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Santa Cruz Hospice: Transitions and Palliative Care Services Pilot Volunteer Program

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Abstract

Hospice of Santa Cruz County is regarded as the most experienced hospice program in the region. Currently, terminally ill patients who are not enrolled in any type of hospice care program are not receiving resources for services soon enough. Also, the transitions and palliative care patients at Hospice aren't receiving adequate social or emotional support. This project piloted a Transitions and Palliative Care Services Volunteer Program with volunteers providing direct services through biweekly or monthly visits to patients that included companionship, emotional support and cognitively stimulating activities. The direct service of volunteer visits was used in order to increase patient satisfaction. Surveys were created in order to measure the effectiveness of visits. Results led to better research for techniques on patient interaction. Changes and recommendations from the survey were implemented. Finally, improvements would be having more volunteers for the program and training available in order to help improve patient's quality of life.

Keywords: transitions, palliative care services, hospice

Agencies & Communities Served

Hospice of Santa Cruz County (Hospice) was founded in 1978 and is regarded as one of the most experienced and largest non-profit hospice programs in the region (HSCC, 2018). Their mission is to “Honor the choices of individuals and families by providing exemplary end-of-life-care and grief support to our community” (HSCC, 2018). Their vision statement is that “All members of our community live and die with dignity” (HSCC, 2018). They have facilities in two locations in Santa Cruz, Watsonville and Scotts Valley, but typically provide services for patients including Aptos, Davenport, Capitola, Felton and other cities and towns throughout the Santa Cruz region.

Hospice provides three main programs for eligible patients to receive services. The first program is hospice care in which their main goal is to “Provide expert care and support for your medical, emotional and spiritual needs” (HSCC, 2018). Hospice patients are eligible if they have a medical prognosis of six months or less to live and receive direct medical and comprehensive services. They are also eligible for extended personalized services such as an occupational and/or musical therapist (HSCC, 2018).

The second (Transitional care) program is focused on providing services for patients diagnosed with a terminal illness with between one to two years to live. The main goal of the transitional care program is to provide symptom relief and care management with services from a transitional care physician and social worker, who is assigned to the patient to assist them with their healthcare decisions and provide community resources that will help the patient and their family. (HSCC, 2018).

The third (Palliative Care) program is similar to transitional care with eligible patients who must be diagnosed with a terminal illness between one to two years. This

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program is also aimed at helping patients with symptom relief and care management with services that include: a palliative care physician, social worker, and nurse. The palliative care social worker and palliative care nurse’s goal is to “Serve the community and help patients manage their illness in the best possible way” (HSCC, 2018). Table 1 highlights the differences between the three programs.

Figure 1 Hospice of Santa Cruz Programs

| | Hospice Care | Transitional Care | Palliative Care |
|-------------------------------------|--|--|--|
| Patient Eligibility Criteria | Medical prognosis of 6 months or less | Medical prognosis of 1 to 2 years | Medical prognosis of 1 to 2 years |
| Services Provided | Attending physician, hospice physician, nurse & social worker. Spiritual counselor, hospice aide & volunteer | Attending physician, transitions social worker, transitions & palliative care services volunteer | Attending physician, palliative care physicians, palliative care social worker & nurse, transitions & palliative care services volunteer |
| Program Provided | Grief support, volunteer, pet companion, music therapy | Grief support, transitions & palliative care services volunteer program | Grief support, transitions & palliative care services volunteer program |

Although there are similarities between these three programs, there are also some significant differences. While all three programs provide patients and their families with emotional support, grief support and community resources for needs that may fall outside those provided by the organization, the hospice care program provides specific services not available to the other two programs including volunteer companionship, additional specialized medical and social work personnel and expanded social support and resources. (HSCC, 2018).

Hospice provides information about their finances in annual reports which are made available on their website. For the 2017 - 2018 fiscal period, the program cost

included \$20 million for patient services, \$3 million for administration fees, nearly half a million dollars for funding development, and \$100,000 for miscellaneous activities such as program workshops and conferences. (HSCC, 2018).

Hospice raises over \$1 million in donations annually through private foundations, grants, and contracts from other organizations and agencies. The revenues are mainly generated from patient's fees for services. Patients are able to pay for Hospice's services through their public health insurance. A majority of eligible patients are over 65 years old and qualify for MediCare. If they are income eligible, they may also have public health insurance funded by MediCal (Medi-Caid). Finally, people who are employed usually have private health insurance plans. (Medi-Cal, n.d.).

Hospice collaborates with many community partners through the Santa Cruz County region who provide additional resources for patients that are not available through the organization. If patients need transportation services, they can utilize the Road to Recovery Transport Program, Volunteer Center of Santa Cruz Transportation, and Just Go Transportation. If patients want counseling and mental health services, they can utilize the Senior Outreach, Adult Protective Services, and Renaissance programs, all of which require patients to have health insurance. Additional outside services that are available to hospice patients include educational resources such as the Santa Cruz Libraries and Book Buddies that provides volunteers to assist patients in reading; financial services such as the Money Management Program and Senior Network Services to help patients manage their finances, and education and support about their illnesses' and health from Women Care Support Group, Women's Cancer Advocacy, and Life Check.

Communities Served by the Agency

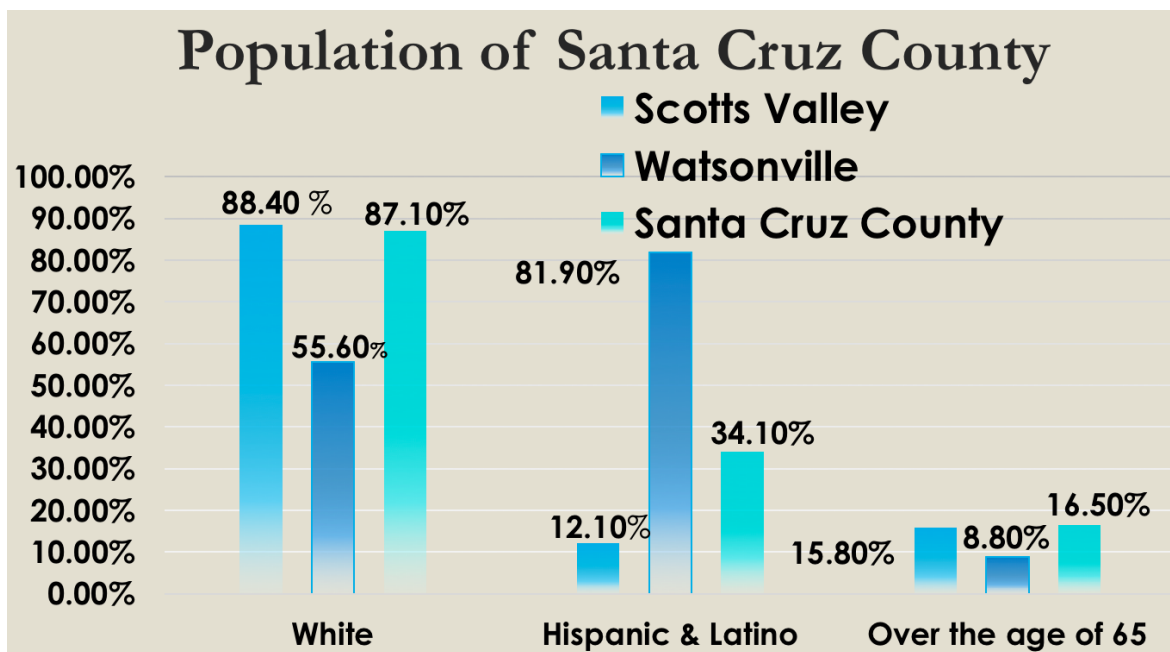
Hospice serves the residents of the entire county of Santa Cruz ranging from Watsonville all the way up to Aptos, California. In 2018, Hospice of Santa Cruz County provided hospice care services to about 1,000 individual patients and transition and palliative care services to over 160 patients. Of this total, over 200 were Veterans (HSCC, 2018). In addition, music therapy services were provided to 1,000 hospice care patients and over 3,000 volunteer visits were made (HSCC, 2018). They also provided grief support services for an additional 2,000 family members (HSCC, 2018) and over 700 youths through an in-school grief education program. Overall, the agency has been an effective and impactful organization in the Santa Cruz region.

One of the main issues to address in this community is the negative stigma of hospice and death and dying. Death can be a very sensitive topic for many families to discuss. Families are already dealing with the patient being terminally ill, but it's important that they have an organization they can turn to in order to talk about the difficult topics. Hospice can provide the support and knowledge to talk to families and patients about hospice and advanced healthcare planning. These members are trained to provide exemplary care and support to patients and their families (HSCC, 2018). Another issue to address is the patient's terminal illness. It's not to be said that every HSCC knows about every terminal illness, but they can provide patients with resources and guides to specialists or support groups to help them manage their mental wellbeing about the specific illness. Another issue may be finances to pay for program services. Patients may have some money saved, but not nearly enough to cover their expenses for their medical services. This is where it's important for one of the social workers to help

patients out by filling out important forms such as Medi-Cal. The social workers help with the process and guide the patients in the right direction (HSCC, 2018).

The following is information obtained from the U.S. census on the number of people in the Santa Cruz, Watsonville and Scott’s Valley area (U.S. Census, 2018). The importance of these numbers is to highlight the number of people who can benefit from the organization. Since Hospice has offices in both Scotts Valley and Watsonville, information on the population of these cities is important to highlight. Watsonville is predominantly 81.9% Hispanic and Latino while Scotts Valley is 12.1% Hispanic or Latino and 88.4% White (United Census Bureau, 2019). Although the overall Santa Cruz County population is predominantly Non-Hispanic White, it’s important to highlight regional differences where there are large Hispanic and Latino populations, especially because Hospice currently serves mainly Non-Hispanic White patients.

Figure 2 The Population of Scotts Valley, Watsonville and Santa Cruz County (United Census Bureau, 2018)



Problem Description

The main concern at the agency that needed to be explored more through the project is that Transitions and Palliative Care Services (T/PCS) patients do not have adequate social or emotional support and services. Despite not having access to T/PCS survey information that accurately represents patient satisfaction due to HIPPA and confidentiality policies, the multiple healthcare professionals interviewed by the intern at the agency have provided their concern about T/PCS not receiving more social and emotional support and services.

Looking at the bigger picture, the overall problem of T/PCS is that patients aren't accessing their resources for services soon enough. There have been problems of social isolation; mental health related issues and decreases in quality of life have affected T/PCS patients. According to the World Health Organization (WHO) "Worldwide, only about 14% of people who need palliative care currently receive it" (WHO, 2018).

| Figure 3. Problem Model Template | | |
|---|---|--|
| CAUSES TO AGENCY PROBLEM | AGENCY-SPECIFIC "MICRO-LEVEL" PROBLEM ADDRESSED BY PROJECT | CONSEQUENCES TO AGENCY |
| Lack of volunteer for T/PCS patients | Transitions and Palliative Care Services (T/PCS) patients do not have adequate social or emotional support and services | Increase in stress levels & mental health related issues |
| No family or support | | Increased social isolation & feelings of loneliness |
| Overcapacity at facilities causes less time spent with patients | | Health condition worsens |

| CAUSES/RISK FACTORS TO BROADER PROBLEM | BROADER “MACRO-LEVEL” HEALTH/SOCIAL PROBLEM | CONSEQUENCES TO SOCIETY |
|---|---|--|
| Lack of funding | Patients are not accessing their resources for services soon enough | No proper training & awareness among health care professionals |
| People who need services care aren't receiving it | | Burdens of non-communicable diseases |
| Lack of support from health care professionals | | Decrease in quality of life |

Micro Level Problem

The micro-level problem for this project is that Transitions and Palliative Care Services (T/PCS) patients do not have adequate social or emotional support and services. There are currently over 1000 patients providing volunteer services to hospice patients (HSCC, 2018). Unfortunately, there are currently 0 volunteers for the T/PCS Volunteer pilot program. According to Fraser Health (FH) “Terminally ill patients have been found to have a higher level of both physical and emotional distress with 24% having depression (FH, 2006). The risk factors vary amongst the different types of terminally ill patients. Another problem is that patients do not have any family or support to help them manage their symptoms and illness. According to Catherine Hawes “Research suggests that the 2.5 million vulnerable individuals in nursing settings are at much higher risk for abuse and neglect than older persons who live at home” (Hawes, 2003). With no support system or someone to confide in, patients can’t express or comprehend how they feel which can lead to increase feelings of social isolation and feelings of loneliness. Finally,

there is an overcapacity of patients at facilities. According to the National Center for Assisted Living (NCAL) “There are approximately 28,900 assisted living communities with nearly 1 million licensed beds in the United States today (NCAL, 2016). This can lead to the problem of not being properly taken care of which leads to a deterioration in a patient’s health.

Macro Level Problem

The macro-level problem addressed is that patients are not accessing their resources for services soon enough. One of the main causes to this problem would be lack of funding. According to WHO “Each year an estimated 40 million people are in need of palliative care, 78% of whom live in low- and middle-income countries”(WHO, 2018). In addition to the lack of funding, this can lead to many barriers such as no funding for proper training & awareness among health care professionals. Training on palliative care isn’t accessible or limited in many countries (WHO, 2018). In a 2011 study of 20 countries, research showed that 42% had no palliative care services (WHO, 2018). Since no services were being treated for, the concern for ageing populations and burdens of non-communicable disease increased. Finally, research indicates that there has been a lack of support from health care professionals. According to Hawley, “Nearly one-third of US hospitals within more than 50 beds do not have any palliative care service” (Hawley, P., 2017). If patients are not feeling appreciated and cared for by healthcare professionals, then this will lead to a decrease in quality of life.

Capstone Project Description and Justification

Project Title

Santa Cruz Hospice: Transitions and Palliative Care Service's Pilot Volunteer Program

Project Description

This project is a pilot volunteer program for HSCC that will provide companionship and support services to Transitions and Palliative Care (T/PCS) patients. A volunteer will provide emotional support and compassionate companionship to patients from both of these programs by visiting once or twice monthly. Visits will consist of the volunteer supporting patients who are receiving medical care and provide additional support for nurses and social workers. The volunteer will provide monthly visits that will include activities that provide cognitive stimulation such as coloring and drawing, puzzles and board games and even music activities. In order to determine the value of these added services, patients or their family members will be given a satisfaction survey to provide feedback for the agency to decide whether or not to offer these volunteer services permanently and if/how to improve them.

Project Justification

The primary goal for this project is to provide hospice-like volunteer services for the Transitions and Palliative Care programs. There is no volunteer program for transitional care and palliative care due to the lack of prioritization, funding and support. The reason this pilot project is being implemented is due to the high level of interest expressed by the transitional care and palliative care social workers for more services to T/PCS patients. The primary objective of this project is to provide companionship and support to T/PCS patients.

The problem that this pilot project will address is the lack of services provided for the T/PCS programs. Hospice patients receive more services than T/PCS HSCC having more hospice patients than T/PCS patients. The pilot volunteer program for T/PCS is important because it will provide patients with not only companionship and emotional support. The volunteer will provide monthly visits that will include activities that provide cognitive stimulation such as coloring and drawing, puzzles and board games and even music activities. T/PCS patients have similar needs to hospice patients in regard to needing support and companionship despite having a longer medical prognosis. T/PCS should have the same level of care/services as hospice to increase a patient's quality of life during their last month's/years of their life.

Project Benefits

The main goal of this project is to make an impact on patients and family members by providing exemplary service and support through the T/PCS volunteer program. The projected results for the program are that T/PCS patients will experience satisfaction through volunteer visits. The volunteer will develop a professional relationship with the patient and their family members in order to develop trust, honesty and safety between the parties.

If the project is successful then this program can be implemented at the agency. This will not only benefit the patients but the volunteers as well. The volunteers will receive training on the proper care and support for T/PCS patients and will develop a better understanding the effect that death and dying has on patients and family members. The option for T/PCS patients to have a volunteer will help provide positive feedback in the community if any prospective patients were interested in services.

Projection Implementation Plan

Implementation Method

This program was conducted through direct services. The volunteer services provide support for T/PCS patients through monthly visits to patients either in their home or at a facility. Depending upon patient needs, a volunteer may visit once or twice a month providing support, companionship, and other activities such as drawing and coloring, completing puzzles, listening to music, and developing meaningful conversation in order to provide better companionship and support. First and foremost, a plan will be developed on what type of services to provide to T/PCS patients. The social worker will help the volunteer identify patients who are interested for volunteer services. The social worker and volunteer will review the policies and guidelines of the T/PCS services for this project. Finally, after patients are confirmed and the volunteer makes an introductory phone calls to the patients and their family members, the volunteer will begin their services.

Participation

The main participants of this project are the volunteer, social worker, T/PCS patients and their family members, nurses at the agency, and staff at the patient facilities. The volunteer will provide volunteer services to the T/PCS patients and track their progress through clinical notes at the agency office. The social worker will oversee and track the progress of the volunteer for the duration of the project. The nurses will be an additional resource if the volunteer needs to contact either for help or clarification. The pilot program is only for active T/PCS patient to participate in. Finally, the volunteer will collaborate with the staff at facilitates to track the patient's progress.

Resources

The volunteer and social worker must collaborate in order to find patients who are interested in T/PCS volunteer services. Any patient information will be made available on the agency's database "Netsmart Homecare". Additional funding will not be required during this pilot project. The volunteers will have to conduct patient visits using their own means of transportation. Volunteers will be reimbursed for the mileage by filling out their IRS deductible standard mileage rate on their tax return forms.

Potential Challenges

The main challenge for this project would be if the pilot program is beneficial or not once the project is completed and assessed carefully. One challenge may be a lack of interest from T/PCS patients to participate in the volunteer pilot program. Patients who are satisfied with their current services may not choose to participate. During the social worker's initial visit to discuss the volunteer pilot program, the mentor can mention how this program can be beneficial for them. Another challenge for this program will be time management with patient visits. A potential visit will last 30 minutes to an hour, but the volunteer needs to take into consideration the distance they are driving for all their patient visits. If there is a lot of travel time, this may decrease the amount of time available for the patient visits. One final challenge would be implementing the satisfaction survey to patients and receiving accurate information. While some patients are perfectly capable of completing the survey, other patients will need help filling out the survey due to their illness, which might include dementia.

Project Assessment Plan

Outcome Measures

The volunteer program was active from October 2019 to March 2020 and throughout the last 76 months; there were many expected outcomes. The main purpose of this program is to help improve patient's quality of life through bi-weekly and/or monthly visits. As a result of these visits, there have been short terms, intermediate and long-term outcomes. The short-term outcome is to decrease social isolation in Transitions and Palliative Care Services patients and improve their quality of life. The intermediate term outcome surrounds mental health related issues such as depression and anxiety. The long-term outcome would be to overall improve the quality of life in T/PCS patients. In order to decrease social isolation there needs to be comfortable between the patients and volunteer.

According to the National Institute on Aging (NIA), "Social isolation is the objective physical separation from other people (living alone)" (NIA, 2019). Social isolation is a concern due to the fact that at least 13.8 million older adults live alone (NIA, 2019) which can lead to many health concerns. By addressing the patient's social isolation, they can feel more comfortable with social interaction between the volunteer and family, friends, or other patients. The project helps with this outcome by conversing with the patient. In addition, the volunteer uses Netsmart Homecare database to track the patient's progress in terms of their health and other information that can be pertinent to their visits. By tracking the patient's progress notes, the volunteer can become more familiar with the patient by discussing topics that are important to them. In addition, a patient is able to confide in the volunteer when talking about issues of social isolation. The more they become comfortable then patients will be able to ask the volunteer for

help when dealing with their problems of social isolation. The volunteer is able to relay this information back to the nurses and social workers in order to improve the support and care for the patient. They are able to track the patient's progress with important feedback to improve their overall care. With that being said the main idea of the agency is to have "Transitional Care services tailored to enhance your overall wellbeing" (HSCC, 2020).

The intermediate term outcome would be a decrease in mental health related issues such as depression. According to the American Psychology Association (APA), "15 – 20 % of terminally ill patients are diagnosed with depression" (APA, 2020). One of the agency's goals for their patients is to help lower depression rates. According to the National Institute of Mental Health (NIMH) depression "...causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working" (2018). If there is a high concern of sadness or loneliness in the patient, the volunteer is trained to let the patient express how they're feeling and to relay this information to the mentor in order for them to make recommendations. In addition, the volunteer can provide resources such as depression and anxiety groups and health-focused groups for the patients and their family members.

Finally the long-term outcome would be to increase the patient's quality of life. According to the Milbank Quarterly, "Palliative Care and hospice services improve patient-centered outcomes such as pain, depression, and other symptoms and patient and family satisfaction" (Meier, 2011). Comfort care is important, because since the patient has already come to terms with their terminal illness, services provided by volunteers may improve their satisfaction with the agency's services. The National Institute on

Aging (NIA) states, “The goals [of comfort care] are to prevent or relieve suffering as much as possible and to improve quality of life while respecting the dying person's wishes” (NIA, n.d.). Quality of life and quality of care will improve through these specific services.

Assessment

A satisfaction form available in Appendix E was conducted between February and March, with 7 patients. The survey was created in order to measure the outcome of social isolation in a patient’s life. Within the last 6 months, the volunteer had visited the patient on either a bi-weekly or monthly basis in order to see if there would be improvement on how a patient felt with social interaction. The satisfaction form allowed patients the ability to answer questions based on their experiences with the T/PCS volunteer and program. The form provided 12 statements; with a scale from strongly agree to strongly disagree for the patient to rate. In addition, the last 3 statements asked patients to list if they had any recommendations or additional comments for feedback. An example of one statement from the survey is the following “I feel less lonely during my volunteer visits”.

The forms were either distributed in person at the patient’s home or facility and through mail. A follow up phone call with the patient and family members was made in order to emphasize the importance of receiving feedback for the form. Due to the circumstances of COVID-19, the results of this form didn’t correlate to the patient and volunteer interaction that had been developed over the last 6 months. There was a final follow up phone call for patients reminding them of the incomplete surveys.

Project Findings and Results of Assessments

Project Results

The results from the satisfaction form do not accurately represent how effective the T/PCS volunteer program was. After the form was distributed to the patients and family members, follow-up phone calls were made in order to emphasize the importance of receiving answers in order to help analyze the data. Out of the 6 patients who were given the survey only 1 patient filled out the survey with the help and consent of their family member. Overall, the response of the single survey received were neutral answers that ranged from agrees to disagree. The patient did not list any additional comments for the volunteer to improve on. Due to the circumstances of COVID-19, phone calls had to be made in order to terminate the services of the volunteer program due to the volunteer moving out of the Santa Cruz area, so there was no option of receiving any further surveys at this point.

Strengths/Successes

However, through follow up phone calls from the social worker to patients and family members, there was verbal discussion on how the volunteer was able to meet the patients needs and requirements. Some of the results of the survey were the following: patients were satisfied with their services with the volunteer, patients discussed patient comfort levels and emotional support with volunteer, and the interest in using volunteer services if available in the future. From the volunteer's perspective, there was an increase of effective communication between the volunteer and patients as well as the volunteer and social worker. Overall, survey implementation could have been improved through

more follow-up phone calls and in persons with patients and their family members in order to receive responses for the satisfaction form.

Limitations/ Challenges

Overall, the circumstances of COVID-19 affected the results of the assessment method of the survey evaluation. Despite mailing some of the forms to the patients, the lack of responses made it evident that this form wasn't a main priority of the patient and family member. It is important to take into the consideration that the patient and family members are experiencing hardships because of the terminal illness they are going through. It's understandable that despite the volunteer program being helpful, the patient's simply forgot to fill out the survey. On the volunteer's part, they could have made multiple follow up phone calls to the patient and family member about completing the survey before a certain time. The volunteer could have also implemented the surveys earlier in their project in order to thoroughly analyze the results. Despite COVID-19, the project has affected the patients, family members, volunteers and agency in a positive way.

Recommendations

Based on the results of the T/PCS volunteer program, it is recommended that the agency continue the program with active and prospective patients. Just like the hospice volunteer program, the T/PCS volunteer program represents a symbol of support and care. It's important for prospective patients to receive any information about the volunteer program and what it represents. This information should be provided to patients and their family members sooner in order to reduce isolation in serious ill populations. In addition, the program should be allowed to increase visit frequency in order to meet the needs and requirements of the patients and their family members. Based on the interactions with the patients, volunteering visiting does help with patient satisfaction and addressing problems of social isolation, or mental health related issues.

Through the volunteer program the patients were more responsive and engaged during visits. The comfort levels for the patient increased due to the frequency of visits made. The volunteer got to understand the patients' wants and needs, and was able to provide emotional support and comfort service which helped address the issues of T/PCS patients not having adequate emotional or support or services

In regards to the macro problem of patients not accessing their resources for services soon enough, through this project I was able to understand the importance of health professionals and volunteers in the hospice work field. There are so many figures in a patient's life that are there to help and support them. By providing resources such as the volunteer program earlier in a patient's life then this will help with patient satisfaction. Through this program patients experienced more happiness and less social isolation. The project was able to accomplish a sense of safety and closure for patients.

Conclusions and Personal Reflection

Conclusion

The results from the survey of the T/PCS volunteer program do not accurately reflect how the volunteer successfully impacted the patient and their family members. Through the volunteer program, there was a noticeable change in a decrease of patient social isolation and increase in comfort levels that the survey was unable to measure. The form accurately provided statements that reflected and represented the program, despite the lack of responses. The program helped the volunteer develop and strengthen their skills in MLO's ranging from professional communication to knowledge of health and human services. This project helped the agency become more aware of the lack of volunteers for the T/PCS volunteer program.

Personal Reflection

One of my major takeaways from my time at my internship is that your mentor and mentee relationship is important. Your mentor is your support system throughout your entire experience and is there to help provide guidance, resources and support. I struggled in the beginning on developing my confidence during my internship, but with my one-on-one discussions with my mentor, she helped me gain the skills and confidence on becoming a professional in the health and human services field. She gave me advice on scenarios for my volunteer program. Everything my mentor did for me was for the benefit of becoming a successful volunteer and intern at the agency.

Another takeaway is that self-care matters in this type of field placement. The topic of death and dying is a sensitive topic and can be overwhelming for others to handle. For my situation I had reservations about this topic but throughout my

experiences I was able to think more realistically on the topic of grief, terminal illness, and death and dying. Some examples of self-care practices I had actively performed were the following: listening to music and podcasts, meditation, cooking, and spending time with friends.

My advice for future CHHS student interns is to be flexible. Given the circumstances of COVID-19, anything can happen and life is unpredictable. Students should be able to adapt to situations in which they can complete their work from home. I learned that no matter the circumstances, you have to keep moving forward in order to succeed. Overall, I'm proud of the results of my project and how it affect my patients in a positive way.

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Appendix

Glossary Terms

Assisted Living - Continuum of long term care services that provides a combination of housing, personal care services, and health care designed to respond to individuals who need assistance with normal daily activities in a way that promotes maximum independence

Cognitive Stimulation - Intervention for people with dementia that offers a range of enjoyable activities providing general stimulation for thinking, concentration and memory, usually in a social setting such as a small group

Grief - Acute pain that accompanies loss

Hospice Care - Special kind of care that focuses on the quality of life for people and their caregivers who are experiencing an advanced, life-limiting illness

Hospice Social Worker - Certified medical social worker (MSW) who has had specialized training in end-of-life care

Palliative Care - Specialized medical care for people living with a serious illness

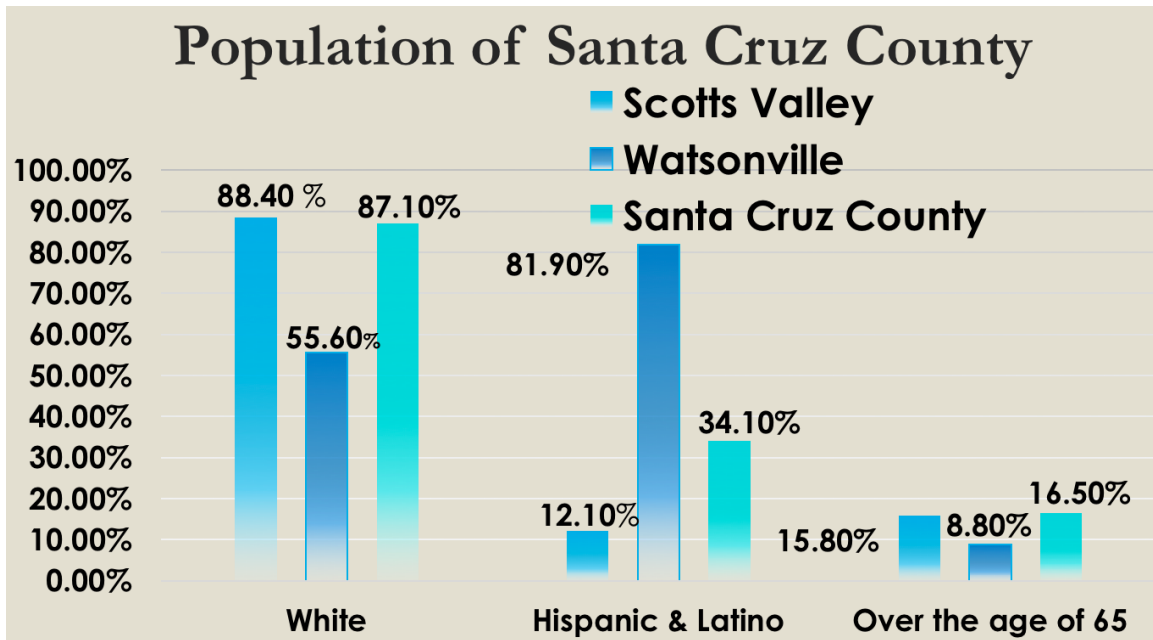
Skilled Nursing Facility - In-patient rehabilitation and medical treatment center staffed with trained medical professionals

Transitional Care - Provide patients with relief from the symptoms, pain, and stress of an advanced illness regardless of the diagnosis

Appendix A

| | Hospice Care | Transitional Care | Palliative Care |
|-------------------------------------|--|--|--|
| Patient Eligibility Criteria | Medical prognosis of 6 months or less | Medical prognosis of 1 to 2 years | Medical prognosis of 1 to 2 years |
| Services Provided | Attending physician, hospice physician, nurse & social worker. Spiritual counselor, hospice aide & volunteer | Attending physician, transitions social worker, transitions & palliative care services volunteer | Attending physician, palliative care physicians, palliative care social worker & nurse, transitions & palliative care services volunteer |
| Program Provided | Grief support, volunteer, pet companion, music therapy | Grief support, transitions & palliative care services volunteer program | Grief support, transitions & palliative care services volunteer program |

Appendix B



Appendix C

| Table 1. Scope of Work | | | |
|---|--|---|---------------------------|
| Title: Santa Cruz Hospice: Transitions and Palliative Care Service's Pilot Volunteer Program | | | |
| Project description: This pilot volunteer project will provide monthly visits companionship and support for Transitional and Palliative Care patients through HSCC. A survey will be given to patients or families in order to determine the effectiveness of and to improve satisfaction with this new service. | | | |
| Goal: Create a scalable volunteer program for T/PCS patients at HSCC. | | | |
| Primary objective of the project: Increase companionship and support to Transitions / Palliative Care Services patients. | | | |
| Activities | Deliverables | | Timeline/deadlines |
| 1 | Discuss capstone project ideas with mentor | Final capstone project idea approved | Jul. to Aug. 2019 |
| 2 | Identify "best practices" and use training materials for T/PCS | Understanding and knowledge on T/PCS program | Oct. 2019 |
| 3 | Identify 5 – 10 T/PCS patients who could benefit from volunteer visits and call patient and families to introduce self and discuss plan for volunteer visits | Final list of patients for mentor approval | Oct. – Nov. 2019 |
| 4 | Prepare for visits by reviewing patient's clinical notes and other relevant materials | Submit draft plan for visits to mentor for assistance on review of patients | Oct. – Nov. 2019 |
| 5 | Provide monthly visits to patients and document visits in patient charts | Documentation of visits to mentor for review/ discussion | Nov. 2019 |
| 6 | Research best practices for creating a satisfaction survey and develop final draft questions | Submit final draft questions to mentor and instructor for feedback and approval | Dec. 2019 – Feb. 2020 |
| 7 | Send satisfaction survey to T/PCS patients | Provide mentor with updates on survey distribution | Feb. – Mar. 2020 |
| 8 | Implement satisfaction survey to patients | Unable to implement due to COVID-19 | Mar. – Apr. 2020 |
| 9 | Analyze data: complete draft report on findings | Review findings and improving curriculum with mentor | Mar. – Apr. 2020 |

| | | | |
|----|---|-----------------------------------|----------------------------|
| 10 | Complete reporting requirements | Final agency and capstone reports | May 1 st , 2020 |
| 12 | Final preparation for Capstone Festival | Final presentation during Zoom | May 8 th , 2020 |

Appendix D



February 14th, 2020

Address of patient and family

Dear (*Insert Patient Name and/or adult family member),

My name is Renalyn Serrano and I am currently an intern at Hospice of Santa Cruz County. Over the last six months, I have been working on a pilot Volunteer Program for the Transitions and Palliative Care teams. It has been a pleasure to work with you and your loved one.

Attached is a survey that will help determine how satisfied you are with current procedures and the best practices for providing volunteer services in the future. Your responses are confidential and there is space at the bottom of the survey to provide additional detail about any comments, concerns or feedback.

Please return the survey to the address below by February 29th, 2020 and do not hesitate to reach out to me with any questions.

Thank you for your time and suggestions.

Sincerely,

Renalyn Serrano
Transitions and Palliative Care Services Intern
940 Disc Drive
Scotts Valley, CA, 95066
Telephone: (831)430-3030

Appendix E



TRANSITIONAL CARE &
PALLIATIVE CARE SERVICES

Hospice of Santa Cruz County Transitions/ Palliative Care Services Volunteer Program Satisfaction Form

Patient Name: (please print): _____ Date: _____

1. I am satisfied with my volunteer visits.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

2. The volunteer is friendly and makes me feel appreciated.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

3. I feel relaxed and comfortable during my volunteer visits.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

4. I feel less lonely during my volunteer visits.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

5. I feel anxious during my volunteer visits.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

6. Volunteer visit days and times are convenient for my schedule.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

7. It would be helpful to have more than one visit a month.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

8. I enjoy talking to my volunteer.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

9. I would recommend the Transitions and Palliative Care Volunteer Program if continuing
in the future.
Strongly Agree Agree Neutral Disagree Strongly Disagree
1 2 3 4 5

Please turn over and complete the back

Appendix F

Please indicate any recommendations for program improvement:

Please list activities or other services you would like the program to offer in the future:

Please provide any additional comments or feedback:

Thank you for your time and suggestions.

Sincerely,


Renalyn Serrano

Transitions and Palliative Care Services Intern

Signature (patient or patient representative)

Date

Appendix G

 TRANSITIONAL CARE & PALLIATIVE CARE SERVICES
**Hospice of Santa Cruz County
Transitions/ Palliative Care Services
Volunteer Program
Satisfaction Form**

Patient Name: (please print) [REDACTED] Date: 2-17-2020

1. I am satisfied with my volunteer visits.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

2. The volunteer is friendly and makes me feel appreciated.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

3. I feel relaxed and comfortable during my volunteer visits.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

4. I feel less lonely during my volunteer visits.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

5. I feel anxious during my volunteer visits.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

6. Volunteer visit days and times are convenient for my schedule.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

7. It would be helpful to have more than one visit a month.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

8. I enjoy talking to my volunteer.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

9. I would recommend the Transitions and Palliative Care Volunteer Program if continuing in the future.
Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

Please turn over and complete the back***