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Central Coast VNA Palliative Care

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Title: Central Coast VNA Palliative Care Volunteer Program

Abstract

The Central Coast VNA Visiting Nurse Association provides the highest quality health care to patients through physicians, hospice medical directors, nurses, medical social workers, spiritual care counselors, and volunteers. VNA currently does not have a volunteer program specifically for palliative care patients for their Palliative Care Team. Palliative care is specialized medical care for people living with a serious illness. The goal is to improve quality of life for both the patient and family by addressing physical, emotional, social, and spiritual needs (VNA, 2019). 94.9% of patients are referred to VNA because they need support for the patient and family (Central Coast VNA & Hospice Palliative minutes, 2019). Volunteers provide companionship, emotional support, respite for families (Central Coast VNA & Hospice, 2019). The basic needs of a palliative care patient were introduced through shadowing a Medical Social Worker that is in the Palliative Care Team, attending Palliative Interdisciplinary Team meetings, and becoming a palliative care volunteer providing services. A recruitment flyer and presentation were created for new volunteers and a short survey was developed and handed out at the end of the new recruitment in-service. From this experience and knowledge gained a recruitment in-service was successfully implemented. It was found that 100% of in-service participants agreed they would be a palliative care volunteer and help palliative care patients. This project has allowed growth within the agency by adding a new Palliative Care volunteer program to patients and families who need support that they were not receiving prior.

project have Keywords: VNA, Palliative Care, Volunteer, Implementation, internship, Patients

Agency & Communities Served

The Visiting Nurse Association (VNA) provides specialized type of care for those facing a life-limiting illness, for their families and their caregivers (Central Coast VNA & Hospice, 2019). The non-profit organization established in 1951, works with wherever the patient calls home, which can be the patient's home, in a home-like setting, nursing homes, residential care facilities, with a contractual agreement in hospitals. The mission of VNA is dedicated to providing the highest quality health care to residents in Monterey, Santa Cruz, San Benito Counties by meeting their individual needs in an ethical, effective, caring, and fiscally responsible manner (Central Coast VNA & Hospice, 2019). VNA also has programs and services to assist with patient care.

The programs offered are Home Health care, Hospice, and Wellness and Immunizations Services. Home health care provides comprehensive, skilled services in the home. Home health services focus on rehabilitation and restoration of independence after surgery, an acute illness, as well as management and stabilization of chronic diseases (Central Coast VNA & Hospice, 2019). A trained travel health RN provides recommendations based upon destination, health assessment, duration of stay and nature of your trip. Most appointments average 30 minutes (Central Coast VNA & Hospice, 2019). VNA also address many issues including independence for the patient and the family. They offer end of life care, counseling and family support, and also to help find and coordinate resources. The VNA team consists of many staff including the nurse, physical therapist, occupational therapist, speech therapist, medical social worker, home health aide, office staff, and volunteers. The agency also works with families, physicians, and other health providers to create a plan of care (Central Coast VNA & Hospice, 2019). It is also beneficial to

know that the services provided by VNA are covered under most insurance companies including Medicare and Medical.

VNA has a palliative care team, which helps patients and their loved ones live as fully as possible during a serious, chronic, or otherwise life-limiting illness. Care is geared to the individual and begins with physical comfort so that other needs — emotional, social, practical, and spiritual — may be fully met. The Palliative Care team remains sensitive to personal, cultural, and religious values, beliefs, and practices (VNA care, 2019).

The average age of Central Coast admitted patients are between the ages of 85-89. The average age of admittance is also the same by state and National (Central Coast VNA & Hospice minutes, 2019). The average admission by race in the central coast is white at 49.2%, followed by Hispanic or Latino at 22%, for State, also remains the same (Central Coast VNA & Hospice minutes, 2019). In the central coast, State and National the number also remain the same for discharge reasons. It is reported that a majority of the patients are discharged due to “Expired” meaning death followed by “revoked”, and “no longer terminally ill”.

Problem Description

People are not receiving palliative care, in Monterey County. The volunteers for VNA are currently taking patient assignments for Hospice care. There is now a higher demand for palliative care services to improve the quality of life for both the patient and family. Hospice care is when a patient has a terminal diagnosis, and a prognosis of 6 months or less to live. Palliative care is when a patient is living with a chronic illness and expected to have a longer life expectancy, than someone on hospice care. VNA does not currently have a team of volunteers specifically for the Palliative team. VNA currently serves 238 patients receiving palliative care in Monterey, San Benito, and Santa Cruz counties (Central Coast VNA & Hospice Palliative

minutes, 2019). The agency has 57 active volunteers, none of whom serve palliative patients (Central Coast VNA & Hospice Palliative Care minutes, 2018).

Contributing Factors

One of the contributing factors leading to patients needing palliative care is that there is nobody to provide these services. Families have been and continue to request volunteer support and respite. 40.8% of patients received hospice-related services, which means the other 59.2% did not. 94.9% of patients are referred to VNA because they need support for the patient and family (Central Coast VNA & Hospice Palliative Care minutes, 2018). Patients cannot care for themselves properly, and some families can't provide the care.

Lack of awareness and education is also another factor people do not know the resources available to them which creates limited use of patient services. According to the study by Patient Education and Counseling (2017), "Improving patient knowledge of palliative care: A randomized controlled intervention study", they concluded that an information page and a brief video can improve knowledge of palliative care in laypersons (Kozlov, E., Reid, M. C., & Carpenter, B. D. 2017). Only 40% of home health care patients are aware of patient services (Accenture research, 2017). Some patients and families are unaware of the resources available to them due to language and communication barriers. 48% of people report they speak English less than very well reported by cultural competence in healthcare.

Increasing too few volunteers, would also provide more opportunity and growth for the agency to meet demand. As previously mentioned VNA currently has fifty-seven active volunteers. Between January 2, 2018 December 31st, 2018 VNA had two hundred and thirty-eight patients (Central Coast VNA & Hospice Palliative Care minutes, 2018). Getting more volunteers to assist with the agency would create better quality of care for patients.

Consequences

According to a 2010 study reported in the New England Journal of Medicine, lung cancer patients receiving early palliative care had less depression, improved quality of life and survived 2.7 months longer (Center to Advance Palliative Care, 2014). Recent studies have shown that medical care patients with advanced illness is characterized by inadequately treated physical distress, fragmented care systems, poor communication between doctors, patients, and families, and enormous strains on family caregiver and support systems (The National Palliative Care Research Center. (n.d.) Another consequence is a reduced quality of patient care. Patients and their families deserve the best quality of life by increasing care at home (Central Coast VNA & Hospice, 2019). Their overall satisfaction with the agency is important as they can choose to discontinue care, which 9.9% have done in 2018 (Central Coast VNA & Hospice Palliative minutes, 2019).

Not having a palliative care volunteer also increases the chances of a patient being admitted in the hospital. Volunteers help provide support in many ways which help decrease the chances of hospital visits. The CDC reports in 2016 that falling down is the leading cause of senior injuries and death at 25% ages 65 and up (Senior Statistics & Research. (n.d.). It is also reported in the 2010 census that only 3% of senior citizens live in nursing homes, creating a higher need for at home care (Senior Statistics & Research. (n.d.). Volunteers can help prevent future hospital stays for patients.

Capstone Project

This capstone project ensured palliative care patients would be getting volunteer service. The VNA palliative care team made 393 scheduled visits between 1/2/18/-12/31/18 (Central

Coast VNA & Hospice Palliative minutes, 2019). This project consisted of gathering data to verify the number of patients being served and the number of volunteers needed. This Capstone was centered around outreach and recruiting new volunteers for palliative care. In order to do this, new recruitment presentation and flyers were made. The need for palliative volunteers is continuing to grow, as chronic illness is on the rise as the CDC reports six in ten Americans live with at least one chronic disease (CDC, 2019).

Problem Model

Contributing Factors	Problem	Consequences
Nobody to provide services	Palliative Care patients and families are not receiving volunteer support.	Increased emotional distress
Lack of awareness		Reduced quality of patient care
Too few volunteers		Increase in hospital visits

Capstone Project Description and Justification

Project Implementation

Project Title: Central Coast VNA Palliative Care volunteer program

The capstone project provided Central Coast Visiting Nurse Association (VNA) with volunteers specifically for Palliative Care patients. This capstone project has been executed by collaborating with VNA Staff, the Latino Outreach Coordinator Elizabeth Birruete, Palliative Care Program Coordinator Teresa Agular Lepe, Volunteer Coordinator Quinn Junghans, Graphics Designer Michelle Henderson, the Palliative Care team, and Joanna Dyels the Medical Social Worker for palliative care, we collaborated to make this a successful project. The visiting nurse association formerly known as VNA was established in 1951. VNA currently does not have a volunteer program for Palliative care patients. The strategies used for project implementation include several marketing approaches to recruit Palliative Care volunteers. All of the project activities listed in the scope of work were completed. The implementation of this project involved researching Palliative Care needs for the patients. VNA assigned me to a new patient who is on the Palliative care program, this allowed me to receive feedback from the patient and find out what their specific wants and needs are that can be provided in the future by a volunteer. This research also included going to Palliative Care Interdisciplinary Team meetings and gathering more information from the Palliative team. Another method of researching patients receiving Palliative Care was shadowing a couple of the Medical Social Workers in the Palliative Team. The medical social workers visit with patients at home and get direct access to them. Hearing what the patients' needs are along with shadowing the Medical Social Workers educated

me more and helped with understanding their care and needs. The next step for implementation was meeting with the graphics designer for VNA, we created a flyer to recruit future volunteers. VNA is covering all costs for the flyer to be made by an independent contractor chatterbox PR, and all printing costs. The flyers were distributed throughout areas in the community including, libraries, Starbucks, colleges, churches, etc. This new volunteer position of Palliative Care Volunteer was also posted online at the website www.volunteermatch.org, with the help of the Volunteer Coordinator. Coastline Marketing assisted with updating the CCVNA website and put up a flier on social media. The final stages of implementation included making a presentation with information on the role of a Palliative Care volunteer. A survey was handed out at the end of the education in-service to find out if any of the participants would be interested in being a palliative care volunteer. The survey is short and to the point for possible palliative volunteer prospects.

Project Purpose

The purpose of this project was to implement marketing team strategies to recruit palliative care volunteers. The in-service helped with recruiting new Palliative Care volunteers to provide support for patients and their families. “The benefits of doing this kind of volunteer work also extend to the volunteers themselves, who often say they receive more than they give from the patients/families they are privileged to be with”(Claxton-Oldfield, S. , 2015).

Project Justification

Approximately 90 million Americans are living with a serious illness, and this number is expected to double over the next 25 years with the aging of the baby boomers (Center to Advance Palliative Care, 2014). According to the VNA Palliative Care minutes, 100% of the patients seen were at home (VNA minutes,2018). (VNA Palliative Care minutes, 2018). The

Palliative Care team needs support, and volunteers can provide it. The added support for the team would create new opportunities for growth within the Palliative Care program provided by VNA.

The expected outcomes for this project was to gain enough Palliative Care Volunteers to provide families with breaks, companionship visits to the patient, emotional support, haircuts, massage, and overall patient and family reassurance that they are supported. The project was measured through excel spreadsheets that helped determine volunteer productivity.

Project Results

The expected outcome of this volunteer in-service was to recruit new volunteers specifically for palliative care patients. An in-service to recruit new Palliative Care patients as well as for Hospice, was held on October 12, 2019 at the VNA office in Monterey. The Volunteer Coordinator Quinn Junghans was also a speaker at this presentation to recruit Hospice volunteers, this was the first-time volunteers were introduced to the new volunteer program for patients receiving palliative care. The presentation went well, the volunteer prospects asked many questions and showed an interest. A survey was handed out at the end of the presentation to measure the number of volunteers interested in being a palliative care volunteer.

A total of nine people attended the volunteer in-service, seven people filled out the survey that was made specifically for this new volunteer in-service. One person who did not fill out the survey came into the presentation knowing she wanted to be a volunteer strictly for the office. A new student of the CHHS program came out to see the presentation to specifically hear about palliative care. she expressed interest in being a volunteer specifically for the Palliative Care Team. The number of participants at the In-service grew. July there was a total of 2, August 4, September 3, and October there was 9 which is shown in Figure C. The number of attendees

grew significantly since July. The survey contained five questions regarding their, age, gender, and overall interest in becoming a volunteer for a palliative care patient. 100% of the participants agreed that they would volunteers for the Palliative Team. Implementation will be measured through excel to create a chart that will show the results of the palliative care presentation for new volunteers. The pie chart below shows the rate of those interested in being either a Hospice volunteer, Palliative volunteer or for both. Everyone who participated in the survey agreed that they would like to be a palliative care volunteer.

Figure A.

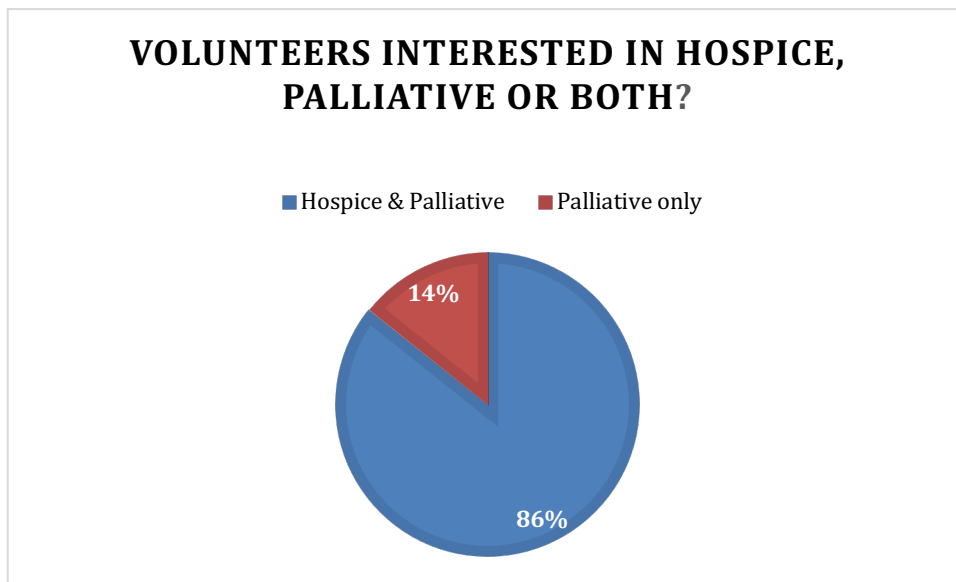


Figure B.

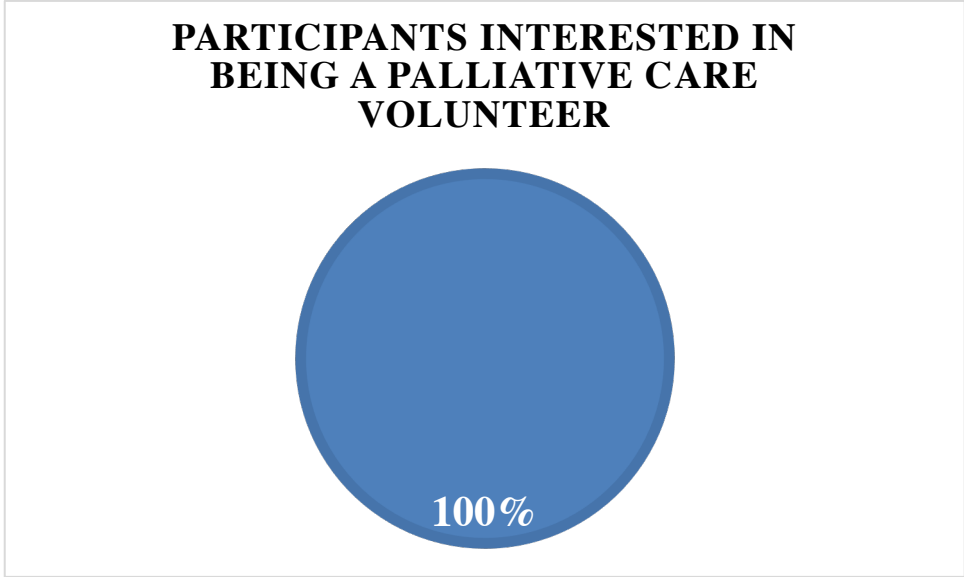


Figure C.

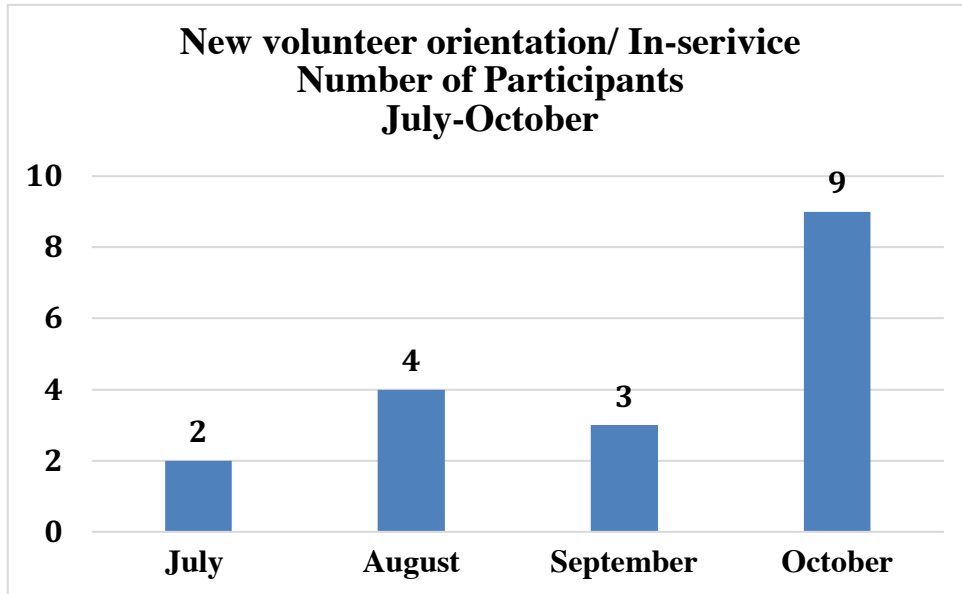


Figure D.

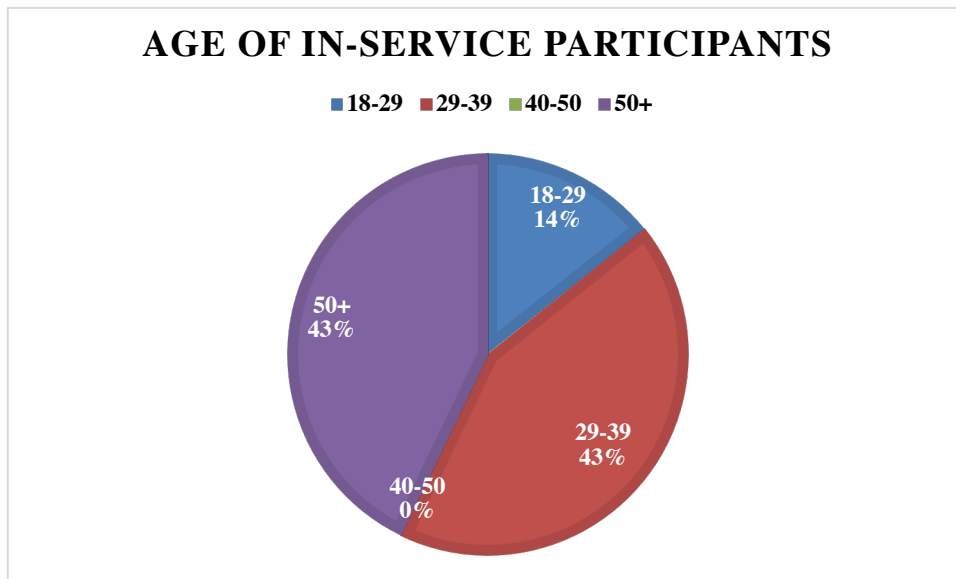


Figure E.

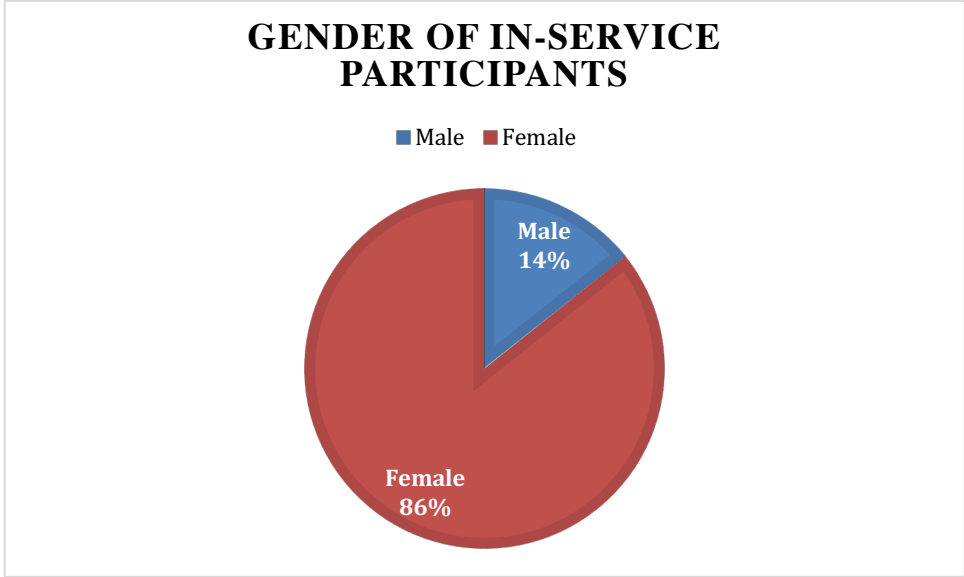
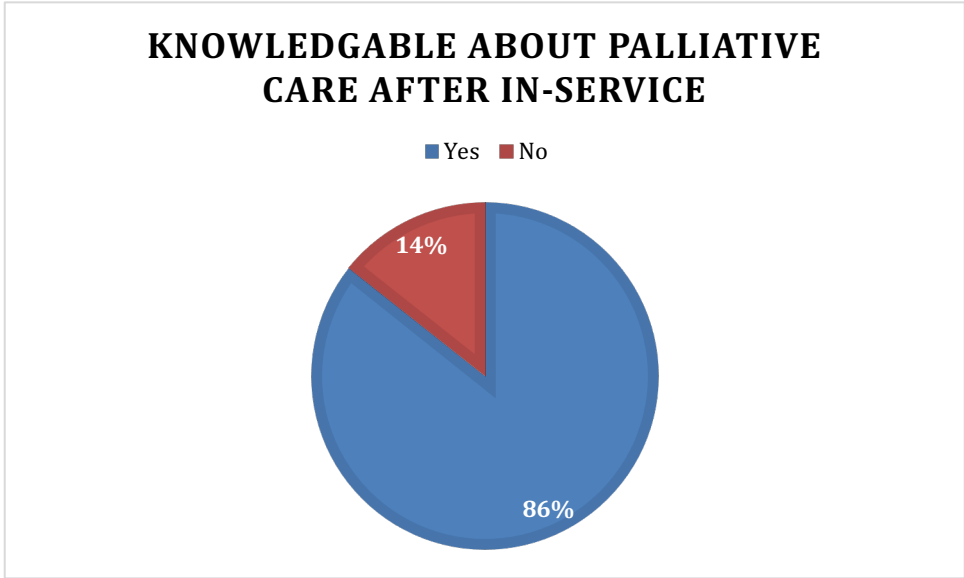


Figure F.



Conclusion & Recommendations

This project has allowed growth within the agency by adding a new Palliative Care volunteer program to patients and families who need support that they were not receiving prior. The in-service to recruit new volunteers for palliative care was a success as 100% of the participants said they would be open to be a palliative care volunteer. The Central Coast Visiting Nurse Association (VNA) currently has 49 palliative patients with only one having an active volunteer that is visiting. There is currently one palliative patient being visited once a week as it was part of implementation for this project. The patient is overall happy to be getting the support and help that is much needed. This patient is currently receiving chemotherapy for her cancer diagnosis. Her treatments make her feel very weak and ill afterwards. It has been a rewarding and humbling experience to be able to help her weekly. This new volunteer in-service has introduced people to palliative care, as well as bringing awareness to people that palliative care patient's need volunteer support as well. Once the people who attended the in-service are cleared to be a volunteer, they will be contacted to see if they would like to start visiting a palliative patient as soon as possible.

It is recommended that VNA continues with this program, as it will help the palliative care patients with their quality of life. It is recommended to start having interns as well as volunteers shadow clinicians specifically working on the palliative care team. This will allow them to become comfortable as well as knowledgeable with the concept. It would be beneficial if the in-service continues to address the need for palliative care volunteers. A new palliative care presentation was created as part of implementation specifically for this reason to help new

volunteers understand the basics of what palliative care is and what is the role of a palliative care volunteer. Continuing to educate people on the subject and informing them on the need by outreach and tabling would also be of value.

Personal Reflection

From my understanding VNA is having trouble getting palliative care volunteers because people do not know enough information about palliative care services. Interning for this agency has helped me learn about people's behavior as well as interactions between the patient and family. As stated above it has been such a rewarding experience and I won't forget some of the patients and families that I had the pleasure of meeting. Everyone has been so welcoming and friendly at VNA I am going to remember this experience, as it has taught me so much about life and how delicate it is. I can't put into words everything that has happened, but I felt the warmth of a lot of families that I had the wonderful opportunity to meet. It has been a privilege to sit with these patients on their final months of life and hear their wisdom as well as their fears and doubts. When I think back on my time with VNA two patients come to mind, the first one was a lady in her mid 50's. I had started seeing her as one of my first patients and she just passed away in October. She was a nice lady who loved her dogs and to watch a good movie. I am glad she isn't in pain anymore. The second patient that is most memorable to me is someone I nicknamed Mama Coco. She came from a traditional Mexican family she is in her late 80's, and her family made me feel like I was a part of their family. The experience has allowed me to explore my strengths as well as my weaknesses. My strengths included being compassionate and empathetic with the patients and their families. I learned how to prioritize my responsibilities and make sure to meet every deadline and complete all of my assignments. My weakness was communication I

could have reached out to my mentor more often to let her know everything was fine. Another weakness I had was not writing enough detail for my after-visit patient notes. I noticed my notes were becoming repetitive, since it was difficult for me to think of new ways to write what else had happened with the same patient. This experience has allowed me to make new connections with people working in the health field. Last but not least I want to thank my mentor Elizabeth Birruete for all of her assistance, patience and guidance throughout this new learning process. I also want to thank the Volunteer Coordinator Quinn Junghans who helped me coordinate the in-service, Teresa Agular Lepe the palliative care nurse, and Joanna Dyles the social worker who let me shadow with her more than once.

Appendix A

Table 1: Scope of Work

Primary Objective of the project: To create a marketing strategy specifically for palliative care patients, so they can receive volunteer support.

Activities	Deliverables	Timeline/Deadlines
1. Research the need for Palliative Care	1. Discover there is a need for Palliative end of life Care	1. January-April 2019
2. Shadow Palliative Care MSW	2. Find out the needs of Palliative Care patients	2. June-July 2019
3. Attend Palliative Care Meetings	3. Learn more about Palliative Care and what it offers to patients and their families	3. June-July 2019

<p>4. Be assigned new patient receiving Palliative Care</p>	<p>4. Receive feedback gain experience from palliative Care patient</p>	<p>4. September, 2019</p>
<p>5. Develop Palliative Care Volunteer Description with Teresa/ Quinn</p>	<p>5. This will be used for the fliers, as well as online marketing strategies.</p>	<p>5. September, 2019</p>
<p>6. Coordinate with Chatterbox to discuss flier design</p>	<p>6. Fliers will be distributed around the Central Coast</p>	<p>6. September - October, 2019</p>
<p>7. Create PowerPoint presentation for new palliative care volunteers</p>	<p>7. PowerPoint will be presented at in-service</p>	<p>7. October, 2019</p>
<p>8. Make short survey</p>	<p>8. Short survey will be handed out at in-service</p>	<p>8. October, 2019</p>

<p>9. Prepare for Palliative Care orientation</p>	<p>7. Complete and thoroughly review presentation</p>	<p>7. October, 2019</p>
<p>10. New Palliative Care in-service</p>	<p>8. Result in new volunteers</p>	<p>8. October, 2019</p>
<p>11. Prepare for project presentation</p>	<p>9. Present at Capstone festival</p>	<p>9. November - December, 2019</p>

Palliative Survey

Age

- [] 18-28
- [] 29-39
- [] 40-50
- [] 50+

Gender

- [] Male
- [] Female
- [] Other

After this presentation would you consider being a volunteer for palliative care?

- [] Yes
- [] No

Do you feel knowledgeable about Palliative Care?

- [] Yes
- [] No

Would you consider volunteering for Hospice, Palliative, or both?

[_____]

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