consequences based the lack of resource information. First, the CCVNA & Hospice team is unprepared. Social workers must work quickly and must utilize all available tools, including resources (Chan, Chan, & Suen, 2013). MSWs in particular need to conduct assessments based on needs, strengths, and psychosocial issues of patients and

families, which can be a high-pressure situation (Chan, Chan, & Suen, 2013). If an MSW cannot find a resource for their patient, they are not able to do their jobs, which might include a high-pressure situation. This leads into another consequence; patients leave CCVNA & Hospice services with no or limited help. After services have been completed or after a visit from a social worker, some patients require additional support for more long-term problems or problems that cannot be addressed by the agency (S.Valencia, personal communications, November 27, 2017). If patients are not given the proper resources or better information than what is currently available to MSWs, then they are being served with limited help. Resources/services are a necessity for some patients so that they may help themselves and alleviate their problems once the agency can no longer be there for them. Third, the living, physical, or mental health conditions worsen. In a study about U.S. Dialysis Centers, a majority of participants were not sure about available resources and services that would assist them with end-of-life decisions and care (Culp, Lupu, Arenella, Armistead, & Moss, 2016). Although there is only so much MSWs can give in the context of end-of-life, the service they can provide can be incredibly comforting for families. The quality of life for the patient and family decreases significantly if they are not aware of what is relevant to them.

Problem Model

The problem model below is a graphical representation of the causes and consequences.



2017 Connection Program Binder Update

In 2014, CCVNA & Hospice created a resource binder through the VNA Connection Program, a self-referral program for people who may not necessarily qualify for hospice or home health agency services (Connection Program, 2017). This resource binder was designed for social workers to have quick access to resources for patients. In order to address the community issue, the Connection Program Binder required an update. The 2017 Connection Program Binder Update was a needs-based and research project that provided CCVNA & Hospice MSWs with the necessary information and applications to aid them in their patient visits and assist them with resource referral in a more efficient and effective way. There were two anticipated outcomes for the binder update. The first anticipated outcome was for CCVNA & Hospice staff members to have most of the necessary information and applications or to be able to refer someone in order to complete their work quickly. The second anticipated outcome was for the Connection Program patients and CCVNA & Hospice patients to become more aware of the current services within their community. Monterey and San Benito county have a very diverse sociodemographic, which means it was important to create a solid foundation for CCVNA & Hospice staff members.

Methodology

The project was conducted for and by the Connection Program, but the home health and hospice departments participated in the project process by contributing to the evaluation process. The scope of work needed to complete the project was simple: to gather information and resources and conduct formal/informal interviews to assess the success of the project (See APPENDIX C). However, it required a lot of work. Preliminary research, required taking resources from the 2014 Connection Program Binder to begin finding current information about the resources and to guide the updated binder towards new services. Resources, such as public health referrals and power of

attorney applications, helped established essential sections needed for the binder (CCVNA & Hospice, 2014). The use of other manuals was also helpful. Sam's Guide, for example, is a comprehensive list of resources in the Monterey County created for nurses, social workers, teachers, and counselors, and has been included in the binder (Sam's Resources, 2017). In addition, two surveys were distributed during this process. The first survey was the Pre-Connections Binder Distribution (Pre-CPBD), for the purpose of collecting demographic information and resource suggestions, and the second was the Connection Program Binder Distribution (CPBD) was to evaluate the binder once it was completed (See APPENDIX D & E).

Assessment Plan. The expected measurable results were based on the CPBD survey, rather than the Pre-CPBD survey. Each person who was evaluating the Connection Program resource binder was asked to assess the updated binder on usefulness, quality, and organization using the Likert scale (See APPENDIX E). The expected measurable results were:

1. Fifty percent of CCVNA & Hospice staff participating in the evaluation survey will find the binder "useful" on the Likert scale.
2. Fifty percent of the CCVNA & Hospice staff participating in the evaluation survey will find the quality of the documents and resources found inside to be "excellent" or "very excellent" on the Likert scale.
3. Seventy percent of the CCVNA & Hospice staff participating in the evaluation survey will find that there are new and/or relevant resources in the binder.

Project Results

Outcomes

The results of the project were much better and bigger than anticipated. Firstly, the Connection Program binder update has completed the evaluation and will now be updated

according to the suggestions from the evaluation. From there, 20 copies of the resource binder will be created for the agency. The project has also extended to providing information for the Santa Cruz county as well as Monterey and San Benito county. Secondly, survey results indicate that some aspects of the anticipated outcomes have been accomplished.

Surveys. 10 Pre-CPBD surveys were distributed and nine were completed and returned (See APPENDIX D). Three out of the eight surveys indicated that they were not aware there was a Connection Program resource binder. Of those who said they were aware, three said they never use it, one said they sometimes use it, and one did not indicate how often they used it. Of the eight responses, six indicated that resources were given on the first day of meeting with a patient, one said sometimes, one said “it depends,” and one did not answer. When asked how long it usually took them to find resources, responses varied; Responses included, “15-30 minutes,” “30 minutes,” “depends,” “a few minutes,” and “N/A” (which means NOT APPLICABLE). Four out of the eight Responses suggested resources to include in the binder update.

Nine CPBD surveys were distributed with a 2017 Connection Program Binder to nine new participants. All distributed surveys were returned with completed responses (See APPENDIX E). Six out of nine participants said they were aware there was a Connection Program Binder and three said they were not aware. Only one person indicated they never used it. Eight out of nine participants indicated that they did give resources to patients during their first meeting with them, while one said they did not. Eight of nine participants said yes there was new and/or relevant information in the updated binder, one participants said no there was no new and/or relevant information in the updated binder. One participant indicated that the binder update was somewhat organized, two said it was organized, and six said it was very organized. One survey response was that the binder update was somewhat useful, the remaining eight survey responses said it was

useful. Four participants indicated that the quality of documents and resources were excellent and five said the quality was very excellent. In the final question, five of the nine participants still had more suggestions for the binder update.

Assessment

According to the surveys, the expected measurable results were achieved. Surveys indicated that more than half of participants evaluating the binder update felt that it was useful based on the Likert scale. All participants felt that the quality of the documents was either excellent or very excellent. Finally, more than 70% felt that there was new and/or relevant information. By these measures, the binder update has completed its goals. The anticipated outcomes, however, were harder to measure and accomplish.

The first anticipated outcome has been achieved in the sense that many resources have been gathered. The CCVNA & Hospice staff members who contributed to the surveys had many suggestions concerning resources and format for organization. The strength of the project design comes from these surveys because all the staff members wished to contribute something. Additionally, the project was receiving suggestions before the surveys were even distributed or the binders completed. Unfortunately, the diversity of needs keeps growing and many more resources were recommended to produce a complete binder. The second anticipated outcome could not be measured. The successes of trying to achieve this anticipated outcome comes from the fact that staff members ask for specific sets of information. For example, one staff member requested a Medical Cannabis guide.

Limitations/Challenges

There were many limitations and challenges that made the project difficult to complete. The biggest problem came from the limited amount of time to complete the project before the

deadline. The project, for example, began in Spring 2017; however, it did not allow enough time to gather more resources. In order to overcome this challenge, there needed to be a strict agenda of what to complete. In addition, the evaluation deadline insured that most, if not all, of the project was completed. The second biggest challenge was gathering information for the resource binder. Fortunately, the CCVNA & Hospice staff members contributed largely to acquiring resources by suggesting types of information and by giving the information directly to the researcher. Both surveys, for example, have questions regarding any new resources and applications the staff members would like to include in the binder update. This made the challenge of finding relevant and important resources simpler. Nevertheless, the project could not be fully completed. The evaluation surveys have shown that there are staff members who were not satisfied with the binder the way it is now. This criticism does not come from dissatisfaction with the project, but the lack of other important resources within the Monterey, San Benito, and Santa Cruz counties in the Connection Program Resource Binder. There was not an easy way to address this challenge because there will always be a need for new and relevant information.

Final Thoughts

Conclusion

CCVNA & Hospice is a highly organized and well-funded agency that provides great care to many people across the Monterey, San Benito, and southern parts of Santa Cruz and Santa Clara county. The update of the Connection Program binder has not only shown that needs are diverse within the community, but that the project should also be continued. Based on the process of the binder project, there are three of recommendations that would improve the Connection Program Resource Binder for the community and the agency.

The first recommendation is that the resource binder should be updated every year. If the binder were to be updated based on the evaluation surveys, there would be a more complete list of required resources for agency staff members to utilize. As previously mentioned, CCVNA & Hospice connects with a large diverse population that may not necessarily be related to their own targeted audience. For example, a connection visit may require the aid of homeless shelters, but a hospice visit may need information on funeral homes and churches.

The second recommendation is that the resource binder should be converted to be an electronic copy. Valencia previously mentioned that an electronic version of the Connection Program Binder was something the agency desired and would benefit from, but due to time constraints, this was not achievable within the allotted time (personal communications, November 27, 2017). An electronic copy would be easy to access, because MSWs and other agency staff members would not be required to carry the physical resource binder. Additionally, the resource binder has website links listed on some resource information that could direct staff members to the desired information.

The third recommendation is that department specific information should be separated into its own binder. Although, participation was a key to the resource binder's success, it became much more difficult deciding what information should be included. The hospice department, for example, could have their own resource binder. Although, it may not be convenient for social workers and care coordinators to have more than one binder, it would allow for better organization. In addition, special attention and more room can be added to specific hospice resources, such as the services provided by funeral homes, grieving information, advanced directives, and other information that is much more sensitive to death and dying topics. For example, MSWs can give grieving families resources concerning how kids grieve or how to discuss death with children.

These recommendations will assist CCVNA & Hospice in being a more efficient and helpful resource for the community.

Personal and Professional Growth

Research is an incredibly eye-opening experience. The research required to complete the resource binder revealed that eliminating the need to gather resources was highly unlikely. It is impossible to predict the needs of the patients served by CCVNA & Hospice. While there may be similar problems amongst many, each patient has their unique needs and problems that make providing resources difficult. For example, the resource binder includes research on clinics in the Monterey and San Benito county. However, if there is a client who only feels comfortable having a provider who speaks Spanish, or is unsure what their health rights are, it could mean more research. There are many problems like this that make it impossible to predict the needs of each patient. The issue, therefore, lies in its inability to be concluded. The planning and implementation of the project has also led to personal and professional growth. For example, time is a very important concept in the professional world. Time felt very sparse during the project's process, since it required gathering so many materials and putting the final product together. It became clear during the first weeks of the month that the project should have begun sooner. As of now, for example, the agency has not received their completed resource binders. One piece of advice is to start the project process as soon as the decision to pursue the project has been made. Finally, the contribution of the Connection Program Binder has been very apparent from the beginning of the process. In the first stages of the project, the importance of gathering information was a topic frequently discussed by Valencia. In fact, it was Valencia who suggested that the Connection Program Binder required an update. There was also cooperation from other agencies by filling out the surveys, evaluating the binder, and suggesting resources during times outside of the process.

When resource research was not being conducted, for example, many MSWs would continue offering suggestions to include in the binder. Cooperation and participation demonstrated the power of collaborative projects and their ability to be successful.

Social Significance

The broader social problem that the 2017 Connection Program Binder Update relates to, is the significant difference in the available resources between certain counties. Monterey county, for example, had many more services and nonprofits than San Benito county. The difference was especially notable when searching for clinics and outpatient clinics. Monterey county had three outpatient clinics, but finding even one outpatient clinic for San Benito county has been nearly impossible. This difference is more noticeable when observing Santa Cruz and Santa Clara county, which have bigger populations and more resource opportunities. To address the gap between counties, or even between cities, it's important to investigate why one nonprofit agency is available in Monterey, but not Hollister. A possible capstone for future collaborative health and human services students is to research the reasons why there is such a huge gap between counties, and what that means for the community.

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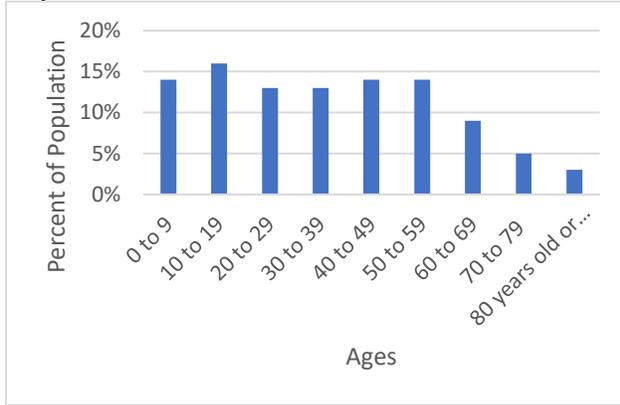
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APPENDIX A

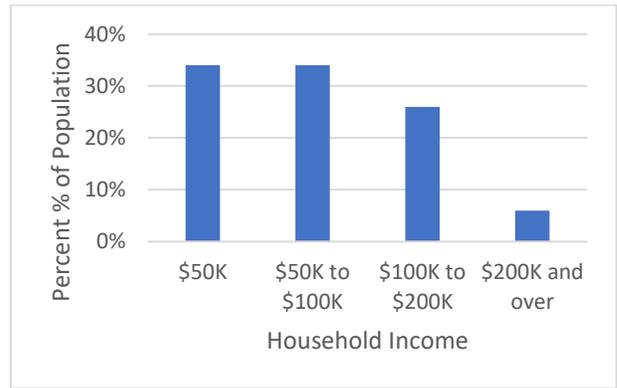
Monterey County

Figure 1.1: Monterey County Age of the Population



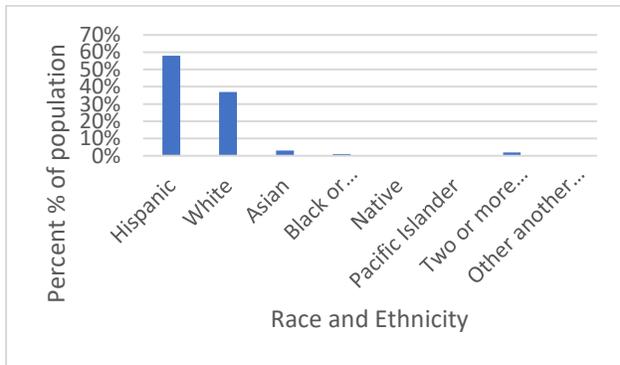
Source: Census Reporter, 2015

Figure 1.3: Monterey County Household Income of the Population



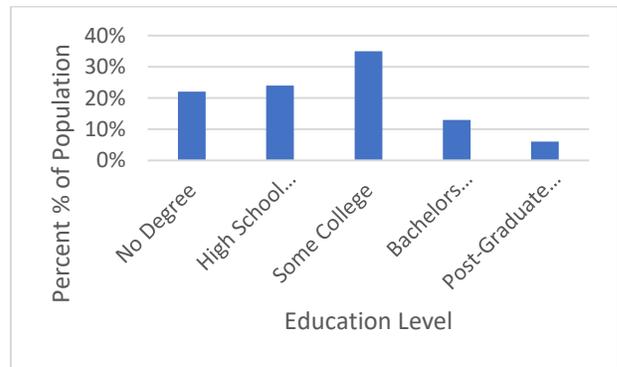
Source: Census Reporter, 2015

Figure 1.2: Monterey County Race and Ethnicity of the Population



Source: Census Reporter, 2015

Figure 1.4: Monterey County Education Level of the Population

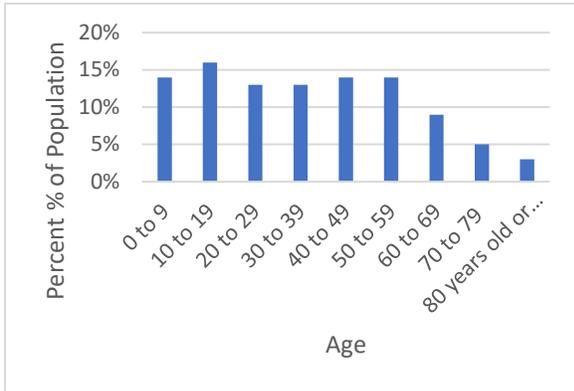


Source: Census Reporter, 2015

APPENDIX B

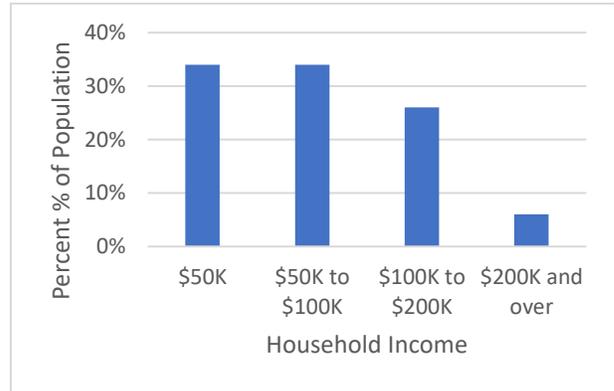
San Benito County

Figure 2.1: San Benito County Age of the Population



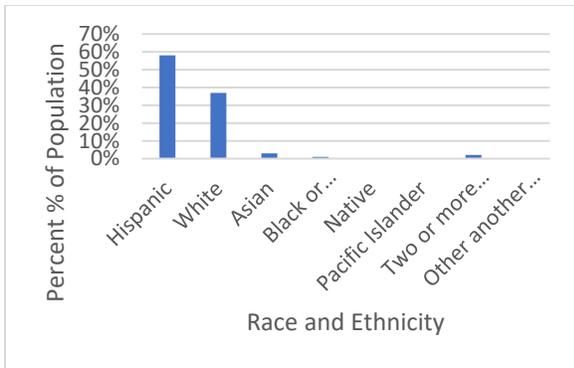
Source: Census Reporter, 2015

Figure 2.3: San Benito County Household Income of the Population



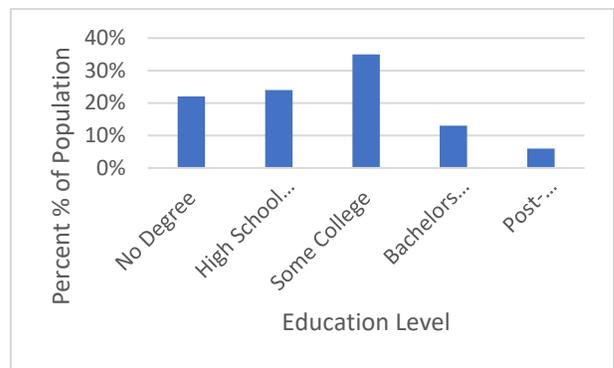
Source: Census Reporter, 2015

Figure 2.2: San Benito County Race and Ethnicity of the Population



Source: Census Reporter, 2015

Figure 2.4: San Benito County Education Level of the Population



Source: Census Reporter, 2015

APPENDIX C

Activities	Deliverables	Timeline/Deadline
Interview nurses, medical social workers, chaplains, patients, and family of patients.	Surveys will detail which services/resources is most required. Nurses will also inform how often they use their resource manual.	September 19 th and 20 th , 2017
Research/interview nonprofits for requirements and further information.	Excel power points and word documents will have preliminary research.	October 10 th , 2017
VNA staff will look at the gathered information and either approve or disapprove of resources and nonprofits listed.	Written verification of project. Surveys to be conducted.	October 11 th , 12 th , and 19 th , 2017
Based upon the suggestions, I will add/modify the binder and later distribute it.	Resource manual completed and proofread.	October 30 th , 2017

Ethnicity

- Hispanic/Latino origin
 - Not of Hispanic/Latino origin
5. What gender do your clients typically identify with? Check mark the option that best applies to you.
- Male
 - Female
 - Transgender
 - Other
6. What age bracket do your clients typically belong to? Check mark the option that best applies to you.
- 18 — 21
 - 21 — 65
 - 65 and older
7. Do your clients come from Hospice, Home Health, or the Connections Program? Check mark the option that best applies to you.
- Hospice
 - Home Health
 - Connections
8. What would you like to include in the Connections Program resource binder that would assist you in your duties?

5. How do you feel about the organizational structure of the binder using the scale below?
Circle the best option.

1: NOT AT ALL ORGANIZED

2: SOMEWHAT ORGANIZED

3: ORGANIZED

4: VERY ORGANIZED

6. What suggestions do you have that would improve the organizational structure?

7. How did you rate the usefulness of the Connection Program Binder using the scale below?
Circle the option that best applies.

1: NOT USEFUL

2: SOMEWHAT NOT USEFUL

3: SOMEWHAT USEFUL

4: USEFUL

8. How do you feel about the quality of documents and resources found inside using the scale below? Circle the option that best applies.

1: VERY POOR

2: POOR

3: EXCELLENT

4: VERY EXCELLENT

9. What resources would you like to include that were not in the binder?